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# TABLE OF CONTENTS

Youth Care Club Screening Questions | 2
---|---
**SESSION 1**: Welcome to your YCC! | 4
**SESSION 2**: Me, myself and I *I ACT session 5 | 8
**SESSION 3**: Health Quiz: STIs, HIV and TB *I ACT session 1, 2 and 6 | 11
**SESSION 4**: Adherence, fitting ART into your everyday life *I ACT session 2 | 17
**SESSION 5**: Substance use, abuse and addiction *I ACT session 6 | 21
**SESSION 6**: Disclosure: Do I, don’t I? *I ACT session 3 | 34
**SESSION 7**: Stress and coping skills *I ACT session 5 | 39
**SESSION 8**: Sex, sexuality and gender: What’s what?! *I ACT session 4 | 47
**SESSION 9**: Puberty: My changing body (12-15 years) *I ACT session 4
Negotiating safe sex and other sexual play (16-24 years) *I ACT Session 4 | 50
**SESSION 10**: My future: Dreams & Ambitions | 59
**SESSION 11**: Healthy, unhealthy and abusive relationships | 65
**SESSION 12**: Depression and Suicide (Mental Health) *I ACT session 6 | 70
**SESSION 13**: Loss (grief) *I ACT session 6 | 75
**SESSION 14**: Communication; it’s a 2-way street | 79
**SESSION 15**: Contraception and parenthood: you have choices! *I ACT session 6 | 83
**SESSION 16**: Teenage pregnancy *I ACT session 6 | 86
**SESSION 17**: Trauma and Anxiety (Mental Health) *I ACT session 6 | 91
**SESSION 18**: Nutrition and Exercise *I ACT session 5 | 94

Other recommended resources, tools and guidelines | 97

References | 97
TB SCREENING QUESTIONS:
1. Do you currently have a cough?
2. Have you had a fever for more than 2 weeks, drenching night sweats
   OR weight loss of more than 1.5kg in the last month?

If YES to any, then TB screen is positive “+”
ALL positive TB screens must be referred to a nurse for follow-up.

STI SCREENING QUESTIONS:
1. Are you having sex?
2. Do you have a unusual bad smell or coloured liquid coming from your vagina
   or penis?
3. Do you have any rash, bumps or sores on your vagina or penis?
4. Do you have lower stomach pain?

If YES to any questions 2-4, then STI screen is positive “+”
ALL positive STI screens must be referred to a nurse for follow-up.

CONTRACEPTIVE QUESTION:
• Check if member is on a contraceptive;
  If YES, then the screen is negative “-”
  If NO, ask: “Are you having sex currently or are you thinking of starting to have sex?”
  If YES, then screen is positive “+”

ALL positive screens must be referred to a nurse for contraception options and further management.

PSYCHOSOCIAL (PSS) QUESTION:
• How have you been feeling since your last visit? Rate yourself between 1 and 10.
  1 being very sad, 10 being very happy and 6 being okay.

If PSS score below 5, then refer to Counsellor for counselling follow-up.

NUTRITION:
• At the member’s first YCC visit, and every 3 months thereafter, use the BMI wheel to
  assess the member’s BMI.

If underweight or overweight refer the member to nurse for follow-up.
The following icons will be used throughout the module.

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<thead>
<tr>
<th>Icon</th>
<th>Description</th>
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<tbody>
<tr>
<td><img src="image1.png" alt="Icon" /></td>
<td>IMPORTANT INFORMATION</td>
</tr>
<tr>
<td><img src="image2.png" alt="Icon" /></td>
<td>INDIVIDUAL ACTIVITY</td>
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<tr>
<td><img src="image3.png" alt="Icon" /></td>
<td>GROUP ACTIVITY</td>
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<td><img src="image4.png" alt="Icon" /></td>
<td>CASE STUDY</td>
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<td><img src="image5.png" alt="Icon" /></td>
<td>SUMMARY OF THE KEY LEARNING POINTS</td>
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<td><img src="image7.png" alt="Icon" /></td>
<td>ADDITIONAL SOURCES OF INFORMATION</td>
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As members arrive the YCC counsellor welcomes them, enters the necessary personal information in the YCC register and goes through the screening questions (as quietly and discreetly as possible so that other members don’t overhear), writing outcomes in the register. The YCC counsellor then writes the next YCC date on member’s patient-held clinic visit card/ book or appointment card. **Begin the session within 15 minutes of the agreed starting time.**

**INTRODUCTIONS ICEBREAKER (5 minutes)**

- Welcome members to their first Youth Care Club (YCC)
- Introduce yourself and the co-facilitator (if you have one) and explain your role in the YCC

Ask members to stand and form a circle. Invite them to introduce themselves one-by-one and to describe their mood using a facial expression or body movement (e.g. smiling or waving hands). The group then needs to repeat the person’s name and copy their action. Continue until everyone, including the facilitator, has introduced themselves. For example: Thami pretends to yawn and says, “Hi everyone my name is Thami and today I’m feeling so tired”. All the group members then copy his yawn and say “This is Thami and today he’s feeling so tired”.

**HOW THINGS WORK ACTIVITY (15 minutes)**

Explain the aims, membership, health care benefits of the YCC and what happens at each visit.

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**YCC AIMS**

- Explain the aims of the YCC:
  - Quick access to ARVs and medical care
  - Access to information
  - Provide a youth-friendly space that is judgement free
- Meet friends, feel supported and have fun

**YCC MEMBERSHIP**

- Explain that each YCC is made up of HIV positive adolescents and youth who are at different stages of their HIV journey:
  - Some are newly initiated (NI) which means they have been taking ARVs for less than 1 year;
  - Some have a viral load that is suppressed (VS) which means they have been on ARVs for more than a year and they have a little HIV in their body and are doing well on their treatment.
  - And some have viral loads that are not suppressed (NVS) which means that they have a high amount in their body as they are still getting used to taking ARVs.

- Explain that YCC members are mixed in this way so that everyone can learn from one another and support each other. Emphasise confidentiality and non-judgment, and that it is important that everyone feels comfortable to contribute to discussions.
CLINICAL CARE IN THE YCC

Explain that some members will see a nurse after every YCC session and others will only see a nurse after some YCC sessions:

• The NI and NVS members will see the nurse after every YCC to get their ARVs until their viral loads become suppressed
• The VS members will get their ARVs in the YCC room and will only see the nurse for blood and clinical visits, or if they need contraceptives or are feeling sick
• Other members who are not feeling well or who need contraceptives will see the nurse after the YCC session

Emphasise that YCC members are fast-tracked to see the nurse so they won’t have to wait in a queue with other clinic users on the date of their YCC.

WHAT HAPPENS AT EACH YCC VISIT?

Explain how the YCCs will work:

1. At the start of each YCC session, members will be weighed and be screened for TB, STIs, nutrition and contraceptive needs to make sure they are healthy and well. Those who screen positive will see the YCC nurse after the YCC session.

2. The YCC counsellor will then encourage members to participate in an interactive discussion where the group will discuss an interesting topic that is relevant to them as young people.

3. After the discussion, VS members will be given their ARVs in the YCC room by the YCC counsellor. The NI and NVS member will be fast-tracked to see the nurse to receive their ARVs, and any other YCC member who requires contraceptive or curative services will also be fast-tracked to see the nurse.

NOTE: Emphasise that it’s very important that group members attend the YCC on time so that they can benefit from the health screening and the discussion. Coming on time also shows respect to fellow YCC members.
Explain that every group or club has rules, but that the rules should not be about restricting people or trying to control them, but should be about ensuring a safe space for all members to feel that they belong. House rules determine the culture of the group, and we want to develop a culture of understanding, trust and comradeship in this YCC.

Ask group members: what type of YCC culture they want to create, and to list some rules that they would like to see everyone follow in their YCC. Write each suggestion down on paper for the group to see, check that all members agree on the rules suggested. When they have finished, emphasise the following rules in addition to the ones that they have suggested:

1. This is a judgment-free zone, all group members should feel free to express themselves without being teased or told that they are wrong.
2. This is a space to meet new people and make friends.
3. Arrive on time. Ask the group to pick a funny activity for all late-comers. Explain that members who consistently arrive half-way through the YCC session will be asked to leave the YCC and return to normal care at the clinic.
4. Being in an YCC is voluntary so if a group member decides that they no longer want to be in a YCC that is their choice. They must just let the YCC team know so that formal transfer out of the club and return to routine clinic care can be arranged.
5. By joining a YCC, you promise to try to attend every YCC session. Ask members to communicate with someone from the YCC team if they are unable to make an YCC session to avoid being classified as a defaulter.
6. VS members can send a buddy to collect their meds if they are unable to attend an YCC visit, but this must not happen on a blood visit or a blood result (clinical) visit and cannot happen twice in a row.
7. If any YCC member misses 2 YCC visits in a row without communicating with the YCC team, they may be asked to leave the YCC and return to normal clinic care and queues.
8. If any YCC member travels or goes away on holiday they must inform the YCC team so that extra meds can be arranged if need be.
9. Everything that is discussed in the YCC sessions must be kept confidential and members must not tell outsiders who said what during a YCC session.
10. All phones must be on silent or turned off during the discussion.
WHAT DO YOU WANT TO TALK ABOUT ACTIVITY (10 minutes)

Give each group member a piece of paper and pen and ask them to write down what they would like to talk about in the YCC and what knowledge they want to gain from YCC meetings. Collect their suggestions and let members know that this information will be used to plan future YCC sessions.

SUMMARISE THE SESSION:

Welcome all members to the group again.

Remind them that YCCs were created to improve their healthcare experience, by having fewer and shorter visits to the clinic.

Emphasise your happiness that they attended and participated in today’s session and that you look forward to seeing them next month.

Remind them of the next YCC date.

ACTION NOTE:

1. Distribute the ARVs to those VS YCC members.
2. Send those YCC members who need to see the nurse together with their files to the YCC nurse.
3. Conduct the screenings and record these details in the register for those YCC members who arrived late, before giving them their ARVs or sending them to see the YCC nurse.
SESSION 2: ME, MYSELF AND I

As members arrive, the YCC counsellor welcomes them, enters the necessary personal information in the YCC register and goes through the screening questions (as quietly and discreetly as possible so that other members don’t overhear), writing outcomes in the register. The YCC counsellor then writes the next YCC date on member’s patient-held clinic visit card/book or appointment card. Begin the session within 15 minutes of the agreed starting time.

Introduce the topic as: me, myself and I. Explain how knowing who you are is a vital part of becoming successful, and that many different things make us who we are, such as our personal values, interests and skills. These things make us unique. Understanding our values, interests and skills will help us to make the choices we need to become successful in life.

“MY NAME IS…” ICEBREAKER (5 minutes)

Ask group members: to say their name and show using body language or facial expressions how they are feeling today. After each group member has introduced themselves in this way the whole group should repeat together: “This is (name) and she/ he is feeling (copy the action of the person) today.”

Example: Hello everyone my name is Joseph and I am feeling (Joseph jumps up and down) today.

The group responds by saying: This is Joseph and he is feeling (group jumps up and down) today.

MY RELATIONSHIPS ACTIVITY (8-10 minutes)

Ask the group: to tell everyone about all the different relationship roles you have, such as sister, son, grand-daughter, niece, student, boyfriend, friend etc. After this, ask volunteers to tell the group about the cultural aspects of their life like religion/faith, culture and language.
WHO AM I? ACTIVITY  (10 minutes)

Give each group member a sheet of paper and a pen and have them write “Who am I?” in the centre of the page. Get them to create a mind map (see example on the right) where they write down who they think they are in various areas of life. Spend a few minutes on each of the following mind map topics:

- **Likes** – List their favourite activities, hobbies, music, sports, TV shows, etc.
- **Dislikes** – List the activities, music, sports, TV shows, etc. that they don’t like
- **Hopes** – List things that they want to do in the future, such as jobs, how many kids they want, going skydiving, etc.

Ask group members: to report back on what they came up with (if people wrote/drew a lot, you can ask each person to mention one like, one dislike and one hope).

**NOTE:** creative young people will prefer to draw these rather than simply writing their answers down. Therefore, have coloured pens or pencils on hand so that they can draw /sketch / doodle their answers instead.
SPIRITUAL FULFILLMENT ACTIVITY (10 minutes)

Ask the group and encourage discussion: We’ve talked about your relationships, your culture, what you like/dislike and what you want for yourself. What about your spirituality, the values and beliefs that you hold close to your heart?

Ask the group: to turn their page over and to draw a line down the middle to create two columns, and write ‘PHYSICAL THINGS’ as the heading for the first column and ‘SPIRITUAL FULFILLMENT’ as the heading for the second column. Then ask them to write down 5 things they want to have or do under ‘PHYSICAL THINGS’. Then in the ‘SPIRITUAL FULFILLMENT’ column ask them to write down how each of the things they want will make them feel, for example:

<table>
<thead>
<tr>
<th>PHYSICAL THINGS</th>
<th>SPIRITUAL FULFILLMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Walk along the beach</td>
<td>1. A feeling of freedom</td>
</tr>
<tr>
<td>2. A new car</td>
<td>2. To be independent</td>
</tr>
<tr>
<td>3. Money</td>
<td>3. A feeling of security</td>
</tr>
<tr>
<td>4. To fly in an aeroplane</td>
<td>4. To feel important</td>
</tr>
<tr>
<td>5. My own house</td>
<td>5. A feeling of achievement and success</td>
</tr>
</tbody>
</table>

Once everyone has completed the activity ask them to discuss the difference between the ‘physical things’ and the ‘spiritual fulfilment’ and to think about what non-physical things may bring them the same spiritual fulfilment.

Conclude the discussion by explaining that the physical things in our life don’t always last. These things come and go, and change throughout our lives. Spiritual fulfilment, however, will always be something that we seek and it can be found in many different physical things and experiences. Values and spirituality are unique to each person as they are shaped by individual life experiences. They are an important part of our identity and influence who we are and who we want to be.

SUMMARISE THE SESSION:

Today we’ve found out a little bit about what makes you, YOU. We are all different, and that’s part of what makes us so special. It’s important that we all love ourselves for who we are, rather than wanting to be like someone else. We all have different likes and dislikes, hopes and dreams, cultures and values and different spiritual needs – when you know what those are, it’s easier to know the choices you want to make for yourself and your life.

ACTION NOTE:

1. Distribute the ARVs to those VS YCC members.
2. Send those YCC members who need to see the nurse together with their files to the YCC nurse.
3. Conduct the screenings and record these details in the register for those YCC members who arrived late, before giving them their ARVs or sending them to see the YCC nurse.
SESSION 3: HEALTH QUIZ (STIs, HIV & TB)

As members arrive the YCC counsellor welcomes them, enters the necessary personal information in the YCC register and goes through the screening questions (as quietly and discreetly as possible so that other members don’t overhear), writing outcomes in the register. The YCC counsellor then writes the next YCC date on member’s patient-held clinic visit card/book. **Begin the session within 15 minutes of the agreed starting time.**

### P and N ICE BREAKER (5 minutes)

1. Divide the group into two teams, ‘Team P’ and ‘Team N’.
2. Give each member of Team P a pen and piece of paper with ‘P’ written on it, and each member of Team N a pen and piece of paper with ‘N’ written on it.
3. Tell the teams that they have 30 seconds to convince as many people as possible to sign their names on their piece of paper.
4. After the 30 seconds, ask Team P members to stand on the left side of the room and Team N members to stand on the right side of the room.
5. Then ask the members of each team to read out aloud the names of those who signed their pieces of paper.
6. The people whose names are called need to move to the middle of the room.
7. Now explain that at the beginning of the exercise everyone in Team P was Positive for TB and everyone in Team N was TB Negative. However, anyone from Team N who signed a Team P paper and anyone from Team N who got someone from Team P to sign their piece of paper is now also TB positive due to the contact made.
8. Explain that this activity represents how quickly and easily TB can be spread and that in today’s session members will learn more about TB and HIV and how to care for themselves and others.

### QUIZ ACTIVITY (15 minutes)

In your best game show host voice say: “Welcome to the health quiz show! I am your host and quiz-master (your name here). This is your chance to show off just how much you know about TB, STIs, HIV and your health, let’s get started! There will be a prize for the winning team!”

Divide YCC members into two groups. Ask each group to come up with a team name. Explain in an excited and fun way that each team will be asked 5 different questions (10 in total). For every answer a team gets right they will get a point. Write each team name along the top of a big sheet of paper and draw a line down the middle dividing the two names. This is where you can keep score. If a team can’t answer their question, it will be put to the other team who will have an opportunity to answer and claim the point.
**QUESTION 1:** Team A, what does ‘STI’ stand for?

Allow time for Team A to answer and then summarise. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.

Confirm that STI stands for ‘sexually transmitted infection’.

**QUESTION 2:** Team B, name any 3 STIs that you have heard about.

Allow time for Team B to answer, allow for use of slang terms. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.

Confirm any of the following examples:
- Chlamydia
- Herpes
- HPV (Human Papilloma Virus)
- Gonorrhoea
- HIV
- Syphilis
- Hepatitis B and C

**QUESTION 3:** Team A, how are STIs spread and how people can protect themselves?

Allow time for Team A to answer. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.

Confirm that STIs are spread by means of unprotected sex. Anal and vaginal sex without a condom carry a high risk for STIs. Oral sex carries a medium-low risk for contracting STIs such as chlamydia, herpes, and gonorrhoea. A mother can also pass an STI on to her child during childbirth. The most effective way to protect against STIs is to use a condom. Contraceptives do NOT protect against STIs. As soon as one suspects they have an STI, or if they know or even suspect that their partner has an STI, it is vital to go to the clinic for assessment and treatment to prevent long term health problems such as male and female infertility, chronic pain, penile cancer (in men) and cervical cancer (in women) and even dementia.

**QUESTION 4:** Team B, some STIs, such as chlamydia, have NO signs and symptoms, but most STIs do have symptoms. Please name any 3 signs and symptoms of an STI.

Allow time for Team B to answer. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.
Confirm any of the following STI symptoms:

- Drop or unusual, smelly discharge from the penis or vagina
- Sores or blisters with or without pain
- Genital warts
- Pain during sex
- Itchy penis, vagina or anus
- Burning sensation when urinating

*Emphasise the importance of seeking medical care as soon as possible to reduce the risk of long-term health problems. Remind members that some STIs have no signs and symptoms, and encourage those who are sexually active to go for regular checks with their nurse at the clinic.*

**QUESTION 5:** Team A, True or False: STIs must be treated.
Allow time for Team A to answer. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.

**Confirm the answer:** TRUE, all STIs should be treated. If left untreated STIs can cause long-term problems such as infertility in both men and women.

**QUESTION 6:** Team B, True or False: If you have been treated for an STI before, you cannot get it again.
Allow time for Team B to answer. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.

**Confirm the answer:** FALSE, you can get some STIs more than once, even if you have been treated before.

**QUESTION 7:** Team A, what is the immune system?
Allow time for Team A to answer and then summarise. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.

**Confirm the answer:** The immune system is like our body’s army because it protects us from getting sick.

**QUESTION 8:** Team B, what are CD4s?
Allow time for Team B to answer and then summarise. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.

**Confirm the answer:** CD4s are the cells that make up our immune system. If the immune system is like our body’s army, then the CD4 cells are like the soldiers of the army. CD4 cells fight germs.
QUESTION 9: Team A, what does HIV stand for?
Allow time for Team A to answer and then summarise. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.

Confirm the answer: HIV stands for ‘Human Immunodeficiency Virus’. ‘Human’ because it only affects humans and ‘immunodeficiency’ because it weakens the immune system by attacking the CD4 cells. The CD4s cannot fight HIV, so they need help.

QUESTION 10: Team B, what is antiretroviral treatment?
Allow time for Team B to answer and then summarise. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.

Confirm the answer: antiretroviral treatment is the medication that people with HIV need to take every day to help their bodies fight HIV. Antiretroviral treatment is also called ARVs or ART. ARVs don’t cure HIV. ARVs stop HIV from making more of itself and keep the amount of HIV very low in the body so that there is not enough HIV to attack the CD4 cells.

QUESTION 11: Team A, what is a viral load?
Allow time for Team A to answer and then summarise. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.

Confirm the answer: the viral load is the amount of HIV in a person’s blood. The goal is to have a very low viral load, which means that there is very little HIV in the blood. In order to have a low viral load, you need to take ARVs every day at around the same time.

QUESTION 12: Team B, how can we check the amount of HIV in a person’s blood?
Allow time for Team B to answer and then summarise. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.

Confirm the answer: it can be checked by doing a viral load test. A nurse or doctor draws blood to see how much HIV is in the blood. If there is a lot of HIV then the viral load test will show a detectable viral load. If there is very little HIV in the blood then the test will show an undetectable viral load. Your goal is to have an undetectable viral load!

QUESTION 13: Team A, what are opportunistic infections?
Allow time for Team A to answer and then summarise. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.
**Confirm the answer:** Opportunistic infections are infections that occur when the immune system is weak. The most common opportunistic infection is TB. The number one way for HIV positive people to protect themselves from opportunistic infections is to take ARVs every day as prescribed.

**QUESTION 14:** Team B, what is TB?
Allow time for Team B to answer and then summarise. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.

**Confirm the answer:** TB (tuberculosis) is an infectious disease that usually affects the lungs. It can be treated and cured with medication. It is very important that HIV positive people are tested for TB.

**QUESTION 15:** Team A, we have said that TB is an infectious disease. How is TB spread?
Allow time for Team A to answer and then summarise. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.

**Confirm the answer:** TB is spread from person to person through the air. For example, when someone with TB coughs or sneezes, the TB germs are sprayed into the air where they can stay for a long time. If someone breathes in some of these germs, they will become infected too. To reduce the risk of getting infected with TB or infecting others, always cover your mouth and nose when you cough or sneeze, open windows when travelling in cars or taxis, and open windows at work or in the classroom.

**QUESTION 16:** Team B, what are 3 signs and symptoms of TB?
Allow time for Team B to answer and then summarise. Award them the point if they got the answer correct. Ask the other team if they got the answer wrong.

**Confirm the answer:** There are five main signs of TB:
- A constant cough with thick phlegm (mucus)
- A high temperature (fever)
- Night sweats that leave a person dripping wet
- Weight loss (not linked to dieting)
- Feeling tired all the time

If you or someone you live with or know is experiencing these signs it is vital that the person and those they are in close contact with are screened and tested for TB as soon as possible.

Add up the scores and award the prize to the winning team. If it is a tie then declare both teams the winner! Thank the group for their participation, encourage them to educate others about these things - ‘each one teach one’.
SUMMARISE THE SESSION:

STIs are sexually transmitted infections that can be passed on during any kind of sexual play.

STIs can be treated and must be treated as soon as possible to avoid infecting sexual partners and developing lasting effects such as infertility.

We all have an immune system and CD4 cells, which protect us from illness. HIV is a virus that attacks the body’s immune system and CD4 cells, making it difficult for the body to fight off opportunistic infections such as TB. **BUT**, ARV medication, which must be taken every day, stops HIV from making more of itself, thus preventing opportunistic infections and ensuring HIV positive people live a long and healthy life.

A viral load test is used to check the amount of HIV in the blood.

The goal is to have a very low viral load, also called an undetectable viral load, which means that there is very little HIV in the blood.

**ACTION NOTE:**

If anyone has the signs and symptoms of TB, or if you know anyone with these signs and symptoms please go to your clinic as soon as possible, don’t wait!

1. Distribute the ARVs to those YCC members.

2. Send those YCC members who need to see the nurse together with their files to the YCC nurse.

3. Conduct the screenings and record these details in the register for those YCC members who arrived late, before giving them their ARVs or sending them to see the YCC nurse.
As members arrive the YCC counsellor welcomes them, enters the necessary personal information in the YCC register and goes through the screening questions (as quietly and discreetly as possible so that other members don’t overhear), writing outcomes in the register. The YCC counsellor then writes the next YCC date on member’s patient-held clinic visit card/book or appointment card. **Begin the session within 15 minutes of the agreed starting time.**

Welcome and tell the group that they will be discussing adherence to ARV medication. Explain that there can be many things that make it difficult for people to remember to take their ARVs, and sometimes even when they do remember, it can be difficult to take ARVs. Emphasise that everyone is human and that they should feel comfortable to talk about some of the reasons that they don’t take their ARVs, so that they can learn from them and get the support to keep trying until they get it right.

**ICE BREAKER: SIMON SAYS (5 minutes)**

Explain to the group that you are going to give them a few instructions to follow, but they must only follow the instruction if you say “Simon says” before you say the instruction, e.g. “Simon says sit down” everyone must sit down, but if you just say “Sit down!” no one should sit. Let’s begin:

*Simon says: walk in a circle*  
*Simon says: wave your hand*  
*Simon says: clap your hands*  
*Simon says: sing Happy Birthday*  
*Simon says: jump up and down*  
*Simon says: make a funny face*  
*Simon says: hug the person on your left*  
*Simon says: stand on one leg*  
*Simon says: wave your hand*  
*Simon says: make a funny face*  
*Simon says: clap your hands*  
*Simon says: hug the person on your left*  
*Simon says: touch your toes*  
*Simon says: sleep*  
*Simon says: laugh*  
*Simon says: sit down*  
*Simon says: touch your nose*  
*Simon says: jump up and down*  
*Simon says: wave your hand*  
*Simon says: sleep*  
*Simon says: touch your nose*  
*Simon says: jump up and down*  
*Simon says: wave your hand*  
*Simon says: sleep*  
*Simon says: touch your nose*  
*Simon says: jump up and down*  
*Simon says: wave your hand*  
*Simon says: sleep*  
*Simon says: touch your nose*  
*Simon says: jump up and down*  
*Simon says: wave your hand*  
*Simon says: sleep*  
*Simon says: touch your nose*  
*Simon says: jump up and down*  
*Simon says: wave your hand*  
*Simon says: sleep*  
*Simon says: touch your nose*  
*Simon says: jump up and down*  
*Simon says: wave your hand*  
*Simon says: sleep*  

Then explain to the group that as in the beginning of the icebreaker some people got it wrong. After some practice, everyone got used to the new game and were able to follow the rules. This is the same for any new habit, for example having to take medication every day. But just like with this game, the more you practise, the more you get used to a new habit and eventually you will master it.
Ask the group: “What does adherence mean?”
Allow time for participants to answer and then summarise.

Explain that to adhere means to stick, like glue. Adherence is how much a person’s behaviour matches or sticks to the agreed recommendations from a health care provider. For example taking the right amount of medication in the right way, eating certain foods or a change in lifestyle advised by your health care professional.

Ask the group: “What is ARV or ART adherence, and why is it so important?”
Allow time for participants to answer and then summarise.

Explain that ART adherence is when you take your ART every day as prescribed by your health care provider. ART doesn’t cure HIV, but it stops HIV from making more of itself. When ART is working, there is only a small amount of HIV in the body. It’s important for group members to take ART daily to make sure that there is always enough ART in their body to stop HIV from making more of itself. If there is not enough ART in the body, HIV will start to make more of itself and that is when someone could become sick with opportunistic infections like TB. Eventually the ARVs will stop working and HIV will make more of itself. This is called resistance. If this happens, you will need to take different types of ARVs called Regimen 2, to help keep the HIV under control. Regimen 2 may not be easy to take as your current ART.

Ask the group: “How can we check the amount of HIV in the body?”
Allow time for participants to answer and then summarise.

Explain that it can be checked by doing a viral load test. Blood is drawn once a year to see how much HIV is in the body. This tells health care workers how well patients are adhering to their ART schedule. If there is a lot of HIV then the patient will have a detectable viral load, which means they are having problems taking their ART. If there is very little HIV in their bodies then they will have an undetectable viral load which means they are taking their ART in the right way. Emphasise that the goal is to have an undetectable viral load.

Ask the group: “When do you take your ARVs?”
Allow time for participants to answer and then summarise.

Explain that everyone may have different times that they take their ARVs as they all have different schedules. You could say:

- “Some of us have to take ARVs once a day and some twice a day. Some of us take one pill and others take more.”
- “Some of us take our ARVs in the morning and some of us may take it at night or in the afternoon. We all have different daily schedules and we need to find the best time to take ARVs. It’s important to try and take your ARVs at about the same time every day. But we understand that sometimes this can be difficult.”
**CHALLENGES TO ADHERENCE ACTIVITY (10 minutes)**

Ask the group to explain what some of the things are that make it difficult to take ART every day. Encourage participants to share their experiences of challenges to adhering to their ARVs. Write down each challenge for the group to see and then ask the group to think of ways to overcome each of these challenges. Discuss solutions for each adherence challenge, and encourage participants to speak from experience. Emphasise that they are in a judgment-free zone.

**ADHERENCE GUIDE ACTIVITY (15 minutes)**

Divide the YCC members into 2 groups and ask them to make a guide for other young people who have just started to take ART or who may be struggling to take their ART. Encourage them to provide tips from their own experience with adhering to ART.

1. What message of encouragement would you give to a young person who is struggling to take their treatment?
2. Suggest three tips to remember to take their ART
3. Suggest three hiding places for someone to store their ART if they don’t want others in the house to see
4. Suggest where to keep extra doses of their ART if they are not at home
5. Suggest what to say if someone sees them taking their ART and asks what medication it is
6. Suggest what to do if they miss their usual time for taking their ART
7. Suggest what to do if they are away and run out of their ART
8. Suggest what to do if they have missed or skipped many days of their ART
9. Suggest what to do if they can’t get to their YCC or clinic appointment
10. Suggest what to do if they want to go to a party and drink alcohol

Allow 10 minutes for the groups to discuss and write their advice down. Then invite them to share their advice with the greater group. Point out similarities and differences in the advice and correct any misinformation without making anyone feel embarrassed.

⚠️ Some examples for the YCC counsellor to use to encourage groups who are slow to think up solutions:

**Reminder strategies:**
 take ART at same time as a TV show they always watch (the show must be on during the week and weekends), cell phone or alarm clock reminders, as soon as they get up and go to wash (if they wash around the same time each day), at a specific meal time (if they eat at around the same time each day), ask a trusted family member or friend to be a back-up reminder, place a sticker on their mirror or bible that reminds them of the positive reasons to take ART
Storing extra doses: tightly wrapped up in tissue paper and put in handbags, purses or wallets, bra, jacket pocket, or hidden pockets.

What to do if a dose is missed: they must take their dose as soon as they can or as soon as they remember, no matter how late it is. The next dose can be taken at their usual time.

It is important to tell group members that they should not punish themselves if they miss a dose. They are only human and slips happen, but must take their ART as soon as they remember. If remembering to take their ART is difficult, they should speak to a healthcare provider or YCC counsellor at their clinic.

**SUMMARISE THE SESSION:**

- Encourage group members to feel free to share their adherence difficulties in this club, and emphasise that this is a place where they won’t be judged.

- Sharing their challenges can help them to figure out what caused the adherence difficulties, and this is important information because it can help them to avoid future challenges.

- Taking medicines daily and attending clinic appointments are extremely important in helping group members to take care of themselves and to manage their HIV.

**ACTION NOTE:**

If anyone is struggling to take their ARVs everyday please talk to your YCC counsellor or nurse so that we can offer you the support you need.

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As members arrive the YCC counsellor welcomes them, enters the necessary personal information in the YCC register and goes through the screening questions (as quietly and discreetly as possible so that other members don’t overhear), writing outcomes in the register. The YCC counsellor then writes the next YCC date on member’s patient-held clinic visit card/ book. **Begin the session within 15 minutes of the agreed starting time.**

Introduce the topic, encourage questions and participation. Emphasise that the club is a non-judgmental and confidential zone.

**ICE BREAKER: I HAVE A FUTURE (5 minutes)**

Hold an imaginary future in your hands, ask the group to imagine that they are holding their future in their hands, what does this future I look like? Is it clear or cloudy? Bright or dark? Exciting or scary?

Ask the group to repeat what you do. For example:

“I have a future” (hold the imaginary future in your hands)
“Everyone repeats “He has a future”
“It’s big and bright”
Everyone repeats “It’s big and bright”
“I put it here” (place imaginary future on your head/ hips/ knee/ foot)
Everyone repeats “He puts it here” (placing imaginary future on same place)
“And I bo-bo-za” (bounces imaginary future on your head/ hips/ knee/ foot)
Everyone repeats “And he bo-bo-za” (bouncing imaginary future on same place)

Then invite the next person in the circle to do the same with their future. Continue until everyone has had a chance to describe and ‘play’ with their future.
AGREE/DISAGREE ACTIVITY (10 minutes)

Read the following statement: “HIV positive people don’t have a future to live for.” Then ask the group: that those who agree with the statement should stand on the right of the room and those who disagree should stand on the left of the room. Then encourage debate from both sides.

Summarise the discussion by explaining that people can live a long and healthy life with HIV. Being diagnosed as HIV-positive may feel like the end of your life, but it’s not... it’s an adjustment in your life. Just like people who have other chronic diseases like asthma, epilepsy or diabetes, a person with HIV can live a long and healthy life if they take care of their health. Like others with chronic diseases, you can study, work and have a family. If you have HIV you should have regular medical check-ups, eat well and exercise, stay away from unhealthy or risky behaviours (like using drugs and having unprotected sex), and get support when you’re stressed. Most importantly, you must take your medication correctly every day! People with HIV can still have sex as long as you use a condom every time and people with HIV can still have HIV negative children if they take special HIV medication to stop HIV passing to your child. Planning for your future is important regardless of your HIV status.

(Taken from https://bwisehealth.com/article/a170ea1c-4859-11e6-a49b-d0534926c161)
GROUP DISCUSSION ACTIVITY (20-25 minutes)

Ask the group:

i. Whether they think about their future: YES or NO

ii. What do they feel when they think about their future, e.g. scared, excited, uncertain, confident, overwhelmed, hopeless, hopeful?

iii. Can they picture their future?

Ask the group: to choose from a variety of images the one that best describes their vision for their future. Remind them that no future goal or dream is too small or too big. Also that goals and dreams can have any time frame, from a few days to weeks to months to years. Once they all have their chosen images invite them, one by one, to share with the rest of the group their image/s and what it means for their future. Ask them to describe some of the steps, big or small, that they are taking to make their dream a reality, e.g. studying hard at school, going to college, volunteering for experience, saving money etc.

NOTE: Emphasise that goals and dreams have no end, they can change from one day to the next, and they can be achieved tomorrow, like sending your CV to apply for a job or in a few years’ time, like having your dream job.

Summarise the discussion by explaining that making dreams and goals come true isn’t up to them alone. In fact, sometimes they may stand in the way of achieving their goals and dreams so it’s important to be aware of what is going on and what is needed to help them achieve their goals. Start by:

i. Believing their goal can be achieved.

ii. Take tiny steps towards achieving their goal by remembering that small achievements will help them reach the big end goal.

iii. Always making decisions and choices in their life that support their goal.

iv. Staying flexible about how they going to achieve their goal.
**SUMMARISE THE SESSION:**

With a positive message that some goals can be achieved in a day like applying to study, while other goals can take years, like starting a family of your own.

We all have the potential to try our best to make our future happen and we all deserve to live the future we want.

And don’t feel bad if you haven’t really thought about your future, take what you’ve heard today and think about how it can fit in with your life.

Reaching any goal, no matter how big or small starts with just one step.

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**ACTION NOTE:**

1. Distribute the ARVs to those VS YCC members.
2. Send those YCC members who need to see the nurse together with their files to the YCC nurse.
3. Conduct the screenings and record these details in the register for those YCC members who arrived late, before giving them their ARVs or sending them to see the YCC nurse.
Explain that disclosure is sharing an important fact about oneself, such as being HIV positive, with a trusted friend or family member. Disclosure of HIV status is usually a process. It’s not always easy to disclose because of fears of rejection, anger or mistreatment, or because they themselves struggle to accept their HIV status. Many people just don’t know what to say or how to say it, and don’t know how the person they tell may react, so it can take a long time before some people feel ready to disclose. Advise members that it is always best to prepare disclosing their status to someone for the first time, even if they have disclosed to others already.

As members arrive the YCC counsellor welcomes them, enters the necessary personal information in the YCC register and goes through the screening questions (as quietly and discreetly as possible so that other members don’t overhear), writing outcomes in the register. The YCC counsellor then writes the next YCC date on member’s patient-held clinic visit card/book. Begin the session within 15 minutes of the agreed starting time.

Introduce the topic, encourage questions and participation. Emphasise that the club is a non-judgmental and confidential zone.

ICE BREAKER: DID YOU KNOW THAT I… (5 minutes)

Ask members to stand in a circle and, one by one, introduce their names and disclose one thing about themselves, e.g. “My name is Refilwe, did you know that I have climbed a mountain?” or “My name is Thando, did you know that I love to cook?” Continue until everyone has introduced themselves and disclosed what or who they love.

Introduce the day’s topic by saying that some information is easier to disclose than others, such as disclosing your favourite colour versus disclosing one’s HIV status. Explain that today’s topic is about disclosing your HIV status to trusted individuals.

Explanation of disclosure:

Explain that disclosure is sharing an important fact about oneself, such as being HIV positive, with a trusted friend or family member. Disclosure of HIV status is usually a process. It’s not always easy to disclose because of fears of rejection, anger or mistreatment, or because they themselves struggle to accept their HIV status. Many people just don’t know what to say or how to say it, and don’t know how the person they tell may react, so it can take a long time before some people feel ready to disclose. Advise members that it is always best to prepare disclosing their status to someone for the first time, even if they have disclosed to others already.
Introduce the activity by explaining that the group will be trying out some examples of what disclosure could look like. You will be using an example, Thabo, who we can pretend is a member of your YCC group. Explain to the group that Thabo was just diagnosed with HIV. He is in shock and is not ready to tell anyone. He starts to realise that he would like to tell his parents, his partner and his friend. He prepares himself and goes to each of them to tell them.

**Ask the group:** for 4 volunteers. One of these volunteers will play Thabo. One will play a parent, one will play his partner Fikile, and one will play a friend. The 4 volunteers are then asked to role-play the process of Thabo disclosing to each of them. Whisper to the group members playing the parent, partner and friends beforehand how they should react – disgusted and angry, hurt and confused or accepting and encouraging. Don’t let anyone else in the group hear. Stop each role-play process after 3 minutes and ask ‘Thabo’ how he feels about the reaction. Then ask the audience if they agree with the reaction of the parent/ partner/ friend or how they would want the response to be different.

**OR:**

Divide the group into groups of 4. In each group, one person should play Thabo, one should play one of Thabo’s parents, one should play a friend of Thabo’s, and one should play Thabo’s partner.

**Ask the group:** to role-play in their small groups the process of Thabo disclosing to each person in his life. Each person in Thabo’s life can decide beforehand how they want their character to react - disgusted and angry, hurt and confused or accepting and encouraging. Stop the role-play process after 3 minutes and ask ‘Thabo’ how he feels about the reaction. Then ask the others if they agree with the reaction of the parent/ partner/ friend or how they would want the response to be different.

**Ask the group:** to discuss what they learnt through this activity and what influences their decision when they feel ready to disclose. (5min)
Take a few responses and explain the key points that:

• Fear or experience of stigma and rejection can prevent people from disclosing their HIV status.
• As difficult as it is to disclose to a loved one, so can it be difficult for a loved one to hear that their child, friend or partner is HIV positive. The disclosure can cause sadness and grief for both parties and this can delay disclosure, out of fear of hurting or disappointing a loved one.
• People can feel more or less ready to disclose with different people.
• Every time a person wants to disclose to a new person, they should start a new preparation process.
• Only three types of relationships (parents, partners, and friends) were discussed here, but many people could also prepare to disclose to their children, neighbours, the public and others.

NOTE: Keep in mind that because Thabo is an adolescent with a male partner, homophobia might come up. Remind participants that we respect differences, including sexual orientation. We want to create a safe space at our YCC groups for anyone to share.

Explain that there are many things to think about in planning to disclose your HIV status to others. These include:

• **Who** you intend to disclose to:
  - Sometimes it’s easier to disclose to a friend or family member living with HIV.
• **What** information you will share:
  - You don’t have to give all the details about how or when you became HIV positive.
• **When** is the best time for you and the person you are disclosing to to have the discussion?
  - Certain times, like holidays or stressful times, can be more difficult.
  - It’s better to wait for the right time and make a plan, don’t rush.
• **Where** will you have the discussion?
  - Find a place where you can feel comfortable and safe, where no one will interrupt you.
• **Why**? What is the reason you are disclosing your status?
  - It should be for your own reasons, such as wanting support or advice and not because you feel pressured to do so by others.
  - Feeling ready to disclose depends a lot on a person’s acceptance of their HIV status.
• **How** will you disclose your status?
  - Think of the words you’d want to say, write them down and practice saying them out loud in front of the mirror or somewhere where no one can hear you.
  - Some examples include: “I have something to tell you; I have HIV” OR “I have something to tell you. I am HIV Positive.”
  - Remember, their first reaction is not going to be their last.
**DISCUSSING DISCLOSURE ACTIVITY (5-10 minutes)**

Ask the group: what their feelings are around disclosure. Have they told everyone that they want to tell, or are there people who they are still considering telling?

Ask the group: what they are struggling with around disclosure. Encourage group members to suggest ways that they can support each other.

Ask the group: if anyone would like to share their experiences around disclosure. Allow time for participants to respond. If no one responds immediately, allow a few minutes of silence for participants to think.

Remind the group that they might all be at very different places in their disclosure journey. Some might have told everyone they know, some may not have told anyone, and some may be in the middle. Emphasise that this is their journey and you are here to support one another through it.

**NOTE:** Keep in mind that as the facilitator, it’s important to remain neutral and help participants to support one another. If participants start telling others they must disclose, remind them that only the person can decide when they are ready based on the specific circumstances of his or her life.

**WINDING-DOWN ACTIVITY (5-10 minutes)**

Ask participants: to stand in a circle. Use a ball or other object that can easily be thrown or passed around the group. Tell the group that you have just talked about a stressful topic, and that it is important that we remember what makes us feel strong and positive about life because when stress comes up we need to take care of ourselves.

Ask the group: to throw the ball or object from one group member to another. Whoever catches the ball or object will say something they do to take care of themselves. Start with your own example, such as laughing with friends, listening to favourite music, dancing, playing a sport etc. Then throw the object to someone else and give them the chance to do the same. Participants may share more than one idea. Make sure that each person has had at least one turn.
SUMMARISE THE SESSION:

Ask if anyone has questions or concerns about disclosure.

Then emphasise that disclosure is a journey and therefore people can be in different places of the disclosure journey with different people but when a person decides to disclose (which is their choice) people need to prepare and be ready for the disclosure.

We know now that people can live healthy and full lives with HIV. YCCs can help you have that opportunity too to learn, share and grow together.

ACTION NOTE:

If anyone has experienced or is worried they will experience violence or rejection such as getting kicked out of home for disclosing their HIV status please speak to the YCC counsellor for advice and support.

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Explain that everyone has different experiences of stress, different causes of stress and different ways of dealing with stress. Remind members that not all stress is bad and that sometimes stress or feeling nervous can help to focus or motivate. Provide some examples such as exam stress or feeling nervous before an interview or on a date. Caution members though that if this stress continues for a while and makes people feel pressurised, quick to get angry or causes headaches and health problems then it is not healthy stress and help should be sought.

Introduce a quick ice-breaker by saying: “Before we start we’re going to loosen up a bit, so we don’t feel stressed by this group!”

**ICE BREAKER: BODY WRITING (5 minutes)**

Ask group: to write the full name of the person next to them, in the air, using their body or bottom to write each letter.

**THE MEANING OF STRESS ACTIVITY (10-15 minutes)**

Ask the group members: to choose a picture/word (see last 2 pages) that most represents stress to them. Ask the group to share why they chose their particular picture/word, and what stress means to them. For example: “This is my experience of stress” (show your picture/ say your word and explain what stresses mean for you and how it makes you feel). The YCC counsellor should start. Remind the group about respecting each other’s opinions and debating without judging. Encourage them to talk about actual examples and experiences. Once all have had a chance to explain their picture, summarise the common stressors and the common feelings people have.

Explain that there are positive ways of dealing with stress and negative ways; some people may have already spoken about this when explaining their picture so draw on some of the things they have said. Explain that different people handle stress in different ways. Sometimes people do things to try and cope with stress that may not be good for them in the long run, but makes them feel better for now. Some examples of coping mechanisms are: sex, sleeping, going out and partying, working all the time, giving up, eating more than usual, not eating, eating junk food, avoiding people, exercising, writing in a diary, violence, crying, smoking cigarettes, taking drugs, alcohol, ignoring the problem, problem solving, talking to friends or family, listening to music...
**COPING MECHANISMS ACTIVITY (15-20 minutes)**

Ask the group members: to act out the different activities they or others use as coping mechanisms. Then ask the entire group: to think about each coping mechanism and whether it’s a positive or a negative way of handling a stressful situation. Try to group all the ‘positive’ coping mechanisms and all the ‘negative’ coping mechanisms together. Ensure all the group members agree which coping mechanisms belong in the positive and negative groups. For each coping mechanism ask the group:

- Is this positive or negative?
- What are the short-term physical and emotional effects?
- What are the long-term physical and emotional effects?

**BREATHING FOR RELAXATION WIND-DOWN ACTIVITY (5 minutes)**

Explain to the group that long, slow, deep breathing is a sign to the body to relax.

*In a calm, soft and slow voice read the following to the members:*

"Stay seated and place your feet flat on the ground. Imagine that you have an invisible string lifting your head so that you are sitting up and forward in your chair."

"Squeeze your shoulders to your ears, then let them fall down and back. Relax."

"Close your eyes or find a spot on the floor to focus on."

"Focus on your breath without changing it. Now feel your feet on the floor. Wiggle your toes and scrunch your feet. Press your feet into the ground. Then relax."

"Inhale deeply. Exhale deeply. Imagine that you are breathing through your feet. On the next inhale, picture the soles of your feet breathing energy from the earth. On your exhale, feel your feet expel energy back into the earth. As you breathe through your feet, feel the connection between you and the earth."

"Now focus on the room. Notice the sounds, the temperature, the smells, the feeling of your body."

"When you are ready, open your eyes. Look around and notice what you see, the colours, shapes, objects and people."

Ask the group how they feel and encourage members to practise relaxing in that way when they are feeling stressed or overwhelmed by something."
SUMMARISE THE SESSION:

Thank people for sharing and contributing to the session.

Emphasise the positive coping mechanisms that were suggested by the group and the importance of a support system, such as friends, family and staff here at the clinic.

ACTION NOTE:

Encourage members to speak to the YCC counsellor if they feel that their stress is negatively impacting their mood or behaviour. Give members the number for Life-Line as a 24 hour support system: Toll-free 086 132 2322

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**ICE BREAKER: LINE UP (5 minutes)**

Ask group: Ask the group: to line up (preferably half of the group). Then ask the group to form a new line in order of
- Height, from smallest to tallest and
- Birthdays, from January through to December.

OR
- Age from oldest to youngest and
- Shoe size, from smallest to largest

After the ice breaker explain to the group that today they will be talking about sex, sexuality, gender, gender roles and sexual orientation.

**GROUP DISCUSSION ACTIVITY (15 minutes)**

Ask group: to explain what sex and sexuality is.

Discuss a few answers given by the members and then give the correct explanation.

**FAQ**

Sex is our biological (physical) characteristic differences as males and females, such as, males have a penis and females have a vagina. It is also used to mean sexual activity. Sex is an important part of everyone’s sexuality, but whereas sexuality is a concept that affects the whole person. It includes our physical body, characteristics we were born with, the way we walk, dress and behave, our feelings and attitudes, the decisions we make, our beliefs and values around sexual issues, our relationships, as well as the spiritual and social aspects of our lives as these relate to being male or female.

**Ask the group:** about their own understanding of the following terms:
- Sexual orientation
- Heterosexuality
- Homosexuality
- Bisexuality

Allow them to ask questions and to discuss the topic.
Sexual orientation describes a person’s sexual and emotional attraction. It’s not just about sexual preferences. It is usually categorized in the following way:

- **Heterosexuality** (‘straight’) is a person who is attracted to people of the opposite sex.
- **Homosexuality** (‘gay’, ‘lesbian’) is a person who is attracted to people of the same sex.
- **Bisexuality** is a person who is attracted to people of more than one sex.

Many people do not easily fit one label or another. It is normal and human for feelings to change in a lifetime. Sometimes it is hard for person who is gay, lesbian or bisexual because some people may not accept them for who they are.

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**GENDER AND GENDER ROLES ACTIVITY (5 minutes)**

Ask group: to explain what makes them a girl or a boy? They can give any answer:

What makes me a girl is _________________________.
What makes me a boy is _________________________.

Explain to the group that being a girl or boy refers to our gender. And gender often includes roles, behaviours, activities, and characteristics that the world thinks are right for boys/men and girls/women. In other words, a person is born male or female but learns how to behave like a girl or a boy. How we learn to behave is affected by many things including cultural beliefs.

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**GENDER ROLES ACTIVITY (15 minutes)**

Make one sign with a happy face 😊, meaning ‘agree’ and one with a cross face ☹️, for ‘disagree’. Read the following statements aloud to the group one-by-one and ask the group members to go to the sign that best says what they think about the idea in the sentence. If you agree with the sentence, stand close to the smiling face. If you disagree, stand close to the cross face. Ask those who agreed with the statement why they agree with it. Ask those who disagree what their reasons are for disagreeing. Encourage debate.

**Sentences** (If necessary, adapt the sentences below to the developmental stage of the group)

- Girls have to say ‘No’ to sex, but they really mean ‘Yes’.
- Boys need to practice sex with different girls so they can please their wives later.
- Condoms are only for people with many sexual partners.
- A family or couple needs a ‘boss’, and this should be the man because he is stronger.
- If a boy gives a girl a gift, she has to have sex with him.
- A person is born gay.
Ask the group: which jobs they think are suitable for boys/men and which jobs are suitable for girls/women and why they think so? Reinforce that there are no jobs that only boys/men or only girls/women can do. We all have the right to choose what job we want to work towards.

Below are some examples. Participants can mention others not included in the examples.
• Construction worker
• Farmer
• Engineer
• Nurse
• Scientist
• Brick Layer
• Businessperson
• Tailor
• Plumber
• Architect
• Vegetable seller
• Car mechanic
• Teacher
• Cook
• Gardener

SUMMARISE THE SESSION:

It doesn’t matter if you are male or female, or sexually attracted to girls/women or boys/men. Everyone deserves love and respect, as long as their choices don’t hurt anyone else. It’s important to remember that how people learn to behave like a boy/man or girl/woman is affected by many things including our culture, upbringing and beliefs.

ACTION NOTE:

If you are confused about your own sexuality, feel free to come and talk to the YCC counsellor for referral to the appropriate support and counselling to help you make sense of your feelings.

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Tell the group that they will be talking about puberty today.

Explain that puberty or adolescence is a time in the pre-teen and teen years when boys and girls go through changes and their bodies develop into women’s and men’s bodies. People sometimes say this is when you are ‘becoming a teenager’. Boys and girls go through puberty at different ages, no one is the same. For girls it can happen anytime between ages 8 and 17 and for boys it can start anytime from age 10 and end around age 18. If you develop earlier or later than other girls or boys, it does not mean that something is wrong. Your body will develop when it’s ready. And chronic illnesses such as HIV/AIDS can delay puberty in both boys and girls.

**ICE BREAKER: ALIENS (5-10 minutes)**

Divide the group into 2 equal groups. Ask one group to stand in a circle facing outwards. Ask the other group to make a circle around them, facing inwards. Everyone should be facing someone.

Ask the group: to pretend that the people in the inside circle are aliens who have just come to earth. They understand our languages but they don’t know what all the words mean. The outside circle needs to explain to the inside circle ‘aliens’ what several words (below) mean. Give the group 1 minute to explain each word, and then ask the outside group to all move one person to the right. They will then explain the next word to the person in front of them. YCC facilitator calls out the words that need to be explained:

- Girl
- Boy
- Puberty
- Your period
- Sex

**CHANGES DURING PUBERTY: BOYS VERSUS GIRLS ACTIVITY (15 minutes)**

Divide the YCC into 2 groups, one for boys and one for girls. If there aren’t enough girls or boys, make the groups mixed of girls and boys.

Ask the group: to mark changes in the body for both girls and boys. Provide each group with an outline of a body drawn on a piece of paper. Ask them to share with the group any of the physical changes they have noticed happening to their own body or to friends of the same sex. If they don’t want to share with the larger group, don’t ask them to.
During puberty, your sweat glands become more energetic and make more sweat. Sweat on its own doesn’t smell. But when it mixes with germs (bacteria) on your skin, it can smell. Sweat can also get trapped inside your shoes causing germs (bacteria) to grow. This can cause the bad smell that sometimes comes from your feet and shoes.

Here are some tips:
- wash your body often, keep your feet clean and dry them well after washing
- use deodorant to cover up the smell
- wear clean clothes and cotton socks
- wash your shoes (if washable)
- dry your shoes before wearing them
Hair growing in funny places

- You could shave, wax, pluck or use hair removal creams.
- Shaving is cheap and easy but hair grows back (usually darker and thicker) after 1-3 days. Never lend or borrow a razor and always keep it clean.
- Waxing can be very painful and is done at a salon or at home. Hair grows back after 3-6 weeks.
- Hair removal creams are easy to use but can leave you smelling funny. Creams can be very irritating for some skins.

Pimples

Having bad skin can be embarrassing. Try not to worry, most skin problems clear up after puberty when your hormones calm down. Here are some tips:

- Wash your face in the morning and at night with warm water and soap made for people with acne. If you play sport, wash your face afterwards.
- Avoid touching your face with your fingers. Don’t squeeze your pimples. Keep your hair clean and out of your face. Avoid oily creams - they can block your pores.
- Drink lots of water! Try changing your diet and eat more fresh fruit and vegetables.

Your period and its pains

- You need to use something to catch the blood to protect your clothes from being stained. You can use a cloth, a sanitary pad/towel, a tampon, or a menstrual cup.
- For period pains, use a hot water bottle or a safe painkiller (ask your doctor first).

Erections

During puberty, a boy’s penis can harden when the penis fills with blood causing it to grow larger and stiff - called an erection. If an erection happens unexpectedly in public it can feel embarrassing. Don’t worry too much about this. You may find that nobody else really notices it. Erections can go away on their own or after ejaculation (the release of semen through tip of the penis). Although many erections are caused by sexual arousal, such as watching a sexy TV show or fantasizing, many erections seem to happen for no particular reason.

Here are a few tricks to hide it until it goes away:

- Push your erect penis close to your body using a hand in your pocket.
- Use big things to hide your penis area (like a jacket or book or tie a jersey around your waist).
- Sit down, it’s easier to hide your erection than standing up.
- Hold something cold in your lap without anyone noticing.
- Distract yourself, think about something else until it goes away (like school work or your parents). Don’t worry about the erection. The more you worry about it, the longer it will last.

Wet dreams

A wet dream is when semen (the fluid containing sperm) is released from the penis while a boy is asleep. This usually happens during dreams that have sexual pictures (that you may not remember). Wet dreams usually happen less as boys get older. Almost all boys experience wet dreams and erections while going through puberty.

Sensitive boobs and penis

- Ice packs (ice cubes wrapped in a dishtowel) can make it less sore. Wearing comfortable clothes and underwear can help too.

The sound of your voice changing

- Understand that this is normal and natural – and it will pass. Remember that your friends and classmates have gone through the same thing.

(Taken or adapted from:
https://bwisehealth.com/article/d4c7baed-485e-11e6-a49b-d0534926c161;
https://bwisehealth.com/article/d4c7bd0c-485e-11e6-a49b-d0534926c161;
https://bwisehealth.com/article/32188ac9-485f-11e6-a49b-d0534926c161;
https://bwisehealth.com/article/d4c7bc47-485e-11e6-a49b-d0534926c161;
https://bwisehealth.com/article/32188b38-485f-11e6-a49b-d0534926c161)
Masturbation is when a boy or girl rubs, touches or strokes their genitals (sex organs) and it feels good. This may lead to a hard-to-describe ‘enjoyable’ feeling called an orgasm. Both boys and girls masturbate and experience orgasm. Masturbation is a very safe and enjoyable way to relieve sexual desire instead of having sex. Masturbation is not wrong or bad and should be done in private.

**Ask the group:** to decide together whether each statement is **TRUE, FALSE** or **NOT SURE**. When they have decided, reveal the answer. If this surprises group members, discuss why the statements are true or false.

- Masturbation makes people want to have sex all the time. (FALSE)
- Masturbation is a safe and natural way to relieve sexual desire and get to know your body. (TRUE)
- Masturbation is the safest kind of sex there is. (TRUE)
- Children aren’t supposed to masturbate. (FALSE)
- Boys who masturbate use up their sperm, so they can’t make someone pregnant. (FALSE)
- Partners can masturbate together. (TRUE)
- Masturbation will make you go blind or crazy. (FALSE)
- Girls can’t masturbate. (FALSE)
- Masturbation can be healthy. (TRUE)
- If you masturbate, hair will grow on your hands. (FALSE)
- If you masturbate, you’ll never be able to have sex properly with a partner. (FALSE)

**SUMMARISE THE SESSION:**

Puberty is a natural process that all boys and girls around the world, go through. It can feel embarrassing at times, but remember that it is a normal process of growth and development. It’s good to share the changes you experience with friends you trust who are also experiencing similar changes.

**ACTION NOTE:**

If you have any questions or are worried about any of the changes you are going through please talk to us at the clinic. We are here to help you and will not make you feel ashamed or embarrassed. Our bodies are wonderful things and we should celebrate them!

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Today we’re going to talk about negotiating sex and other sexual play. Sexual play is touching/kissing/licking each other that is not part of sexual intercourse.

**ICE BREAKER: SHARE A SHOE (10 minutes)**

Ask group members: to turn to the person on their right and ask them if they can take off their shoes. Give members time to respond to the request.

Then ask: How did they respond? If the person said no, did you respect their decision or did you take off their shoes anyway? Why did they say no? For the person who was asked to have their shoes taken off, what was that experience like? Did the person listen to your answer? Did you feel that you had to explain your answer? How did it feel to be asked? What would you have done if the person just started taking off your shoes without asking you?

**LET’S DISCUSS ACTIVITY (10 minutes)**

Ask the group and encourage discussion: So why do you think that we need to negotiate sex? Doesn’t sex and other sexual play just happen, why must we negotiate it?

Summarise discussion: Just like you would never take off someone’s shoes without talking to them first and getting their consent, so consensual sex and other sexual play don’t just happen – it’s negotiated and communicated. We cannot expect the other person to know what you’re thinking – you need to say what you want or don’t want. Any sexual play without consent is sexual assault and that’s a crime! Being in a safe sexual relationship means you must have clear and direct communication. Negotiating sex is talking about having sex or other sexual play with your partner and agreeing on what you would both like to do or not do. It is a two-way discussion in which you both agree or consent to a specific sexual play.

**AGREE/ DISAGREE ACTIVITY (10 minutes)**

Ask the group if they agree or disagree with the following statements and why:

- Saying “No” is not sexual consent
- Saying “Not now” is not sexual consent
- Saying nothing is not sexual consent
- Being drunk or high is not sexual consent
- Being passed out or asleep is not sexual consent
- Wearing a short skirt is not sexual consent
- Talking about sex is not sexual consent
- Only saying YES is sexual consent
Summarise discussion: You have the right to refuse to have sex and other sexual play plus you don’t have to justify your decision. Don’t be blackmailed into having sex or other sexual play to avoid hurting your partner’s feelings. You don’t have to give a reason for saying no to sex, but sometimes giving a reason could help to protect your partner’s feelings and help him or her to understand.

Ask the group and encourage discussion: What kind of things would you negotiate when it comes to having sex and other sexual play?

Summarise discussion: The use of condoms, type of sex and other sexual play, the place where the sex and other sexual play happen, and who or what is involved are important things to negotiate and agree on. But just because a person says yes to one type of sexual activity doesn’t mean that they agree to everything. Just because they said yes last time, it does not mean that they will (or should) say yes next time. So getting and giving consent must happen every time you have sex and other sexual play.

Divide the groups into pairs and ask every pair: to think of what they could say to their sexual partner when trying to say no to sex and other sexual play. Then present their verbal solutions to the larger group and discuss if that would work or how they could improve the verbal solution.

NOTE: Mention these if they have not been mentioned: What if I decide I don’t want to have sex? You always have the right to decide if you want to have sex or not... it is your decision. Not having sex is OK! There are other ways to be close, like kissing, touching, cuddling and holding each other. If you don’t feel OK or safe, then it’s probably not the right time for you to have sex.

SUMMARISE THE SESSION:
When you are young, negotiating sex and sexual play can be difficult, especially when your sexual partner is more experienced and confident. But remember that sex and sexual play is never a duty and each partner has the right to say no at any time. Remember, negotiating sex and sexual play is a two-way discussion where you and your partner agree on what you would both like to do or not do.

ACTION NOTE: If you are having difficulties negotiating safe sex or sexual play with your partner, please speak to a YCC counsellor or anyone else who you trust for support.

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**Begin the session within 15 minutes of the agreed starting time.**

**ICE BREAKER: KNOTS** *(5 minutes)*

Ask the group: to stand in a circle and extend their right hand across the circle to hold the left hand of the other team member opposite them. Then extend their left hand across the circle and hold the right hand of another group member. The task is to unravel the spider’s web of interlocking arms without letting go of anyone’s hands. Give them a three minute time limit to complete the task.

Today we going to talk about the different relationships in our lives.

**DIFFERENT RELATIONSHIPS ACTIVITY** *(10 minutes)*

Ask the group: to explain the different types of relationships they have in their life (eg. friendship or sibling). The facilitator then writes these different types of relationships down on pieces of paper and place them on the floor for all the group members to see.

Explain how there are two types of relationships: healthy and unhealthy relationships but sometimes an unhealthy relationship can turn into an abusive relationship.

Healthy relationships are fun and make you feel good about yourself. You can have a healthy relationship with anyone in your life, including your family, friends and your bae. However, there isn’t one way to have a healthy relationship, although there are certain qualities important to most, such as respect, trust, communication and sharing. Being able to talk, listen to and respect one another are some of the most important parts of any healthy relationship. But sometimes a healthy relationship can quickly fall into unhealthy patterns without you realising; like abuse, bullying or the cruel and violent treatment of another person. This could be from a parent, family member, friend, teacher or even a member of your community.

- Abuse and bullying can be physical when someone hits, kicks, bites, chokes, throws, burn or violently shakes you.
- Abuse and bullying can be emotional (feelings) or verbal (words) when someone constantly shouts, swears, criticises, scares or even just ignores you. Cyberbullying is also a type of bullying that happens when a person using the internet is deliberately embarrassed, humiliated or threatened through social media platforms, websites, WhatsApp, and SMSes. This could be someone posting a picture, saying something hurtful or creating a hurtful rumour.
- Abuse can be sexual when someone touches your penis or vagina, makes you touch theirs, forces you to watch sexy things (pornography), or has sex with you without your consent (agreement).
Abuse can be neglect when you are not looked after (e.g. like your parent/caregiver leaves you alone, doesn’t give you food, love, clothes, they don’t take you to the clinic if you are sick or to school).

It’s important for you to know that being abused or bullied is never your fault. It is not because of something you did.

(Adapted from https://bwisehealth.com/article/f0146d8c-4861-11e6-a49b-d0534926c161)

**GENERIC AND POWER ACTIVITY (15 minutes)**

Divide YCC members into smaller groups of 4 to 6. Begin the exercise by explaining that there are many ways that men and women exercise power in order to get their way in relationships, e.g. manipulation, emotional blackmail, force or physical violence. Then, hand blank paper and ask them to divide it into three columns, titled: Types of power exercised by males, Types of power exercised by both genders and Types of power exercised by females.

Ask the groups to: fill in the Power Play table by listing examples of the different types of power shown by men, women, and by both genders. Explain that members can use examples that are stereotypes for the purpose of this exercise, e.g. men use physical violence and women withhold affection as ways of showing power, but emphasise that this does not mean that all women or all men do these things. Allow 5-8 minutes for groups to complete their Power Play lists.

Ask the groups to: share their answers, while you write down all answers on paper for the whole group to see. Make special note of points of disagreement – for example, where one group has listed a particular use of power in one column while others have placed it elsewhere. Encourage members to reflect and debate. An example Power Play table (see below), lists stereotypical ways that men, women and both genders show power within relationships:

<table>
<thead>
<tr>
<th>TYPES OF POWER EXERCISED BY MALES</th>
<th>TYPES OF POWER EXERCISED BY BOTH GENDERS</th>
<th>TYPES OF POWER EXERCISED BY FEMALES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hitting</td>
<td>Pushing</td>
<td>Slapping</td>
</tr>
<tr>
<td>Kicking</td>
<td>Bribery</td>
<td>Pulling hair</td>
</tr>
<tr>
<td>Punching</td>
<td>Criticism</td>
<td>Manipulating</td>
</tr>
<tr>
<td>Using or threatening to use weapons</td>
<td>Controlling / harassing through texts</td>
<td>Asking others to report or spy on somebody</td>
</tr>
<tr>
<td>Following / stalking someone</td>
<td>Flirting / being sexy</td>
<td>Exaggerating or faking distress, illness or emergencies</td>
</tr>
<tr>
<td>Sulking</td>
<td>Threats of suicide</td>
<td>Being angry if something isn’t good enough</td>
</tr>
<tr>
<td>Cutting off communication</td>
<td>Throwing things</td>
<td>Creating crises to focus attention on themselves</td>
</tr>
<tr>
<td>Cutting off from friends</td>
<td>Breaking possessions</td>
<td>Withholding affection</td>
</tr>
<tr>
<td>Isolating</td>
<td>Criticizing family or friends</td>
<td></td>
</tr>
<tr>
<td>Physically threatening</td>
<td>Criticizing appearance</td>
<td></td>
</tr>
<tr>
<td>Restraining</td>
<td>Ridiculing personal aspects such as religion, beliefs</td>
<td></td>
</tr>
</tbody>
</table>
Gender-specific ridiculing, e.g. women are so helpless and weak | Calling names
---|---
Stopping someone from doing what they want to do | Threatening to leave or break up
Getting angry if something is not to their liking | Not giving someone the chance to explain
Pressurising to engage in painful or humiliating sex acts | Having the last word
Brushing against somebody | Spreading rumours about sexuality or embarrassing things
Sexually suggestive comments or gestures | Pressure to have sex
Refusing to allow contraceptives/ lubricants/ condoms

Wrap up the exercise by **asking members to**: list the kinds of attitudes and behaviours that can facilitate a positive and equal relationship. Allow 5 minutes.

⚠️ Allow time for responses, clarify any myths or untruths and provide the following examples of some positive behaviours that can facilitate an equal, healthy and open relationship:

- Open conversation
- Listening
- Honesty
- Trust
- Respect
- Accessing sex and health information together
- Emotionally supporting each other
- Respecting the other’s space and boundaries
- Respecting the other’s decisions about their body (including clothes and appearance)
- Encouraging friendships outside the relationship
- Thinking about effects and consequences of your actions (on yourself and your partner)
- Putting sexual health needs above wants, desires and experimentation
- Making decisions that align with needs and values of both partners

*(Adapted from Tools for Talking Taboos https://open.uct.ac.za/handle/11427/8922)*

**STAY/TALK/GO ACTIVITY (20 minutes)**

Divide the group into smaller groups, provide each group with a card (on the next page) and say “Each card contains an example of a behaviour that might be present in a family, friend or dating relationship. Read the card aloud and decide as a group what should happen: ‘stay together’, ‘talk about it’ or ‘go’ (end the relationship).”
Everybody deserves to enjoy healthy relationships based on communication, trust, respect and sharing. This is our right as human beings.

It is therefore important for you to know that being abused or bullied is never your fault. It is not because of something you did. So, please speak to someone you trust if you feel that you are in some kind of unhealthy relationship, we at the clinic can also help to refer you to the appropriate support.

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Scenario 1
Your cousin’s mother is very strict. She always shouts at him and tells him he’s slow, lazy and useless, but he just looks down and doesn’t say anything when this happens. You notice that your cousin has become very quiet lately and has stopped hanging out with you after school. But when you ask him what’s wrong he just says he’s fine.

Should your cousin ‘stay’, ‘talk’, or ‘go’?

Scenario 2
A friend of yours was raped by her boyfriend. She’s very upset and can’t stop thinking about it. She’s too afraid to leave him because she thinks she won’t find another boyfriend because she is HIV positive, but she’s also scared he will do it again.

Should your friend ‘stay’, ‘talk’, or ‘go’?

Scenario 3
Your friend is 19 years old and she has a 40 year old ‘blessor’. Lately you have noticed she has bruises on her body. When you ask her what’s happening she starts to cry and tells you that this man beat her when she asked him to use a condom. He told her that she has no right to ask him to use a condom because he buys her clothes and airtime and so he owns her.

Should your friend ‘stay’, ‘talk’, or ‘go’?

Scenario 4
Alex and Karabo have been going out for 3 weeks and it’s going great! One night, after watching a movie at Karabo’s house, Alex tells Karabo, “You mean the world to me, I love you and I don’t want to share you with anyone else.” At first Karabo is excited and happy, but isn’t sure if he is ready to say it back. Karabo responds to Alex by saying, “That makes me feel really happy, but I think there’s still a lot we don’t know about each other. I’m not ready to say it back, but that doesn’t mean I don’t want to date you or that I don’t like you a lot.” Alex gets angry, looks away and punches the couch cushion a few times then says, “It’s fine, I’ll wait for you. I can’t live without you so I can wait.” This worries Karabo, but he doesn’t want to upset Alex anymore, so he gives Alex a hug and they put on another movie.

Should Karabo ‘stay’, ‘talk’, or ‘go’?

Scenario 5
Lindi and Chris have been dating for three months. Lindi just found out that she has an STI and has started taking treatment for it. She knows that she has been faithful to Chris, but doesn’t know if Chris has been faithful to her, or if she got the STI from her ex. Regardless of where she got the STI from, Lindi tells Chris that she has an STI, but that she has been faithful to him. She encourages Chris to also go and get tested and get treatment if he needs it.

Assuming that Chris has also been faithful to Lindi, should Chris ‘stay’, ‘talk’, or ‘go’?
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Today we going to talk about mental health and mental illness. Then we are going to learn more about depression and suicide.

### ICE BREAKER: I LIKE MYSELF (5 minutes)

Ask the group to make a circle. The facilitator starts by holding a ball (or any object you can throw and catch) say your name and something you like about yourself. Then throw the ball to someone else in the circle and ask him/her to do the same. Do this until everybody has had a chance.

### FREE ASSOCIATION ACTIVITY (5 minutes)

Read the words below to your group one at a time. Ask the groups to respond immediately by shouting out the first word that comes to mind. Repeat the word after it is said and write it down, keeping a list to refer to afterwards.

- Stress
- Mental Health
- Mental Illness
- Depressed
- Suicidal
- Crazy
- Psychologist

Explain that we all have stigmas and stereotypes that influence our beliefs about mental health and mental illness. Then read this article from Bwisehealth.com:

"Mental health is not about not having a mental illness. It is about being able to cope with day-to-day life stresses, get involved in your community and live your life in a free and happy way. Your mental health affects how you think, feel and act so that you can control how you react, connect to others, and make choices. It is just as important as your physical health. Sometimes your mental health can be good and sometimes it can be bad. It is usual for your mood to change within one day or every few days, depending on what is happening at the time. You may be very happy if you do well at school and feel very sad if your soccer team loses, for example. Mental health is on a scale, from having a ‘bad day’ or being stressed to events/life being so overwhelming that the person cannot function in everyday life (like they go to school, work or get out of bed) and may then be given a clinical mental health diagnosis.”
Mental illness is not something you can catch from somebody else like the flu. It’s caused by a lot of different things, and it’s usually a combination of a couple of them than makes someone really ill. A few things that might cause mental illness are:

- **You can be born with it.** This means it runs in the family, and you inherit it from your parent. But just because your family member might be mentally ill, doesn’t mean you will definitely get it! Sharing genes with someone with a mental illness just mean you have a bigger chance of getting it.
- **Chemicals in your brain change.** Sometimes we have too little of some chemicals, which make us happy or calm. If this happens, people need medication to help them feel happy or not nervous.
- **A big, scary or sad event or stress** can sometimes be hard to cope with, and can make someone feel too down or too hyped up.
- **Drugs.** For some of us, drugs or alcohol change who we are, and make us feel like we can’t live without them.

Mental illness can get better, if you get treated for it. A really good treatment many people use is talking about the problem, and getting support to deal with it. Some people also take medication from a doctor or psychiatrist. But having family and friends who support you is always a huge help!

Taken from: https://bwisehealth.com/article/good-bad-mental-health https://bwisehealth.com/article/how-do-you-get-mental-illness

**NOTE:** Mention that there is a strong link between mental health and HIV. In fact, HIV positive individuals are twice as likely to have common mental health disorders as the general population. HIV can cause psychological disorders through a central nervous system infection or people with a serious mental illness (who may engage in risky behaviour, be impulsive and are vulnerable) leads to a greater risk of becoming infected with HIV.
Explain that now we going to talk about depression. Depression is a mental illness that affects the way you think, feel and behave. Most of the time these feelings, physical changes and behaviours last for weeks, months, or even longer if untreated. Not everyone who is depressed shows it in exactly the same way but there are some common signs:

- Sadness
- Negative feelings (like hopelessness, loneliness, guilt, rejection).
- Negative thinking that doesn’t go away.
- Irritability, anger, or hostility.
- Feeling tired, having low energy and no motivation to do or care about anything.
- Poor concentration to focus on schoolwork, work or on what others say.
- Physical symptoms like not wanting to eat or eating too much, headaches, sleeping too much or not sleeping, getting fat or losing too much weight.
- Pulling away from friends and family.
- Loss of interest in activities that you once enjoyed.
- Low energy and motivation.
- Suicidal thoughts.

**DEPRESSION CHARADES ACTIVITY (10 minutes)**

Tell the group that you are going to play charades. Explain that the charade cards (see below) are going to answer the question: ‘what can you do to treat depression?’ Each group member must take a card and then act out the word on the card without using any verbal communication. No words, no pointing at objects in the room. The facilitator should go first to show the group how the game works. The group member to guess the word correctly must act out the next word.

What can you do to treat depression?
A combination of all of the above:
- Exercise (for at least five days per week)
- Healthy diet
- Social support (family and friends)
- Talk to someone
- Medication
- Counselling and therapy

**SUICIDE**

**REASONS, RISKS AND WARNING SIGNS ACTIVITY (15 minutes)**

Divide the group into 3 smaller groups. Give them a paper and pens to write up their answers to the following questions that each group must discuss:

- **Group 1**: Why do you think a person would want to kill or hurt themselves?
- **Group 2**: How would you know if someone is thinking about killing or hurting themselves?
- **Group 3**: What can you do to help someone who is thinking of killing or hurting themselves?
GROUP 1: REASONS FOR SUICIDE
When a person decides they want to die NOW it is a sign to get immediate help. The feeling of wanting to die doesn’t have to be because of an event, it can just be that you are tired of feeling so bad or think that you’re never going to feel better. Or you may feel the problem is never going to get better. Sometimes you are very sad and want to escape your difficult feelings. Or you think that the situation will be better without you in it.

Suicide attempts can happen impulsively. A situation like a breakup, a big fight with a parent, an unwanted pregnancy, being "outed" by someone else, or being bullied in any way can cause you to feel desperately upset and trapped. Often, a situation like this, on top of an existing depression, acts like the final straw.

Many adolescents who were interviewed after attempting suicide (trying to kill themselves) said that they did it because they were trying to escape from a situation that seemed impossible to deal with. They also wanted to stop the really bad thoughts or feelings.

GROUP 2: WARNING SIGNS
- Talking about suicide or death in general.
- Talking about “going away”.
- Referring to things they “won’t be needing,” and giving away possessions.
- Talking about feeling hopeless or feeling guilty.
- Pulling away from friends or family and losing the desire to go out.
- Having no desire to take part in favourite things or activities.
- Having trouble concentrating or thinking clearly.
- Experiencing changes in eating or sleeping habits.
- Engaging in self-destructive behavior (drinking alcohol, taking drugs, or cutting, for example).
- Having attempted suicide in the past.

NOTE: Mention that it is important for family members and friends of those who committed suicide to know that sometimes there is no warning and they should not blame themselves.

GROUP 3: EXPLAIN THAT IF SOMEONE IS SERIOUSLY THINKING ABOUT SUICIDE THEY SHOULD:
- Talk openly and freely –ask them directly if they are planning on killing or hurting themselves, if they have tried to kill or hurt themselves before.
- Listen to what is being said and treat it seriously.
- Do not add to their guilt by debating, arguing about whether or not suicide is wrong or right.
- Do not get judgmental or upset –they will just think that you don’t understand how much pain they are in.
- Never leave a person who is suicidal alone.
- Encourage the person get help as soon as possible. Tell them to call a helpline, tell an adult you trust or take them to a hospital or clinic as soon as possible.
SUICIDE MYTH OR FACT ACTIVITY (5-10 minutes)

Make one sign with a happy face 😊, meaning ‘agree’ and one with a cross face ☹️, for ‘disagree’. Read the following statements aloud to the group one-by-one and ask the group members to go to the sign that best says what they think about the idea in the sentence. If you agree with the sentence, stand close to the smiling face. If you disagree, stand close to the cross face. Ask those who agreed with the statement why they agree with it. Ask those who disagree what their reasons are for disagreeing. Encourage debate.

**Sentences**
- Asking a young person if he or she is thinking about suicide will put the idea into their head
- Most people who are suicidal do not want to die. They are making a ‘cry for help’
- Suicide happens without warning
- Once someone decides to commit suicide there is no way of stopping them
- People who commit suicide are selfish
- People who find out they have HIV, often commit suicide

**Note:** Mention that when someone commits suicide, the people left behind can wrestle with a terrible emotional pain. Adolescents who have had a recent loss or crisis or who had a family member or classmate who committed suicide may be especially vulnerable to suicidal thinking and behavior themselves.

**Summarise the session:**
Mental health problems are real and sometimes very serious. You might need help if you:
- Always feel very angry or very worried.
- Feel very sad for a very long time after a loss or death.
- Think your mind is controlled or out of control.
- Need to use alcohol or drugs. Exercise, diet and/or eat obsessively. Hurt other people or destroy things.
- Do irresponsible things that could harm you or others.

**Action Note:**
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As members arrive the YCC counsellor welcomes them, enters the necessary personal information in the YCC register and goes through the screening questions (as quietly and discreetly as possible so that other members don’t overhear), writing outcomes in the register. The YCC counsellor then writes the next YCC date on member’s patient-held clinic visit card/ book. **Begin the session within 15 minutes of the agreed starting time.**

Today’s topic is not an easy one to deal with, and it may feel especially hard for any one of you who have suffered a bereavement or loss yourself. After this session we hope that you will be able to understand your feelings and the feelings of other people close to you and that you will be able to take care of yourself and support your peers. If you feel very emotional after the session, please feel free to talk to a counsellor.

**ICE BREAKER: GOING UP OR GOING DOWN (3 minutes)**

Split the group into two even lines. Ask the two groups to stand back to back, holding their hands in the air and then to slowly sit on the floor without falling over. After they sit down, tell them that they have to get back up together! (also with their hands in the air).
*This activity is about cooperation, if one person stands up without waiting for the rest, everyone falls down!*

**Ask the group:** we know that there are different kinds of losses, what are some of the losses you can think about?

**Different kinds of loss:** Divorce or relationship breakup, loss of health, losing a job, loss of financial stability, a miscarriage, retirement, death of a pet, loss of a dream, a loved one’s serious illness, loss of a friendship, loss of safety after a trauma or moving from the family home.

**HOW DOES LOSS FEEL ACTIVITY (3 minutes)**

The experience of loss is not a nice part of life but it is something that happens to everybody. Losing someone or something affects your body, feelings, thoughts and behavior. Ask the group for ideas of what kinds of feelings are experienced when someone you love dies.

**Grief is the normal response to any type of loss. Every person needs a different length of time to overcome their grief. Each person may respond differently and will be influenced by individual, cultural, religious, familial, community and societal factors. Some of the common grief reactions can include:**
Most cultures and religions have rituals for us to do that help us with the grieving process and give us permission to grieve. How does your culture help you to grieve? (Allow some time to listen to the responses on how different cultures grieve.)

**GRIEF CARDS ACTIVITY  (10-15 minutes)**

Hand out a piece of paper and a pen to each group member. Ask the group to make their own grief card to someone they have lost. The grief card is to say goodbye to the person they have in mind and should include:

- feelings of loss they had when the person first died
- all feelings, thoughts and behaviours they wish they could have expressed or done before the person died
- blessings and positive aspects about the loved one/gratitude for all that this person meant in their lives.

**VISUALIZATION ACTIVITY  (15 minutes)**

Tell the group that to end, you are going to do a special thing with them. They must find a comfortable place to sit or lie down quietly and close their eyes.

Read:

Allow yourself to just relax... get very, very comfortable. Let's start by taking a nice slow deep breath in and let it out and again...another slow deep breath in...and let it out... great...one more time...a slow deep breath in...and let it out...

Now imagine that you standing in a very beautiful place...somewhere in nature...it could be next to a river...on a mountain...in a forest or by the sea...anywhere that is special for you...
Imagine what you are wearing...imagine that you are feeling so relaxed in this special place...

Now imagine that a beautiful angel comes and lands right next to you... Your very own special angel...who has brought you a special gift...she is holding a lovely bunch of balloons...

Inside each balloon is a very special quality...something that would have helped you feel a bit better when your loved one died...

So go ahead and let your angel give you the first bright red balloon...this is full of LOVE...take the balloon and breathe in ALL the love...breathe it in nicely and deeply (encourage them to breathe before you go on)... knowing you are loved, even though someone you loved died...

Lovely...now take the orange balloon of SAFETY AND PROTECTION...breathe that in... knowing you are OK and that you will be safe no matter what happened to your loved one...breathe that in and let it fill your whole body...

Wonderful ...now left the angel give you the yellow balloon of UNDERSTANDING... understanding that sometimes very bad and sad things happen to those we love and it is not our fault... take the yellow balloon of understanding and breathe that in ... deeply...let all the understanding fill your body...

Beautiful...now take the green balloon of ACCEPTANCE and FORGIVENESS and breathe that in...knowing that even though someone you loved died, you can accepted what happened and forgive them for leaving you...and let go...breathe in all the acceptance and forgiveness.

Great...now take the blue balloon of BEING ABLE TO TELL OTHERS HOW YOU ARE FEELING and breathe that in...let it fill your whole body...lovely

Now take the purple balloon of KNOWING THE LOVED ONE IS ALWAYS IN YOUR HEART and breathe that in...deeply...really let it fill your whole body...beautiful...

Lastly is the gold balloon...of KNOWING YOU ARE SPECIAL...take that from the angel and breathe that in...letting it really sink into your body...

So now that your whole body is filled with this Love, Safety and Protection, Understanding, Acceptance, Forgiveness, Ability to Tell Others how you are feeling, Knowing your Loved One is living in your Heart forever and knowing you are Special... imagine that your loved one has now also come to join you here in this beautiful place...so go ahead and in your mind there at this lovely place...say everything you wish you could've said to them when they were still alive...but never got a chance to say...really empty out all of your feelings...even if you had some angry feelings at the time...right now they are happy to hear anything you have anything you have to say ... just let them listen...(give a few moments)...really tell them how you were feeling when they died...tell them what you wished for...tell them how you have been feeling since they died...(give more time)

And when you are ready...just let them answer...not from their personality...or them being sick...but from deep, special place inside...(give time)

Let them tell you how much they love you...let them tell you how sorry they are for dying and leaving you here on earth...let them really tell you everything they couldn’t say at the time...let them have their chance to say goodbye...and when you are ready...
go ahead and forgive them…feel your heart opening as wide as the world and letting all forgiveness out...(give time) and now you can say goodbye too…knowing that they will always be in your heart…they will always stay just as special to you as they always were…see them hugging you and say goodbye…leaving that special…now thank your angel and say goodbye to your angel…and give them a hug if you want to…

Knowing that all these things are now inside of you…that they are part of your body…and that they will keep on helping you feel better and better, perfectly, naturally, without you having to do or think a thing. When you are ready, you may open your eyes…

OPEN YOUR EYES!!!

(Adapted version of the Journey, by Brandon Bays)

**ACTION NOTE:**

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<thead>
<tr>
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<td>Talk to someone</td>
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**Exercise Family**

- Exercise
- Healthy diet
- Counselling
- Traditional healer/Sangoma
- Friends
- Breathing exercises
- Eating good food

- Family
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As members arrive the YCC counsellor welcomes them, enters the necessary personal information in the YCC register and goes through the screening questions (as quietly and discreetly as possible so that other members don’t overhear), writing outcomes in the register. The YCC counsellor then writes the next YCC date on member’s patient-held clinic visit card/ book. Begin the session within 15 minutes of the agreed starting time.

ICE BREAKER: BROKEN TELEPHONE (5 minutes)

Whisper “Don’t forget to tell Prosper that Eric said that Mercy sent a message to say that Thandi will be late.” In the ear of the person next to you and ask them to repeat the message on the ear of the next person. Continue until the last person in the circle has received the message. Then ask that person to say the message out loud. And see if it is the original message. Emphasise the importance of speaking clearly, but also listening carefully to ensure a message is delivered AND received.

Today we going to talk about communication in all our different relationships.

AGREE/DISAGREE ACTIVITY (8 minutes)

Make one sign with a happy face 😊, meaning ‘agree’ and one with a cross face ☹️, for ‘disagree’. Read the following statements aloud to the group one-by-one and ask the group members to go to the sign that best says what they think about the idea in the sentence. If you agree with the sentence, stand close to the smiling face. If you disagree, stand close to the cross face. Ask those who agreed with the statement why they agree with it. Ask those who disagree what their reasons are for disagreeing. Encouraging debate.

1. Good looking people are better communicators.
2. The way you say things is more important than what you say.
3. If you use bigger words it makes you a better communicator.
4. Telling jokes always makes people more comfortable.

FREE ASSOCIATION ACTIVITY (5 minutes)

Ask the group: to say what words come to mind when they hear the word ‘communication’.
Below is a list of possible answers you could include and discuss if the group don’t mention them:

- Talk
- Shout
- Hear
- Facebook
- WhatsApp
- Listen
- Language
- Argue
- Information
- Social media
- Discuss
TYPES OF COMMUNICATION ACTIVITY (5 minutes)

Ask the group: how do people communicate and what do they use to be heard. Also how do they show that they are listening, or not listening?

We use two types of communication: verbal (speaking) AND non-verbal. Verbal communication includes any kind of communication involving words, spoken, written or signed. Whereas non-verbal communication is described as communication without words. Non-verbal communication can be used to emphasise your verbal message. Some examples if they are slow to respond:
- Facial expressions like smiling, rolling our eyes, making eye-contact, looking away
- Body language such as crossing your arms, putting your arm around the person you are talking to, leaning forward or away from a person, hand gestures
- Tone of voice such as speaking fast, loud or very softly

Communication is not just about talking or using body language, communication is also about understanding one another. The aim of communication is to reach an understanding. This is effective or good communication. But, do we always understand one another?

HOW DO I LOOK ACTIVITY (7 minutes)

Ask each person to find a partner that they don’t really know. Spend 10 seconds facing each other, then turn around so you are back to back. Tell the other person what they remember about their appearance.

*This activity should be fun and light-hearted so avoid criticism or meanness. After everyone is done, join the larger group and discuss what our appearance or what we wear says about us. Note if anyone was surprised by what other people see when they look at you.

COMMUNICATION ACTIVITY (20 minutes)

Divide YCC members into smaller groups and chose some of the following scenarios for them to discuss in their small groups. Allow 7-10 minutes for small group work and 7-10 minutes for feedback.

Scenario one:  
You’ve just met someone new and want to be their friend.

- What could get in the way of you communicating with this person? What things could make it difficult to understand one another?
- What things could be done to make it easier to understand one another?
Scenario two:

You ask a guy you’re going to have sex with to use a condom, but he says he doesn’t like them.

- What could get in the way of effectively communicating with this person? What things could make it difficult to understand one another?
- If you can’t come to an understanding, is there room to negotiate? What are your boundaries? How far are you willing to compromise?

Scenario three:

Your parents keep telling you “you’re too young” whenever you want to do something. Tell them how you feel?

- What could get in the way of effectively communicating with your parents? What things could make it difficult to understand one another?
- What things could be done to make it easier to understand one another?
- If you can’t come to an understanding, is there room to negotiate? What are your boundaries? How far are you willing to compromise?

Scenario four:

Telling your counsellor or nurse that you have not been taking your ARVs.

- What could get in the way of effectively communicating with this person? What things could make it difficult to understand one another? What could make this easier to do?

Scenario five:

Confronting your girlfriend about an STI when you know you have been faithful.

- What could get in the way of effectively communicating with this person? What things could make it difficult to understand one another?
- What things could be done to make it easier to understand one another?
- If you can’t come to an understanding, is there room to negotiate? What are your boundaries? How far are you willing to compromise?

Scenario six:

Telling your friends you don’t want to drink with them. Your friends are a bit older than you.

- What could get in the way of effectively communicating with these people? What things could make it difficult to understand one another?
- What things could be done to make it easier to understand one another?

Scenario seven:

Telling your mom you’re pregnant. Your mom is against sex before marriage.
• What could get in the way of effectively communicating with this person? What things could make it difficult to understand one another?
• What things could be done to make it easier to understand one another?
• If you can’t come to an understanding, is there room to negotiate?

Scenario eight:
Saying ‘no’ to sex with a drunk guy you just met at a party, but he won’t leave you alone.

• Is this someone who you can communicate effectively with? Will he ever hear you? Is it worthwhile trying to make him understand or should you just walk away?

SUMMARISE THE SESSION:
Communication is an important part in all relationships. All relationships have ups and downs, but a healthy communication style can make it easier to deal with conflict, and build a stronger and healthier partnership. Talk openly and be good listeners. It is best to act early if you are having difficulties, rather than waiting for the situation to get worse.

ACTION NOTE:
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Explain that contraceptives are man-made methods or techniques to prevent pregnancy as a consequence of sexual intercourse. In South Africa, Contraceptives may be given to a child on request from the child and without the consent of a parent or caregiver if:
1. The child is 12 years or older; and
2. A medical examination is carried out on the child to decide if the contraceptive is medically safe for the child.

**ICEBREAKER: AGREE/DISAGREE (10 minutes)**

Make one sign with a happy face ☺, meaning ‘agree’ and one with a cross face ☹, for ‘disagree’. Read the following statements aloud to the group one-by-one and ask the group members to go to the sign that best says what they think about the idea in the sentence. If you agree with the sentence, stand close to the smiling face. If you disagree, stand close to the cross face. Ask those who agreed with the statement why they agree with it. Ask those who disagree what their reasons are for disagreeing. Encouraging debate.

- Children should be planned.
- Planning children is against God’s will.
- Everyone should be a parent.
- The woman’s opinion on having children matters most.
- Unplanned pregnancies are used to trap men.

**WARNING: It can be difficult to plan a child. Some women have little control over this, and sometimes we get caught up in the moment and fail to think clearly. We are human after all. But, for the sake of both parent and child, it is best to plan having a child and, if you want more than 1 child to space them so that they are not too close in age. This will give your child/children the best start in life with a brighter future ahead. Planning means ensuring you have a safe pregnancy, place to live, supportive partner or family, a stable job and income to afford nutritious food, child care, clothes etc. as well as the time to play with, talk to and nurture your child/children.**

**NOTE: Mention that both men and women should be thinking about contraception if they are sexually active. Men can decide to always use a condom to prevent unplanned pregnancy. However, women have more options to choose from to prevent an unplanned pregnancy. Couples can decide together on the best contraceptive method that will suit them. It takes two people to make a baby and two people to take responsibility for that baby.**

**Ask the group** members who would like to become a parent. (Allow some time for participants responses.)
Condoms
The male condom is worn by a man and keeps sperm from getting into a woman’s body. The female condom is worn by a woman and helps keep sperm from getting into her body. This is the only contraception that prevents HIV and other sexually transmitted infections (STIs) such as herpes. They are free at your local clinic and can be cheap at some pharmacies and shops.

Contraceptive Pill
These pills come in a packet of 28 and you should take them once daily at the same time. It prevents your body from being able to fall pregnant. It does not prevent STIs and HIV. It is free at your local clinic.

Injection
You will get an injection from a doctor or nurse every 2 or 3 months. It prevents your body from being able to fall pregnant. It is very convenient and you don’t have to take pills every day. It does not prevent STIs and HIV. It is free at your local clinic.

Sub-Dermal Contraceptive Implant or Implanon
A thin stick (the size of a match stick) that is put under the skin of a women’s upper arm. It prevents pregnancy for 3 years by stopping your body from releasing the egg every month. The pill, injection and implant all work in the same way. It does not prevent STIs and HIV. It is free at your local clinic.

IUD (Intrauterine Contraceptive Device)
A device is put inside your vagina (in the womb) by a doctor or nurse. It stops the sperm and egg from meeting and making a baby. It can last for at between 5-10 years. It does not prevent STIs and HIV.

Emergency Contraception** also known as the “Morning After Pill”, only be used as emergency pill. It is not healthy to use it again and again. It must be taken between 72-120 hours (3-5 days) after you had unprotected sex (sex without a condom). It is free at your local clinic and can be cheap at some pharmacies. **The IUD can also be used as an emergency contraceptive method.

Permanent Contraception also known as “Voluntary Sterilisation”
A doctor performs an operation where the pathway for sperm (in men) or an egg (in women) is tied or cut. It does not prevent STIs including HIV. It’s free at some health care facilities.

(Adapted from: https://bwisehealth.com/article/different-kinds-of-contraceptives-and-family-planning-options-to-prevent-pregnancy)

Ask the group: to split up into 8 smaller groups and pick up one picture of a contraceptive method. Then as a group explain to others all you know about the contraceptive method you chose.

Use the information below to ensure all information is provided.

Summarise the Session:
In South Africa, we have many contraception choices, which is great but also can be confusing. It is always best to know all the different contraceptive methods, as each offers something different. It is always best to “double-up” by using two different contraceptive methods at the same time (eg. condom and Implanon).
For more in depth information about the various contraception methods and which one is right for you, please speak to your nurse or doctor here at the clinic.

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Today we are going to talk about teenage pregnancy. Teenage pregnancy is a pregnancy in a girl who under 20 years old.

**ICE BREAKER: McDONALD’S (3 minutes)**

Ask the group to copy the following words and actions:

“I got a Pizza Hut (make a hat sign on your head), Kentucky Fried Chicken (flap your elbows like a chicken flaps their wings) and a Pizza Hut (make a hat sign on your head)”

“McDonalds (stretch left leg out to the side), McDonalds (stretch right leg out to the side), Kentucky Fried Chicken (flap your elbows like a chicken flaps their wings) and a Pizza Hut (make a hat sign on your head)”

**MY FUTURE ACTIVITY (15 minutes)**

Each group member is given a piece of paper and asked to write down five of their goals/dreams for the next 5 years (e.g. finishing school, playing professional soccer, buying a car, getting married…) Once the group has finished, read out the following statements:

- For the girls/women: “You have just found out that you are pregnant”
- For the boys/men: “You have just found out that you girlfriend is pregnant”

Then ask the group how they felt when they heard what you said. Discuss their feelings and reactions in terms of their goals/dreams for the next 5 years:

1. Can they still do the things they are planning?
2. Will they be where they want to be?
3. How will this affect their schooling, work, finances, family, friendships and place in the community?
4. How are teenage fathers affected differently to teen mothers? (e.g. They are sometimes rejected by the girl’s family; they do not have their own money to provide for the child; they cannot live with the child and the mother…)

Explain to the group: that teenage pregnancy not only has emotional and social impacts, but can also have negative health impacts on the mother and baby, such as premature or early labour, complicated labour and delivery and low-birth weight babies. Babies who are premature and have a low birth weight may have organs that are not fully developed, which can lead to breathing problems, bleeding in the brain, vision loss and serious intestinal problems. Another very serious consequence is that teen mothers have a greater chance of death during labour.
CAUSES OF TEENAGE PREGNANCY ACTIVITY (10 minutes)

Ask the group: to think of someone who had a baby as a teen. What happened? Discuss what they think contributes to (or causes) teenage pregnancy. to discuss what they think contributes to (or causes) teenage pregnancy. (i.e. what are some of the reasons for teenage pregnancy?)

Discuss their answers and include the following factors and explanations if not discussed:

- **Peer pressure**: Some adolescents see having sex as a way to appear cool and mature to their friends. In an effort to conform to group norms, they may engage in sex to fit in with the group.
- **Sexual abuse and rape**: Studies have shown that some teenage pregnancies are a result of rape or unwanted sexual experiences preceding their pregnancy.
- **Drug and alcohol use**: Teenagers who use drugs and alcohol are more likely to engage in unintended and unprotected sexual activities.
- **Intergenerational relationships**: Teenagers who have affairs with older men may be more likely to become pregnant. (Blesser-blessee relationship can also be discussed)
- **Media influence**: Adolescents who are exposed to sexuality in the media might sometimes engage in sexual activities at an earlier age.
- **Poverty**: Poverty is linked with high rates of teenage pregnancy.
- **Lack of social support from home**: This might cause teenagers to seek love and intimacy and a sense of belonging from partners and as a result engage in early sex.
- **Communication breakdown at home**: When communications break down between teenagers and their parents, it’s harder for them to talk about sex and sexuality.

**NOTE**: Mention that it is very important that all pregnant woman go to the clinic, hospital or a private doctor to check how the baby is developing. This is called antenatal care (ANC). The first antenatal appointment must take place within the first 3 months of pregnancy. A doctor/midwife/nurse will talk to the pregnant woman about what they should do and eat to make sure the baby develops well and prevent mother-to-child-transmission (PMTCT) of HIV.
**PREVENTION OF TEENAGE PREGNANCY ACTIVITY (10 minutes)**

**Ask the group:** to offer some ideas on what they think can be done to prevent teen pregnancies.

Some ideas to include if not mentioned:
- Parents need to talk comfortably about sex so that their children will learn to be more open to engage in such topics.
- Community Health Centres and Primary Health Care Clinics must be youth friendly and judgement-free towards our youth so that they can access the services without fear or shame.
- Teenagers must have free access to accurate information on contraceptives. Poor knowledge is often given as a reason for ineffective use and non-use of contraceptives, as well as illegal and unsafe termination of pregnancy (TOPs).
- Contraceptives and SRH counselling services should be destigmatized – it should feel OK for teenagers to talk about these things.
- Promoting dual contraception (condoms plus another type of contraception at the same time) can also help in preventing pregnancy and reducing STIs and HIV infection.
- Availability of condoms in public places e.g. taverns, night clubs, public toilets, social meeting spaces etc.

**SUMMARISE THE SESSION:**

Today we’ve looked at what might cause teen pregnancy, how it could affect you, what you could do if it happens and how to try prevent it. Getting pregnant, or getting your partner pregnant, can be a choice that you make when you’re ready.

**ACTION NOTE:**

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Today we going to talk about abusing substances like alcohol, drugs and prescription medication.

**ICE BREAKER: SPINNING** *(7 minutes)*

**Ask the group:** to stand up and find an open space to stand (this can be done outside if there is not enough space). Then ask the group to close their eyes and spin round as fast as they can until they feel dizzy. Then ask the group to open their eyes and walk normally.

Follow-up by asking the group how they felt while they were spinning and how it felt when they stopped spinning and tried to walk? (Usually felt dizzy, confused, out of control, drunk, even nauseous).

**i** Explain that this is how your body feels when you drink alcohol or take drugs. Even though it may be fun at the time (i.e. like when you were spinning), afterwards, you feel bad. Things like drugs and alcohol are called substances. They are things you take that are bad for you and affect your health or your behaviour. Substance abuse is when you use a lot of these things, use them regularly, and/or use them in a way that is harmful to you and affects your life.

**NOTE:** Further explain the difference between using, abusing and being dependent on a substance:

**SUBSTANCE USE** – using alcohol or drugs in small amounts, not too often. When you can say no when you want to stop and don’t need it to feel good.

**SUBSTANCE ABUSE** – you use alcohol or drugs in larger amounts, more often, even when you don’t really need it.

**ADDICTION/DEPENDENCE** – you depend on alcohol or drugs both physically and/or emotionally. You feel as if you can’t carry on without the next drink or drug fix, your body can’t function without it (or has withdrawal symptoms when you don’t use it for a while). It is no longer a choice.
**SUBSTANCES IN MY LIFE ACTIVITY (15 minutes)**

Ask the group to share how alcohol and drugs has affected their life. (ie. do they know anyone that is uses, abuses or is addicted to substances?)

Substance abuse can lead to problems in relationships with family and friends, a drop in marks, health problems, depression, difficulty coping without the substance, anxiety, injuries, higher risk of HIV, STIs and pregnancy, memory problems, isolation from friends, financial problems, trouble sleeping, etc.

**FILLING YOUR CUP ACTIVITY (20 minutes)**

Place the picture of the cup in the middle of the group. Then ask the group why they think people take drugs or drink alcohol? For each person that gives an answer, get them to write it on the cup.

Some reasons why people use or abuse substances:
- To forget your problems like: bad things happening to you, fear of death, not having food or money or a place to live, coping with the death of someone you loved, no having a job, failing at school, not feeling loved, someone hurting you...
- To have fun
- Because friends or family are drinking
- Boredom, you have nothing else to do
- To feel good or be like by others
- Wanting to try something new
- You think your body needs it
- To relax
- To feel more powerful and brave
- To become more talkative and sociable

Explain to the group that these are the reasons that make you want to fill your cup with substances. Then ask the group what other ways can you fill these needs without substances, like alcohol and drugs? For each person that gives an answer, get them to write it on the cup.

Some examples include:
- To forget your problems write ‘talk to someone’ on the cup
- To forget bad things happening to you, not having food or money or a place to live, not feeling loved, someone hurting you, write ‘talk to a counsellor or social worker and get help’ on the cup
- To forget not having a job, write ‘volunteer, keep looking and don’t give up’ on the cup
- To forget a death of someone you loved or failing at school, write ‘be sad, grieve and get some help’ on the cup
- To have fun, write ‘sports (or other ways to have fun)’ on the cup
- Because friends or family are drinking write ‘be different’ on the cup
- Boredom, you have nothing else to do, write ‘find a hobby or sport or something to do’ on the cup
- To feel good or be liked by others, write ‘find someone to talk to and learn to like yourself’ on the cup
• If you’re wanting to try something new write ‘try a hobby or sport or something good for you’
• If you think your body needs it write ‘your body needs healthy liquids’ on the cup
• To relax write ‘exercise or breathe (meditation)’ on the cup
• To feel more powerful and brave write ‘learn to feel powerful and brave inside’ on the cup
• To become more talkative and sociable write ‘talk to people with things in common with you and build your confidence’ on the cup

NOTE: Mention that there are people, beliefs or things young people could have in their lives, which could protect them from using or abusing substances. And that it is important to identify the good things in their life that can ‘fill their cup’ such as:
- a supportive parent
- strong values and high self-esteem
- a good relationship with family or friends,
- having hobbies and activities you enjoy,
- doing well at school, university or college
- healthy ways to manage stress
- access to mobisites like bwisehealth.com

Finish off by going around the group and asking each person to name one protective factor they have that can make it easier for them to say no to drugs.

SUMMARISE THE SESSION:

Substance abuse is something that can happen to anyone – young, old, rich, poor, sick, healthy. Substance abuse can also make you less healthy, which can affect your ART and the progress of your HIV. But that doesn’t mean we are powerless to stop it. There is a lot we can do if we or someone we know has a problem with substances. Your ART works best if you stay focused on what’s most important, which is being healthy and living a long life.

ACTION NOTE:

Don’t let substances take you off track – and if they do, know that you can get help! Please come and speak to your YCC or clinic counsellor for support and referral to appropriate counselling if you, or anyone you know, may be struggling with substance use.

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Today we are going to talk about bad or negative experiences, like trauma and our worries that cause anxiety.

Explain that trauma is when something happens that makes you think you may die or be seriously injured. It is also when something happens that makes you think a person that you love or depend on may die or be seriously injured. This can be an accident; rape; abuse; domestic violence (victim and witnesses); robbery; hijacking; kidnapping; torture; traumatic death; natural disaster or watching (witnessing) a terrible event.

**MINI TRAUMA ACTIVITY (7 minutes)**

Handout a piece of paper and ask the group members to tear the larger paper into 4 pieces. Then ask the group: to write down the name of a very close loved one on one piece of paper, then to write down their favourite activity on another piece of paper, then their favourite place to go on another piece of paper, and finally on the last piece of paper to write down a secret they have that is embarrassing. Assure the group that the papers will not be collected.

Ask the group: to take paper 1 and rip it up, because this person doesn’t exist to anymore. Imagine that you learned that they have been murdered.

Now rip up paper 2 because you just learned the murder happened during the time you were involved in your favourite activity. This activity is no longer enjoyable to you because it reminds you of the loss of your loved one so this activity doesn’t exist for you anymore.

Now rip up paper 3. Your favourite place is gone now too because this is where the murder happened. This place no longer exists for you because you cannot go there without thinking of the loss of your loved one and the event surrounding their death.

Now what you have left is a secret. Something that makes you feel ashamed, and blaming yourself and helpless. This is similar to the feelings you might have for not being able to save your loved one. This is what you have left. Each victim has a personal experience and reaction. As a supporter and loved one of a victim, the closer you are, the more real it becomes.

Discuss with the group: what they have learned about how it would feel to lose someone they love to a violent crime (murder). What reactions did they have that surprised them? What do they think would help victims of violent crime recover from such a powerful and
painful experience? What would be unhelpful for people to say to them? What would be helpful for people to say to them?

(Adapted from http://www.teachtrauma.com/educational-tools/classroom-activities)

Explain that the first response to trauma is usually a physical reaction. This is also a survival response. You may fight; flee (run away) or freeze (body does not move) in order to protect yourself. You may also feel shaken – both emotionally and physically - after a traumatic event. Responses that you may feel after a traumatic event:

• Distress (body getting worked up easily)
• Shock
• Flashbacks (seeing the event in your mind over and over when you don’t want to)
• Being irritable
• Feeling very jumpy
• Nightmares (usually about the event)
• Feeling scared
• Having poor concentration (daydreaming in class)
• Feeling like danger can happen all the time
• Feeling nervous and avoiding anything that reminds you of the event
• Not spending time with friends and family

Trauma often destroys your ideas of what you knew and of what you considered safe. It is very hard to make sense of why traumatic events happen. Sometimes we try to fill in the gaps through imagining what might have, should have or could have happened. These imagined scenarios can be as hard to deal with as the actual event.

NOTE: Mention that not everyone needs counselling or help immediately after a traumatic event happens. You might have scary nightmares for a few days/weeks and then cope fine. If you get “stuck” with the trauma reactions for more than a month after the event, then you need to get help. But remember that trauma is NOT a sign of weakness!

(Taken from https://bwisehealth.com/article/trauma-and-bad-experiences-not-a-sign-of-weakness)

Now let’s talk about Anxiety.

TRUST FALL ACTIVITY  (10 minutes)

Ask the group to: find a partner and then explain that one of the partners has to stand in front of the other and make his/her body go stiff. The person falling backwards has to give a signal that they are ready to fall backwards. As the person falls, the partner has to catch them gently and prevent them from hitting the ground. The activity begins with less distance between the partners. After the first fall, the partners got to the next “level” (the person falling takes one step away from their partner). Increase levels 3 times and then switch places, so that the person who was falling is now catching. As the levels increase and the partners start trusting each other, the distance increases with each level.
Explain that it is completely normal to worry. Anxiety is a natural human reaction that involves mind and body. Worry, nervousness or anxiety is like an alarm system that is activated whenever your mind or body thinks it is in danger or under threat. So in situations of danger, anxiety helps you to protect yourself or run away. When your body and mind react to danger or threat, you may experience physical (bodily) sensations (feelings) of anxiety. You may feel a faster heartbeat and breathing, tighter muscles, sweaty palms, a queasy stomach and your legs or hands may tremble. These sensations (feelings) are part of the body’s fight-flight-freeze response. They are caused by a rush of chemicals in your brain that prepares your body to make a quick getaway.

**Ask the group:** but what if there is no danger and you still worry?

You may feel worried, nervous or fearful when there is no danger. You may feel like your worries are running your life. You may have difficulty sleeping because of your anxiety or cannot pay attention to your thoughts and feelings. Then your anxiety is no longer helpful to you, and you need to find ways to manage it. Anxiety shows us areas or experiences where we may need to ask for help or guidance from other people.

*(Taken from https://bwisehealth.com/article/do-you-worry-all-the-time-you-could-be-anxious)*

**NOTE:** Mention that nightmares are bad dreams, and they can make us feel scared, angry or sad. Everyone has nightmares sometimes. If you’ve been through a trauma – like losing a loved one, or being robbed or attacked – you might dream about that a lot. It’s OK, that’s normal. It’s your brain’s way of trying to understand what happened to you.

*(Taken from: https://bwisehealth.com/article/why-am-i-having-nightmares)*

**ACTION NOTE:**

If you are having a lot of nightmares even though the trauma happened long ago, it’s a good idea to speak to a trusted adult, a counsellor, or a psychologist about your feelings.

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### Go Banana Icebreaker (3 minutes)

**Ask the group to repeat after you:**

"Go banana, go, go banana" The group repeats
"I take banana, take, take banana (reach up as if taking from the tree)"
The group repeats
"I peel banana, peel, peel, banana (pretend to peel)" The group repeats
"I smash banana, smash, smash banana (clap hands)" The group repeats
"I eat banana, eat, eat banana (pretend to eat)" The group repeats
"Yum banana, yum, yum banana (rub throat)" The group repeats
"Mmm banana, mmm mmm banana (hold tummy as if in pain)" The group repeats
"Ahhh banana, aah aah banana (squatting as if on the toilet)" The group repeats
"Sies banana, sies sies banana (wave your hand near your nose as if smelling something)" The group repeats
"No more banana, no more banana (pointing and wagging finger)" The group repeats

Today we’ll be talking about healthy food and exercise, but even healthy foods, such as bananas can become unhealthy if you eat too much of it, and over-exercising can cause injury. The key is a balanced diet and exercise.

### Let’s Discuss Diets Activity (10 minutes)

**Ask the group:** if anyone is on (or has ever been on) a diet, if so what kind of diet and for what reasons. Find out if people think diets are good or bad and why they think so. Allow time for people to respond and discuss.

Summarise responses, clarify uncertainties and explain that some diets are good because they are recommended by a health professional to improve health. For example, someone with diabetes will need to change their diet to stop eating sugar. Someone who is overweight might eat less junk food and drink more water so that they can get to a healthier weight. A good way to tell if a diet is good is to ask: Did a healthcare worker (like a doctor, a nurse or a dietician) advise this diet? If the answer is YES, the diet is probably good. But if you are dieting just because you want to lose weight or look thinner, it’s a bit more risky. Eating too little, or not eating for a long time, can be dangerous for your health. You could faint or feel very weak, because your body isn’t getting enough food to keep it going. Cutting out a whole group of foods, like fats or starches, could also stop you from getting all the important things your body needs. Your health is important! If a diet helps your health, great – but if it gets in the way of your health, think twice.

(Taken from: https://bwisehealth.com/article/dieting-is-it-good-for-you)
A BALANCED MEAL ACTIVITY (10 minutes)

Divide the group into two or three smaller groups. Ask each group: to create five balanced meals using a combination of the following foods (you can write the food names on paper for all to see, or simply read them out loud):

<table>
<thead>
<tr>
<th>Rice</th>
<th>Potato</th>
<th>Chicken</th>
<th>Mince</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mogodud</td>
<td>Cabbage</td>
<td>Spinach</td>
<td>Carrots</td>
</tr>
<tr>
<td>Bread</td>
<td>Beans</td>
<td>Fish</td>
<td>Salad</td>
</tr>
<tr>
<td>Pap</td>
<td>Tomato</td>
<td>Mielies</td>
<td>Eggs</td>
</tr>
<tr>
<td>Cheese</td>
<td>Pasta</td>
<td>Apples</td>
<td>Bananas</td>
</tr>
<tr>
<td>Avocado</td>
<td>Yoghurt</td>
<td>Sweet potato</td>
<td>Morogo</td>
</tr>
</tbody>
</table>

Allow 5 minutes for groups to come up with their meals and 5 minutes for feedback to the rest of the group.

Explain that it is best to eat three well-balanced meals (with vegetables, fruit, protein, and starch) and one or two healthy snacks a day. Skipping meals or waiting too long between meals, can lead to over-eating at the next meal.

(Taken from: https://bwisehealth.com/article/eat-this-not-that-good-food-rules-to-live-by)

THE ONLY 4 EXERCISES YOU REALLY NEED ACTIVITY (15 minutes)

Ask the group: To copy the 4 following exercises. Explain that these strength moves can be done anytime, anywhere and at any fitness level.

1) Chair Dips: Stand in front of a chair, facing away from the chair’s seat. Sit down on the edge of a chair with your legs are together, knees bent and feet flat on floor. Place your hands next to your hips and firmly grip the edges of the chair. Slide your butt just off the front of the chair keeping your back as straight as you can. Bend your elbows and lower your body in a straight line. Push yourself back up.

2) Push ups: Start in a basic push-up position with hands directly beneath shoulders and body in a straight line. Bend elbows out to sides and lower body almost to floor (or as far as you can). Keep abs tight and body in a line. Hold for 1 second, then push back up. If you’re a beginner, do push-ups on knees.

3) Squats: Stand with feet hip-width apart. Bend your knees and lower your body into a squat position, as if you are sitting back into an imaginary chair, keeping knees behind toes. Stop when your knees are at 90 degrees. Slowly press through your heels and squeeze your glutes as you return to standing.

4) Plank: To come into plank pose, hold a push-up position, weight on balls of feet and hands, wrists directly below shoulders, arms straight, and body in line from head to heels. Hold for as long as you can, working up to 1 minute.
Exercising causes your body to produce endorphins [en-door-fins]; chemicals that can help you feel more peaceful and happy. Experts say just 30 minutes of activity or exercise a day will help you produce endorphins.  

(Taken from: https://bwisehealth.com/article/exercise-is-smart-how-much-do-you-need)

Ask the group: if anyone exercises or plays sport, and if so what type of exercise or sport do they do? Discuss ways to incorporate 30 minutes of exercise into daily lives for those who don’t have time or access to formal exercise, such as gyms or sport.

Summarise points and clarify any myths or untruths, explain that an easy way to get ones daily dose of exercise and endorphins is to play a sport, but for those who don’t play sport for whatever reasons, be it access, time, lack of interest, there are some easy and practical ways to get 30 minutes of exercise a day such as:

- 10 minutes – taking a fast walk or riding a bicycle to a friend’s house, to school, the clinic, shops etc.
- +10 minutes - Playing soccer or ball with friends
- +10 minutes – Dancing
- Other ideas include housework, playing with a younger sibling, running or walking fast up and down stairs, taking the stairs instead of the lift or escalator, using your local outdoor gym

Just make sure you ‘exercise’ for at least 10 minutes at a time, just hard enough that you sweat lightly and you can feel your heart beating a bit faster, but not so hard that you become out of breath and can’t talk while exercising.  

(Taken from: https://bwisehealth.com/article/exercise-is-smart-how-much-do-you-need)

SHAKE IT UP EXERCISE ACTIVITY

End with a ‘shake-down’ exercise. Ask the group to copy you as you shake your right arm 5 times while counting. Repeat with your left arm, then your right leg, then left leg. Continue doing this, counting down to one shake of each limb.

SUMMARISE THE SESSION:

It’s not always easy to have a balanced meal or to find the time or energy to exercise. Some days we get it right and some days are just chips, couch and TV days, as long as there are more balanced days than couch days you are doing okay. Sometimes it helps to do things in a group for some extra motivation.

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OTHER RECOMMENDED RESOURCES, TOOLS AND GUIDELINES

• Bwisehealth.com
• Choma.co.za
• Integrated Access to Care and Treatment (I.ACT) for adolescents
• Tools for Talking Taboos (http://www.ghjru.uct.ac.za/ghjru/schools/exercises-posters)
• Auntie Stella: teenagers talk about sex, life and relationships (http://www.tarsc.org/auntiestella/)
• Working with adolescents living with HIV: a handbook for healthcare providers (http://www.wrh.ac.za/Pages/ReportsAndPublications.aspx)
• Right to Care flipster and Disclosure flipster

USEFUL GUIDELINES

• Adherence Guidelines for HIV, TB and NCDs (2016)
• Disclosure Guidelines for Children and Adolescents in the context of HIV, TB and non-communicable diseases (2016)
• Adolescent Youth Policy (2016)
• Guidelines for the Management of HIV in Adults and Adolescents (2010)
• Children’s Act 38 of 2005

REFERENCES


Camara, M., Bacigalupe, G., & Padilla, P. (2017). The role of social support in adolescents: are you helping me or stressing me out? International Journal of Adolescence and Youth, 22(2).


