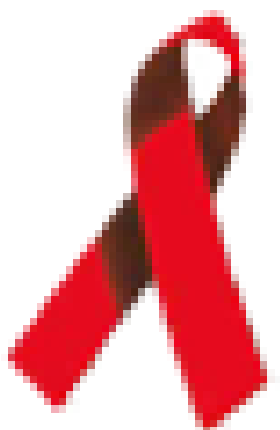




**UZ Chair on Education and HIV & AIDS**  
**University of Zimbabwe**



**LIFE SKILLS MODULE**  
**2009**

**Manual For Entry Level University Students**

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## **ACRONYMS**

<b>AIDS</b>	Acquired Immune-Deficiency Syndrome
<b>ANC</b>	Antenatal Care
<b>ART</b>	Antiretroviral Treatment
<b>ARV</b>	Antiretroviral
<b>CBO</b>	Community Based Organizations
<b>CD4</b>	Cluster of Differential cells
<b>DNA</b>	Deoxyribonucleic Acid
<b>EPP</b>	Epidemic Projection Package
<b>FBO</b>	Faith Based Organizations
<b>HIV</b>	Human Immune-Deficiency Virus
<b>IUD</b>	Intra Uterine Device
<b>MOHCW</b>	Ministry of Health and Child Welfare
<b>MTCT</b>	Mother to Child Transmission
<b>NGO</b>	Non Governmental Organizations
<b>OIs</b>	Opportunistic Infections
<b>OVC</b>	Orphans and Vulnerable Children
<b>PAP</b>	Papanicolau
<b>PEP</b>	Post Exposure Prophylaxis
<b>PiP</b>	Prevention in Positives
<b>PITC</b>	Provider Initiated Testing and Counseling
<b>PLWHA</b>	People Living with HIV and AIDS
<b>PMTCT</b>	Prevention of Mother to Child Transmission
<b>PPTCT</b>	Prevention of Parent to Child Transmission
<b>PS</b>	Post Script
<b>RNA</b>	Ribonucleic Acid
<b>SAFAIDS</b>	Southern African AIDS Information Dissemination Services
<b>STDs</b>	Sexually Transmitted Diseases
<b>STIs</b>	Sexually Transmitted Infections
<b>TB</b>	Tuberculosis
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS
<b>UNESCO</b>	United Nations Educational Scientific and Cultural Organization
<b>UNICEF</b>	United Nations Children Fund
<b>UZ</b>	University of Zimbabwe
<b>VCT</b>	Voluntary Counseling and Testing
<b>ZDHS</b>	Zimbabwe Demographic Health Survey

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## ***PART 1***

### **INTRODUCTION**

**A**frica is a continent worst affected by the HIV pandemic globally. Sub Sahara Africa carries approximately 70% of the global HIV burden and yet it holds 10% of the global population. Zimbabwe is at the epicenter of the HIV epidemic with a prevalence rate of 15% in the 15-49 year age group. Women and girls are particularly disadvantaged and disproportionately affected. The university community constitutes a vulnerable group.

HIV awareness is almost universal, as this topic has been well integrated into the primary and secondary school curricula. The current challenge in the fight against HIV infection is seen as prevention of new infections by strengthening and fostering behavior change, caring for and supporting the large numbers of infected people and coping with the impact of the epidemic as individuals and institutions of higher learning.

When students come from various community set-ups, they come with their own expectations of life. The university, being a new environment is a stressor on its own. Lack of knowledge of the surroundings, fear of the unknown, meeting new people including the facilitators of learning will compound the fears of the new comer. Students who enroll at institutions of higher learning including universities have to struggle with determining a positive direction in life, potential unwanted pregnancies, issues of drugs and alcohol, HIV/AIDS/STIs, peer pressure, orphanhood, ill or dying parents, heading households and many such issues. Development of coping skills becomes critical in order to achieve goals and develop healthy, positive lifestyles.

This life skills, HIV and AIDS course is a behavior change intervention that focuses on the development of the skills necessary for a healthy, positive lifestyle and HIV/AIDS prevention. It addresses the development of the whole individual so that the person will have skills to make use of all types of information, whether it be HIV/AIDS, STIs, reproductive health, safe motherhood, communication, decision making and such like. It is hoped that

through this course, the student will develop communication, decision making, critical thinking, assertiveness, self esteem building, resisting peer pressure, relationship, emotion management and other such skills that will make the student realize their full potential and achieve their goal.

This manual was developed to be used by university students particularly entry level students. The life skills training approach will be conducted through individual reading as well as interactive activities using peer group sessions, games, group discussions and other face to face activities. Students will be assessed for knowledge through periodic examinations.

### **Why life skills and the Bridge Model for behavior change**

The term life skills refers to a large group of **psychosocial and interpersonal skills** which can help make people make **informed decisions, communicate effectively and develop coping and self management skills that** may help them **lead a healthy and productive life**. Life skills may be directed towards personal actions or actions towards others as well as actions to change the surrounding environment to make it conducive to health.

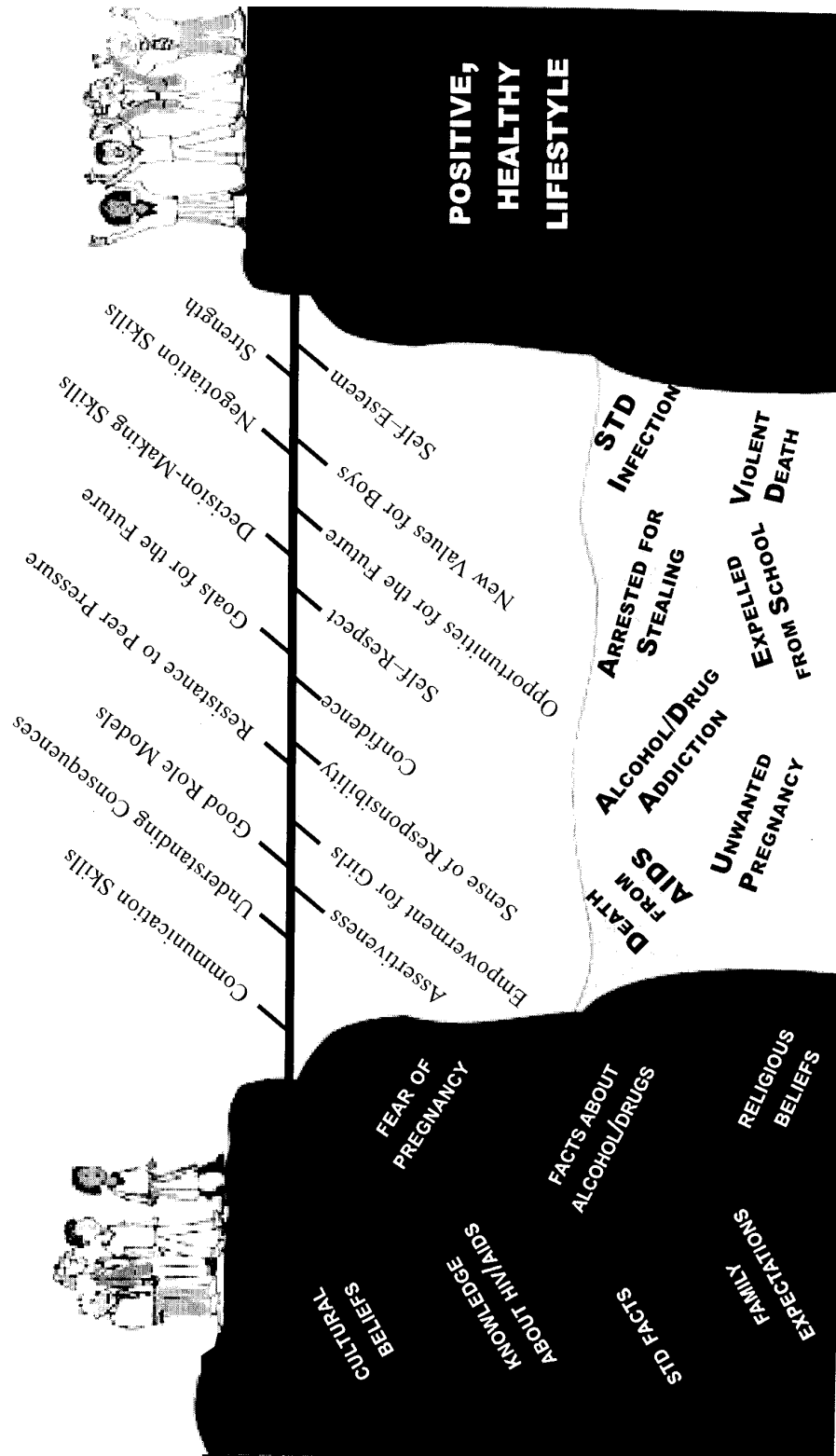
It is recognized that students come from diverse backgrounds and problems. Such diverse backgrounds include cultural and religious beliefs, knowledge about HIV/AIDS/STI, alcohol and drugs, life experiences, family expectations and fears about pregnancy and academic failure. Some problems include orphanhood, poverty and abuse. Such diverse backgrounds and problems if not addressed may result in serious pitfalls and unbecoming behavior. Unbecoming behaviors include drug and alcohol abuse, prostitution, violence, stealing, truancy and serious pitfalls include HIV/AIDS/STIs, unwanted pregnancy, failure to attain ones goals and positive health life styles.

The bridge model is a comprehensive tool applicable to several aspects of life skills that will be used to build a bridge from information to behaviour change. It is based on using as many skills as possible in order to assist the individual to live a positive healthy life style. This enables the students to achieve their life goals so that they go back to the communities and plough back the skills that they will have learnt.

The bridge model is comprised of critical building blocks which are goal setting, knowing yourself, self esteem, assertiveness, communication skills, decision making/problem solving/understanding consequences, negotiation skills, resistance to peer pressure, critical thinking, managing relationships, managing time and stress management each having an essential role in strengthening the self.

## The Bridge Model:

How Do We Build a Bridge from Information to Behavior Change?



Source: Peace Corps 2001: Life Skills Manual: Information Collection and Exchange Publication No. M0063.



## ***PART 2***

### **LIFE SKILLS**

**T**he purpose of this session is to learn about behavior change through development of appropriate life skills that lead to a successful and healthy life.

**Life skills include the following:**

- Goal setting
- Self awareness/Knowing yourself
- Self-esteem
- Assertiveness
- Communication
- Decision making/Problem Solving
- Negotiation skills
- Resisting Peer Pressure
- Critical thinking
- Managing relationships
- Time Management
- Stress management
- Self management
- Conflict resolution

# Session 1

## PERSONAL GOAL SETTING

### **Find Direction. Live your life your way.**

Goal setting is a powerful process for thinking about your ideal future, and for motivating yourself to turn this vision of the future into reality.

The process of setting goals helps you choose where you want to go in life. By knowing precisely what you want to achieve, you know where you have to concentrate your efforts. You'll also quickly spot the distractions that would otherwise lure you from your course.

More than this, properly-set goals can be incredibly motivating, and as you get into the habit of setting and achieving goals, you'll find that your self-confidence builds fast.

### **ACHIEVING MORE WITH FOCUS**

Top-level athletes, successful business-people and achievers in all fields use goal-setting techniques. They give you long-term vision and short-term motivation. They focus your acquisition of knowledge and help you to organize your time and your resources so that you can make the very most of your life.

By setting sharp, clearly defined goals, you can measure and take pride in the achievement of those goals. You can see forward progress in what might previously have seemed a long pointless grind. By setting goals, you will also raise your self-confidence, as you recognize your ability and competence in achieving the goals that you have set.

### **STARTING TO SET PERSONAL GOALS**

#### **Goals are set on a number of different levels:**

- First you create your “big picture” of what you want to do with your life, and decide what large-scale goals you want to achieve.
- Second, you break these down into the smaller and smaller targets that you must hit so that you reach your lifetime goals.
- Finally, once you have your plan, you start working to achieve it.

We start this process with your Lifetime Goals, and work down to the things you can do today to start moving towards them.

## EXERCISE

### What are your lifetime goals?

List them in order of priority starting with the highest priority

1. ....
2. ....
3. ....

### Your Lifetime Goals

The first step in setting personal goals is to consider what you want to achieve in your lifetime (or by a time at least, say, 10 years in the future) as setting Lifetime Goals gives you the overall perspective that shapes all other aspects of your decision making.

## EXERCISE

State your expected achievements within the next ten years

1. ....
2. ....
3. ....
4. ....

To give a broad, balanced coverage of all important areas in your life try to set goals in some of these categories (or in categories of your own, where these are important to you):

- *Artistic:*  
Do you want to achieve any artistic goals? If so, what?
- *Attitude:*  
Is any part of your mindset holding you back? Is there any part of the way that you behave that upsets you? If so, set a goal to improve your behavior or find a solution to the problem.
- *Career:*  
What level do you want to reach in your career?
- *Education:*  
Is there any knowledge you want to acquire in particular? What information and skills will you need to achieve other goals?

- **Family:**  
Do you want to be a parent? If so, how are you going to be a good parent? How do you want to be seen by a partner or by members of your extended family?
- **Financial:**  
How much do you want to earn by what stage?
- **Physical:**  
Are there any athletic goals you want to achieve, or do you want good health deep into old age? What steps are you going to take to achieve this?
- **Pleasure:**  
How do you want to enjoy yourself? — You should ensure that some of your life is for you!
- **Public Service:**  
Do you want to make the world a better place? If so, how?

## EXERCISE

With a colleague spend some time *brainstorming* these, and then select one goal in each category that best reflects what you want to do. Then consider trimming again so that you have a small number of really significant goals on which you can focus.

As you do this, make sure that the goals that you have set are ones that you genuinely want to achieve not ones that your parents, family, or employers might want. If you have a partner, you probably want to consider what he or she wants, however make sure you also remain true to yourself!

## Starting to Achieve Your Lifetime Goals

Once you have set your lifetime goals, set a 25-year plan of smaller goals that you should complete if you are to reach your lifetime plan. Then set a 5-year plan, 1-year plan, 6-month plan, and 1-month plan of progressively smaller goals that you should reach to achieve your lifetime goals. Each of these should be based on the previous plan.

Then create a *daily to-do list* of things that you should do today to work towards your lifetime goals. At an early stage these goals may be to read books and gather information on the achievement of your goals. This will help you to improve the quality and realism of your goal setting.

Finally review your plans, and make sure that they fit the way in which you want to live your life.

## STAYING ON COURSE

Once you have decided your first set of plans, keep the process going by reviewing and updating your to-do list on a daily basis. Periodically review the longer-term plans, and modify them to reflect your changing priorities and experience.

### Goal Setting Tips 1

The following broad guidelines will help you to set effective goals:

- ***State each goal as a positive statement:*** Express your goals positively - 'Execute this technique well' is a much better goal than 'Don't make this stupid mistake.'
- ***Be precise:*** Set a precise goal, putting in dates, times and amounts so that you can measure achievement. If you do this, you will know exactly when you have achieved the goal, and can take complete satisfaction from having achieved it.
- ***Set priorities:*** When you have several goals, give each a priority. This helps you to avoid feeling overwhelmed by too many goals, and helps to direct your attention to the most important ones.
- ***Write goals down:*** This crystallizes them and gives them more force.
- ***Keep operational goals small:*** Keep the low-level goals you are working towards small and achievable. If a goal is too large, then it can seem that you are not making progress towards it. Keeping goals small and incremental gives more opportunities for reward. Derive today's goals from larger ones.
- ***Set performance goals, not outcome goals:*** You should take care to set goals over which you have as much control as possible. There is nothing more dispiriting than failing to achieve a personal goal for reasons beyond your control. In business, these could be bad business environments or unexpected effects of government policy. In sport, for example, these reasons could include poor judging, bad weather, injury, or just plain bad luck. If you base your goals on personal performance, then you can keep control over the achievement of your goals and draw satisfaction from them.
- ***Set realistic goals:*** It is important to set goals that you can achieve. All sorts of people (employers, parents, media, and society) can set unrealistic goals for you. They will often do this in ignorance of your own desires and ambitions. Alternatively you may set goals that are too high, because you may not appreciate either the obstacles in the way or understand quite how much skill you need to develop to achieve a particular level of performance.

### SMART GOALS:

A useful way of making goals more powerful is to use the SMART mnemonic. While there are plenty of variants, SMART usually stands for:

- **S** Specific
- **M** Measurable
- **A** Attainable
- **R** Relevant
- **T** Time-bound

For example, instead of having “to sail around the world” as a goal, it is more powerful to say “To have completed my trip around the world by December 31, 2015.” Obviously, this will only be attainable if a lot of preparation has been completed beforehand!

### ACHIEVING GOALS

When you have achieved a goal, take the time to enjoy the satisfaction of having done so. Absorb the implications of the goal achievement, and observe the progress you have made towards other goals. If the goal was a significant one, reward yourself appropriately. All of this helps you build the self-confidence you deserve!

With the experience of having achieved this goal, review the rest of your goal plans:

- If you achieved the goal too easily, make your next goals harder.
- If the goal took a dispiriting length of time to achieve, make the next goals a little easier.
- If you learned something that would lead you to change other goals, do so.
- If you noticed a deficit in your skills despite achieving the goal, decide whether to set goals to fix this.

Failure to meet goals does not matter much, as long as you learn from it. Feed lessons learned back into your goal setting program.

Remember too that your goals will change as time goes on. Adjust them regularly to reflect growth in your knowledge and experience, and if goals do not hold any attraction any longer, then let them go.

### **Key points:**

Goal setting is an important method of:

- Deciding what is important for you to achieve in your life;
- Separating what is important from what is irrelevant, or a distraction;
- Motivating yourself; and
- Building your self-confidence based on successful achievement of goals.

If you haven't already set goals, do so, starting now. As you make this technique part of your life, you'll find your career accelerating, and you'll wonder how you did without it!

## **GOAL SETTING TIPS I**

### **GOAL SETTING**

#### **Powerful Written Goals In 7 Easy Steps!**

*(Adapted and adopted from Gene Donohue)*

The car is packed and you're ready to go on your first ever cross-country trip. From the Eastern Highlands to Victoria falls, you're going to see it all.

You put the car in gear and off you go. First stop, Rusape in Manicaland.

A little while into the trip you need to check the map because you've reached an intersection you're not familiar with. You panic for a moment because you realize you've forgotten your map.

But you say the heck with it because you know where you're going. You take a right, change the radio station and keep on going. Unfortunately, you never reach your destination.

Too many of us treat goal setting the same way. We dream about where we want to go, but we don't have a map to get there.

What is a map? In essence, the written word.

What is the difference between a dream and a goal? Once again, the written word.

Goal setting however is more than simply scribbling down some ideas on a piece of paper. Our goals need to be complete and focused, much like a road map, and that is the purpose behind the rest of this article.

If you follow the 7 goal setting steps outlined in this article you will be well on your way to becoming an expert in building the road maps to your goals.

1. **Make sure the goal you are working for is something you really want, not just something that sounds good.**

I remember when I started taking baseball umpiring more seriously. I began to set my sites on the NCAA Division 1 level. Why? I knew there was no way I could get onto the road to the major leagues, so the next best thing was the highest college level. Pretty cool, right! Wrong.

Sure, when I was talking to people about my umpiring goals it sounded pretty good, and many people were quite impressed. Fortunately I began to see through my own charade. I have been involved in youth sports for a long time. I've coached, I've been the President of leagues, I've been a treasurer and I'm currently an Assistant State Commissioner for Cal Ripken Baseball. Youth sports is where I belong, it is where my heart belongs, not on some college diamond where the only thing at stake is a high draft spot. When setting goals it is very important to remember that your goals must be consistent with your values.

2. **A goal can not contradict any of your other goals.**

For example, you can't buy a \$750 billion house if your income goal is only \$50 billion per year. This is called non-integrated thinking and will sabotage all of the hard work you put into your goals. Non-integrated thinking can also hamper your everyday thoughts as well. We should continually strive to eliminate contradictory ideas from our thinking.

3. **Develop goals in the 6 areas of life:**

**Family and Home**

**Financial and Career**

**Spiritual and Ethical**

**Physical and Health**

**Social and Cultural**

**Mental and Educational**

Setting goals in each area of life will ensure a more balanced life as you begin to examine and change the fundamentals of everyday living. Setting goals in each area of life also helps in eliminating the non-integrated thinking we talked about in the 2nd step.

4. **Write your goal in the positive instead of the negative.**

Work for what you want, not for what you want to leave behind. Part of the reason why we write down and examine our goals is to create a set of instructions for our subconscious mind to carry out. Your subconscious mind is a very efficient tool, it can not determine right from wrong and it does not judge. It's only function



is to carry out its instructions. The more positive instructions you give it, the more positive results you will get.

Thinking positively in everyday life will also help in your growth as a human being. Don't limit it to goal setting.

### 5. *Write your goal out in complete detail.*

Instead of writing "A new home," write "A 4,000 square foot contemporary with 4 bedrooms and 3 baths and a view of the mountain on 20 acres of land.

Once again we are giving the subconscious mind a detailed set of instructions to work on. The more information you give it, the clearer the final outcome becomes. The more precise the outcome, the more efficient the subconscious mind can become.

Can you close your eyes and visualize the home I described above? Walk around the house. Stand on the porch off the master bedroom and see the fog lifting off the mountain. Look down at the garden full of tomatoes, green beans and cucumbers. And off to the right is the other garden full of mums, carnations and roses. Can you see it? So can your subconscious mind.

### 6. *By all means, make sure your goal is high enough.*

Shoot for the moon; if you miss you'll still be in the stars. Earlier I talked about my umpiring goals and how making it to the top level of college umpiring did not mix with my values. Some of you might be saying that I'm not setting my goals high enough. I still have very high goals for my umpiring career at the youth level. My ultimate goal is to be chosen to umpire a Babe Ruth World Series and to do so as a crew chief. If I never make it, everything I do to reach that goal will make me a better umpire and a better person. If I make it, but don't go as a crew chief, then I am still among the top umpires in the nation. Shoot for the moon!

### 7. *This is the most important, write down your goals.*

Writing down your goals creates the roadmap to your success. Although just the act of writing them down can set the process in motion, it is also extremely important to review your goals frequently. Remember, the more focused you are on your goals the more likely you are to accomplish them.

Sometimes we realize we have to revise a goal as circumstances and other goals change, much like I did with my umpiring. If you need to change a goal do not consider it a failure; consider it a victory as you had the insight to realize something was different.

## EXERCISE

Examine your previous goals and re-list them

1. ....
2. ....
3. ....
4. ....

So your goals are written down.

### Now what?

First of all, unless someone is critical to helping you achieve your goal(s), do not freely share your goals with others. The negative attitude from friends, family and neighbors can drag you down quickly. It's very important that your self-talk (the thoughts in your head) are positive.

Reviewing your goals daily is a crucial part of your success and must become part of your routine. Each morning when you wake up read your list of goals that are written in the positive. Visualize the completed goal, see the new home, smell the leather seats in your new car, feel the cold hard cash in your hands. Then each night, right before you go to bed, repeat the process. This process will start both your subconscious and conscious mind on working towards the goal. This will also begin to replace any of the negatives self-talk you may have and replace it with positive self-talk.

Every time you make a decision during the day, ask yourself this question, "Does it take me closer to, or further from my goal." If the answer is "closer to," then you've made the right decision. If the answer is "further from," well, you know what to do.

If you follow this process everyday you will be on your way to achieving unlimited success in every aspect of your life.

## GOAL SETTING TIPS 2

*The difference between a goal  
and a dream is the written word.*

### Goal Setting Tips Basics

These basic tips are organized in a sequence that will support you from thinking about your goals to actually achieving them. Don't forget, these are only suggestions, take what you like and try it out for a while to see what works best for you. Have fun and play; don't make your goals "shoulds" but "wants".

- 1. Use a diary to keep track of your goals journey** where you may keep daily or weekly records of your progress including affirmations, successes, appreciation for your hard work, rewards, resistances, obstacles, etc. Use your goal diary to write goals initially and to rewrite them over time. Use it to break your goals into steps. Review your progress regularly and jot a few notes. There are a number of paper and digital methods for keeping these records such as notebooks, planners or professional goal tracking software. Develop consistent habits of writing about your thoughts and goal progress. It will propel you forward at a faster pace. Use colored pens and playful things like stickers and pictures, have fun!
- 2. Get yourself into a positive state before writing your goals:** It's really important to get yourself into an inspired, positive and relaxed state before writing goals. Some ideas for getting yourself into a positive state include: Meditation, listening to inspiring music, reading something fun or funny, watching a funny movie, taking a walk in a naturally beautiful place, brisk exercise, reading or listening to an inspirational story, listening to motivational tapes, brisk exercise or prayer.
- 3. Start brainstorming:** After getting into a good mental and emotional state, starts your brainstorming. Write all possible goals quickly without any editing or criticism. You can review and prioritize later; right now you want to be as creative and grand in your vision as you can be.
- 4. Areas of your life to consider for goal setting:** Here are a number of possible areas of your life to think about when you are developing your goals list: Career, financial, relationship, family, home, friends, personal development, health, appearance, possessions, fun and recreation, travel, spiritual, self esteem and service/community. Some types of goals include personal development such as emotional, mental, physical and spiritual.

Then there are “thing” goals like vacations, cars, yachts, antiques, houses, etc. Another area is financial goals—savings, net worth, retirement income, investments, etc. Make sure you include some health and energy goals because they are the foundation of a successful and satisfying life.

**5. Goals time frames:** Goals fall into varying time periods such as: Immediate goals, 30 day goals, 6 month goals, 1 year goals, 5 years, 10 years or longer. Make sure you can accomplish what you want in the time frame you set. There are mixed opinions on how specific the deadline dates on goals should be. Authors use different methods; Joel usually puts specific deadlines on his goals. Teddi uses general time frames (i.e. a few months or within a year) but not exact dates. They both get good results.

**6. Here are four tips for writing effective goal statements:**

- Say it like it's already happened: When writing your goal, say it like it has already happened. Put your goals in words that assume that you already have achieved them. For example, “I now have a new silver BMW 4 door 2008 sedan.”
- Use motivating language: To get you passionate, committed and motivated, add emotional language to your written goals. Here's an example “I absolutely love and am excited about my beautiful new home in the hills” which is much more passionate than “I like my new home in the hills”.
- Write specifically and in detail: Because your subconscious manifests things literally, you want to write specific detailed goals. Use language that is clear in describing exactly what it is you want
- Write in positive terms rather than negative ones: Examples of positive statements might be: “I am now free of the habit of smoking”, or “I am now a smoke free person”. Negative examples might be “I don't smoke anymore” or “I'm not a smoker”.

**7. Be sure they're really your goals:** Check in with yourself to make sure that you're thinking about what you really want. Often we try to please others at our own expense. You won't be successful trying to reach the goals your parents, spouse or other friends or relatives want for you.

**8. Be congruent in creating goals:** Consider your most important values and beliefs when formulating your goals (e.g. honesty, security, integrity, freedom, responsibility, respect for others, love, leadership, etc.). For instance if you value freedom, your goal might be to be self-employed. If security is what you

value, you might want to work for the government where layoffs rarely occur.

- 9. Choose rational goals:** Choose goals that you can actually reach in a reasonable amount of time. An example of a rational goal might be: "I'm 55 years old and I want to sing opera with a local light opera performance group or a choir (given of course that you have a good voice). An irrational goal might be" I'm 55, I've never taken singing lessons, and I want to be a world class singer performing key roles with Oliver Mtukudzi". It's unlikely that anyone starting at the age of 55 could do this, even with an excellent voice and rigorous training.
- 10. Prioritize your goals:** After you've brainstormed, one way to prioritize is to put the highest priority goals at 10 out of a possible 10 points and the least important at 1 out of 10. Pick 3-7 of the goals with high numbers and focus your efforts only on them for the next few months. Try not to pick too many goals to focus on as this will dilute your energy and make it harder to get the results you want.
- 11. Create a step-by-step plan:** Break each goal down into manageable blocks creating a step-by-step plan to achieve it. For example, if you want to attain a degree, first decide exactly what courses to take, funding support, duration of the course, study schedule etc. Write this down in your goal diary. Then write the specific steps you need to get to your goal such as: Visit the university and obtain a copy of the prospectus, look at different degrees, apply for a loan, visualize yourself having attained the degree etc.
- 12. Use affirmations:** Affirmations can move you forward dramatically in achieving your goals. Put them in the present tense as if you have already achieved them and say them out loud! Also, create the affirmation with lots of details and positive language rather than negative (no, not, can't, never, don't etc.).
- 13. Join or create a support group:** Getting help from others is one of the secrets of successfully reaching your goals. So be sure to find or create some sort of support group of similarly minded peers.

You could decide to form a Goals Success Group consisting of several people who decide to work together on goals. Your job as a group member is to help and support the other members' goal setting efforts in any way that seems appropriate. They should reciprocate.

- 14. Model the strategies of successful people:** Think of people you know or you know about who can serve as models. Modeling your actions after someone who has already achieved what you want can help you save time and prevent the painful trial and error that you would have to endure without this kind of help. They can provide an effective roadmap to move you ahead.
- 15. The 3 “R’s” — Review, reevaluate, and rewrite:** Review your goals regularly and write the steps for the day on your “to do list”. Reevaluate and rewrite your main goals every three to six months. Because things change, you may find that what you wanted a few months ago are not exactly what you want now. Be sure to reevaluate sub-goals, steps and strategies.
- 16. Patience is a virtue: Don’t be too impatient** — some goals take longer to manifest. Delays in reaching your goals do not imply that you won’t reach them. When you plant a seed, you can’t keep digging it up every week to see if it has sprouted, sometimes reaching goals is the same. You must believe in what you want enough to keep pursuing your dream while putting your attention on other things as well.
- 17. Keeps your balance:** Maintain a lighthearted attitude while working on your goals. Although commitment and persistence are important, balance in your life will keep you motivated and enthused. Too much focused intensity may keep you from opening up to new possibilities and can actually hold you back.
- 18. Pay attention to hunches:** Make a commitment to pay attention to hunches and intuition when taking actions towards your goal. Sometimes these are very subtle nudges that move you in a beneficial direction you didn’t expect.
- 19. Be public with your goals:** This may create some pressure on you to keep going after what you want and will probably help you take consistent action. Be sure to only tell people who will be supportive towards your success that you are absolutely committed to reaching your goal.
- 20. Rehearse and visualize your success:** Imagine having your degree, new houses or vacations whatever your vision is. Imagine with all your senses having already achieved your goal. Think about how great that feels, looks and sounds.
- 21. Use a “to do” list for taking daily actions:** Using a “to do” list and prioritizing your goals regularly is a useful technique. Sometimes you will get bogged

down in day-to-day busyness and you might overlook the steps needed to get to your goals. Be sure to integrate the goals into your “to do” list daily or weekly (at least), then put the highest priority goals at the top and take action on those first.

One of the secrets of successful people is they take action on the most important things every day. Avoid focusing a lot of attention on things that are not important. Here’s a quote from Robert Allen (a best selling author and motivation expert), who recommends facing the hardest things first. “Don’t do first things first, do feared things first!” An even more outrageous way to start the day from Allen is to “dig a hole, throw in a crocodile and jump in!”

## Session 2

### KNOWING YOUR SELF/SELF AWARENESS

#### The Self Concept

Self-concept is developed through a very complex process that involves many variables. Self-concept is the psychic representation of an individual the central core of “I” around which all perceptions and experiences are organised. It consists of four components, which are:

1. Identity
2. Body image
3. Self-esteem
4. Roles

#### Identity

Identity implies being distinct and separate from others, yet being a whole and unique self throughout life. Some individuals may suffer from identity crisis.

#### Body image

Cognitive growth and physical development affect it. It is made up of a person’s perceptions of the body both internally and externally. Some people may conceive themselves as fat, short, ugly, thin, and unattractive. These negative perceptions may lead to unhealthy life styles and risky behaviour.

#### Image and young adults

Young adults worry how they compare and appear to their friends and others. Looks and physical appearance are highly important! **They want to look like the stars and pop idols they see on TV.** These stars are not average looking people. Young adults fall into the trap of believing that if they are not like these wonderfully attractive stars they are not worth anything.



Bad self-image can be a killer! If people had confidence and liked themselves then eating disorders, bulimia and suicides would decrease.

## **Self-esteem**

Self-esteem is our sense of self-worth. It is an evaluation that an individual makes and maintains about the self. It can be high or low.

### **High self-esteem**

High self-esteem is a very important aspect of life. It consists of:

- Confidence
- Happiness
- Sure of one- self
- Highly motivated
- Self respect
- Having the attitude to succeed
- Able to improve relationships

### **Low self esteem**

It is important to recognise low self-esteem. People who have low self esteem;

- Do not value what they do
- Have no purpose in life
- Suffer from depression
- Exhibit unhappiness
- Feel insecure
- Display low confidence

## **Roles**

Roles involve expectations or standards of behaviour that have been accepted by the family, community and culture. In any situation it is important to be responsible, respectful and honourable in what you do and say. For example, greeting, giving your seat to an elderly/handicapped person in a bus, respecting your teacher,

## **What is Self?**

Self can be described as a theoretical concept, which houses one's beliefs about which one is. Self can be defined as:

- an essential personality aspects that organises one's thoughts, feelings and action or

- having three components which are: natural self containing the genetic aptitudes, instincts, drives and potentialities,
- the learned self which contains things one has learnt as a result of social interactions and
- then the choosing self contains choices.
- Knowing one-self is an important first step to living a healthy life style. Please take time to assess yourself using the assessment tool on next page.

### **ACTIVITY 1: Who are you?**

Briefly describe yourself in writing or verbally to someone else. Your description should cover the physical, psychological, social, cultural, emotional and moral self and your personal history. Write at least one page. Please list the **positive** aspects of yourself in bold.

### **ACTIVITY 2: Read the characteristics of each animal and identify the animal that best describes your negative aspects and list them?**

**The Mouse:** Too timid to speak up on any subject... Why do you find it difficult to contribute during group discussions? Is it because of low self-esteem, lack of confidence, or fear?

**The Hippo:** Sleeps all the time, and never puts up its head except to yawn... Do you sleep because of tiredness, too many pressures, lack of interest in a subject, or health-related problems?

**The Owl:** Looks very solemn and pretends to be very wise, always talking in long words and complicated sentences... Is it your aim to communicate or to show off? Are you seeking attention? Is it a defence mechanism? Are you trying to hide something?

**The Frog:** Croaks on and on about the same subject in a monotonous voice. Are you doing this to irritate others? Or you are happy to know and be aware that you are boring others?

**The Peacock:** Always showing off, competing for attention, thinking, "See what a fine fellow I am!" Do you feel the same inside, i.e. that you too are a fine fellow? Or are you competing with our colleagues because you feel inadequate or insecure?

**The Lion:** Gets in and fights whenever others disagree with its plans or interfere with its desires... Are you self-centred person? A good listener? Do you ever stop to think of the message the other person is giving before you respond or attack them?

**The Elephant:** Simply blocks the way, and stubbornly prevents the groups from continuing along the road to its desired goal... Identify the reason for your behaviour. Why are you blocking progress? Is it because you are against the programme or you are hiding your weaknesses?

**The Tortoise:** Withdraws from the group, refusing to give its ideas or opinions... Is it a feeling of inferiority that is affecting you? Did you grow up in a hostile environment where you were not given a chance to express your own opinion? Are you now making up for the lost chances?

**The Ostrich:** Buries its head in the sand and refuses to face reality or admit there is any problem at all... Are you in the denial stage pertaining to a type of a loss you have suffered in life? Why else are you refusing to face the situation? How is this affecting your life now?

**The Rabbit:** Runs away as soon as it senses tension, conflict or any unpleasant situation...(This may mean quickly switching to another topic, i.e. adopting flight behaviour). When do you adopt flight behaviour? How do you feel afterwards? (For example, defeated or having surrendered).

**The Giraffe:** Looks down on others and the programme in general, thinking, "I am above all this childish nonsense..." Are you suffering from a superiority complex? What causes the complex? Are you always comparing yourself with others and usually conclude that you are better off?

**The Monkey:** Fools around, chatters a lot and prevents the group from concentrating on any serious business... Are you a chatterbox? Is it the realisation that the lesson is too difficult for you? Do you feel that you lack in everything?

**The Donkey:** Is very stubborn, will not change its point of view... Are you a rigid person who does not accept situations that are unfavourable to you? How do you interact with fellow students/colleagues when you are in a group? Do you accept No for an answer?

**The Cat:** Is always looking for sympathy, saying, “it is so difficult for me...meow...”Are you an attention seeker? How do you feel when people sympathise with you?

**The Fish:** Sits there with a cold glassy stare, not responding to anyone or anything... Overwhelmed by pressures of the lesson. Do you feel like giving up? Are you frustrated by a topic you feel is not challenging enough?

**The Snake:** Hides in the grass and strikes unexpectedly... Do you enjoy embarrassing your superiors/subordinates, fellow students/family members, lecturers/heads, etc? How do you feel afterwards?

### **ACTIVITY 3:**

1. With a fellow student, identify
  - (a) the **potential risky behaviour** that may result from the negative aspects of all the above animals.
  - (b) characteristics of the above animals that may lead to responsible behaviour.
  
2. Working with the same student do you think there is a link between?
  - (a) positive aspects and risk behaviour?
  - (b) negative aspect and risk behaviour?

### **ACTIVITY 4:**

The following exercise has been adopted from Pedler, Burgoyne and Boydell questionnaire (1994: 144-147). It is meant to support and focus more on our character. The questionnaire is comprised of 10 items, and the total number of points for each item is 10. You are expected to distribute the 10 points between the statements in a, b, and c. For example, if you think that you quite often have your rights violated, and quite often protect the rights of others, but rarely violate the rights of others; you might complete the three statements of item 1 and allocate points as shown in the brackets:

**I am a person who:**

- |   |     |                               |           |
|---|-----|-------------------------------|-----------|
| 1 | (a) | Has my rights violated        | (4)       |
|   | (b) | Protects my own rights        | (4)       |
|   | (c) | Violates the rights of others | (2)       |
|   |     | <b>TOTAL</b>                  | <b>10</b> |

However, if you recognize that you protect your own rights at all costs, even if this quite often involves violating the rights of others, you might complete the same three statements as follows:

**I am a person who:**

- |    |     |                               |           |
|----|-----|-------------------------------|-----------|
| 2. | (a) | Has my rights violated        | (0)       |
|    | (b) | Protects my own rights        | (8)       |
|    | (c) | Violates the rights of others | (2)       |
|    |     | <b>TOTAL</b>                  | <b>10</b> |

**Now complete the questionnaire.**

**I am a person who:**

- |    |     |   |     |
|----|-----|---|-----|
| 1. | (a) | Has my rights violated                      | ( ) |
|    | (b) | Protects my own rights                      | ( ) |
|    | (c) | Violates the rights of others               | ( ) |
| 2. | (a) | Does not achieve my goals                   | ( ) |
|    | (b) | Achieves goals without hurting other people | ( ) |
|    | (c) | Achieves my goals at the expense of others  | ( ) |
| 3. | (a) | Feels frustrated and unhappy                | ( ) |
|    | (b) | Feels good about myself                     | ( ) |
|    | (c) | Is defensive                                | ( ) |
| 4. | (a) | Is inhibited and withdraw ( )               |     |
|    | (b) | Is socially and emotionally expressive      | ( ) |
|    | c.  | Is explosive, hostile, and angry            | ( ) |
| 5. | (a) | Feels hurt, anxious                         | ( ) |
|    | (b) | Is quietly self confident                   | ( ) |
|    | (c) | Is brashly confident, boastful              | ( ) |

- |     |     |   |     |
|-----|-----|---|-----|
| 6.  | (a) | Fails to achieve my goals   | ( ) |
|     | (b) | Tries to find ways so that I can achieve my goals<br>and others can achieve their goals | ( ) |
|     | (c) | Is not concerned about others and their goals   | ( ) |
| 7.  | (a) | Is gullible, easily taken in  | ( ) |
|     | (b) | Is open minded, questioning   | ( ) |
|     | (c) | Is suspicious, cynical  | ( ) |
| 8.  | (a) | Feels bad about my weaknesses   | ( ) |
|     | (b) | Is aware of my weaknesses, but does not dislike<br>myself because of them               | ( ) |
|     | (c) | Is unaware of my weaknesses   | ( ) |
| 9.  | (a) | Allows others to choose for me  | ( ) |
|     | (b) | Choose for myself   | ( ) |
|     | (c) | Intrudes on other people's choices  | ( ) |
| 10. | (a) | Is taken advantage of   | ( ) |
|     | (b) | Protects my own rights  | ( ) |
|     | (c) | Takes advantage of others   | ( ) |

### **How to score the questionnaire?**

Add the score from each line of questionnaire, i.e. all the "A's", "B's", and "C's".

#### **Interpretations:**

Your score for all the "A's" out of a 100 represents the degree of how passive you are, i.e. your inability to act to influence or change a situation. Your score for all the "B's" out of a 100 gives a rough estimate of your degree of assertiveness, which refers to your tendency to claim your rights.

Finally, your score for all the "C's" out of a 100 gives an indication of your degree of aggressiveness, which refers to your tendency to want to win or succeed in social situations.

### **ACTIVITY 5:**

Use the above scores to reflect on the following issues.

- Do you like your results?
- What good or bad experience/s in your life made you what you are today? e.g. growing up in a polygamous family, being orphan, being in a highly religious family, abused as a child, growing up in a caring family, an abusive environment
- Do you see the need to change some of your habits?

**Conclusion:** It is only by coming to terms with yourself that you can confidently stand up for what you believe. It is important to know your self and to minimise your potentially risky behaviour.

## **MASLOW'S NEEDS HIERACHY**

Self-Actualisation

Self-esteem

Love and belonging

Safety and Security

Physiological needs

Critical analysis of Maslow's needs hierarchy will assist individuals in identifying their needs gaps in who they are and who they ought to be.

### **Physiological needs**

According to Maslow's need hierarchy a person needs shelter, food, and sleep and of course sex which is the least thing and can always be delayed. This stage is for immediate survival and comfort.

### **Safety and security — Long term survival and comfort**

Refer to the bridge model from information to positive behaviour change. This step would be more meaningfully sought after completing academic years.

**Love and belonging – Affiliation and acceptance**

Family love and being with a group, being understood, being cared for, being intimate – this is optional and one should apply assertiveness as mentioned under bridge model.

**Esteem — Recognition and achievement**

Setting goals and achieving them, mastering something difficult.

**Self-actualisation — Fulfilling all one's potentials**

This is a long-term goal when one is experiencing life fully, developing one's unique values and capacities.



## Session 3

### SELF ESTEEM

#### Definition

Self esteem is the opinion you have of yourself. *What value do you think you have as a person?*

Your level of self-esteem depends on how you answer the above question in relation to:

- The work you do and how well you do it. What is the importance of this work and the status it gives you?
- Your achievements — do you believe you are successful?
- How do you think others see you? How do you see yourself (your self-image)?
- What is your purpose in life and is it worthwhile?
- Your place in the world — how much do you contribute to society?
- Your potential for success — do you have a positive future?
- Your strengths and weaknesses — strengths have a positive effect and weaknesses, (as you see them), have a negative effect on your esteem
- Your social status and how you relate to others — this is also connected with your work
- Your independence or ability to stand on your own feet
- Can you make your own decisions how to live your life? A lack of choices leads to low self-esteem.

These are the major questions and points, which affect your self-esteem, but you may be able to add a few others.

### What is Low self-esteem?

Low self esteem results from you having a poor self image caused by your attitude to one or more of the above. Example: you do not value the work you do highly or you feel you have no purpose in your life. Negative thinking is an important cause of low self esteem because if you think negatively you will convince yourself that what you do or what you are has little value and also you will believe the negative comments of others. Negative thinking can also cause you to lose confidence so it is vital to end negative thoughts if you want to build your self-esteem.

### What is High self-esteem?

High self-esteem is the opposite! It is a very important aspect of your life. If you have a high level you will be confident, happy and sure of yourself. You would be highly motivated and have the right attitude to succeed.

Self-esteem is therefore crucial to you and is a cornerstone of a positive attitude towards living.

### Low self-esteem can be cured!

A poor sense of self-esteem can be beaten. Low self esteem cannot survive if you follow what is said below: It has been done and you can do it too. You can begin living a life filled with more happiness and meaning now!

Poor self esteem can be unlearnt so take heart there is help!

#### *Low self-esteem — Here's what to do:*

- Low self-esteem feeds on negative messages and thoughts so ***don't indulge in self-criticism***. Why are you joining the other side to wage war against yourself? Silence your inner judge.
- ***You can choose to please yourself before others***. It is considerate when you care about others' feelings but aren't your needs just as important? Don't neglect yourself!
- ***Don't try to be like someone else***. This leads to lack of self worth and confidence. You are unique and you cannot be someone else. Strive to be better yes but don't criticize yourself for not being as successful, as beautiful, as slim or as popular as someone else. You deserve better.
- ***Take life and yourself less seriously***. Failure just means you are not successful YET. Everybody fails on their way to succeeding, don't look on it as failure but as a means to learning. Perhaps you just need a change of direction. Problems can make you stronger if you strive to overcome them.

- ❑ Self worth, confidence and assuredness will increase when you **focus on your needs and desires**. You deserve to live life, as you want. This is not selfishness as long as what you want doesn't hurt others or prevent them from living life on their terms.
- ❑ **Focus on your successes**. Lack of confidence feeds on your feelings of failure and inadequacy. Remember the truly successful things you have done in your life. Reward yourself when you do succeed.
- ❑ **Use positive affirmations and quotes**. Read them every day or when you are feeling negative and need inspiration.
- ❑ Use visualization to help you achieve your dreams and increase your self-esteem!
- ❑ **Focus on your strengths**. Use them. You will succeed if you are true to yourself.
- ❑ Develop and work at achieving your goals. If you do this your confidence will increase and you will feel positive.
- ❑ Your self-criticism will die to nothing, as you will know even if you do not succeed you tried all you could. **Do your best at everything you try**.
- ❑ **Feed your brain**. Read inspiring books — they will really help you. Not just any books though, read the best.

The above suggestions are steps you can take on the road to becoming more confident and successful in your daily life. If you start on this road you need to keep at it. Others will sometimes knock you down so you need to be strong and listen to your heart. Believing in yourself is all about focusing on your strengths. You must be honest with yourself and being true to your feelings and thoughts is the best way to live your life. Don't pretend to be anything that you're not and don't listen to others who try to convince you that you are wrong. Trust your intuition and your feelings to make the right decisions and decide today which direction you want to go. Wish you success!

### **Self Esteem and Exercise**

Self-esteem is also defined as “The experience of being capable of meeting life's challenges and being worthy of happiness.”

**Exercising greatly enhances your self-esteem and mental outlook while reducing stress.**

Self-esteem is a critical component of any program aimed at self-improvement. A close relationship has been documented between low self-esteem and such

problems as violence, alcoholism, drug abuse, eating disorders, school dropouts, teenage pregnancy, suicide, and low academic achievement.

**It is never too late to start a work out program to best build toward your goal of improved self-image, and it is always too early to stop exercising.**

Exercise is necessary for your physical and mental health. The focus of this article is to explain how exercise improves your self-image.

Sudden, seasonal, bursts of energy towards getting in shape come and go with the ever-changing weather. What is important is that maintaining some form of physical exercising, beyond your every day cycle, helps reduce anxiety while building emotional strength. How? Physical strain weakens pent-up, nervousness, energy; that would otherwise fester and brew harshly within you. One theory is those endorphins; a chemical the pituitary gland produced during vigorous exercise improves your mood.

Regular exercise also decreases the risk of heart disease and cancer, and there seems to be a connection between these illnesses and depression.

Most people agree that even though they may not look forward to doing a workout, they tend to feel better after they do, and equally better to assume their rightful place at work.

It should never bother you to take the relatively minor steps necessary to improve your health; especially when doing so can only upgrade your self-esteem along the way. Even people in their nineties who have not been active for many years can strengthen bones, muscle, heart and lung capacity when they start and maintain a steady exercise program. You don't have to exercise every day to achieve goals for good health. Initially, aim for every other day.

"I get bored doing exercises. There never seems to be enough time." How many of us have said that in the past week alone? Walking, or running if you're better able for fifteen minutes is a terrific start. Eventually, you should want to work out at least 30 minutes each day, but work up to that gradually. Moderate activity that gets your heart pumping a little harder and causes you to break a sweat is what you want to strive for. Be sure to warm your body up adequately before you begin your work out. An alternative would be being engaged in sport.

### ***How to raise your self esteem***

- Focus on the parts of your body you like
- Dress to emphasize what you have and look good
- Stop comparing yourself to others
- Start an exercise program

- Eat healthy food and stay away from diets
- Play sports as often as you can
- Walk as much as you can
- Don't smoke at all or drink too much
- Write down compliments you receive about how you look
- Straighten up, smile and look straight ahead — you'll look and feel more confident

### ***Self-confidence tips to help you now!***

Do you need a confidence boost? Here are a few tips . . .

- Look for a model (someone who has self-confidence) and learn from them. What is it they do that makes them confident, how do they act?
- Focus on your achievements rather than your failures. If you do find yourself thinking about how you failed then look at what you managed to do right and how you could correct what you did next time.
- Learn how to feel good about yourself.
- Act as if you were self-confident! You will feel more confident.
- Focus on who you are and what you like about yourself. Why do your friends like you?
- Prepare thoroughly for any task so that you can be sure you are ready.
- Work on any skills you need to do what you want, you can never be over-trained or over skilled for any challenge in life.
- Work on your relaxation skills.
- Always smile and stand up straight
- Set reachable goals for yourself and break difficult tasks into smaller steps
- Reward yourself when you succeed no matter how small the achievement
- Finally, do not be too competitive or compare yourself with others. Be yourself and accept that life is not a race against others but your self-confidence depends on you and your personal needs.

### ***Confidence building — no idea where to start?***

People with high self-esteem behave confidently. Low self-esteem stops all your efforts to be confident.

Confidence matters in:

- relationships
- work
- parenting
- life skills — decision making, achieving, improving situations or circumstances you don't like

- expressing yourself — read more about being yourself socially
- taking up new challenges
- being open to change
- self improvement

### *Confidence — So where does it come from?*

It comes from several sources:

- from within yourself
- from others
- from your achievements

Some people appear naturally confident but guess what? They've learnt how to be that way and so can you!

## **STEPS THAT CAN BE TAKEN TO IMPROVE SELF-ESTEEM**

**Step1:** Determine if your level of self-esteem is at a healthy level by completing this questionnaire:

### *Self-esteem assessment*

Directions: Circle T if the statement is true for you. Circle F if the statement is false for you.

- T F** I am able to discuss my good points, skills, abilities, achievements, and successes with others.
- T F** I assert myself with someone whom I believe is violating or ignoring my rights.
- T F** I am content with who I am, how I act, and what I do in life.
- T F** I am not bothered by feelings of insecurity or anxiety when I meet people for the first time.
- T F** My life is balanced between work, family life, social life, recreation/leisure, and spiritual life.
- T F** I am aware of the roles I played in my family of origin and have usually been able to make these behaviour patterns work for me in my current life.
- T F** I am bonded with the significant others in my environment at home, work, school, at play, or in the community.
- T F** I am satisfied with my level of achievement at school, work, home, and in the community.

**T F** I am a good problem solver; my thinking is not clouded by irrational beliefs or fears.

**T F** I am willing to experience conflict, if necessary to protect my rights.

If you circled F for three or more of the preceding questions, you probably need to work at increasing your self-esteem.

### **Activity 6. Self-Esteem Exercise**

Within ten minutes, score against the following variables. The mode of scoring is on a scale of 1 to 5 (with 1 being the lowest and 5 the highest). Add the total scores to determine your level of self-esteem.

#### **Self-esteem variables**

<b>Self-esteem variables</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<ul style="list-style-type: none"><li>• Your value as a person</li><li>• The job you do</li><li>• Your achievements</li><li>• How you think others see you</li><li>• Your purpose in life</li><li>• Your place in the world</li><li>• Your potential for success</li><li>• Your strengths</li><li>• Your social status and how you relate to others</li><li>• Your independence or ability to stand on your own feet</li></ul>					

Any score below 20 is not desirable. Those with low scores should work hard to raise their self-esteem.

## Session 4

### ASSERTIVENESS

#### What Is Assertiveness?

According to Oxford Dictionary of Current English, (1998) to assert is to declare, to state clearly.

**Assertive:** being forthright, standing up for one's rights and being positive. Therefore demonstrating assertiveness does not mean imposing beliefs or views upon another person, but involves positive expression of beliefs, thoughts and feelings in a direct, clear way at an appropriate moment. To be assertive implies the ability to say "yes" or "no", confidently depending on what one wants.

**Assertiveness** —the ability to state a positive view and to maintain that view when opposed or pressured to change it.

Assertiveness techniques may include:

- Stating a strong refusal (expressing a clear no).
  - Giving a good reason (justifying the no).
  - Offering an alternative (presenting a different choice).
  - Taking a caring approach (describing why the no is better for everyone).
  - Stepping back (buying time by delaying a decision).
- 
- **Limit-setting** —the ability to delineate behaviours in which one is and is not willing to participate. Assertively "offering an alternative" can involve limit setting. ("I am willing to hug and kiss you; I am not willing to have sexual intercourse with you.")
  - **Negotiation** —the ability to confer constructively with another person so as to attain an agreement that is consistent with one's goals and values. ("I want to keep seeing you, but I can only do so if you respect my decision to abstain from sexual intercourse" or "I will have sexual intercourse with you, but only if we use a latex condom every time.")



- **Refusal** — the ability to say no firmly and consistently in response to someone else's proposal of behaviors that are inconsistent with one's goals and values. ("I do not take drugs, and that's final.")

Being able to express what is truly felt or desired can have important consequences for adolescent reproductive health. Being clear and assertive can help:

Avoid guilt and increase self-respect.

Resist peer pressure to engage in sex, drug use etc.

Assertiveness involves knowing one self and being able to make informed decisions.

## Session 5

### COMMUNICATION SKILLS

#### What is communication?

Communication is sharing of information, ideas, experience and emotions. Communication takes place in many different ways but involves a two way process. There is a sender and a receiver. Ideally there is a response that goes back to the sender.

The **sender** initiates the communication process. When the sender has decided on a meaning, he or she **encodes** a message, and selects a channel for transmitting the message to a receiver. To encode is to put a message into words or images. Likewise the receiver gets the message, encodes it and then sends back a response or a feedback.

This two way communication can be verbal or non-verbal, written, telephone, fax, and e-mail. There are many ways of communication but we want to look at how we communicate as students in our day-to-day interactions.

In your scenario communication is between people- it is interpersonal. It can be verbal or non-verbal but the goal is the same- to establish a common understanding. Sometimes communication is used to persuade someone to take certain action. Sometimes it is to reinforce what has previously been communicated. Communication is an ongoing process.

Now lets look at the **Bridge Model**. It suggests that communication skills are perhaps the most important of all. Now let's look at barriers to communication.

#### Barriers to Communication

- Inadequate information
- Negative attitude
- Age/Sex sensitivities
- Language

- Culture
- Inappropriate mode of communication

With a fellow student discuss how you can overcome these barriers to communication and communicate more effectively.

### **What is needed for effective communication?**

- Paying attention to the other person
- Being a good listener/ Being assertive
- Being aware of non-verbal messages
- Using appropriate language
- Respond appropriately and ask appropriate questions
- Being sensitive to the culture
- Make sure you understand what the person said and make sure they also understand what you said.

### **Benefits of effective communication**

- Understanding between the message sender and those receiving the message.
- Motivation for all concerned
- Getting needs met
- Getting things done
- Building trusts between the communicating individuals or people.
- Building support for care and getting comprehensive information.

### **Communication Skills**

For effective communication to take place we need to have certain communication skills. These skills are easily understood but need plenty of practice.

#### **■ Active Listening**

Listening is a key part of communication. When the radio or TV is on and we are doing something else we may be only half listening to what people are saying. Half-listening can also be happening when we are in a busy place where conversations and many other activities are occurring.

Active listening is more than just hearing what the other person says. You need to pay attention to the content of their story, as well as the unsaid, such as feelings and worries. Active listening requires you to make good eye contact and to remember that both your body language and speech communicate care and interest. Active listening requires:

1. Paying attention: Listening for both spoken and unspoken clues
2. Listening for a tone of voice or way of speaking or content that it is consistent with the person's manner of expression.
3. Observing: Attitude, posture, eye contact, agitation, restlessness, depression
4. Concentrating: Not day dreaming or wandering off into private thoughts
5. Giving encouragement: Making the appropriate sounds, using appropriate body language but doing so in a way that indicates you are actually paying attention not simply waiting for the other person to finish.

### ■ Paraphrasing and reflecting

Paraphrasing and reflection are like holding up a mirror to someone. It says: "this is what you are saying, this is what I see". Paraphrasing is important because it reassures people that they are acceptable and that we are interested in them. It leaves the control in the hands of the person with the problem so that they continue to explore their feelings in a safe environment without judgment or your input. Paraphrasing and reflection provide an opportunity to check that you have understood what the person said.

#### *To Paraphrase and reflect:*

1. Try to capture the sense of what the person said but leave out the details
2. Convey the same meaning but use different words. Look at the example below;

**Speaker:** "My boyfriend says he loves me and wants to marry me, but cant until he finds a job. He wants to have sex with me and even bought some condoms but I don't know if we should wait or not. What do you think?"

**Paraphrase:** "It sounds like you are saying that, your boyfriend wants to have sex with you before marriage but you are not sure whether to consent or not?"

3. Be brief, clear and concise — your paraphrase should clarify things but not confuse them.
4. Don't interpret- interpretation means going beyond the information given and explaining the speakers behavior or situation to him /her.
5. Be tentative- allow the person to disagree with you, or correct your paraphrase if it is inaccurate
6. Use standard openings like "Let me see if I got it right..." or "It sounds like....." or " I think I hear you saying..." or " So in other words....."
7. End by asking, " Is that right?"

## ■ Asking questions

Asking questions can encourage others to speak openly and to express their feelings. There is a technique to presenting questions most of the time and probing for more information when a superficial answer is not enough.

What can we learn through questions?

- The general situation: *What did you want to talk about?*
- The facts: *What happened?*
- Feelings: *How did you feel?*
- Reasons: *What made you do that?*
- Specifics: *Where were you at that time?*

**Open-ended questions** are questions that require more than one word answer. They usually begin with words such as How? What? Or Why? Probing is necessary when you need more information. For example to:

- **Clarify and elaborate**  
Can you tell me more about this problem?  
What is it about your illness that is bothering you?
- **Talk about the problem**  
What have you been told about your illness?  
What do you find most difficult about the care that you have to take for your self?  
How do you feel about this illness?
- **Talk about feelings**  
How do you feel about other students and people around you?  
What makes you feel good about yourself?
- **Problem solving**  
What options for paying school fees do you have?  
What will you do the next time if your parents can't raise enough money for your needs at college?

**Close-ended questions** usually require one or two word answers. They are helpful to confirm or clarify specific issues or statements e.g.:

- *“How old are you?” “I am 19”.*
- *“Is your friend with you now?” “Yes”*
- *“When are you completing your programme?” “End next year.”*

Leading questions suggest their own answer. Avoid leading questions E.g.  
*“You are feeling guilty about what happened aren’t you?”*

### ■ Answering questions

When people are asking questions they usually want help for a specific problem or they need information about some issues. Therefore it is necessary to consider why the person is asking a specific question even if it sounds out of place or strange. It’s important to give accurate information that can be easily understood. If you do not know the answer say so. Always check if they have understood the answer and that you have answered their question. Provide answers that help them make their own decisions and choices. Do not tell them what to do. Avoid words such as **should** and **must**.

### ■ Using silence

Sometimes allowing conversation to stop for a few seconds encourages more dialogue. While many people are uncomfortable with silence in a conversation, it can provide an opportunity for an individual to reflect and then start again, perhaps in more depth or in a new direction. Silence can also be necessary if the person becomes upset and needs a few minutes to gain control.

### ■ Focusing

This means helping others to concentrate on their most pressing issues. Often individuals face so many problems that they feel overwhelmed and unable to take any action. You can help them focus on the issues that are more important to them at that very time. These may not be the issues that you consider very important but you have to respect the individual’s priorities.

### ■ Using appropriate language

Use language that is appropriate for the age and level of understanding of the person you are talking to. It is better to speak simply and plainly to ensure that information is understood. Avoid technical language.

### ■ **Correcting misconceptions**

There are so many misconceptions especially about HIV & AIDS and relationships. It's very important to provide accurate information and correct misinformation. You will have to do this in a way that does not make the individual feel stupid and defensive. E.g. *"You mentioned that it is possible to cure AIDS by having sex with a virgin. Many people believe that but it is not true. At the moment there is no cure for HIV."*

If you have doubts about certain information or do not know the answer to the question say you do not have the answer but you will try to find relative information and try to pass it on later. Do not bluff. Keep yourself informed.

### ■ **Empathizing**

This means seeing the world through the eyes of another- putting yourself in their place. Empathy is not the same as sympathy. It means feeling with individuals not feeling sorry for them. It involves letting them know you recognize and understand their situation and feelings.

### ■ **Summarizing**

Summing up and repeating the key points of the discussion can help individuals to gain perspective and have a clearer understanding of their situation. You may need to summarize at different points of the discussion as you go along e.g.:

- When you want to check that you have understood what the individual has said
- When completing a new topic and beginning another
- At the end of the conversation.

## Session 6

### DECISION MAKING/ UNDERSTANDING CONSEQUENCES

**It is a process of making informed choices.**

#### Some definitions

1. **Decision-making is the study of identifying and choosing alternatives based on the values and preferences of the decision-maker.** Making a decision implies that there are alternative choices to be considered, and in such a case we want not only to identify as many of these alternatives as possible but to choose the one that best fits with our goals, desires, lifestyle, values, and so on.
2. **Decision-making is the process of sufficiently reducing uncertainty and doubt about alternatives to allow a reasonable choice to be made from among them.** This definition stresses the information gathering function of decision making. It should be noted here that uncertainty is *reduced* rather than eliminated. Very few decisions are made with absolute certainty because complete knowledge about all the alternatives is seldom possible. Thus, every decision involves a certain amount of risk.

#### Kinds of Decisions

There are several basic kinds of decisions. According to Robert Harris (July 1998) there are three types of decisions.

1. **Decisions whether.** This is the yes/no, either/or decision that must be made before we proceed with the selection of an alternative. Should I buy a new TV? Should I travel this summer? Decisions whether are made by weighing reasons pro and con. It is important to be aware of having made a decision whether, since too often we assume that decision making begins with the identification of alternatives, *assuming that the decision to choose one has already been made.*



- 2. Decisions which.** These decisions involve a choice of one or more alternatives from among a set of possibilities, the choice being based on how well each alternative measures up to a set of predefined criteria.
- 3. Contingent decisions.** These are decisions that have been made but put on hold until some condition is met.

*For example, I have decided to buy that car if I can get it for the right price; I have decided to write that article if I can work the necessary time for it into my schedule.*

Most people carry around a set of already made, contingent decisions, just waiting for the right conditions or opportunity to arise. Time, energy, price, availability, opportunity, encouragement—all these factors can figure into the necessary conditions that need to be met before we can act on our decision.

### Optimizing on decision making.

As you know, there are often many solutions to a given problem, and the decision-maker's task is to choose one of them. The task of choosing can be as simple or as complex as the importance of the decision warrants, and the number and quality of alternatives can also be adjusted according to importance, time, resources and so on. This is the strategy of choosing the best possible solution to the problem, discovering as many alternatives as possible and choosing the very best. How thoroughly optimizing can be done is dependent on:

- importance of the problem
- time available for solving it
- cost involved with alternative solutions
- availability of resources, knowledge
- personal psychology, values

Note that the collection of complete information and the consideration of all alternatives are seldom possible for most major decisions, so that limitations must be placed on alternatives.

### Decision-making steps

#### 1. Stop and think

Determine the scope and limitations of the decision. For example your friend suggests going for a movie yet there is a pending assignment. What do you do? Follow the decision-making steps.

Instil the habit of looking ahead before making any decision.

## 2. Clarify goals

Determine which of your many wants and don't wants affected by the decision are the most important.

## 3. Determine facts

Know the facts. Exclude assumptions, gossip and hear say.

Evaluate the information on the ground in terms of completeness and reliability so as to have a sense of certainty and validity of the decision

## 4. Develop Options

Make a list of options.

## 5. Considered consequences

Two techniques can help reveal the potential consequences.

“Prioritise your options by filtering your choices through each of the six Pillars of Character. Trustworthiness, respect; responsibility; fairness; caring and citizenship. Will the action violate any of the core ethical principles?”

Identify stakeholders and how the decision is likely to affect them. Consider your choices from the point of view of the major stakeholders. Identify whom the decision will help and or/hurt.

## 6. Choose

- It is time to make a decision basing it on the above factors.
- Follow the golden rule — “Do unto others as you would have them do unto you.”

## 7. Monitor and modify

Evaluation and re-assessment.

## Risking

Making decisions involves a degree of risk, it would be helpful to examine risk and risk analysis in this chapter in order to gain an understanding of what is involved. Risk and uncertainty create anxiety, yet they are necessary components of an active life.

## General Comments on Risk Taking

1. **Only the risk takers are truly free.** All decisions of consequence involve risk. Without taking risks, you cannot grow or improve or even live.
2. **There is really no such thing as permanent security** in anything on earth. Not taking risks is really not more secure than taking them, for your present state can always be changed without action on your part. If you don't take the risk of dying by driving to the store, your house could collapse on you and kill you anyway.

3. **You are supposed to be afraid when you risk.** Admit your fears—of loss, of rejection, of failure.
4. **Risking normally involves a degree of separation anxiety**—the anxiety you feel whenever you are removed from something that makes you feel secure. Many children feel this when they first leave their parents for school. Some college students feel this when they go off to college. Travelers sometimes feel it when they get homesick. The way to overcome separation anxiety is to build a bridge between the familiar and secure and the new. Find out what the new place—school or country—is like and how its elements compare to familiar and secure things at home. Take familiar things with you—books, teddy bear, popcorn popper, whatever.

The same is true of all risks. Make the opportunity as familiar as possible and learn as much about it as you can before you release the security of the old. Find out about the new place its location, the lifestyle of those who live there, and so on.

### **Summary**

“Every moment of our lives we are making decisions. The decisions made today affect or determine our lives tomorrow. Thus it is critical that the art of decision-making is perfected.”

## Session 7

### NEGOTIATING SKILLS

Negotiation is something that we do all the time. Generally it is a way of compromising with other persons where there might be two conflicting points of view. There are many reasons why you want to negotiate and there are several ways to approach it. The following are few things that you may want to consider.

#### Why negotiate?

If your reason for negotiation is seen as ‘beating’ the opposition you are about to embark on a losing battle! This is because you will not be aiming to direct the other person to reach a compromise with you, but rather to an outcome that benefits you alone.

Ideally when negotiating you will want to aim to be friendly though assertive with the aim of reaching an agreement that benefits all the parties involved.

**What other skills do you need to employ? (*List out what you think and discuss with your friend or colleague*).**

#### Points to take note of during negotiations.

*Two things to consider:*

1. Confidence.  
Confidence comes from knowing what you want so that you are able to communicate this well to the other party.
2. Power.  
Power will come from your ability to influence.

#### Note:

- It’s important to think through exactly what you want out of the negotiation. Knowing what you want and why, will help you to be more clearer and more confident.

- Know what you want and as well what the other person wants. If your ideas were conflicting, think through how you can make the other person feel like they have got a deal but this would be to your advantage.
- Believe you are worth it. You have to believe that you deserve the desired outcome. If you don't the moment you are questioned about it your argument will fall apart because you don't have enough confidence in it. Believe it, trust yourself- rehearse it.
- Listen carefully. When the other person is talking to you during negotiations, don't use that time to plan your next attack- it's more important that you listen to them and see their point of view. They'll take you more seriously if you do, even if you don't agree with them.
- Keep it friendly. Negotiating isn't confrontation; it's about two parties reaching an amicable, mutually beneficial agreement. Keep that in mind when you are talking and negotiating.
- Have an alternative. When you're discussing specifically what you want, as well as what the other person want, work out what you will be prepared to walk out away with if you are not successful. Is there an acceptable alternative that will keep both parties happy in the short term? Plan what you would say in case of opposition.

### **Negotiation does not mean:**

- Expressing your feelings, opinions, or desires in a way that threatens or punishes the other person.
- Standing up for your own rights with no thought for the other person.
- Putting yourself first at the expense of others.
- Overpowering others.
- Reaching your own goals, but at the sake of others.
- Dominating behaviors. For example: shouting, demanding, not listening to others; saying others are wrong; leaning forward; looking down on others; wagging or pointing finger at others; threatening; or fighting.

### **Think about the following scenarios**

#### **Scenario 1**

Tinashe has been seeing Rudo for about one month now. He wants her to come to his house; his parents are not home. Because he often talks about getting into a more physical relationship, Rudo is feeling pressured to be alone with Tinashe. She tries to speak about her feelings a few times, but Tinashe keeps interrupting

her. Rudo, her head down, finally says to Tinashe, in a soft voice, “I know you’ll think I’m silly, but...”. Tinashe interrupts again, approaches Rudo nose to nose, and says loudly with his hands on his hips, “You are silly, and not only that, you’re childish too!” Rudo hangs her head down, looks at the ground, and agrees to go to Tinashe’s house.

### Scenario 2

Chipo has been upset with Tatenda. When she sees him, she says, “Tatenda, I need to talk to you right now. Could we talk where no one is around?” Moving to another room, Chipo sits straight with her hands on the table and looks Tatenda in the eye. She says in a calm but firm voice, “I’ve thought about your suggestion for our date, but I feel uncomfortable about it.

I think we need more time to be close friends before being alone. I really like you and I know you’d like for us to be alone, but I’m not ready for that yet. Is that OK with you?”

**What negotiating skills would you need to apply on each of the above scenario?**

## Session 8

### RESISTING PEER PRESSURE

#### The Good & the Bad...

**Peer pressure** is a term describing the pressure exerted by a *peer group* in encouraging a person to change their *attitude, behavior* and/or *morals*, to *conform* to, for example, the group's actions, fashion sense, taste in music and television, or outlook on life. Social groups affected include *membership groups*, when the individual is "formally" a member (for example, a *political party* or *trade union*), and social *cliques*. A person affected by peer pressure may, or may not want to belong to these groups. They may also recognize *dissociative groups* with which they would *not* wish to associate, and thus they behave adversely concerning that group's behaviors. Most people who smoke say that they started or continued because of peer pressure.

The chances of a young person getting involved in criminal activity are increased if they have friends who have been in trouble with the law.

**B**ad peer pressure is being coerced into doing something that you didn't want to do because your friends said that you should. Friends have a tendency to think that they know what is best for you. If your friends are like some of ours, they always offer their opinion whether it is wanted or not. Well, if friends are going to tell you what to do, what can you do about it? The most basic thing that you can do is to say, "No, I don't wish to do that!" or if you want to do it, say, "Yes, give me a try!"

For instance, if one of your friends offered you a cigarette, you might say "No, that just doesn't interest me." But being able to say no may not be the problem; the real problem arises when your friends repeatedly ask you to do something. This is where you have to be able to say to yourself, "I made a decision and I truly feel that my decision was the

correct one". Be able to express that repeatedly to all of your friends, and have enough respect for yourself to stand up and not give in. This seems like a difficult task, doesn't it? It takes a tremendous amount of will power to be able to stand up to the people that you know, trust, and respect... your friends.

One of the major problems with peer pressure occurs when you get sucked into something that you really didn't want to do and subsequently, become addicted to it. Usually, people get backed into a situation to try illegal drugs, alcohol, and cigarettes and more times than not, these behaviors can become habit forming.

If and when someone comes up and offers you one of these substances, it is your decision whether you want to try or continue to use these substances. You should be prepared to make these decisions and to make a good decision you must be educated on that topic. For instance, say you were going to buy a stereo. You wouldn't just go out and pick the one that looked nice; you probably would go to the library and look into it. You might do some research in a few magazines, ask a few friends what they thought, go to the store and listen to each stereo through multiple speakers and finally make an educated decision. Before engaging in a specific situation, you should take the time to read about each one and the possible drawbacks before you decide to try or not to try anything.

Our reasoning behind not telling you what to do with each decision is because through out school, we were always told "Say NO to drugs, alcohol, and cigarettes." You see, we may have always been taught other people's opinions. We think that it is better that one finds out what will happen, how it will happen, and get whatever information that you need to make an educated decision. So, arm yourself with wisdom and knowledge and some decision-making skills, so you can live your own life and finally accept the consequences of doing or not doing something.

Good peer pressure, on the other hand, is being pushed into something that you didn't have the courage to do or just didn't cross your mind to do. However, as you think about it, it seems like a good thing to do. Good peer pressure can also be a situation when your friends convince you not to do something you were going to do because it wasn't in your best interest. Some people say that good peer pressure is when you get pushed into something that you didn't want to do and it turned out well. Well, this may be nice, but ask yourself this question: how do you know "ahead of time" whether what you are doing will turn out good or bad? Can you? Most people can't, but if you can, your problems may be solved! When the time comes for you to make these big decisions, it is important to think before deciding. Take as long as you need just to think about whether you want to do it, think about whether you should, and finally think about the consequences. These are the important



things that must be done before any big decision is made. Also, knowing who is asking you to do something helps you make the decision. If the person is not your friend, you should really consider what they want you to do, but if you know, trust and respect this person then you might seriously consider what they ask.

But how do you know? For each person, deciding who is your friend or not, is a difficult decision. It might be of benefit for you to develop some sort of personal grouping system of your friends and depending on what group they fall into will determine how strong an influence you allow them to have in your life. One possible classification scheme might be as follows:

1. Not Your Friend — People you usually don't associate with under normal circumstances.
2. Acquaintance — This group of people includes those that you might see in school, but you don't associate with out of school. You might occasionally cross their path out of school, but you wouldn't normally seek them out.
3. Wannabe Friends — These are people you might want to be friends with for some selfish reasons, such as hoping to be more popular. People who fall into this category are never your true friends because the foundation for the friendship does not have a solid basis.
4. True Friends — These are the ones in the small, close group of people that you confide in and you know that they have your best interest in mind. The people in this group are those whose influence on your life makes you a better person.

Knowing who to listen to and who to avoid is the biggest step in fighting unwanted, negative peer pressure. Remember that it's your life and your responsibility for determining what you make of it!

## Session 9

### MANAGING RELATIONSHIPS

Relationship is an association between two or more people.

A quality interpersonal relationship is a relationship that is built on an understanding of oneself and others.

The important elements of a fruitful relationship.

- Individual respect
- Trust
- Open lines of communication
- Open minded-ness
- Patience
- Empathy
- Love
- Lack of fear

Life is about relationships and interactions. People need goodwill, acceptance, and recognition. How one relates to others says a lot about them. This is part of having good manners and being a respectable member of a community.

#### **The 10 commandments for building good human relations with your fellow students/colleagues in a community.**

1. *Speak to people*— There is nothing so nice as a cheerful word of greeting.
2. *Smile at people*— it takes 72 muscles to frown, only 14 to smile.
3. *Call people by name* — The sweetest music to anyone's ears is the sound of their own name.
4. *Be friendly and helpful*— if you would have friends, be a friend.
5. *Be cordial*— speak and act as if everything you do is a genuine pleasure.
6. *Be genuinely interested in people*— You can like almost everybody if you try.
7. Be generous with praise and cautious with criticism.
8. *Be considerate*— there are usually three sides to a controversy: your side, the other fellows and the right side.
9. *Be alert to give service*— what counts most in life is what we do for others.

10. Add to this a good sense of humour, a big dose of patience, and a dash of humility, and you will be rewarded manifold.

### DAILY SURVIVAL KIT FOR GOOD RELATIONSHIPS



**Toothpick**

To remind you to pick out the good qualities in others.



**Rubber band**

To remind you to be flexible. Things might not always go the way you want, but it will work out.



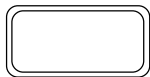
**Band-Aid**

To remind you to heal hurt feelings, yours or someone else's



**Pencil**

To remind you to list your blessings everyday.



**Eraser**

To remind you that everyone makes mistakes, and that it is OK.



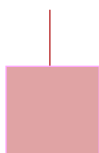
**Chewing gum**

To remind you that you stick with it and that you can accomplish anything.



**Mint**

To remind you that you are worth a mint.



**Candy kiss**

To remind you that everyone needs a kiss or a hug everyday.



**Tea bag**

To remind you to relax daily and go over that list of blessings.

## Developing Personal Relationships

Personal relationship is an association between two people.

- It is beyond being casual acquaintances and includes sharing, gaining an understanding of one another and empathy towards the other person  
It has a certain amount of synergy
- It takes time and effort.

## Sex and sexuality

- Understanding sexuality and making responsible choices is critical to a successful life
- Sexual feelings do not mean readiness for sex
- Sexual feelings need to be managed
- The body changes during puberty
  - Hormones in the body make the body change in boys around 9-14 years and in girls around 8 – 13 years. Also experienced at this age is psychological and emotional changes including increased self awareness, anxiety, sexual feelings, need for independence

## Assessing readiness for sexual intercourse

- Do you and your partners both want sex?
- Do you feel safe and good with this person?
- Have you talked about sex together?
- Is this a long-term stable relationship?
- Have you visited a VCT centre together and a family planning clinic?
- Have you talked with your partner about using a condom to protect against STIs, HIV and pregnancy?
- Do you know where to get a condom?
- Do you have a condom?
- Do you know how to use a condom?

**If you answer “NO” to any of the questions, you are not ready for sex**

## HIV/AIDS and relationships

Anyone who is in a sexual relationship should know about HIV and AIDS. This is because HIV can be passed from one person to another during sex. Most people who are infected with HIV do not know they are infected. One cannot tell if a person is infected just by looking at them. It can take years for the signs of HIV to show. It is important to talk to your sexual partner about the risk of infection. There are ways to have safer sex:

- Always use a condom.
- Have non-penetrative sex where there is no contact with body fluids.

Some couples in relationships choose to have an HIV test before they have sex. This helps them make choices about having sex, and about their future. Everyone has the right to say no to sex, and to practice safer sex. Respect your partner. Work together to prevent HIV and AIDS.

Couples who have HIV and want to have a baby should know that the baby could also be infected if the mother is HIV positive. This can happen during pregnancy, birth or through breastfeeding. About 1 in 3 babies born to HIV infected mothers get HIV if they are not given preventive medicine.

If one is in a sexual relationship one should:

- Talk to their partner about HIV and AIDS.
- Always practice safer sex by using condoms
- Find out other ways to have safer sex.
- Know the facts about HIV and AIDS.
- Think about having an HIV test.

## **Contraception**

It is a method of preventing unwanted pregnancy. There are various options.

Examples of contraceptives:

1. Female/male condom **PREVENT HIV & STI as well as UNWANTED PREGNANCIES**
2. Oral contraceptives
3. Injectables
4. Implants
5. Intrauterine Device (IUD)
6. Sterilisation

The individual chooses the method, which is convenient to them after a counselling session.

## Session 10

### TIME MANAGEMENT

Time is unique; it cannot be accumulated or saved. It is an irretrievable commodity, cannot be turned on or off like a machine or replaced like a man.

It is a resource that is distributed equally to all individuals regardless of need, wealth, or academic achievement.

Efficient = doing things right.

Effective = doing right things right.

**NB** Time can never be saved and it can only be better utilised. Therefore it is necessary to always operate within the time frame.

#### Do you find yourself in any of these situations?

- “I always end up cramming for exams.”
- “I never have enough time to do my work.”
- “I only study when there’s the pressure of a test.”
- “My work always takes longer than I expect it to.”
- “I’ve tried to make schedules for myself, but I don’t stick to them.”
- “I’ve tried to make schedules for myself, but unexpected things come up.”
- “When I’m doing work in one subject, I get distracted by thoughts of what I have to do for my other classes.”

If you have ever thought or said one or more of the above, then you may have to consider better managing your time. There are only 24 hours in your day, just the same as everybody else’s. The good news is that there is enough time for the things you want, but only if it’s used, and used to your advantage. Time management is the managing of your time so that time is used to your advantage

and it gives you a chance to spend your most valuable resource in the way you choose. In high school you got up at the same time everyday and you went to school from 8AM to 1PM or 8AM to 4PM. You basically had no say in where your time went. Now that you are in college your schedule is your business. If you want to have class from 8AM to 4PM or 8AM to 11AM, it is your business. With this new freedom comes some decisions to make on how to effectively spend your free time. I am sure you have had to deal with a time crunch of several exams in a week or tons of papers and projects with approaching dead lines. And of course, add to those part-time jobs, dating, partying, sleeping and whatever else college students try to cram into their days. So what to do? Study or have fun? These situations can be handled and all it takes is a few techniques on how to better manage your time.

### **The benefit of using a planner**

Time management begins with the use of a calendar or planner with daily lists and taking the time to write down everything that you must do, so that it gets done. If you sleep seven hours a night, you have 119 hours a week to do everything that you need to do. That, of course, includes everything from going to class, eating, athletic events, social activities, personal hygiene, time-in-transit, studying, student organizations, and telephone and television time, and everything in between. You must use all 119 hours a week to schedule everything that you must do. Then you must stick to your schedule, which should give you an idea of where your real priorities are. To begin, make a **semester calendar**. Use a wall or desk calendar for major exams, due dates, and meetings; basically the events that you must do and that do not change. Use your class syllabi to help you complete the calendar. You should then keep a pocket calendar or use the month calendars in a planner as a reminder of classes, appointments, meetings, and errands. In addition, a **weekly schedule** should be used, which should be made once a semester for all lessons, assignments, study, extracurricular activities, house-keeping duties, sleeping and eating. Leave blank spaces to fit in necessary activities as they come up, which is usually done weekly, preferably on a Sunday night before the week begins. These blank spaces should be utilized for studying and the completion of assignments. Study time should be scheduled such that for every hour of a lesson allocate two hours of study. Moreover, a **daily list**

should be made each day, either when you wake up in the morning or each night before you go to bed. The list should be kept short, about five or six items, both academic and personal. The list should also be prioritized and the items should be small specific goals such as read five pages in psychology, not read a chapter of psychology. You must learn to use your schedules every day and learn to say “no” so that you can keep to your schedules.

### **Monitoring your time**

Now that we have discussed how to schedule your time, there are a few pointers to consider about the schedules to help make the schedule and to help stick to the schedules. **Tips when making your schedules:**

- Be specific. Rather than writing, “do Calculus problems,” indicate which problems.
- Be reasonable. Schedule what you think you will do.
- Take advantage of ALL your time, including little chunks of time such as riding on the bus.
- Be flexible; use a pencil when making your schedule.
- Plan to review your lecture notes everyday.
- Do not forget to schedule breaks.
- Make use of time before and after class.
- Schedule difficult tasks for your most alert periods.

### **To plan your time:**

- Schedule fixed blocks of time first.
- Include time for errands.
- Schedule time for fun.
- Set realistic goals.
- Study two hours for every hour in class (this varies, some people may need more in certain classes than others may).
- Avoid scheduling marathon study sessions.
- Study in short sessions or stop and rest a few minutes every hour.
- Set clear starting and stopping times.
- Plan for the unplanned.
- Study during the daytime, as well as the nighttime.
- Schedule each study period as close to that class meeting as possible.



## **Time Wasters**

If you were to monitor your time for a day you would be sure to find at least one, or maybe even more, time wasters. A time waster is something that occurs in the day that is not necessary to your day, and if it did not occur, you could have quite possibly gotten something else done in its place. A time waster prevents you from accomplishing some goal. You need to monitor how much time you spend sleeping, eating, studying, traveling to class, watching television, talking on the phone, running errands, exercising, etc. The two main time wasters in the previous list are watching television and talking on the phone. Time wasters need to be recognized and then one needs to figure out why it occurs and if the situation can be remedied. The following exercise should help you to identify and eliminate time wasters, which would give you more time in your day.

## **Life is hectic: Let's make a plan!**

### **Organization**

- daily lists
- weekly schedule
- long term goals

### **be conscious of time wasters**

1. TV
2. Friends
3. E-mail

### **Discipline**

- Follow your schedule
- Be flexible but firm
- Take breaks and reward yourself

## Tips to Better Manage Your Time

1. Concentrate on one thing at a time. Study difficult or boring subjects first while you are still fresh and get this “chore” out of the way to make the rest of the day easier for yourself. Be active in what you are doing at the time.
2. Be aware of your best time of the day. When do you study best? Daylight? Nighttime? Schedule study time during your best study hours for the classes that are hardest or you like the least. Experiment. Get up early, stay up late to see what works best for you. Remember to use your daylight hours and minutes and consider staying on campus between classes and finding quiet place to study.
3. Use waiting time. Have short study tasks ready to do when you are waiting, such as between classes, while waiting for a friend, or standing in lines somewhere. An example would be to carry 3 x 5 cards with you that contain facts, formulas, or definitions, which could be brought anywhere while you are waiting. Use time between classes to review class notes and to again use 3 x 5 cards. Use a tape recorder to make a tape of you reading your notes, which you could listen to on the bus, while exercising, or while walking to class.
4. Use a regular study area. Train your body so that you can focus attention more quickly. Use this area ONLY to study, such as the library or a study lounge, which has good lighting, low noise, and no distractions. Find a place where you can study everyday that has tables and chairs, is quiet, and has low traffic. If you are studying at a computer table shut the computer off. This way, you will not become distracted (tempted) with E-mail or Instant Messenger.
5. Study where you will be alert. Do not study where you sleep and avoid chairs and sofas. You need ENERGY, not relaxation.
6. Pay attention to your attention. Keep a note pad next to you while studying to jot down random thoughts that interfere with your studying. Get them out of your mind and onto a paper so that you can refocus on studying. If the task is really pressuring, do it, and then return to your studying.

7. Agree with living mates (roommates, parents, spouses, or kids) about study time. Have set times or a signal to indicate that you are studying and need to be left alone. Try using a “Do Not Disturb” sign on the door.
8. Get off the phone. Do not use the phone as an excuse to not study. Tell people when they call that you are studying and they should understand. If it is that important they will call back. If you must, unplug the phone, let the answer machine pick up, or go study somewhere else where there is not a phone.
9. Learn to say no. People understand that you need to study.
10. Plan your day each morning or the night before and set priorities for yourself. If you have morning calls, look up the numbers the night before and leave them by the phone. Get the materials you will need together to complete your morning tasks. Pack your lunch and book bag.
11. Call ahead. Before walking all over campus to get a form or go to a meeting, find out what you need or directions to where you are going.
12. Do just one more thing. Before going to bed, try to do just one more thing to make the day more complete, and eliminate one task for the next day.
13. Notice how others misuse your time. If someone else, say a roommate, is misusing your time, then you have to do something about that, such as studying somewhere else, where your roommate can not misuse your time.
14. Be sure and set deadlines for yourself whenever possible and reward yourself when you get things done as you had planned, especially the important ones.
15. Make class time your best study time. Go to class prepared, and if you do not have enough time to read the whole assignment, at least look over it. Be sure to review notes from previous class. Listen attentively and paraphrase what the professor says in your own words.
16. Do NOT procrastinate. Do not let questions about material accumulate? Instead of trying to get it perfect — just do it.
17. Be realistic in your expectations of yourself.

- “One more day won’t make any difference; I’ll just put that off until tomorrow.”
- “It won’t matter if I’m a few minutes late; no one else will be on time.”
- “I work best under pressure.”
- “I’ll watch just fifteen more minutes of TV.”

If you have ever said one of the above or more, or something quite similar, you have most likely been dealing with procrastination.

### What is procrastination?

Procrastination is the avoidance of doing a task, which needs to be accomplished. This can lead to feelings of guilt, inadequacy, depression, and self-doubt among students. Procrastination has a high potential for painful consequences. It interferes with the academic and personal success of students.

### Why do students procrastinate?

Students procrastinate because of poor time management. Procrastination means not managing your time wisely. You may be uncertain of your priorities, goals, and objectives. You may also be overwhelmed with the task. As a result, you keep putting off your academic assignments for a later date, or spending a great deal of time with your friends and social activities, or worrying about your upcoming examination, class project, and papers, rather than completing them.

Students also procrastinate because they have difficulty concentrating. When you sit at your desk you find yourself daydreaming, staring into space, looking at pictures of your friends, etc., instead of doing the task. Your environment is distracting and noisy. You keep running back and forth for equipment such as pencils, erasers, dictionary, etc. Your desk is cluttered and unorganized and sometimes you sit/lie on your bed to study or do your assignments. You probably notice that all of the examples that you have just read promote time wasting and frustration.

In addition, students procrastinate because of fear and anxiety. You may be overwhelmed with the task and afraid of getting a failing grade. As a result, you spend a great deal of time worrying about your upcoming exams, papers and projects, rather than completing them.

Furthermore, students procrastinate because they have negative beliefs such as: “I cannot succeed in anything” and “I lack the necessary skills to perform the task,” which may allow you to stop yourself from getting work done. Moreover, students procrastinate because of personal problems, finding the task boring, fear of failure, and unrealistic expectations and perfectionism.

### Overcoming procrastination

- Recognize self-defeating problems such as fear and anxiety, difficulty concentrating, poor time management, indecisiveness, and perfectionism.
- Identify your personal goals, strengths, weaknesses, values, and priorities. Post your goals so that you are reminded of them daily.
- Discipline yourself to use your time wisely: set priorities. Make a schedule of these priorities and how to accomplish them.
- Study in small blocks instead of long time periods.
- Take big jobs and break them into a series of small ones. For example, take a long reading assignment and break it up into several smaller ones.
- Motivate yourself to study: dwell on success, not on failure.
- Try to study in small groups so that others keep you motivated.
- Set realistic goals for you to accomplish.
- Modify your environment: eliminate or minimize noise and distraction. Ensure adequate lighting and have necessary equipment at hand. Do not get too comfortable when studying.
- Make sure your study area is neat to avoid daydreaming.
- Convince yourself that the task is worth doing, even if it's hard getting started.

# Session 11

## STRESS MANAGEMENT

### Definition

Stress is defined as pressure or tension felt by the individual. Stress refers to physical, mental or emotional strain or tension caused by overworking the mind, body and heart. This strain or tension causes a number of physical, emotional and mental symptoms.

### Causes of stress

- Doing more work than our mind, body or heart can bear or working overtime
- Doing things we do not enjoy doing
- Doing routine work that gets boring with time
- Working with people who are dying
- Working to please others
- Suppressing emotions like anger, sadness, affection etc.
- Learning to cope with death and dying
- Dealing with sensitive issues, like sex and death

### Examples of stressors

- i. New environment
- ii. Financial difficulties
- iii. Being on your own
- iv. Peer pressure
- v. Preparing for exams

### WHAT HAPPENS WHEN ONE IS UNDER STRESS?

- i. Easily fatigued
- ii. Loss of concentration
- iii. Restlessness and sleeplessness

- iv. Anger
  - v. Depression
  - vi. Difficulty in making decisions
  - vii. Neglected appearance
  - viii. Loneliness
- To mention but a few.

### How to recognise stress

- Each individual has different warning signs or symptoms of stress. Some of the signs may include the following:
  - ❑ Physical or mental exhaustion causing general body weakness
  - ❑ Irritability
  - ❑ Lack of concentration or forgetfulness
  - ❑ Anorexia (loss of appetite)
  - ❑ Palpitations
  - ❑ Restlessness
  - ❑ Insomnia (lack of sleep)

### Stress management

It is important to manage stress before it causes burnout. Managing professional stress requires us to recognise and respond to our own needs. We cannot effectively respond to the needs of others when our own unmet needs leave us physically, mentally and emotionally exhausted

### Strategies for managing stress

- Know yourself
- Only when you understand your own needs, vulnerabilities and emotional limits will you begin to anticipate and deal with professional stress.
  - ❑ Pace setting
    - ❖ We each have a pace at which we can work best. Maintaining a pace consistent with our biological nature reduces the wear and tear of stress.
  - ❑ Limit setting
    - ❖ recognise the limits of your knowledge and expertise — learn to say: “I don’t know”
    - ❖ recognise the limits of your physical energy and how these limits change – learn to say: “No, I can’t” to additional responsibilities during times of lower physical energy

- ❖ recognise the limits of those situations you cannot handle emotionally alone – learn to say: “I need help”
- ❖ recognise the limits of your emotional endurance – learn to say: “I need time to myself”
- ❖ recognise that not every problem can be solved
- ❑ Listen to your early warning signs
  - ❖ Learn to identify your own unique early warning signs of excessive stress. These tell us when we are reaching our physical, mental and emotional limits, and to ignore such signs invites serious physical and emotional illness.
- ❑ Express yourself
  - ❖ Staying with those who are dying or bereaved can be painful and exhausting, and the pain and anger that we may absorb from dying people and their families must be released. Identify when, where and with whom you can safely ventilate the feelings derived from your work experience. Expressing emotions becomes easier with practice. If it is particularly difficult for you, you may need some training in effective communication.
- **Take care of yourself**
  - ❑ Physically
    - ❖ Exercise, sleep and nutrition all play an important role in decreasing the debilitating effects of professional stress. Another area very often neglected is our need for physical touch and comfort. While we emphasize the value of touch in the care of the dying or the bereaved, we frequently ignore our own needs for such contact.
  - ❑ Emotionally and socially
    - ❖ Social contact and support can counter the effects of stress. Actively develop and make use of your support networks. Your long-term effectiveness in your academic work may depend on your ability to emotionally replenish and nurture yourself outside the college setting.
  - ❑ Spiritually
    - ❖ Staying with people with continuous serious problems such as dying and bereavement inevitably provokes questions on the value and meaning of life. Developing a system of values and beliefs can help you cope with the realities and provide a framework for dealing with the philosophical questions such problems may pose.



- ❑ Intellectually
  - ❖ Deficiencies in your knowledge and skills will become stressful for you in your work. Seek educational opportunities for professional development. Find mentors who can be role models and a source of intellectual and personal support.
- **Develop boundaries between your personal and academic lives**
  - ❑ Balance your academic work and personal life. Avoid other activities consuming more and more of your time.
- **Enjoy yourself**
  - ❑ Avoid the superman syndrome
    - ❖ Decide what you can and cannot realistically accomplish and then negotiate or fight for a reasonable and equitable division of labour at college and at home.
  - ❑ *Develop time alone activities*
    - ❖ Don't neglect private time by yourself. Develop and use activities that allow you to escape from all your responsibilities.
  - ❑ Take time out
    - ❖ Take regular breaks during the day to replenish yourself. Use vacation time and holidays to nurture yourself physically and emotionally.
  - ❑ *Relax and have a good time*
    - ❖ The serious nature of college work makes it easy to neglect our needs to play, to celebrate life, and to celebrate our affection for others

### Hints on how to manage stress

- i. Get to know yourself, become aware of your personality.
- ii. Be aware of your own stress levels.
- iii. Learn to identify the various sources of stress in your life.
- iv. Know how to avoid causing stress to others.
- v. Learn to value positive thinking
- vi. Take an objective look at personal relationships
- vii. Learn to relax, or meditate or pray.
- viii. Be aware of unnecessary worrying

### Preventing stress

**P.S.** Stress may be a **FACT** of life but it need not be a **WAY** of life.

## Session 11.1

### SELF MANAGEMENT

Being able to manage your time and commitments effectively is a crucial element of success at University. However, there are many other elements that make up a set of self-management skills. You need to be able to plan for your future, set yourself targets and then positively set about trying to achieve them. Look for gaps in your skills and find ways to develop. We have divided our self-management resources into two headings:

#### Managing your studies

Managing your studies effectively is essential to success at University. No one expects you to stay in and study for three years, you just need to get organized so that you can succeed in your degree **and** enjoy your social life.

#### Planning and managing your future

The University provides numerous sources of advice and support for students considering life after University.

- **Careers Advisory Service** offers a wide range of information and services designed to enhance your employability skills including workshops and recruitment events.
- We also have numerous **extra curricular opportunities** that can enhance your future prospects.
  - In *organizations*, self-management means members within the group manage themselves; there is no dividing members into some who give orders and some that obey.

- ❑ In *business, education, and psychology*, *self-management* refers to methods, skills, and strategies by which individuals can effectively direct their own activities toward the achievement of *objectives*, and includes *goal setting, planning, scheduling*, task tracking, *self-evaluation*, self-intervention, *self-development*, etc. Also known as *executive processes* (in the context of the *processes of execution*).
- ❑ In the field of computer science, **self-management** refers to the process by which computer systems will (one day) manage their own operation without human intervention. Self-Management technologies are expected to pervade the next generation of *network management* systems.
- ❑ In the field of *medicine and health care*, self-management means the interventions, training, and skills by which patients with a chronic condition, disability, or disease can effectively take care of themselves and learn how to do so. Personal care applied to *outpatients*.
- ❑ In condominiums and housing co-operatives, it refers to apartment buildings or housing complexes that are run directly by the owners themselves, either through a committee structure, or through a Board of Directors that has management as well as executive functions.

#### Self-management may also refer to:

- ❑ *Workers' self-management*— a form of workplace decision-making in which the employees themselves agree on choices (for issues like customer care, general production methods, scheduling, division of labor etc.) instead of the traditional authoritative supervisor telling workers what to do, how to do it and where to do it.

## MANAGEMENT GUIDE TO MANAGING YOURSELF

### The choice is yours

The ultimate goal of managing yourself is to feel good and achieve what you want. Always remember that you have a choice.

### The decision is yours

If you are not to find yourself simply falling in with whatever happens at the time, you have to draw a line across your life and decide what you want to do.

### **Creating balance**

Coping with life's demands is a constant juggling trick...There are three important areas where managing to do this is crucial – your school life, your home life and your personal life. The difficulty is that there is very rarely a time when all three areas are in harmony.

### **Shadows**

Being aware of what you are good at is not the same thing as wanting to be good at something; so beware of chasing shadows.

## Session 11.2

### SUBSTANCE ABUSE

Insight into the substances of abuse.

#### **What is a drug?**

It is a chemical that alters body functions such as “mbanje”, glue, alcohol etc

#### **What is drug abuse?**

#### **What is drug dependence?**

Drug dependence is when one’s body can no longer cope without taking a drug that has been taken for some time.

#### **Why do people take drugs?**

People turn to drugs for a number of reasons, some of the common ones are:

- ✓ Peer pressure – wanting to be recognised as one of a group.
- ✓ Curiosity – wanting to experience what has been said or written about drugs.
- ✓ Alienation – feeling isolated by family, friends or other social groups, one may turn to drugs.
- ✓ Ignorance – misinformation about the danger of drug abuse.
- ✓ Lack of self-esteem.
- ✓ Media influence – movies, newspapers, magazines and advertisements, often paint the personality defects.
- ✓ Poor role modelling – the effect of parents’ attitudes and behaviour towards drug abuse.
- ✓ Boredom.
- ✓ Rebellion against authority
- ✓ Availability of drugs – easy access to drugs within the society leads to young people being involved in drug abuse.

- ✓ Escape from problems.
- ✓ Relaxation.
- ✓ Alleviation of anxiety – feeling of well being and euphoria to escape from reality.

## PROBLEMS ASSOCIATED WITH DRUG ABUSE

The following problems can occur from drug abuse:

### Individual

- ✓ Health problems – liver damage, lung infection, emphysema, kidney failure, ulcers, cancer, mental illness, and depression and many others.
- ✓ Abuse of drugs results in absenteeism from school, neglect of important tasks, social deterioration, and economic problems and at last a social outcast.
- ✓ Injecting oneself can cause wounds on injection sites, one can get HIV from use of shared needles or syringes
- ✓ Possession of illegal drugs is punishable by a fine or imprisonment.
- ✓ Risky behaviour.
- ✓ Death can occur.

### Family

A member who uses drugs affects their family in that:

- ✓ There is a failure to take responsibility for other members.
- ✓ Drugs may affect unborn child.
- ✓ Family is stigmatised.

### Society

- ✓ Increase in crime rate.
- ✓ Drug abuse is associated with prostitution, homosexuality and rape.
- ✓ Increase in violence.
- ✓ Car accidents and work place accidents
- ✓ Resources required for rehabilitation of addicts would have been better used in some productive areas e.g. in financing income-generating projects.

**ACTIVITY: Have you experienced substance abuse personally or someone close to you?**

What steps did you take?

## Session 12

### INTRODUCTION TO CRITICAL THINKING

#### Introduction to Critical Thinking

Critical thinking is an important and vital topic in modern education. All students are encouraged to learn about critical thinking. It is important that students are informed about critical thinking skills. This topic on critical thinking has been prepared to inform and aid you to accomplish these skills, and it has been kept brief and straightforward so that students will have the time and opportunity to read it and follow the suggestions it contains.

#### A Brief Conceptualization of Critical Thinking

Critical thinking is self-guided, self-disciplined thinking which attempts to reason at the highest level of quality in a fair-minded way. People who think critically consistently attempt to live rationally, reasonably, empathetically. They are keenly aware of the inherently flawed nature of human thinking when left unchecked. They strive to diminish the power of their egocentric and sociocentric tendencies. They use the intellectual tools that critical thinking offers – concepts and principles that enable them to analyze, assess, and improve thinking. They work diligently to develop the intellectual virtues of intellectual integrity, intellectual humility, intellectual civility, intellectual empathy, intellectual sense of justice and confidence in reason. They realize that no matter how skilled they are as thinkers, they can always improve their reasoning abilities and they will at times fall prey to mistakes in reasoning, human irrationality, prejudices, biases, distortions, uncritically accepted social rules and taboos, self-interest, and vested interest. They strive to improve the world in whatever ways they can and contribute to a more rational, civilized society. At the same time, they recognize the complexities often inherent in doing so. They strive never to think simplistically about complicated issues and always consider the rights and needs of relevant others.

They recognize the complexities in developing as thinkers, and commit themselves to life-long practice toward self-improvement. They embody the Socratic principle: The unexamined life is not worth living, because they realize that many unexamined lives together result in an uncritical, unjust, dangerous world.

### **Purpose and Rationale**

The purpose of specifically teaching critical thinking at the university or any other discipline is to improve the thinking skills of students and thus better prepare them to succeed in the world. But, you may ask, don't we automatically learn critical thinking when we study subjects such as mathematics and science, the two disciplines, which supposedly epitomize correct and logical thinking? The answer, sadly, is often no.

Perhaps you can now see the problem. All education consists of transmitting to students two different things: (1) the subject matter or discipline content of the course ("what to think"), and (2) the correct way to understand and evaluate this subject matter ("how to think"). We do an excellent job of transmitting the content of our respective academic disciplines, but we often fail to teach students how to think effectively about this subject matter, that is, how to properly understand and evaluate it. This second ability is termed critical thinking. All educational disciplines have reported the difficulty of imparting critical thinking skills. In 1983, in its landmark report *A Nation at Risk*, the National Commission on Excellence in Education warned:

"Many 17-year-olds do not possess the 'higher-order' intellectual skills we should expect of them. Nearly 40 percent cannot draw inferences from written material; only one-fifth can write a persuasive essay; and only one-third can solve a mathematics problem requiring several steps."

Many students never develop critical thinking skills. Why? There are a number of reasons. The first goal of education, "what to think," is so traditionally obvious that instructors and students may focus all their energies and efforts on the task of transmitting and acquiring basic knowledge. Indeed, many students find that this goal alone is so overwhelming that they have time for little else. On the other hand, the second goal of education, "how to think" or critical thinking, is often so subtle that instructors fail to recognize it and students fail to realize its absence.

So much has become known about the natural world that the information content of science has become enormous. This is so well known that science educators and science textbook writers came to believe that they must seek to transmit as much factual information as possible in the time available. Textbooks are growing larger and curricula are becoming more concentrated; students are expected to



memorize and learn increasingly more material. Acquisition of scientific facts and information is taking precedence over learning scientific methods and concepts. Inevitably, the essential accompanying task of transmitting the methods of correct investigation, understanding, and evaluation of all this scientific data (that is, critical thinking) is lost by the roadside. This situation has become especially severe in primary and secondary education, and over the last decades there has been a well-known decline in the math and science ability of students in many countries. Studies have shown that students' abilities in math and science begin on level with students in other countries, but then progressively decrease as they make their way through our educational system.

In retrospect, it seems obvious that when the information content of a discipline increases, it becomes even more vital to spend time, not learning more information, but learning methods to acquire, understand, and evaluate this information. The great amount of new information that is not known now will surely follow. Frankly, it is counterproductive to simply memorize and learn more new and isolated facts when future facts may eventually displace these. The latest science books, for example, emphasize critical thinking and the scientific method. They focus on teaching students the proper ways to obtain new reliable knowledge for one's self, not on engendering factual overload. It is accepted, one assumes, that students entering college should already have mastered all basic critical thinking skills; that is, they should have learned these skills during their primary and secondary education and thus be able to bring them with them into the college math and science classroom. The fact that this topic has been prepared is an indication that students have not learned these skills.

### **Definition of Critical Thinking**

Critical thinking means correct thinking in the pursuit of relevant and reliable knowledge about the world. Another way to describe it is reasonable, reflective, responsible, and skillful thinking that is focused on deciding what to believe or do. A person who thinks critically can ask appropriate questions, gather relevant information, efficiently and creatively sort through this information, reason logically from this information, and come to reliable and trustworthy conclusions about the world that enable one to live and act successfully in it. Critical thinking is not being able to process information well enough to know to stop for red lights or whether you received the correct change at the supermarket. Such low-order thinking, critical and useful though it may be, is sufficient only for personal survival; most individuals master this. True critical thinking is higher-order thinking, enabling a person to, for

example, responsibly judge between political candidates, serve on a murder trial jury, evaluate society's need for nuclear power plants, and assess the consequences of global warming. Critical thinking enables an individual to be a responsible citizen who contributes to society, and not be merely a consumer of society's distractions.

Children are not born with the power to think critically, nor do they develop this ability naturally beyond survival-level thinking. Critical thinking is a learned ability that must be taught. Most individuals never learn it. Critical thinking cannot be taught reliably to students by peers or by most parents. Trained and knowledgeable instructors are necessary to impart the proper information and skills.

Critical thinking can be described as the scientific method applied by ordinary people to the ordinary world. This is true because critical thinking mimics the well-known method of scientific investigation: a question is identified, an hypothesis formulated, relevant data sought and gathered, the hypothesis is logically tested and evaluated, and reliable conclusions are drawn from the result. All of the skills of scientific investigation are matched by critical thinking, which is therefore nothing more than scientific method used in everyday life rather than in specifically scientific disciplines or endeavors. Critical thinking is scientific thinking. Many books and papers describing critical thinking present its goals and methods as identical or similar to the goals and methods of science. A scientifically literate person, such as a math or science instructor, has learned to think critically to achieve that level of scientific awareness. But any individual with an advanced degree in any university discipline has almost certainly learned the techniques of critical thinking.

Critical thinking is the ability to think for one's self and reliably and responsibly make those decisions that affect one's life. Critical thinking is also critical inquiry, so such critical thinkers investigate problems, ask questions, pose new answers that challenge the status quo, discover new information that can be used for good or ill, question authorities and traditional beliefs, challenge received dogmas and doctrines, and often end up possessing power in society greater than their numbers. It may be that a workable society or culture can tolerate only a small number of critical thinkers, that learning, internalizing, and practicing scientific and critical thinking is discouraged. Most people do not question, are not curious, and do not challenge figures that claim special knowledge or insight. Most people, therefore, do not think for themselves, but rely on others to think for them. Most people indulge in wishful, hopeful, and emotional thinking, believing that what they believe is true because they wish it, hope it, or feel it to be true. Most people, therefore, do not think critically. Critical thinking has many components. Life can be described as a sequence of problems that each individual must solve for oneself. Critical thinking skills are

nothing more than problem solving skills that result in reliable knowledge. Humans constantly process information. Critical thinking is the practice of processing this information in the most skillful, accurate, and rigorous manner possible, in such a way that it leads to the most reliable, logical, and trustworthy conclusions, upon which one can make responsible decisions about one's life, behavior, and actions with full knowledge of assumptions and consequences of those decisions.

Raymond S. Nickerson (1987), an authority on critical thinking, characterizes a good critical thinker in terms of knowledge, abilities, attitudes, and habitual ways of behaving. Here are some of the characteristics of such a thinker:

- uses evidence skillfully and impartially
- organizes thoughts and articulates them concisely and coherently
- distinguishes between logically valid and invalid inferences
- suspends judgment in the absence of sufficient evidence to support a decision
- understands the difference between reasoning and rationalizing
- attempts to anticipate the probable consequences of alternative actions
- understands the idea of degrees of belief
- sees similarities and analogies that are not superficially apparent
- can learn independently and has an abiding interest in doing so
- applies problem-solving techniques in domains other than those in which learned
- can structure informally represented problems in such a way that formal techniques, such as mathematics, can be used to solve them
- can strip a verbal argument of irrelevancies and phrase it in its essential terms
- habitually questions one's own views and attempts to understand both the assumptions that are critical to those views and the implications of the views
- is sensitive to the difference between the validity of a belief and the intensity with which it is held
- is aware of the fact that one's understanding is always limited, often much more so than would be apparent to one with a non-inquiring attitude
- recognizes the fallibility of one's own opinions, the probability of bias in those opinions, and the danger of weighting evidence according to personal preferences

This list is, of course, incomplete, but it serves to indicate the type of thinking and approach to life that critical thinking is supposed to be. Similar descriptions of critical thinking attributes are available in the very extensive literature of critical thinking.

## Relationship of Critical Thinking to the Scientific Method

It is useful to ask why the scientific method—now recognized, in its guise of critical thinking, as so important to modern education that hundreds of critical thinking programs exist in thousands of schools across the nation—is so valuable for an individual to learn and practice. The reason is because the scientific method is the most powerful method ever invented by humans to obtain relevant and reliable knowledge about nature. Indeed, it is the only method humans have of discovering reliable knowledge (knowledge that has a high probability of being true). Another name for this type of knowledge is justified true belief (belief that is probably true because it has been obtained and justified by a reliable method). Nobel Prize-winner Sir Peter Medawar claimed that, “In terms of fulfillment of declared intentions, science is incomparably the most successful enterprise human beings have ever engaged upon.”

Other methods of gaining knowledge—such as those using revelation, authority, artistic and moral insight, philosophical speculation, hopeful and wishful thinking, and other subjective and authoritarian means—have historically resulted in irrelevant and unreliable knowledge, and they are no better today. These nonscientific methods of discovering knowledge, however, are more popular than scientific methods despite their repeated failures in obtaining reliable knowledge. There are many reasons for this, but two of the most important are that nonscientific methods are (1) more congenial to emotional and hopeful human nature, and (2) are easier to learn and practice than scientific methods. Despite these reasons, however, the value and power of possessing reliable knowledge—as contrasted with the usual unreliable, misleading, irrelevant, inaccurate, wishful, hopeful, intuitive, and speculative knowledge most humans contend with—have caused modern government, business, and education leaders to place the scientific endeavor in high regard, and caused them to promote teaching the scientific method and its popular manifestation: critical thinking.

Humans are conditioned from birth to follow authority figures and not to question their pronouncements. Such conditioning is done by parents and teachers using a wide variety of positive and negative reinforcement techniques. Most individuals reach adulthood in this conditioned form. The result of such conditioning is the antithesis of both scientific investigation and critical thinking: individuals lack both curiosity and the skills to perform independent inquiry to discover reliable knowledge. Individuals who think critically can think for themselves: they can identify problems, gather relevant information, analyze information in a proper way, and come to reliable conclusions by themselves, without relying on others to do this for them. This is

also the goal of science education. Critical thinking allows one to face and comprehend objective reality by gaining reliable knowledge about the world. This, in turn, allows one to better earn a living, achieve success in life, better solve life's problems, and be reconciled to existence, mortality, and the universe. If a person is happier possessing reliable knowledge and living in objective reality, rather than living in ignorance and possessing false or unreliable beliefs, this is as good a reason as any for teaching and learning critical thinking.

### **Course Areas in Which to Emphasize Critical Thinking**

The prior sections of this topic were written to describe critical thinking, to inform you about the pressing need to promote it among students, and to encourage you to make it part of your course curriculum. Now you will learn where and how to do this in your own courses. Critical thinking can be presented or emphasized in all classroom areas: lecture, homework, term papers, and exams. We will examine each in turn.

Critical thinking is an active process, while, for most students, listening to lectures is a passive activity. Students are encouraged to apply the intellectual skills of critical thinking—analysis, synthesis, reflection; etc. during lectures and this may be learned by actively participating. Classroom instruction, homework, term papers, and exams, therefore, should emphasize active intellectual participation by the student.

### **Critical thinking can be applied during:**

- 1. Lectures.** You may of course directly apply critical thinking principles during lectures while staying with your subject matter. Enhancement of critical thinking can be accomplished during a lecture when the lecturer periodically stops and asks students searching and thoughtful questions about the material the lecturer has just presented, and then waits an appropriate time for a response. Perhaps the most basic type of critical thinking is knowing how to listen to a lecture actively rather than passively.
- 2. Laboratories.** Students inevitably practice critical thinking during laboratories in science class, because they are learning the scientific method.
- 3. Homework.** Both traditional reading homework and special written problem sets or questions can be used to enhance critical thinking. Homework presents many opportunities to encourage critical thinking.

4. **Quantitative Exercises.** Mathematical exercises and quantitative word problems teach problem solving skills that can be used in everyday life. This enhances critical thinking.
5. **Term Papers.** The best way to teach critical thinking is to require that students write. Writing forces students to organize their thoughts, contemplate their topic, evaluate their data in a logical fashion, and present their conclusions in a persuasive manner. Good writing is the epitome of good critical thinking.
6. **Examinations.** Exam questions can be devised in a way, which promotes critical thinking rather than rote memorization. This is true for both essay question exams and multiple-choice exams.

## ***PART 3***

### **PERSONAL HEALTH**

## **Session 1**

### **PERSONAL HYGIENE**

#### **Definition**

**P**ersonal hygiene is the health of the individual. Hygiene is one of the strategies of preserving health. Good personal hygiene is important to help control the spread of harmful germs.

Factors that promote personal health and hygiene  
It's the individual's responsibility to:

- Maintain cleanliness of the body and clothing.
- Put on suitable clothing to protect the body and enhance the self-esteem and psychological wellbeing.
- Maintain adequate nutrition
- Maintain adequate mental health.
- The need to balance work and leisure.
- Rest and sleep.
- Dental health – brushing teeth at least twice daily and seeing the dentist once every six months.
- Maintaining good sanitation.
- Drinking borehole water or boil for ten minutes.
- Keep your environment clean.

## When to Wash Hands

Some germs can stay alive on our hands for up to three hours and in that time they can be spread to all the things we touch – including food and other people. So wash your hands regularly throughout the day and especially at these times:

### Before:

Preparing food

Eating

Caring for the sick; changing dressings, giving medicines

Looking after babies or the elderly

Starting work; especially if you are a food handler or health professional

Putting in contact lenses

### Between:

Handling raw foods (meat, fish, poultry and eggs) and touching any other food or kitchen utensils

### After:

Handling raw foods, particularly meat, fish and poultry

Going to the toilet

Touching rubbish/waste bins

Changing nappies

Caring for the sick, especially those with gastro-intestinal disorders

Coughing or sneezing, especially if you are sick

Handling and stroking pets or farm animals

Gardening — even if you wear gloves

Cleaning cat litter boxes

## Did You Know?

The number of germs on fingertips doubles after using the toilet. Yet up to half of all men and a quarter of women fails to wash their hands after they've been to the toilet!

## How to Wash Hands

We all think we know how to wash our hands but many of us don't do it properly, simply rinsing the tips of fingertips under cold water does NOT count.

Here are some reminders:



- Always use warm water. It's better to wet hands before applying soap as this prevents irritation.
- Rub hands together vigorously for about 15 seconds, making sure both sides of the hands are washed thoroughly, around the thumbs, between each finger and around and under the nails.
- Then, rinse with clean water.
- Germs spread more easily if hands are wet so dry them thoroughly. Use a clean dry towel, paper towel or air dryer; it doesn't matter which.

### Did You Know?

1,000 times as many germs spread from damp hands than dry hands.

### Other Personal Hygiene Tips

- If you are ill, especially with any gastrointestinal problems, avoid handling foods for others. Don't sneeze or cough near foods.
- Cover all cuts, burns and sores and change dressings regularly – pay extra attention to any open wounds on hands and arms.
- Avoid working in the kitchen in soiled clothing – when cooking, use a clean apron but don't use it to wipe your hands on.
- If you are preparing lots of food – for a family meal perhaps – take off your watch, rings and bracelets as well as washing your hands and wrists before you start.

### Did You Know?

If you wear a ring there could be as many germs under it as there are people in Europe. Millions of germs can also hide under watches and bracelets.

### Did you know?

A 1mm hair follicle can harbour 50,000 germs.

### Personal hygiene — taking care of your body

Keeping your body clean is an important part of keeping you healthy and helping you to feel good about yourself.

Caring about the way you look is important to your self-esteem (what you think about yourself). This topic gives you some ideas on looking your best. **By the way**, you don't need to wear the latest designer clothing to look good. There are other things you can do which are much more important for your "image".

## Smelling clean

Have you ever walked into a classroom full of kids when all the windows are closed?

**PhWew!!**



According to the experts young kids may sweat but they don't start having body odour (BO) until they reach puberty. That's when special sweat glands under the arms and around the genitals roar into full production pouring out sweat, which smells!

OK, so what is the smell that is coming from the little kids?

## Clothes

Even if you do not sweat heavily, clothes can get stained, dirty and generally grubby, so you need to change them often.

Underclothes are right next to your skin and collect dead skin cells, sweat and possibly other unmentionable stains. Overnight bacteria start to work on these stains so your clothes do not smell as nice on the second day of wearing.

Stay away from cigarette smoke, as the smell will get into your clothes and hair.

clothes should be taken off as soon as you get home or your room and hung up to air before you wear them again the next day.

Ask your family not to smoke in the house or the car. Besides being unhealthy for them and you, the smoke clings to your clothes and makes them smelly. Of course, you wouldn't smoke either, would you?

## Change underclothes often.

Women should change pants daily. These can be washed and dried overnight and be ready to reuse the following day.

## Shoes

You spend a lot of time on your feet and your shoes are very close to the place where the largest collection of sweat glands lives — your feet! Sweat gets into your shoes and then bacteria, which love the moist leather or fabric so much, that they tell all their friends to come round and party!

If you have one pair of shoes then try to get them off as soon as you get home so that they can air and dry out overnight.

If you have more than one pair then use them on alternate days to give them a better chance of drying out.

## Feet

**Wash your feet well at least once a day.**

Dry them carefully, especially between the toes where more bacteria collect than anywhere else does on your skin.

You may want to use special innersoles in your shoes, which can be taken out and washed, making the shoes smell less.

You may want to use foot powder on your feet and inside your shoes. This can help too

If you go swimming a lot or use public showers, you need to be particularly careful to wash your feet and dry them well. It is a good idea to wear thongs on your feet too. Lots of other people walk in bare feet in these places and you can easily pick up fungal infections or other problems for your feet, such as warts!

## Using 'smell nice' products

Start using a deodorant or anti-perspirant under your armpits. Beware that some people have problems with perfumes, which can be a trigger for asthma or hay fever, so don't spray them around in the washroom or change-room.

**Remember:** nothing smells better than clean skin. Perfumes are not a good substitute for a shower or wash.

## Hair

The hair follicles [which the hair grows from] produce oil, which keeps the hair smooth. You also have sweat glands in your scalp, and dead skin cells come off the scalp. The oil, sweat and dead cells all add together and can make the hair greasy and look dirty unless you wash it regularly

### To keep your hair clean:

- wash regularly with shampoo (cheap ones are often as good as very expensive ones).
- Massage your scalp well. This will remove dead skin cells, excess oil and dirt.
- Rinse well with clear water.

- Conditioner is helpful if you have longer hair as it makes the hair smoother and easier to comb, but hair doesn't need to have conditioner
- Use a wide toothed comb for wet hair, as it is easier to pull through.



## Teeth

You should brush your teeth twice a day — after breakfast and before you go to bed.

During the day, fill your mouth with water and swish it around to get rid of anything sticking to your teeth.

### Point to note

“With a clean body, clean hair, clean clothes and shoes, you will feel good and your friends will be happy to be near you. Don't forget to clean your teeth too.”

## Session 2

### INFECTION CONTROL

The fear of contracting HIV when looking after the person living with HIV/AIDS should not prevent us from giving him/her total care he/she needs. The risk of contracting HIV when looking after a person living with HIV is very slim if the carers follow basic rules to avoid accidental exposure to body fluids.

#### PRECAUTIONS TO PREVENT HIV AND OTHER INFECTIONS

##### HIV IS TRANSMITTED

- 1) **FROM AN INFECTED MOTHER TO HER CHILD DURING PREGNANCY, BIRTH AND BREAST-FEEDING.** One does not need to have had sex to have HIV infection
- 2) **SEXUALLY.** If one is sexually active, they are at risk of acquiring HIV
- 3) **NEEDLE PRICKS, RAZORS, TRANSFUSIONS**

##### INFECTIOUS FLUIDS INCLUDE THE FOLLOWING

- Blood (including menstrual blood).
- Semen.
- Vaginal secretions (including menstrual discharge).
- Body tissue (or wound secretions).
- Any body fluids containing visible blood, semen, vaginal fluid, or any of the fluids mentioned above.

HIV concentration is low in the following body fluids. However carers should always use their common sense when deciding on how to handle these body fluids.

- Faeces.
- Urine.
- Vomit.
- Nasal secretions.
  - Saliva (spit).
  - Sputum (lung mucus)
  - Sweat.
  - Tears.

### **Universal Blood and Body Fluid Precautions**

Since blood and other fluids are capable of transmitting HIV, Hepatitis B Virus and other infectious agents, you should treat all blood and body fluids as if they are infectious. This approach, termed “universal precautions” should be used in the care of all patients.

### **There are Three Major Components of Universal Precautions**

- Barrier precautions
- Hand washing
- Sharps precautions

### **Barrier Precautions**

Gloves and other attire: Health care workers should wear impervious gloves when e.g.:

- Direct contact with blood is anticipated.
- Examining “broken” skin.
- The caregiver has cuts, lesions, chapped hands etc.
- Working with contaminated instruments.
- Inserting intravenous cannula.

Some of the protective attire includes use of the following:

- Masks and protective eye wear.
- Gowns and aprons
- Caps

## **Hand Washing**

Is part of:

- Good personal hygiene
- Good food hygiene

Wash hands and other parts of the body as soon as possible when contaminated with blood or body fluids.

Use of gloves does not stop hand-washing

## **Infection Control in the Care of HIV Positive Client**

1. Adhering to basic hygienic principles as above.
2. Avoid re-infecting the HIV positive client.

## Session 3

### NUTRITION/FOOD HYGIENE

#### 3.1 Nutrition

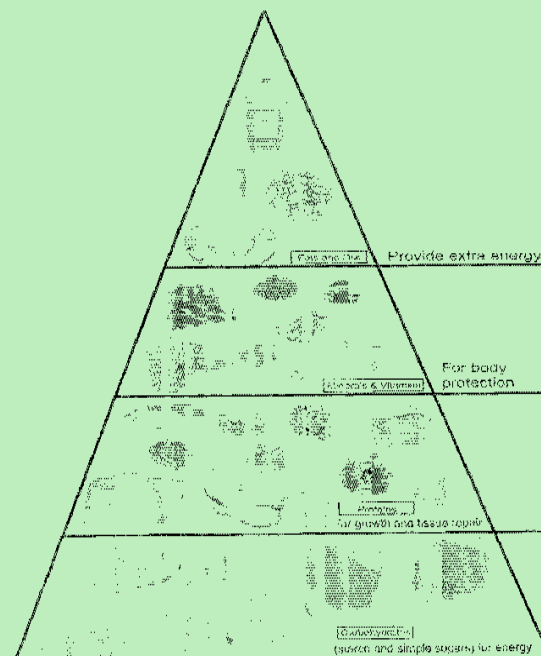
##### Healthy eating

Healthy eating is the intake of food in sufficient quantities that are essential for the daily needs of an individual person's body function, growth, development and maintenance of the immune system. This usually varies with age, activities undertaken, and the general health of the person.

Malnutrition is endemic in most developing countries therefore nutrition care is paramount for every individual. Nutrition (health, adequate and balanced diet) should be one of the critical goals for maintaining a positive healthy life style.

No single food contains all the nutrients that the body needs. A balanced diet is one that provides the right foods in the right amounts and combinations, and also frees from harmful substances.

##### Components of a balanced diet





## Facts

Over and above the known food pyramid the following is recommended for a balanced diet:

### 1. Carbohydrates – Energy giving foods

Should form the larger part of the meal. Starches supply energy and some protein. Whole grain starchy foods are recommended because they contain more vitamins and minerals. Eat starchy foods with every meal.

#### Examples of carbohydrate containing foods

Grains must be whole, even if ground for sadza or porridge. For example, sorghum (mapfunde), millet (rapoko, zviyo, mhunga), whole ground maize (mugaiwa) whole-wheat bread made from whole wheat flour, brown (unpolished) rice (mupunga), barley, oat porridge, or Malta Bella.

### 2. Proteins– For growth and tissue repair

#### Examples of protein containing foods

All kinds of dry beans, lentils, peas, nuts, peanut butter (dovi), chickpeas, nyemba, nyimo and soya (soya mince). Madora (mopani worms), ishwa, flying ants and locust are also good. All kinds of meat, fish and milk are important sources of proteins.

### 3. Vitamins and minerals (Body protective foods)

These are mostly found in vegetables and fruits. Eat lots everyday.

#### Examples of vitamins and mineral containing foods are:

Yellow pumpkin, butternut, carrots, and sweet potato. White onions, leeks, cabbage, and cauliflower. Green spinach, rape, broccoli, derere, muboora (pumpkin leaves) and anything dark green e.g. musanha (field greens), mowa, munyevhe.

Eat almost all vegetables raw as salad or cooked lightly with a little water. Keep cooking water to use as stock or soup most goodness and vitamins are thrown away with the water. Mushrooms are good raw or cooked. Potatoes *are nice occasionally* cook them with the skins on.

Vitamins and minerals are also found in fruits such as citrus fruits e.g. oranges and wild fruits e.g. matamba, nhunguru etc. Eat fruits when fresh.

#### 4. **Fats and oils (Provides extra energy)**

These are found as animal and vegetable fats.

Examples of oil containing foods:

Peanuts, sunflower seeds, cod oil from fish and lard from animal meat etc.

#### 5. **Water**

It is essential for optimal body functions. Drink safe water frequently at least three litres per day. Fluids such as mahewu, milk and fruit juices can be taken but avoid alcoholic drinks.

#### 6. **Roughage**

Facilitates digestion and prevents constipation. Obtained from fruits, vegetables and whole grain cereals.

### 3.2 FOOD HYGIENE

It includes food handling, preparation, serving as well as food preservation.

It is important because a large number of infections and other conditions are due to ingestion of contaminated poisonous or infected food.

#### **General Guidelines**

- Always wash your hands with soap before and after touching food.
- Use clean utensils to prepare, serve and store food
- Keep hot foods hot and cold foods cold. It is not recommended to eat cooked foods after 24 hours.
- Don't eat food after the "best before date" has expired.
- Animal products like meat, fish should be well cooked because cooking destroys harmful bacteria.
- Vegetables and fruits should be thoroughly washed in clean water before cooking or eating raw.
- Store food covered or in a fly-proof cupboard

**N.B.** Food hygiene practice promotes healthy living.

## ***PART 4***

### **HIV AND AIDS**

## **Session 1**

### **THE HIV EPIDEMIC**

This session provides participants with a brief historical review of HIV/AIDS.

#### **What is an epidemic?**

According to the Oxford Dictionary of Current English, (1998) an epidemic is a widespread occurrence of a disease in a community at a particular time e.g. HIV and AIDS.

#### **History and Prevalence of the HIV/AIDS epidemic**

- 1981: AIDS was first identified among homosexual men and intravenous drug users in the United States in New York and California. Shortly after its detection in the United States, evidence of AIDS epidemics grew among heterosexual men, women and children in sub Saharan Africa. AIDS quickly developed into a world wide epidemic.
- 1983-1985: Cases of children with HIV infection were first observed in clinical services in the East African region.
- 1984: HIV was clearly demonstrated to be the causative agent of AIDS.
- Mid 1980's: Studies started in East Africa to study Mother To Child Transmission (MTCT) and natural history of infected children.
- The first AIDS case was identified in Zimbabwe in 1985 and AIDS surveillance began in 1987.

## Adults and children estimated to be living with HIV/AIDS, end of 2006 world wide

At the end of 2007, 33 million people (adults and children) globally were estimated to be living with HIV/AIDS.

- Growth of the pandemic is worldwide, especially in resource limited countries.
- Zimbabwe has not been spared this problem.
- Many children are infected.
- Most infections occur among young and middle aged adults, 50% among young adults 15-24 years old and 50% worldwide are women.

New HIV Infections World wide (Global, 2007)

- More than 95% are in low and middle income countries
- Almost 0.37 million are in children under 15 years of age
- About 2.7 million are in persons aged above 15 years, of whom:
  - almost 15.5 million are women
  - about 2.0 million are 15–24 year olds

## Zimbabwe National HIV/AIDS estimates, 2007

### Background

- The Ministry Of Health and Child Welfare (MOHCW) led the National HIV and AIDS Estimates process to describe the impact of the HIV and AIDS epidemic on the country in 2007
- The 2007 national HIV and AIDS estimates were generated using the Epidemic Projection Package (EPP). EPP is a computer software package used internationally to generate statistics.
- Data from HIV surveillance at sentinel (selected) antenatal clinics (ANC) and other population-based surveys were used to accurately describe the HIV and AIDS epidemic in Zimbabwe.

In 2005, Zimbabwe reported a decline in the estimated National HIV and AIDS prevalence. This was the first decline in prevalence noted in the country's generalized HIV epidemic. The estimated prevalence of 20.1% in 2005 was supported by the point prevalence of 18.1% measured by the Zimbabwe Demographic Health survey Plus (ZDHS+).

This decline began in the late 1990s and is a result from a combination of mortality and decreases in HIV incidence through adoption of protective behaviour changes promoted by various HIV prevention programs.

### **National HIV Prevalence**

- The National HIV and AIDS Estimates Working group estimated HIV and AIDS to be 15.6% for adults aged 15 to 49 years in 2007.
- An estimated 1,320,739 (1,252,299-1,384,440) Zimbabweans of all ages were living with HIV and AIDS at the end of 2007.
- The estimates reporting on the impact of HIV and AIDS reflect the provision of ART to approximately 40% of children in need of ART and PMTCT services to approximately 30-40% of HIV-positive mothers.

The estimated number of annual AIDS deaths in adults (age 15-49 years) increased from 44% in 1981 to a peak of 132,786 in 2004. The estimated number of deaths in 2007 was 115,114, approximately 2,214 deaths per week.

## Session 2

### BASIC FACTS ON HIV AND AIDS

#### What is HIV?

HIV is the shortened form for Human Immunodeficiency Virus.

**Human** – pertaining to human beings

**Immune-deficiency** – when one's natural ability to protect oneself from illness does not function well.

**Virus** – disease-causing organism.

It is the virus that infects the blood and impairs the immune system's ability to fight diseases. It mostly infects the white blood cells (soldiers) of the body's immune system. These cells are known as T-cells or CD4 cells. Once inside the T cell or CD4 cell, HIV starts producing millions of viruses that eventually kill the cell and then go out to infect other cells. An infected person's body will try to fight the infection. It will make "antibodies", that are supposed to fight HIV. When one gets a blood test for HIV, the test looks for these antibodies. It is possible for a person to have the virus for months or years before any signs of illness appear. People with HIV look just like anyone else in a community.

People can carry the HIV virus for many years without knowing that they have it. They can look and feel entirely healthy before they develop any signs of AIDS. HIV is the first stage of infection and AIDS the second stage, by which time the body's natural protection is low due to the loss of the white blood cells that have been destroyed by HIV.

On average, about half the people with HIV around the world still show no signs of AIDS after 10 years. So, even though someone is infected, provided they avoid other infections, they can still live full, healthy, and productive lives.

Most of us do not know whether we are infected with HIV or not. Thus it should be our responsibility to protect others and ourselves from the virus. It is not only the responsibility of those who know they are HIV-positive. Those who are HIV negative should strive to remain negative.

HIV/AIDS affects people of all races and colours, and people of different ages, from children and youths to adults.

### Types of HIV

There are two types; HIV-1, which is the primary cause of AIDS world wide and Sub-Saharan Africa. HIV-2, found mostly in West Africa.

### What is AIDS?

AIDS is the shortened form for Acquired Immune Deficiency Syndrome.

- **Acquired** – transmitted from one person to another.
- **Immune** – when the body can defend itself against disease
- **Deficiency** – when there is not enough function of the immune system or it is not working properly
- **Syndrome** – a group of signs and symptoms

AIDS is a condition caused when the HIV virus has destroyed most of the CD4 cells in the body, leaving the body unprotected from any viruses. It is the disease that makes people with HIV loose their ability to fight germs/infections. As a result, people with AIDS develop serious infections and cancers. These are called “opportunistic infections (OIs)” because they take advantage of the body’s weakened defenses. These illnesses make them very sick and can eventually kill them.

## TRANSMISSION

### How does someone get HIV?

HIV can be contracted only in very specific ways. First a person must be in direct contact with one of four main body fluids that transmit HIV.

#### Fluids that do transmit HIV:

Blood  
Semen  
Vaginal fluids  
Breast milk

In order to get infected, these fluids need a portal of entry or a door into one's body. A portal of entry is the way that HIV enters the body. This is either through a cut, sore, or opening in the skin or through the soft tissue called "mucous membrane" located in the vagina, the tip of the penis, the anus, the mouth, the eyes, or the nose.

### **Activities that can transmit HIV**

- Unprotected sex
- Sharp instruments
  - Occupational hazards and intravenous drug users sharing used needles and syringes.
  - Use of unsterilized instruments in some traditional practices such as circumcision, tattooing, manicure, and using unsterilized clippers in barbing saloons.
- Mother to child transmission — During pregnancy, childbirth and breast feeding from an infected mother
- Blood transfusion and organ donation - It is also possible to become infected with HIV although this is now very rare because of the screening process
- Infected body fluids to open wounds especially to those caregivers/children looking after the sick.

### **Activities that cannot transmit HIV**

#### **People do not get infected with HIV through:**

- Everyday casual contact with people at school, university, work, home, or anywhere else
- Contact with sweat, tears, saliva, or a casual kiss from an infected person (deep, or "French" kissing is not advised).
- Contact with forks, cups, clothes, phones, toilet seats, or other things used by someone who is infected.
- Eating food prepared by an HIV-infected person.
- Insect bites.
- Correct and consistent use of a condom during sex

### **What is an Immune system?**

The immune system is our body's way of fighting disease.

The human body is made out of millions of different cells. Each body cell often makes new cell parts, in order to stay alive and to reproduce.



### How does it work?

- Each of us has a shield that protects us from getting sick. We call this our body defense, or immunity. It helps us to fight diseases.
- We can imagine that our big shield, or body defense, is made up of metal, which keeps our shield together and strong. These pieces of metal that form the shield are known as CD4 cells.
- We keep our shield strong by taking care of our health (i. e., good nutrition, how we manage stress, fitness, etc.) A Wealthy diet strengthens the immune system. It is therefore important for everyone to have a balanced diet.
- Of course, our shield cannot prevent all illnesses. Some sickness arrows can pass. This happens more easily when we are tired, fighting other illnesses, etc. Then we get sick.
- Even if we do not have the HIV virus, there are times when the body can have low immunity e.g. during pregnancy.
- But our shield always helps to minimize the impact of illnesses in our body.
- When we visit a medical doctor, the medication we get is a support to the natural protection system. The vaccines that are given to children are common immune boosters.
- It keeps us healthy by recognizing and destroying the germs.
- Germs forever attack our bodies.
- It is very complex and has more parts than we can discuss.
- Understanding some basic facts about the immune system, however, can help us learn both how to prevent disease and how to help slow down disease progression if we are already infected.

### RELATIONSHIP BETWEEN HIV AND AIDS

The progression of HIV to AIDS refers to the time from HIV infection to the time when People Living With HIV and AIDS (PLWHA) develop AIDS. This depends on individual circumstances and environment and is never the same in every person. The progression of HIV to AIDS consists of six major phases:

#### 1. HIV Infection:

This is from the period of time when HIV first enters the body.

#### 2. Window Period:

It is the time between HIV infection and the appearance of HIV antibodies in the blood.

### 3. Seroconversion:

HIV antibodies are present and the HIV test converts from negative to positive.

### 4. Asymptomatic Stage

During this time the immune system responds to the infection and the person looks and feels well. This period may last 10 years or more in adults or children. Usually much shorter in children below the age of 2 years.

### 5. HIV related illness

This is the period when the amount of the virus increases and the CD4 cells (soldiers) decrease and then some opportunistic infections start appearing.

### 6. AIDS

A person with AIDS has frequent illnesses, which may be severe, and life threatening.

### Is there a cure for AIDS?

Currently, there is no cure for AIDS. There are drugs that can slow down the HIV replication, and slow down the damage to one's immune system. But there is currently no way to get all the HIV out of one's body.


There are other drugs that one can take to prevent or treat opportunistic infections (OIs). In most cases, these drugs work very well. The newer, stronger anti-HIV (antiretroviral) drugs have also helped reduce the rates of most OIs. A few OIs, however, are still very difficult to treat.


## HIV MULTIPLICATION


### Infection of a Cell and Viral Multiplication


Although HIV infects a variety of cells, its main target is the T-lymphocyte (**CD4**), a **kind of white blood cell** that is responsible for warning your immune system that there are invaders (diseases) in the body.

**Once HIV binds to a cell structure, it hides its material inside the cell: this turns the cell into a sort of HIV factory.**

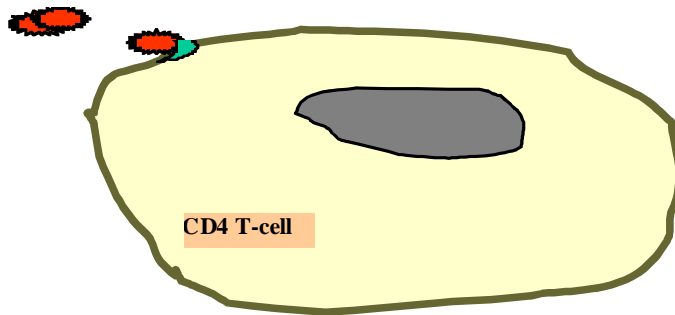
 = HIV

 = HIV that has changed

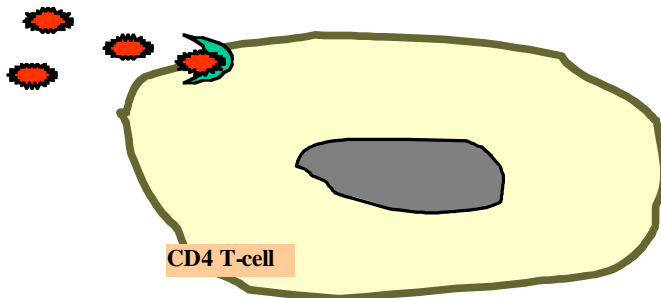
 = Gate of entry for HIV in the CD4 cell

 = Part of new HIV

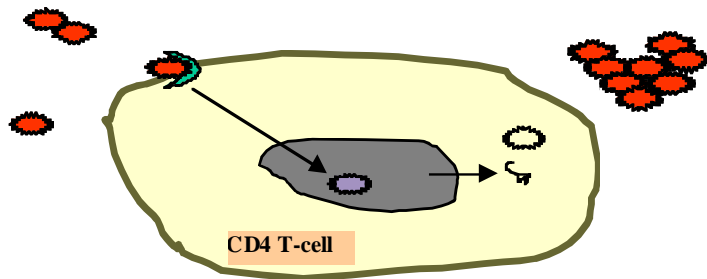
 = Centre of the CD4 cell



HIV is entering the CD4 cell.

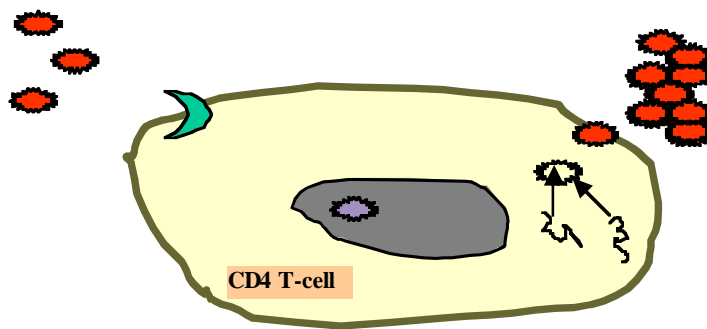


Now, HIV wants to enter the centre of the cell. To do this, it needs to make some important changes in the way it looks, in order not to be 'recognized' by the cell. HIV has a special substance to make.



HIV is present in the centre of the cell, in a different shape.

Now, the centre of the cell starts to make new parts of HIV instead of making new parts for the body's defence.



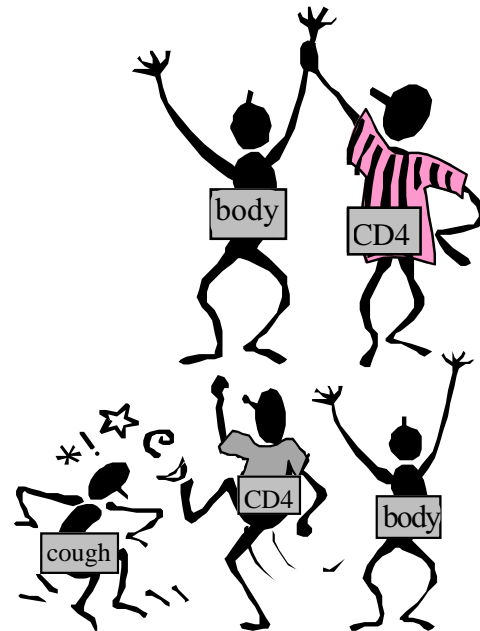
Before leaving the cell, the new parts of HIV need to be put together, just like parts of a car need to be put together in the factory before they can leave the factory to be sold. HIV has a special substance that helps to put the different parts together to form a new HIV before it leaves the cell.

HIV attacks many CD4 cells. The infected CD4 cells will first produce many new copies of the virus, and then die. The new copies of HIV will then attack again other CD4 cells, which will also produce new copies of HIV and then die. This goes on and on: more and more CD4 cells are destroyed, and more and more new copies of HIV are made and new CD4 cells get infected.

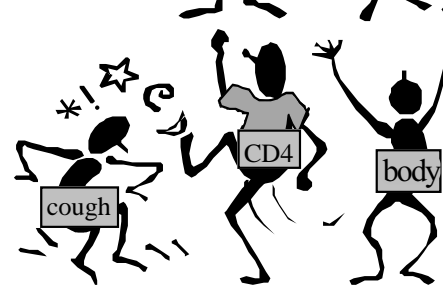
(Source: Participant Manual for the WHO Basic ART Clinic Training Course; INTERGRATED MANAGEMENT OF ADOLESCENT AND ADULT ILLNESS)

## HOW HIV ATTACKS OUR HEALTH

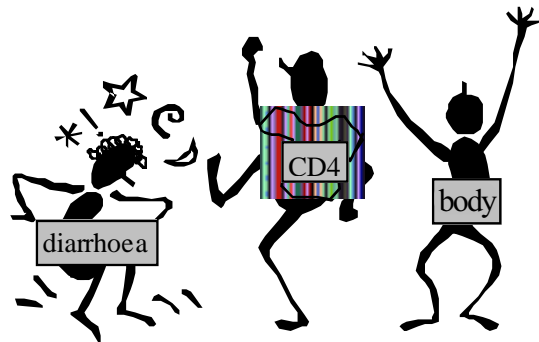
1. The CD4 cell is a kind of white blood cell. The CD4 is the friend of our body.



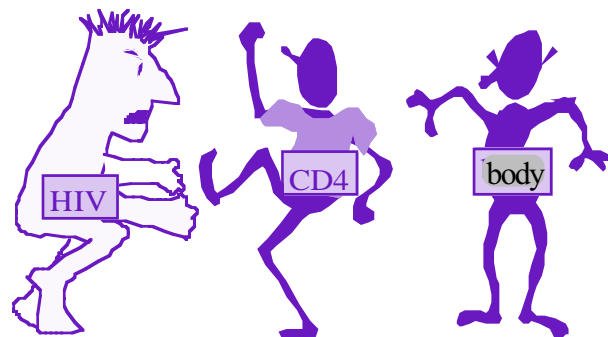
2. Problems like cough try to attack our body, but the CD4 fights them to defend the body, his friend.



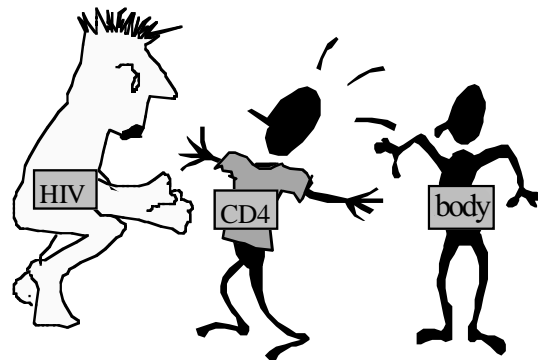
3. Problems like diarrhoea try to attack our body, but the CD4 fights them to defend the body.



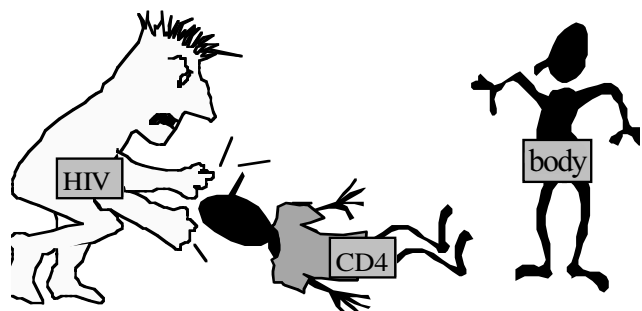
4. Now, HIV enters and starts to attack the CD4.



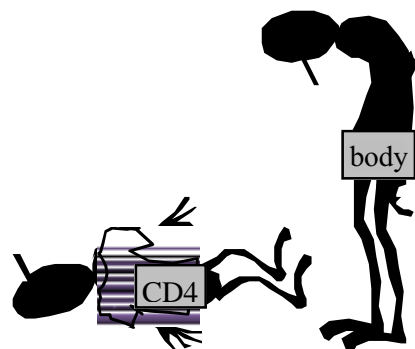
5. The CD4 notices he cannot defend himself against HIV!



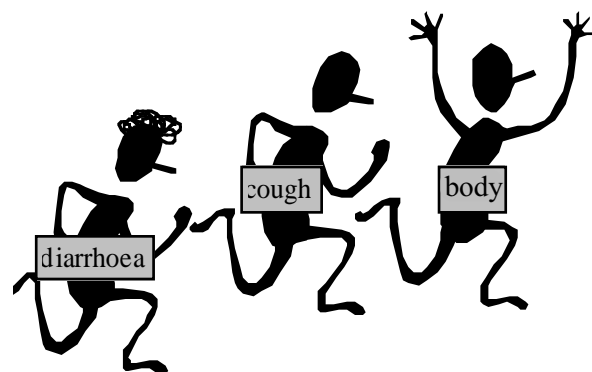
6. Soon, CD4 loses its force against HIV.



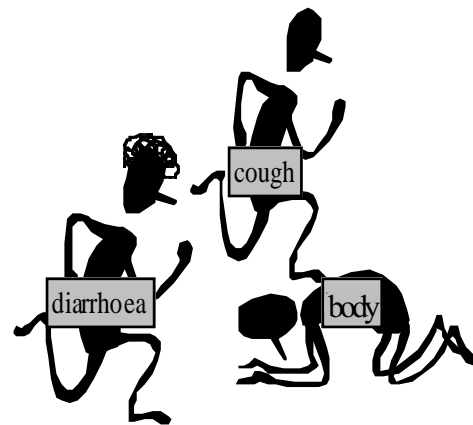
7. CD4 loses the fight. The body remains without defence.



8. Now, the body is all alone, without defence. All kinds of problems, like cough and diarrhoea take advantage and start to attack the body.



9. In the end, the body is so weak that all diseases can attack without difficulty.



Self evaluation exercise (to add more questions)

- What is an *antibody*?
- What is the difference between HIV and AIDS?
- What is a CD4 cell?
- List the fluids that can transmit HIV?
- State stages of HIV disease progression?

## 2.5 HIV PREVENTION

### Overview

In this session participants learn the importance of universal precautions. Since it is impossible to determine who might be HIV positive, it is important that people protect themselves against HIV at all times. The session also addresses the concept that there are simple and effective ways for everyone to prevent.

### 2.5.1 Primary prevention methods

#### *How can one prevent HIV infection?*

The best way to avoid getting HIV is to avoid activities that would allow the virus to be passed to an individual. By following these suggestions, one will lower his/her risk of getting HIV:

- A Abstinence — Do not have sex. Not having sex is the only sure way not to get HIV.
- B Be faithful to one uninfected partner
- C Correct and consistent use of condoms - using a latex male condom or a female condom can greatly lower the chances of transmitting HIV through sex.
- D Delay early sexual activity
- E Early treatment of STI. If one has an STI, he/she should get treated immediately.  
Having an STI increases your risk of getting infected with HIV.
- F Free and frank discussion with one's sexual partner
- G Get real and know one's HIV status

Remember, The formula for living responsibly is:

**RESPECT + HONESTY = LOVE**

### Other methods

- Church to educate on HIV/AIDS issues and moral behaviour
- Schools/Universities to educate students on HIV/AIDS issues
- VCT
- Infection control in the home when caring for the sick.
- Desist from all forms of risky behaviours, alcohol and drug abuse

**Do not share needles to inject anything.** You can totally protect yourself from getting HIV from needles and syringes by not shooting drugs or sharing needles for any reason. If one cannot stop shooting drugs, take these steps to lower the chances of getting HIV:

- Do not share sharp objects. Always use new, clean needles razor blades and syringes.
- Do not use other drugs, like alcohol, marijuana, crystal meth, ecstasy,



cocaine, or crack. These drugs can prevent you from making good choices about sex and about using new clean needles and works. If you are drunk or high, you may not protect yourself and others from HIV.

- It is important to ensure that when looking after the sick, one takes extra care and uses protective material.
- Avoid direct contact with any blood or body fluids spills.
- Protect hands with gloves or plastic bags and dispose waste contaminated with body fluids by burning, burying or placing in a bin.
- Whilst wearing protection such as gloves, wash clothes or linen contaminated with body fluids separately with boiling water and soap or using disinfectants such as sodium hypochlorite (jik).

**Risk of HIV infection through nonsexual spread is low but it is very important to be careful.**

### Types of Condoms

- Male
- Female

### Condom Use

Since HIV is usually transmitted through sex, whether homosexual or heterosexual with the infected, not having sex is a good way to prevent HIV transmission. If someone has sex, latex condoms are a good barrier to protect one from coming in contact with the infectious body fluids, STIs and unwanted pregnancy.

Condoms are not 100 percent effective, usually because they are not used consistently or correctly. But in studies done with couples where one partner is infected and the other is not, and where partners used the condom consistently and correctly, the other partner did not get infected.

**Condoms should be put on at the beginning of intercourse, not just before ejaculation.**

### Important steps to stop a condom from breaking:

1. Check the expiry date.
2. Check that the condom has not been left too long in the sun by making sure there is an air pocket in the wrapper.

3. Open the condom carefully using the indicators marked on the package.
4. Do not use sharp instruments to open such as razors, scissors or even teeth.

**N.B Do not use expired condoms and those without an air pockets inside**

#### **How to put on the male condom**

1. Follow the above steps
2. Find out which way the condom rolls out.
3. Pinch the tip of the condom to prevent air being trapped.
4. To increase sensation for the man, add a drop of *water based* lubricant (not any oil product) inside the unrolled condom as you are pinching it.
5. Roll the condom gently down to the base of the erect penis.
6. Withdraw before the erection is completely gone and remove the condom carefully, tying it off so that the fluid does not spill.

#### **How do you use the female condom correctly?**

1. Wash hands, check intactness of the packet.
2. Check expiry date on condom packet.
3. Tear packet along the edge indicated to remove the condom.
4. Gently rub the condom sides together to spread the lubrication inside.
5. Decide on a comfortable position to insert the condom:
  - In squatting position or upright with one foot on the chair/bed.
  - Lying on your back with your knees up.
6. With the open end hanging down, twist the inner ring holding it with the thumb, index and other fingers, to make a smaller pointed end for easy insertion.
7. Locate the opening of the vagina and separate the outer lips.
8. Push the inner ring high in the vagina using the index finger from outside the condom.
9. Position the outer ring to cover the external genitalia
10. Support the outer ring during entry to prevent the condom from slipping inside the vagina.
11. To remove the condom, twist the outer ring to keep the semen inside and pull out gently.
12. Wrap the used condom in a paper and throw in a bin, Blair toilet, pit latrine or burn it.

## EXERCISE

1. Have you ever seen condoms. What do you think about them? What is your feeling about them: dislike, fears, incorrect information and discomfort?
2. Role-play the Scenario: *A young girl is being pressured to have sex by an older man who will buy her a gift. The girl is refusing to have sex with him.*

Discuss whether the role-play was realistic. Did the outcomes protect the partners from infection or not?

## Prevention of Mother to Child Transmission (PMTCT)

### *What is PMTCT?*

Mother to child transmission of HIV refers to babies/infants getting HIV infection from their mothers. Transmission of HIV from mother to child can take place during pregnancy, labour and delivery, or after birth through breastfeeding. Not every child born to an HIV-positive mother will get infected. Steps can be taken to reduce the likelihood of HIV transmission from mother to babies.

### *One can prevent mother to child transmission by:*

- Giving birth by elective Caesarian section before labour and before rupture of membranes, approximately halves the risk of MTCT.
- Medications, ( Antiretroviral ) ARVs given before and under delivery to mother and child can reduce the risk of the baby to get HIV from the mother.
- Several ARVs are available to reduce the transmission.
- If mother is taking ARVs and the baby gets ARVs soon after delivery, the risk of MTCT halves, that means reduces from approximately 30-35% to 15%.
- **Safe Infant feeding options:** Since HIV is transmitted through breastfeeding, mothers may decide to use formula milk instead of breastfeeding their baby. If the mother is breast-feeding, she should only do breast-feeding and avoid mixed feeding.
- **Prevent unintended pregnancies among HIV- infected women.** If family planning services are not available at your clinic, refer the client so that she properly receives support and services to prevent unintended pregnancies. If only one partner is positive, advise on how important it is to use **condoms** to prevent passing infection to the other partner.

- **For all people:** Remember that becoming infected with HIV during pregnancy and breast-feeding poses an increased threat of mother- to- child transmission. HIV prevention efforts must address pregnant and lactating women, especially in high prevalence areas.

## Discordant couples

### What is a discordant couple?

It is a relationship in which one sexual partner is tested HIV positive and the other one is HIV negative.

How can we explain this? There are several possibilities:

1. It is possible that one of the partners is in the so called “window period that means, the person is actually infected with HIV, but the HIV test is not sensitive enough to detect this now, but if the HIV test is repeated after a certain time (1-3 months) it will come out positive.
2. While one partner is infected, the other is not infected with HIV

The risk of transmitting HIV from one partner to the other during sex is dependent on

- How often they have sexual intercourse, since the risk is increasing the more often the partners have sex.
- Is higher if one or both partners have an STI
- Is higher if they have dry sex, anal sex or sex during menstruation of the wife
- Is higher if the partner who is HIV infected is ill or at a late stage of HIV disease or has AIDS,
- Is higher if both partners have other sexual partners at the same time, who might also be HIV infected

In discordant couples it is important that the couple use condoms consistently, to prevent the uninfected partner from being infected.

## Secondary prevention (prevention in positives)

### What is prevention in positives? (Secondary prevention)

“Prevention in positives” (PiP) refers to prevention services directed toward HIV-infected people and intended to reduce the risk of HIV transmission to others. Sometimes called “secondary prevention” or “prevention with positives,” these activities include education and counseling about risk reduction, access to reproductive health services and condoms, and ongoing support to achieve safer behaviours.

### What are the objectives of prevention in positives?

These prevention services are intended to decrease the risk that HIV-infected individuals will transmit the virus to others.

Preventing sexual transmission via;

- Abstinence and consistent and correct condom use
- Vertical transmission via PMTCT interventions
- Transmission to needle-sharing partners via harm reduction programs

Secondary prevention may take different forms in different communities. Although many HIV-infected individuals make great efforts to avoid infecting their sexual partners, the incidence of HIV continues to rise in many settings, including those in which Antiretroviral treatment is available.

- Assisting HIV-infected people to adapt and/or sustain behaviours that reduce the risk of sexual transmission.
- Similarly, helping injecting drug users to prevent the transmission that occurs when needles are shared has the potential to interrupt the spread of HIV in some settings. The impact of prevention in positives should not be underestimated.
- Empowering a single HIV-negative individual to decrease his or her risk of contracting HIV may prevent one infection.
- Empowering a single HIV-positive individual to avoid transmission of HIV may prevent numerous infections.

**Positive prevention** aims to increase the self-esteem and confidence of HIV positive individuals to protect their own health and avoid passing the infection to others. Most prevention strategies to date have been directed at people who are uninfected

or who do not know their status to prevent them from becoming infected with HIV. Prevention messages that meet the needs and concerns of PLWHA are becoming increasingly important as more people are becoming aware of their status through the increased availability of Antiretroviral Therapy (ART).

#### **Elements of Positive Prevention Include:**

- Universal Precautions - Preventing other infections
- Taking Prophylaxis
- Protection from HIV re-infection
- Disclosing HIV status to partners
- Engaging in safer sex
- Mothers preventing HIV from being passed to their children during pregnancy, child birth or breastfeeding
- Taking ARV medications consistently and properly

#### **How can prevention in positives be supported?**

Prevention in positives requires a different approach to counseling, education, and behavior modification than is used in initiatives aimed at HIV-negative individuals.

Supporting behavior change requires many of the counseling skills, notably empathy, professionalism, and communication techniques such as active listening, and explaining. Discussing sexuality requires an atmosphere of trust and confidentiality, and primary care providers may be extremely effective in this regard. Most HIV-infected patients would like to discuss sexuality and risk reduction with their health care providers. Patients will often wait for providers to initiate such conversations, making it particularly important for clinicians themselves to bring up the subject. Establishing an environment in which patients are “permitted” (and encouraged) to discuss sexuality, and asking about sexual behaviors in the baseline assessment, and at follow up visits, is strongly recommended. Conversations may be short, but they should be ongoing – a single discussion, no matter how effective, is unlikely to have a sustained impact.

Many behavior changes are gradual ones. Experts agree that behavior changes, from smoking cessation to sexual risk reduction, often require knowledge, skills, motivation, resources, and support:

- **Knowledge:** In the case of HIV, you need to know how the virus is transmitted, what the risks are to partners, and how to best minimize these risks.

Understanding the relative effectiveness of strategies such as abstinence and consistent condom use will be important, as will understanding the link between the use of alcohol and drugs and risk behaviors. Framing risk reduction discussions around you by asking what you regard as risky behaviors and what steps you feel you might take to decrease risk is an excellent way to begin.

- **Skills:** Risk reduction skills range from disclosure to how to use condoms correctly.
- **Motivation:** Behavior change is difficult! In order to initiate and sustain new patterns and practices, you must desire change. Exploring the negative consequences of unsafe sex with patients is often an effective way to provide such motivation.
- **Resources:** In addition to ongoing discussions with primary care providers, you often benefit from written or illustrated patient information materials, such as pamphlets and posters. Access to condoms is obviously critical, and many health centers distribute free condoms – both as a way to encourage their use, and as a tool to initiate conversations about risk reduction. Referrals to counseling services, reproductive health services, and community support where available are also often excellent ways to enhance behavior change and risk reduction.
- **Support:** Multiple and varied interventions are often the most successful in producing and sustaining behavior change. Training all providers – including counselors, peer educators, and patient support groups – to support prevention with positives, can enhance the effectiveness of PiP interventions. Support groups can be particularly useful in assisting an individual to adopt and sustain new behavior, and presentations by counselors and/or program staff to patient support groups often trigger conversation, planning, and ongoing interest in the topic.

## POST EXPOSURE PROPHYLAXIS

### What is Post Exposure Prophylaxis? (PEP)

Post Exposure Prophylaxis or PEP refers to methods of preventing HIV infection after being exposed to transmission by blood or fluid from an HIV infected person. You can take a short course of Antiretroviral medicines to try and prevent HIV from entering the cells of your body and increasing in number. Though it is not 100% able to prevent HIV infection, PEP can prevent 80-90% of HIV infection.

The exposure can be classified as high risk or low risk for HIV infection as shown below:

#### **Low risk**

- Solid needle, superficial exposure on intact skin
- Small volume (e.g. drops of blood) on mucous membranes or non-intact skin
- Source patient asymptomatic or Viral load < 1500c/ml

#### **High risk**

- If you have been pricked by a skin piercing object (e.g. Large bore needle, deep injury) which may have been used by an HIV positive person
- If large volumes of HIV infected blood comes into contact with mucous membranes or non-intact skin
- If you have had unprotected sex through rape or other forms of forced sex. Source person symptomatic, high viral load levels.

#### **Why is PEP important?**

- Among certain professions, especially health care workers, there is a risk of being pricked by needles or surgical instruments, which have been used previously on an HIV positive person. PEP offers them health security, even though they are expected to take precautions during their work.
- When someone is forced into penetrative sex, either vaginal or anal, often the perpetrator does not wear a condom. This places the abused at risk of HIV infection. It is important that rape survivors have access to PEP to prevent possible HIV infection.
- When someone gets into contact with another person's blood during an accident, they may be exposed to HIV and would need to get PEP.

#### **Where can PEP be found?**

PEP is usually found at a health center, such as a hospital or clinic. You may contact your doctor or health clinic for more information on where to get PEP in the area where you live.

#### **When should PEP be taken?**

PEP itself is an ARV and should be taken within 72 hours of being exposed to HIV but it is best that it be taken within 24 hours i.e. within hours of exposure.



As soon as you think an incident may have put you at risk of HIV infection, you need to report it to your nearest health center and be directed to where you can access PEP. The sooner PEP is taken the better the chances of preventing possible HIV infection.

### **What is considered before you start PEP?**

Before you are given PEP, the doctor attending to you to make sure that you need to begin PEP may ask you some questions. Some of the questions she/he may ask you include:

- The details of what happened to you
- When it happened
- The possibility that the person who raped you had HIV
- The possibility that the person whose blood you came into contact with had HIV
- Whether the needle or sharp object, which pricked you may have been used on an HIV positive person.
- What your HIV status is. You may be asked if you want to know your HIV status before beginning the PEP.

### **It is a good idea to know your HIV status before beginning PEP.**

*If you are HIV positive and begin PEP and then stop treatment or fail to take all the medicines at the right times, you may develop medicine resistance. If you develop medicine resistance, this means that some of the medicines you take to fight the HIV in your body may no longer work well. This will affect your future treatment options.*

Once the doctor confirms that you need to get PEP, she/he shall tell you:

- What medicines you will need to take.
- How long you will need to take the medicines.
- What possible side effects the medicines may have on you.
- How to find out about any other medicines you are already taking which may interfere with the PEP medicines.

The doctor will also have to make sure that:

- You are willing and able to take the medicines for a whole month.
- You can return for follow-up tests at the end of the month of taking the PEP.

### **Antiretroviral drugs to be used in Post-exposure prophylaxis**

Immediately after exposure all exposed clients should take the recommended drugs as per national treatment guidelines.

### **Post exposure prophylaxis after rape or sexual assault**

It is recommended that the victim be counseled and provided with the drugs recommended for post-occupational exposure prophylaxis. It is important to try and determine the HIV status of the perpetrator. If it is not possible then it may be assumed that the perpetrator is HIV positive and the victim is provided with the PEP treatment.

### **Who is vulnerable?**

#### **High risk behaviour**

High-risk behaviour, unprotected sex with multiple partners, injecting drug use and commercial sex can increase vulnerability to HIV infection. While heterosexual sex between multiple partners has been the driving force behind the epidemic in sub-Saharan Africa, injecting drug use and commercial sex have been the main drivers of epidemics in Asia. Injecting drug users are more susceptible to HIV infection because they sometimes use contaminated needles and syringes which are an efficient mode of transmission. Sex workers face increased risk of infection because they engage in sex with multiple partners, often with no protection. Among the high risk groups are also long distance truck drivers, cross boarder traders and those who work away from their families for long periods, as they are likely to engage in risky behaviour.

#### **Risk and vulnerability of women**

Whereas men were most affected at the beginning of the epidemic, women's rates of new infection now surpass men's, especially in countries where women live in poverty and have relatively low status. In sub-Saharan Africa, Zimbabwe included, women make up to 57 percent of adults living with HIV. The gender gap is especially pronounced among Africans younger than age 25. In sub-Saharan Africa, women ages 15 to 24 are three times more likely to be infected than young men of their age.

#### **What Makes Women Especially Vulnerable to HIV Infection?**

More women than men are becoming infected with HIV in many countries, and women have a greater risk than men of becoming infected with HIV during a single sexual encounter. Women are physically more vulnerable to HIV infection than men. They are also socially and economically more vulnerable to conditions that force people to accept the risk of HIV infection in order to survive. Yet in many places, schools are apprehensive about providing sex education or discussions of

sexuality because of cultural demands to protect young women from sexual experience. Thus, women often lack the skills needed to communicate their concerns with their sexual partners or to practice behaviours that reduce their risk of infection. In addition, women are often subject to systematic interpersonal and institutional inequalities; important methods of HIV/STI prevention, such as condoms, are controlled by men. Gender-specific education can help women address such structural and interpersonal inequalities.

### **Gender Specificity**

Worldwide, rates of HIV infection are increasing among women. Women are at greater risk for biological reasons, and because of social roles, or cultural practices.

#### **Possible Biological Risk Factors:**

- Women receive greater quantities of possibly infected fluids during a sexual encounter.
- Women have a surface area of mucous membrane (portal of entry) that is greater in size than that of men.
- If a woman has been circumcised or uses natural substances to dry out her vagina, the smaller or drier area may rupture more easily during sex.
- Because the vagina is an internal organ, women are less likely to know that they have sores from STDs, which could facilitate HIV transmission.

#### **Possible Cultural or Social Risk Factors:**

- Taboos related to speaking about sex
- Gender roles that do not permit women to participate in sexual or reproductive decisions
- Girls initiation rites that could include female circumcision or young girls' sexual initiation by an older male relative
- Men's preference for dry sex, which can encourage women to put drying agents in the vagina that can cause tearing
- Marriage rites that give women a property value or imply male ownership of their wives
- Extreme poverty that encourages the exchange of sex for money, school fees, or food
- Common myths, such as believing that a man can be cured of AIDS by sleeping with a virgin or that condoms either do not work or are actually contaminated with the virus
- Lack of female controlled prevention methods such as female condoms

### **Girls vulnerability to HIV/AIDS**

Young girls are at greater risk of infection because of their social vulnerability both before and during marriage. Most infections in young women are a result of unprotected sex and reflect a power imbalance that limits women's ability to negotiate or control sexual interactions, especially with older men. Additionally, young girls face heightened biological risks because their reproductive tracts are not yet fully developed and the cells in the vagina are more likely to receive the virus, because tearing may cause bleeding which increases the risk of infection.

### **Orphans and vulnerable children**

The rising rates of HIV infection in women in sub-Saharan Africa expose children to increased HIV risk even before they are born. In the absence of preventive measures, approximately one-third of children born to HIV-positive mothers will contract HIV.

According to Zimbabwe National HIV/AIDS estimates 2007, at the end of 2007 there was an estimated 975,956 (904,307-1,047,462) living HIV/AIDS orphans (age 0 to 14 years), 77.1% of all orphans. UNAIDS estimated that 2.3 million children were living with HIV at the end of 2005. Many HIV-infected children bear a double impact not only are they living with the disease themselves, but they have also lost one or both parents to AIDS. In Zimbabwe, during 2007, 58.5% of the estimated adult AIDS deaths were in women. The estimated numbers of AIDS deaths in adults (115,114) was greater than the estimated numbers of new HIV infections in adults (22,518) in 2007. An estimated 2,214 adults and 240 children died of AIDS per week. (Zimbabwe National HIV/AIDS estimates 2007)

# Session 3

## TESTING AND COUNSELLING

**There are two options: VCT and PITC**

### What is VCT?

Voluntary HIV Counselling and Testing (VCT), is the process by which an individual undergoes counseling enabling him/her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he/she must be assured that the process will be confidential. Services are available at all VCT centers and health center facilities including the University of Zimbabwe.

### What is PITC

Provider Initiated HIV testing and Counselling refers to HIV testing and Counselling offered by health care providers to all persons attending health care facilities as a standard component of medical care. This enables specific clinical decisions to be made and specific medical services to be offered. It is the gateway to prevention, treatment, care and support for people living with HIV&AIDS.

### Provider Initiated Testing and Counselling (PITC)

1. The provider-initiated approach requires health care providers to routinely offer an HIV test, especially in the following setting:
  - (a) Student Health Services Centre, University of Zimbabwe
  - (b) New Start Centres
  - (c) Antenatal clinics
  - (d) Tuberculosis (TB) clinics
  - (e) Sexually Transmitted Infections (STI) clinics
  - (f) All hospitals and clinics where patients visit for care.

In both approaches (VCT & PITC), testing is always voluntary and the patient/client has the right to consent or refuse the HIV test. Both approaches emphasize respecting confidentiality, informed consent, and voluntarism.

### **Testing and counseling (T&C) provides an opportunity for a counselor to:**

- Fully explain the HIV antibody test procedure and answer any questions
- Provide comprehensive information about HIV and AIDS prevention, care, treatment and support.
- Counsel individuals on the pros and cons of taking the test and the benefits and challenges that this might bring for the future

Counseling should be provided both before the test is undertaken and before the test results are given. Ideally counseling should be ongoing after the results have been given. Post-test support and services are crucial. People who receive positive test results should receive counseling and referral to care, support and treatment. People who test negative should be given information on how to stay HIV-negative. It is the choice of the person being tested to give results to others. Confidentiality must be protected. Test results should be kept confidential and must only be accessible to health professionals with a direct role in an individual's care.

### **Types of Tests needed to confirm the presence of the HIV virus**

- Rapid HIV testing.
- Elisa-enzymes linked immunosorbent assays antibodies
- Polymerase Chain Reaction (PCR).

### **Why should I get tested?**

You cannot generally tell by looking at someone whether he or she has an HIV infection. A person can be infected with HIV and not know it. The virus may take time to show its effects. A person can have HIV for ten years or more before the symptoms of AIDS appear. The only way to be confident that you are not infected is to get an HIV test.

It is important to find out if you are infected with HIV so that you do not infect someone else. If you know you are infected with HIV, you can avoid any activity that may pass it on.

It is also important to find out if you are infected with HIV so that you can receive good medical care. There are medicines that can help keep you healthy even though you are infected with HIV.

### **What should one know before they get tested?**

Your healthcare provider / counselor is the best person to answer one's questions about HIV, rapid test and other testing options.

When one is tested for HIV, a specimen will be collected and checked for HIV antibodies. The presence of HIV antibodies in one's body means that one has been infected with the virus that causes AIDS.

One should be aware that the presence of HIV antibodies could be detected in many ways. Ask your healthcare provider for the information one needs to make good choices.

### What is the Rapid HIV Antibody Test and how is it done?

Rapid HIV Antibody tests are commonly used tests in Zimbabwe because they are cheaper, results are readily available, and they can be done anywhere. They are efficient and reliable.

- The Rapid HIV Antibody test is used to see if a sample of one's blood contains HIV Antibodies.
- If one decides to have the test, his/her healthcare provider will take a small droplet of blood from a finger, or draw blood from one's vein, run the test, and give the results to him/her during the same visit or when one is ready.
- Rapid HIV test results will be ready in about 20 minutes.
- When a person is tested and the HIV or antibodies to HIV are detected in the blood, they are "*HIV positive*". If no antibodies are detected, they are *HIV negative*.

One also has a choice of having another type of test that would require one to wait about a week for his/her results.

### What does a POSITIVE result mean?

A positive result means that this test detected HIV antibodies in one's blood. If HIV antibodies are detected in one's blood this means that one is infected by HIV. If one is found to be infected, he/she needs to register with opportunistic infections (OI) clinic in order to get prevention, care, treatment and support.

- Seeking HIV management can help keep one healthy and alive longer.
- See a health worker at the OI clinic, even if one doesn't feel sick.
- Other tests (CD4 count) can tell one how strong one's immune system is. Some people stay healthy for a long time with HIV. Others may become ill more rapidly.
- Be careful not to pass on HIV to others.

### **What does a NEGATIVE result mean?**

A NEGATIVE result means that this test did not detect HIV antibodies in one's blood. However in some cases HIV infection cannot be ruled out completely. If one recently (within 3 months) had any of the contacts described in the "How does someone get HIV?" section of this manual it is still possible that he/she is infected with HIV. This is because his/her body can take several months after one is infected to make antibodies. This is called the "**Window Period**". One should consider getting tested again in three to six months to be sure he/she is not infected. If one had none of the contacts that transmit HIV in the three months before he/she was tested, a negative test result means one is not infected with HIV at the time of testing. Ask the healthcare provider to help you understand what your result means for you.

### **Window Period**

This is the period from when one gets infected with HIV to the time when the body has produced enough antibodies to be detected with an HIV antibody test. This period is usually within 3 months. This means that a client who has just been infected may test negative for HIV antibody because the body has not produced enough antibodies to be detected by the test. Such a client can still pass the virus to others. Clients who test HIV negative but who may have been exposed to HIV infection, including high-risk behaviour are highly infectious and should be encouraged to return for a repeat test in 3 months.

### **Where can I get more information?**

If one has any questions, visit the HIV/AIDS Prevention and Support (HAPS) Centre at Number 2 Langham Road or Students Health Services Centre at the main campus, University of Zimbabwe or ask your healthcare provider. An AIDS service organization near you can also be a good source for information, education, and help.

### **VCT for couples**

Couple counseling and testing should be encouraged. Counseling and testing can be offered to couples who wish to be tested together. This has been shown to be successful in most countries. During pre and posttest counseling couples can discuss what they do depending on the outcome of the test results. Post test-counseling helps the couple understand their test results. If one partner is HIV positive and the other partner is HIV negative this couple is said to have discordant results. If a couple has discordant results, this can pose difficult challenges in the relationship. Counseling can help the couple overcome feelings of anger or resentment which in some cases



can lead to violence particularly against women. Counseling is important to help couples accept safer sex practices to prevent transmission to uninfected partner.

Couple counseling for HIV is encouraged as part of pre-marital counseling and should be continued after the testing is completed.

### **HIV Testing and Counseling for Children**

When infants are born to an HIV infected mother or when children have signs suggestive of possible HIV infection, HIV testing and counseling can provide a confirmatory diagnosis. Ideally counseling sessions should include both the parents and the child. HIV positive children have special problems such as;

- Understanding and coping with their illness
- Dealing with discrimination by other children and adults
- Coping with dying or the illness of other members of the family.
- Orphanhood
- Other emotional, social and economic problems which make them more vulnerable and therefore need to be supported.

### **Benefits of testing & counselling**

- It provides an opportunity to receive information on how to maintain a negative HIV status
- It provides an opportunity to receive information on living positively with HIV
- It provides an opportunity to access home-based care and other community care services such as support groups for people living with HIV and AIDS
- It improves care if an HIV-positive result is disclosed to a caregiver
- It provides an opportunity to stay healthy longer by accessing drugs to slow the damage to the immune system and treat opportunistic infections
- It helps individuals and families to plan for their future
- It helps couples to decide whether to become pregnant or not
- It allows couples to access drugs to reduce the risk of mother-to-child transmission of HIV
- It helps parents to decide on baby feeding options
- It provides an opportunity to make a command to safer sexual behaviour
- It reduces self-stigma and discrimination against people living with HIV and AIDS

## Session 4

### HIV AND OPPORTUNISTIC INFECTIONS

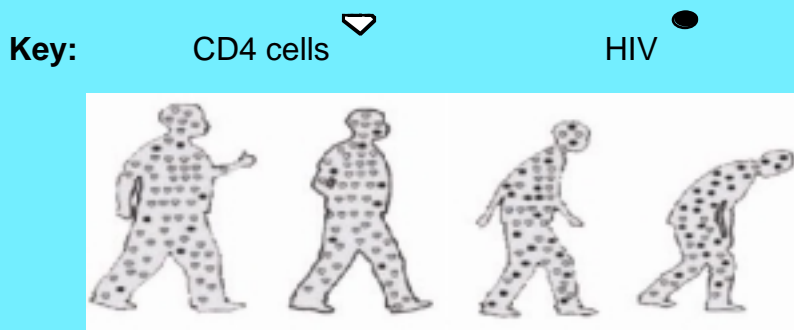
Every healthy person has a strong body defence, to defend the body against diseases. This defence system is called the immune system. The white blood cells play an important role to defend the body against all kinds of diseases. Lymphocytes are a type of white blood cells. The **CD4** cell also known as the **soldier** is a special type of lymphocyte with a marker on its surface called CD4. HIV attacks mostly these CD4 cells. This is why the number of CD4 cells is a good way of checking how much of one's defence is still working.

When a person gets infected with HIV, the virus will start to attack his/her immune system. During the first years, the immune system, although weakened a bit by the HIV virus, still functions quite well. The infected person will have no symptoms, or only minor symptoms, like skin diseases, a little loss of weight, repeated sinusitis etc. A lot of people do not know they are HIV positive at this stage.

After several years, as HIV attacks the CD4 cells, the person's immune system will become very weak. The person is vulnerable to diseases that she could normally fight off. These diseases are called **opportunistic infections (OIs)** because they take advantage of a weakened immune system to cause disease. Usually, it takes around 7-10 years after infection before the person becomes very sick (AIDS).

## DISEASE PROGRESSION DIAGRAM

### Diagram of explaining how HIV/AIDS attacks a patient



**Beginning:** skin diseases,  
minor loss of weight etc.  
More soldiers, less HIV



**After 5-10 years:** chronic  
diarrhoea, brain problems, and  
other opportunistic infections.  
More HIV, less soldiers

### As the CD4 count declines, the risk of getting opportunistic infections increases.

People with a good immune system have CD4 counts between 450 and 1500 cells/mm. In general, we can say:

- When the number of CD4 cells has decreased below 450 cells/mm, the person will start to have some opportunistic infections. When the CD4 count has decreased to below 200 cells/mm, the person will have very serious opportunistic infections. It is important for people living with HIV/AIDS to protect themselves from opportunistic infections and to get early treatment before they get worse. Opportunistic infections enter the body the way rain enters a house that is falling apart. Just as a house that is kept well lasts longer, a person who takes good care of him or herself will live longer.

# Session 5

## CARE, TREATMENT AND SUPPORT

### Introduction

There are mistaken beliefs that some people have been cured of HIV/AIDS, and that wealthy people or countries are the only ones who can get treatments.

This session addresses these ideas and emphasizes the concept that although there is no cure for AIDS, there are many treatment options available that make one feel strong.

### Positive living for those infected with HIV

It is important to remember that even if one is HIV+, there are many things to do to feel well. Many strategies can be used to prolong life and improve its quality, we call this “**positive living**”. This concept is very important, especially for those struggling to cope with HIV without access to anti-retroviral therapy. Although we should still struggle to create access to anti-retroviral treatments for everyone in the world, there are still many forms of treatment that are currently available to everyone. Positive living should be included in everyday activities, simple things and acts that make the client feel well physically, psychologically, socially, spiritually, and emotionally.

It consists of:

- First, live your life as normally as possible.
- Tell someone you trust about your condition.
- Participate actively in life with others and your family.
- Get emotional and spiritual support in times of trouble. This will reduce your stress and keep your mind and body strong.
- Go to the health worker periodically as s/he tells you.
- Get early treatment for infections
- Eat a balanced diet (good nutrition)
- Prevent re-infection with STDs and HIV
- Rest and relax

- Have enough sleep at least 8 hours a day
- Exercise
- Avoid smoking, drugs, alcohol
- Seek counseling
- Have a positive attitude towards life
- Reduce stress
- Learn Interpersonal skills-building and Self-esteem building
- Identify family support systems

### **Difference between cure and treatment**

**A cure** means that the germ that causes a disease has been completely killed or eliminated from the body and will not return unless a person is re-infected.

**Treatment** means use of a drug, injection, or intervention that can cause the symptoms to become less painful or pronounced or cause them to disappear altogether. A treatment may not always lead to a cure, because in some cases symptoms may be dormant (asleep), the symptoms may recur at a later date without re-infection. Bacteria can usually be cured, whilst viruses (such as the cold virus, herpes, or HIV) can be treated but not cured.

Some say that people have been cured of HIV because the virus can no longer be detected in their blood. The viral load could be so low that it cannot be picked up on a laboratory test due to the medicines they are taking, but the virus could be **reproducing in their bone marrow**. Many people who have taken medications have had undetectable levels of virus, but later their viral load has risen. People could also be so sick that they no longer have enough antibodies to be detected on an antibody test. Perhaps you have heard of stories in your area where someone who was previously known to have had a positive test for HIV became very sick, but then they were said to be cured of AIDS because their antibody test was no longer positive. They still have the virus but no longer can produce antibodies.

### **Preventing Opportunistic Infections**

#### **Prophylaxis medicines**

Prophylaxis is treatment taken to prevent an illness rather than curing it. Taking medicines like cotrimoxazole can prevent many OIs. These are preventive medicines. Most OIs including tuberculosis (TB) can be cured and many e.g toxoplasmosis can be prevented. If one experiences signs of OIs he or she should go to the clinic immediately. The sooner one starts treatment the better. It is always

wiser to tell the health worker at the clinic that one is HIV positive so that one gets the appropriate treatment. Even if one is on prophylaxis, one can still get diseases like cough, diarrhoea, etc.

## HIV TREATMENT

### Antiretroviral drugs

HIV is a *retrovirus*. So drugs against HIV are called **anti-retroviral drugs**.

**Anti**

**Retro**

**Viral** drugs — shortened to **ARV drugs**.

Giving ARV drugs in the correct way, with adherence support, is called **Antiretroviral therapy** — shortened to **ART**.

### Benefits of ART

- Prolongs life and improves quality of life
- Death of family members is reduced
- Decreased number of orphans
- Not many children will be infected with HIV
- Number of people who accept HIV testing and counselling is increased because they can get treatment
- Increased awareness in the community, since more people are tested
- Decreased stigma surrounding HIV infection since treatment is now available
- Increased motivation of health workers, since they feel they can do more for HIV patients
- Less illnesses experienced and less money spent on medications
- The person can continue to work.

However, Antiretroviral therapy (ART) does not cure HIV infection. If one is taking ART, one can still pass on HIV to somebody else, one can still get infected with HIV again. This may make your immune system weaker.

Whilst one is taking ART, one should continue to protect self and others by regularly using a condom when having sex. Disclosure of status to a sexual partner is very important.

## **Examples of Common ARV Drugs**

### **Single ARV drugs**

Stavudine

Lamivudine

Nevirapine

Zidovudine

Efavirenz (Usually used when client is on TB treatment and for clients who are allergic to nevirapine)

### **Fixed Dose Combinations**

Stalanev/Nevilast/Triomune/Triviro are examples of combination of stavudine, lamivudine and nevirapine.

Combivir/Duovir is a combination of zidovudine and lamivudine

Coviro is a combination of stavudine and lamivudine.

### **Exercise**

1. What are some factors that could make a person already infected with HIV get sick faster? Give examples.
2. What is the difference between a treatment and a cure?
3. What is prophylaxis medicine?
4. What is Antiretroviral therapy?
5. List 5 benefits of ART.

# Session 6

## SEXUALLY TRANSMITTED INFECTIONS (STIS)

### Introduction

Sexually Transmitted Infections, (STIs), is a general term for infectious diseases that are spread through sexual contact. HIV/AIDS can be regarded as an STI. Other major STIs are syphilis, gonorrhoea and chlamydia.

The highest rates of STIs are usually found in the 20-24 year age group, followed by the 5-19 year age group.

Today, HIV infection is one of the major causes of disease and death among persons aged 15-49 years. It has already taken millions of lives and caused enormous personal, social and economic losses throughout the world. Education about STIs and HIV can help to prevent new infections and reduce suffering and economic loss.

### Common Sexually Transmitted Diseases

#### 1. Sores (ulcers) on the genitals

You may have one or many sores, which may be painful or painless. Women can get sores inside where they cannot see them. You can also get swollen glands in the groin.

#### 2. Discharge from the genitals (drop)

Discharge in men and women are commonly caused by more than one germ. If men and women are not treated for the discharge, they can lose their ability to have babies. Discharge is treated with pills. If the treatment does not work go back for further treatment

#### 3. Herpes/Blister

Herpes is a special kind of sore: it comes back again and again. It is like a "fever blister" found around the lips, but this is on the genitals. It starts as a painful itching rash. Later small blisters or bubbles develop and then break, leaving sores that are painful.



Avoiding sex or using a condom when one has herpes sores can prevent spread of herpes to sexual partner.

#### 4. **Swelling in the glands of the groin**

Sometimes an STI causes painful swelling of the glands of the groin, and pus can come out of them. A health worker will give an injection and pills.

#### 5. **Warts (cauliflower) on your genitals**

If the warts are smaller than 10mm they can be treated with a medicine which will be applied by a health worker. Cancer of the mouth of the womb is a complication of warts in women. A PAP smear can be done to detect early cancer. Find out from the clinic for more information about a PAP smear.

#### 6. **HIV/AIDS virus**

HIV is the virus that causes AIDS. It is also a sexually transmitted disease (STI) that spreads through sexual contact but does not show any sores on the genitals. Wearing a condom can prevent one from getting HIV. HIV spreads more easily from person to person through sex where there are sores and discharges from other sexually transmitted diseases. So treatment of other sexually transmitted diseases helps to prevent the spread of HIV infection. AIDS develops 7 to 10 years after HIV infection. Young people in the world are getting STIs more than ever before.

Young people need to know how not to get HIV and other STIs. If one has an STI, it is easier to get HIV. Some STIs can be cured, some cannot. STIs that are caused by bacteria such as gonorrhoea, chlamydia, and syphilis, can be treated and cured with medicine. But, STIs that are viruses like herpes, genital warts, and hepatitis B can only be treated and cannot be cured. Most people have no signs of the STI at all. They may not know if they or their partner has an STI. The only way to know if one has HIV or another STI is through a test or examination. If one has been ill for more than a month with two or more of these signs one should have an HIV test for one to get care and treatment.

- Weight loss
- Fever
- Chest infection including TB
- Skin rashes
- Swollen glands
- Diarrhoea

**It is important for all sexually transmitted infections to be treated to prevent AIDS.**

# Session 7

## STIGMA AND DISCRIMINATION

### Introduction

From the beginning of the epidemic individuals infected with HIV/AIDS have experienced stigma and discrimination. Ignorance and lack of information about HIV/AIDS fuels a great deal of prejudice, causing individuals to fear contact with people who may be infected with HIV or who have AIDS.

### What is stigma?

Stigma is an unfavourable attitude or belief regarding a person, group, or thing.

### What is discrimination?

Discrimination is an act or behaviour based upon stigma or prejudice. For example, people living with HIV/AIDS may be the subject of gossip in the community.

### Factors influencing stigma and discrimination

Many factors may have contributed to the stigma associated with HIV/AIDS, which is seen as:

- A life threatening disease that may put others at risk
- The responsibility of the individual which leads to blaming
- Associated with behaviour such as promiscuity or the violation of sexual taboos
- Punishment for immoral behaviour

Because of the shame and blame sometimes associated with HIV/AIDS, clients may be reluctant to learn their diagnosis or to disclose HIV positive status to others, they fear how they will be treated. Since health is a fundamental human right, society is obliged to help dispel biased attitudes and prejudices that affect society's overall well being.

## **HIV/AIDS and the challenges of stigma and discrimination**

The challenge of stigma has led to characterizing the HIV/AIDS epidemic as consisting of three epidemics:

- The epidemic of HIV infection: an epidemic that typically enters every community silently and unnoticed, and develops over many years without being widely perceived or understood
- The epidemic of AIDS: the syndrome of opportunistic infections and illnesses that occur because of HIV infection, typically over a number of years
- The epidemic of stigma, discrimination and denial, which are as essential to address as the disease itself

## **The effects of HIV/AIDS related stigma and discrimination**

The effects of stigma and discrimination may be insidious. People may be unaware that their behaviour and attitudes are based on stigma of HIV/AIDS:

- Someone may shake hands with several people in a room but fail to shake hands with a person whom they think “looks like they have AIDS”
- Stigma is often noticeable in language that calls attention to a group of people, for example;

“Those people with AIDS” rather than “people living with AIDS”

“AIDS orphans” rather than “Children whose parents have died of AIDS”

Fear often drives stigma. People may be informed of the routes of HIV infection or transmission, but their emotional response to the disease may override their knowledge:

- The fear of contagion may lead someone to require that a person with HIV drink from a cup that no one else uses.
- Stigma related to HIV may extend to family members of people living with HIV or others intimately involved in caring for someone with HIV.

The stigma of HIV/AIDS may result in a woman being afraid of disclosing her HIV positive status fearing the response from partner, family members, friends and community. The individual may also avoid seeking HIV care.

## **Examples of HIV-related discrimination**

- A healthcare worker shares information about a colleague’s positive HIV status with co-workers not involved in providing her care
- A person finds it difficult to get a job once people learn that he/she is HIV-infected

- The people in a woman's community ostracize her when they observe she is not breastfeeding because they assume she is HIV-infected

### **Stigma: sex and gender differences**

The term "sex" and "gender" are often used interchangeably, but have very distinct meanings.

**"Sex"** refers to biological characteristics, physiological and genetic, that define a person as male or female.

**"Gender"** is a term used to describe socially constructed ideas of men and women's identities. Both sex and gender play a role in vulnerability to infection and stigma associated with it.

### **Sex differences**

Physiological factors account for the fact that a man infected with HIV can transmit the virus more efficiently to a woman than an infected woman can transmit HIV to a man. These factors include the greater quantity of fluids transferred from men to women, the higher viral content of male sexual fluids, the larger area of mucous membrane exposed during sex in women and the micro tears that occur in vaginal (or rectal) tissue from sexual penetration.

Because women have the capacity to transmit HIV to infants during pregnancy, labour and delivery, or breastfeeding, the stigmatization of women who are HIV positive may be greater than the stigmatization of men who are HIV positive.

### **Gender differences**

"Gender" is a social category that differentiates the power, roles, responsibilities and obligations of women from those of men. For example, it may be expected that women are responsible for preparing meals and caring for children or sick family members and that men are responsible for managing the cattle post and being the primary wage-earner. Gender roles account for the fact that women and men who are HIV-infected experience different levels of stigmatization and discrimination.

### **Multiple partners**

The community may find it more acceptable for a man to have multiple partners than for his female partner to do so. In Zimbabwe polygamy indicates that having multiple partners may be seen as normal male behaviour. This attitude, however, does not apply to women. Women who are HIV positive may be suspected of being "promiscuous".

## Children

Zimbabwean culture has long emphasized the high value placed on fertility and childbearing. This is particularly true for women, and children may be a major source of pride and self-respect. Expecting a woman to insist that a man use condoms to prevent HIV transmission may result in the woman's being stigmatized for not meeting the important social expectation of bearing children.

## Breastfeeding

Not breastfeeding has become associated with being HIV infected. In addition, breastfeeding is an integral part of the ideal of motherhood and a woman who does not breastfeed may be seen as a bad mother.

HIV related stigma might prevent women from adapting safer infant-feeding practices

By taking a comprehensive approach to HIV prevention, treatment and care, and providing support for women who are HIV infected, healthcare workers and counselors can help address the stigma resulting from gender roles of women.

## Exercises

- When was the first time you heard about HIV and AIDS? What was your reaction?
- Have you seen healthcare workers treating clients with HIV and AIDS differently from other clients (wearing gloves when obtaining vital signs, making them wait longer, providing less aggressive treatment, scolding them gossiping about them)?
- If you were told you had HIV, whom would you want to keep that information secret from? Why?

# Session 8

## RIGHTS OF INFECTED AND AFFECTED

Among the human rights principles relevant to HIV/AIDS are:

- The right to non-discrimination, equal protection and equality before the law;
- The right to life;
- The right to the highest attainable standard of physical and mental health;
- The right to liberty and security of person;
- The right to freedom of movement;
- The right to seek and enjoy asylum;
- The right to privacy;
- The right to freedom of opinion and expression and the right to freely receive and impart information;
- The right to freedom of association;
- The right to work;
- The right to marry and find a family;
- The right to equal access to education;
- The right to an adequate standard of living;
- The right to social security, assistance and welfare;
- The right to share in scientific advancement and its benefits;
- The right to participate in public and cultural life;
- The right to be free from torture and cruel, inhuman or degrading treatment or punishment.
- Particular attention should be paid to human rights of children and women.

### Whom to see When Violated

#### The Proctor

Counseling department, Students Affairs Centre, UZ

## ***PART 5***

### **HOME BASED CARE ISSUES**

#### **Definition of Home based care**

This is the provision of care to an ill person within their home environment. It is community based and this is more of extended care from the hospital to the home. The family and the community take over the responsibility of caring for the sick.

#### **Advantages of home based care**

##### **To the sick individual**

- Allows them to receive care in a familiar and supportive environment i.e. within the family
- Allows the sick person to continue being part of the family- feeling of belonging and are included in decision-making.
- Allows the sick person to belong to a social group
- The sick person remains positive and hopeful

##### **To families**

- Reduces medical costs
- Able to do other household chores at home instead of spending time visiting the hospital
- Makes it easier to provide care and support hence showing your love to your beloved one
- Helps the family to accept the person living with HIV or AIDS

##### **To the community**

- Promotes awareness about HIV prevention
- Helps to counteract stigma and discrimination
- Ensure effective care in the community

##### **To the health care system**

- Reduces the demand on health system
- Extends responsibility to family and community
- Reduces cost of providing health services.

# Session 1

## MANAGING COMMON CONDITIONS AT HOME

Most people under home-based care in Zimbabwe are HIV positive. Most of them are women and children. People living with HIV and AIDS should talk to a health care professional about opportunistic infections (OIs) as there are cheap drugs which are effective in defending the body against some OI's. They can be taken as a prophylaxis (prophylaxis is treatment taken for preventing an illness rather than curing it,) e.g. Cotrimoxazole. People living with HIV and AIDS may also experience poor appetite, lack of sleep, sores, nausea, vomiting and diarrhea. They can also spend a long periods of time without symptoms. At some time when they are very tired, stressed or have been ill their immune systems may be weakened causing them to experience more symptoms.

### Common Problems in Community Home based Care

- Diarrhea/ Gastrointestinal Tract problems
- Headaches
- Skin Problems
- Weight Loss
- Pain

### Pain

Pain occurs because of illness, injury or worries and can casually be lessened easily. Most people with a serious illness have more than one pain. Emotional upset such as fear, worry, tiredness and depression can make pain feel worse. To explain pain better we can divide pain into four types.

#### *Body pain*

- Disease or injury in the muscles, joints, organs, bones or nerves
- Bed sores
- Swollen legs or wounds
- Constipation or diarrhoea
- Coughing over a long period of time



### **Mental pain**

- Fear of dying
- Anger at illness
- Worries about practical issues for example finances, children etc

### **Social Pain**

These can be losses caused by illness that is:

- Loss of job
- Loss of looks or weight
- Loss of position in the family or community
- Loss of the future for example not able to accomplish things that you had planned to do, e.g. seeing children grow etc.

### **Spiritual Pain**

This is not just about religious beliefs but:

- Questioning the meaning of life.
- What happens after death?
- What has my life been about?
- Forgiveness, to be given or received
- Fear of what happens after death

### **Common signs of pain**

A person in pain may have some of the following signs:

- Rocking motion or being restless
- Protecting an area, pressing with a hand, or shifting weight when they move or walk.
- Expression on the face
- Grunting or groaning
- Crying
- Withdrawal from people including friends and family

### **What to do**

Because pain is a sign of physical or mental/spiritual problems, the depth of pain can vary from day to day or from hour to hour. It is necessary to find out as much as possible about the pain. What makes it better? What makes it worse? What it feels like. Whether medicines are available or not some of the following can make pain better.

- Relaxation exercises
- Talking to the person and listening to their worries
- Being there for the sick person so that they have someone to talk to.
- Gentle massaging

If medication is to be given, give it correctly as prescribed by the doctor. Usually paracetamol is prescribed, as 2 tablets after every 4-6 hours. If the pain gets worse a much stronger drug may need to be prescribed by the doctor.

Food is linked to good health so when a person stops eating families often see this as a bad omen, or believe that the food that they prepare is inadequate. They may feel guilty that they are not caring enough for the individual and even that they themselves are eating. Knowing the causes best treats loss of appetite.

### **Loss of appetite**

#### **Possible causes**

- Thrush, mouth sores or swelling due to Kaposi's sarcoma (a type of cancer often associated with AIDs) that may make swallowing painful. Sometimes thrush can be found in the food passage from the mouth to the stomach. i.e. oesophageal thrush
- Fever
- Inflammation of the gums and teeth
- Nausea and Vomiting
  - Tongue coated with a white creamy layer and an unclean mouth
  - Depression and anxiety
  - Lack of sleep
  - Bad smells in the room or the smell of food being cooked
  - Food that is not presented well on a plate
  - Medicines may cause a feeling of nausea.

#### **What to do**

- Find out the cause and address it
- Ensure the food is well prepared and given in small amounts, frequently
- Encourage the individual to eat with others and when hungry
- Try to get rid of bad smells – open windows and doors to allow in fresh air, keep the individual clean, change dressings frequently
- Clean the mouth regularly

## WEIGHT LOSS

### Possible causes

There are several reasons why people who are sick lose weight. Among these are

- Poor appetite
- Disease progression
- Gut infections
- Diarrhoea

### What to do

- Find out the cause and address it e.g. if the loss of weight is caused by diarrhoea, treat the cause of the diarrhoea
- Prevent excessive water loss due to diarrhoea using salt and sugar solution
- Get treatment for oral thrush or mouth ulcers. Exclude other causes of weight loss such as tuberculosis (TB).
- Seek help from trained health workers if you notice rapid weight loss or if the sick individual consistently refuses to eat food or is unable to swallow
- Encourage the individual to eat but do not force them as the body may not be able to accept it and the person may vomit. Try the following tips to encourage eating;
  - Let the individual choose what they want from the food that is available
  - Offer smaller meals frequently
  - Offer small amounts of opaque beer, which may increase appetite
  - Accept that intake will reduce as the individual gets sicker and when they are dying.
- **Make foods more nutritious by:**
  - Increasing the protein content of food by adding peas, Soya beans, eggs, fish, milk etc. Add these to vegetable soups or stews. Groundnuts are a good source of protein. Add peanut butter to porridge
  - Increasing the energy content of food by eating a high carbohydrate diet. High carbohydrate foods include mealie meal (*sadza*), potatoes, rice, wheat, sorghum, cassava, sweet potatoes (*mbambaira*), tsenza, sugar and yams (*madhumbe*)
  - Slowly increasing the fat content of food.
  - Introducing milk products, in small quantities as they may upset the stomach. Fermented products like sour milk, (amasi) and yogurt are easily digested and help fight infection.

- Offering a wide variety of fruits and vegetables especially avocado, mangoes, beetroots and dark greens e.g. muboora, spinach etc, as these are very nutritious.

## NAUSEA AND VOMITING

### Possible causes

- Smells (Both good and bad)
- Constipation
- Thrush in the mouth, stomach or bowel
- Kaposi's sarcoma in the mouth stomach or bowel
- General slowing of the way the body works
- Anxiety
- Medication

### What to do

- Identify what makes the individual vomit.
- If the individual feels nauseous, give local foods that the individual particularly likes (don't forget to ask as the tastes may change with illness)
- Keep the individual away from strong smells (such as cooking and perfume)
- Encourage the individual to try eating in a sitting position or propped up.
- Do not give the individual greasy food
- Offer small amounts of food frequently throughout the day.
- Offer drinks such as water, fruit juice or tea. Ginger drinks, lemon in hot or weak tea may also help. The drinks must be taken slowly and frequently throughout the day
- Prevent food related infections by washing hands washing and drying any fruits or vegetables that are eaten raw and making sure food is well cooked
- Watch for dehydration if there is continuous vomiting. When this happens the skin will be dry eyes look sunken and the individual may be thirsty and passing small amounts of dark urine. If this happens give **sugar salt solution\*** starting with a small quantity at a time
- If the vomiting lasts for more than one day or the tongue is dry or if the individual is passing little urine or has abdominal pain seek help from a health professional

## **\*How to prepare Sugar Salt Solution**

### **Sugar Salt Solution (SSS)**

- 6 level teaspoons of any household sugar (white or brown),
- Half level teaspoon of salt (coarse salt may have to be ground fine), dissolved in
- 750ml of clean water measured in any 750ml bottle (soft drink, oil etc). [The water is boiled only if from a contaminated source and is cooled before adding ingredients.]

## **PAINFUL MOUTH ULCERS**

Sores in the mouth not only cause pain, they may prevent a person from eating properly.

### **What to do**

- Remove bits of food stuck in the mouth with a soft cotton wool, gauze or soft piece of cloth soaked in salt water.
- Rinse the mouth with diluted salt water after eating and at bedtime (a pinch of salt or half teaspoon sodium bicarbonate in a glass of water.)
- Mix 2 tablets of aspirin in water and use to rinse the mouth 4 times a day.
- Offer soft food such as yogurt or any soft mashed foods to decrease discomfort depending on what the individual finds helpful.
- Avoid extremely hot cold or spicy foods if the mouth ulcers are painful when swallowing.

## **FEVER**

Fever occurs when the body temperature is higher than normal. While fevers are normally caused by infections such as malaria and infected wounds that can be treated with medicine, it can be associated with HIV. Fevers can cause discomfort, confusion and restlessness in an individual. If not treated fever can cause serious illness.

### **What to do**

- Wipe the body with a damp cloth or give a bath to reduce the temperature
- Keep the individual clean and dry at times. Change clothes and bedding that are wet
- Encourage the individual to drink water, herbal tea and fruit juice frequently to replace lost fluids. The individual will lose a lot of water through sweating
- Encourage the individual to turn from side to side in bed or to sit up and move about. Help as necessary.

- Encourage the individual to wear light clothes. Remove heavy blankets.
- Use a fan or open doors and windows to allow air into the room.
- If available give aspirin or paracetamol (2 tablets every 4 hours) to reduce fever.
- Encourage the individual to go to a health facility if a high fever develops. Also seek help if fever is accompanied by any of the following: cough, diarrhoea, severe pain, night sweats, stiff neck or unconsciousness.

Sometimes when people are ill hiccups may develop with not much reason. This can become distressing for both the individual and family.

### What to do

- Stimulate the throat by drinking cold water or eating crushed ice
- Interrupt normal breathing by
  - Asking the individual to hold their breath or breathe into a paper bag (stop when it feels uncomfortable) – do not use plastic.
  - Distract the individual by asking an unexpected question that requires concentration to find the answer.
  - Pull knees to the chest and lean forward (compress the chest)

## COUGH OR DIFFICULTY IN BREATHING

Breath represents life; therefore being breathless can be very frightening for both the sick individual and their caregiver.

### What to do

It is very important to remain calm. Reassure the individual to reduce anxiety. Try these measures to help:

- Encourage movement, change of position or turning
- Help the person to sit in the position that feels most comfortable
- Use extra pillows or some back support
- Open windows and doors to allow in fresh air
- Fan the person with a newspaper or a clean cloth
- Give sips of water frequently to loosen mucus (sputum)
- Avoid crowding, cooking and smoking in the room where the individual is being cared for
- Massage or gently pat the back to encourage coughing to get rid of the mucus from the lungs
- Try leaning the individual forward on a table

- See if a hand supporting the ribs makes coughing easier
- Give steam inhalation if coughing brings up thick sputum. Take extra care not to burn the person.
- Ensure safe handling and disposal of mucus to avoid spreading infection
  - Use a tin with ash or sand for spitting then cover it
  - Empty the container in a pit latrine and wash it with bleach such as jik or clean it with boiling water.

## CONSTIPATION

The individual may have hard dry stool or have no bowel movement at all for many days. Sometimes this can make the individual feel like vomiting. This happens when the bowels slow down. Often it is because the individual is unable to exercise, or does not eat or drink very much. Eating a diet that lacks fibre can also cause constipation. (Fibre is part of vegetables, cereals and fruits that are not easily digested and which help push the faeces through the system- preventing constipation). Drugs such as panadeine, codeine or morphine can also cause it.

### What to do

- Offer drinks often especially water. Lemon juice in warm water. Lemon juice in warm water with sugar helps
- Encourage the individual lots of fruits e.g. paw-paw and apples and lots of vegetables e.g. cabbage *munyeye*, spinach etc.
- Encourage them to eat locally available high fibre foods such as unrefined maize meal and other cereals
- Avoid bananas as they may worsen the constipation
- Give one teaspoon of cooking oil before breakfast
- Try local remedies such as chewing 5-30 dried paw-paw seeds at night. Alternatively crush the paw- paw seeds and mix with half a teaspoon of water to drink
- As much as possible assist a bedridden individual to move or exercise
- If nothing else works, insert a small piece of laundry soap into rectum (stool passage)
- Seek help from a trained health worker if there is pain, no stool passed in 5 days or none of the measures given above works.

## DIRRHOEA

Diarrhoea might be caused by a number of factors, including poor hygiene and practices when handling food and eating contaminated food.

### What to do

- Encourage the individual to drink plenty of fluids to replace lost water. About 2-3 litres a day (drink clean boiled water). This should include sugar salt solution.
- Give the sick individual drinks in small amounts frequently, such as rice soup, thin porridge and other soups. Avoid sweet drinks.
- Prepare fresh food daily such as:
  - Carrot soup helps replace the vitamins and minerals. Carrots contains pectin which soothes the bowels and stimulates appetite
  - Starchy foods such as rice, sadza, nyimo beans and potatoes may reduce diarrhoea
  - Oranges, bananas, potatoes and tomatoes contain potassium an essential nutrient that is lost when there is diarrhoea
- Eat 5-6 small meals per day rather than 3 large ones
- **Avoid** giving the individual:
  - Strong acid fruits, spices and vegetables such as cabbage, spinach and rape
  - Drinks such as coffee, strong tea and alcohol
  - Foods that are raw, cold, high fibre or high in fat
  - Milk and milk products even though yoghurt is better tolerated than fresh milk
- Use cotton cloth pads and change as needed to keep the individual clean.
- Clean the rectal area after every stool and apply petroleum jelly
- Seek help from a health worker if:
  - There is vomiting with fever
  - There is blood in the stool
  - Diarrhea continues for more than 5 days
  - The individual becomes even weaker
  - There is broken skin around the anus

## INCONTINENCE OF URINE

Many people as they get very sick find it very difficult to control the passing of urine. When caring for such an individual, remember that this is always difficult and distressing for them. Try to be patient and soft to them.



### What to do:

#### For females:

- If the individual has some control offer a small bowl regularly at 2 hour intervals or less
- If there is no control make pads from cloth or old towels
- Protect the blankets or mattress from being soiled by placing a plastic sheet covered with a layer of newspaper.
- Keep the individual as clean and as dry as possible
- Change cloth pads regularly
- Protect the skin with petroleum jelly

#### For males

- If the individual is bedridden place a plastic bottle so that urine passes directly into it
- If the individual is not seriously ill offer the bottle frequently for example every 2 hours

### Catheters

A catheter is a tube inserted into the bladder to drain the urine. The tube is normally attached to a bag or large plastic bottle to collect the urine. The nurse or doctor will insert the catheter at the clinic or hospital. For the male, a condom-like piece of tubing called a 'peniflow' Paul's tubing can be attached from the male organ to a urine bag or other container.

### CONFUSION

There are certain indications that a person is confused such as;

- Loss of memory
- Confused talk
- Doing things they normally would not do, for example shouting when normally quiet
- Attacking others

This is a very distressful situation for the family/caregiver.

### Causes

The cause may be

- A change in environment (room, house or sleeping arrangement)
- An infection leading to fever
- Disease progression affecting the brain

### What to do

- Try to identify the cause and address it
- Try to keep the individual in familiar surroundings
- Keep the same routine and time for daily activities
- Keep things in the same place where they are easy to reach and see. Remove harmful objects
- Do not shout but talk to the individual in the normal voice
- Speak in simple sentences one person at a time
- Keep other noises down for example radio and TV
- Do not tie the individual's hands and feet down as this will make it worse
- Do not let the individual walk about unaided
- If possible provide a low light at night and always ensure somebody they trust is present to supervise them
- If the individual is very restless contact a health professional

## LACK OF SLEEP

### Causes

There are a number of things that can keep an individual awake, such as:

- Being hungry or thirsty
- Being too hot or too cold
- Not being active during the day
- Having lots of fears and worries
- The fear of having bad dreams
- Depression
- Physical problems e.g. pain

### What to do

- Listen to the individual's fears even if you cannot offer answers as talking will provide some relief
- Look for and address physical problems e.g. if they are in pain give them some painkillers
- Do not give the individual strong tea or coffee late in the evening. They contain caffeine, which is a stimulant that may keep the individual awake.
- Try drinking a glass of warm milk before bed time
- Reduce noise where possible

## Session 2

### BEREAVEMENT

Bereavement means the physical loss of a person or a thing that was greatly valued by the individual. **Grief** is a process set in motion by bereavement.

When a loss occurs, the first reaction is always a sense that it has not happened (denial). This is often accompanied by a feeling of numbness, shock or unreality. This reaction is typical when a loved one dies (even when it is expected) and when a person hears for the first time that he or she is infected with HIV or is terminally ill. The first task of grieving is to face the reality of death or the loss of health, which will eventually lead to death. The important thing to do is to get support and help from a professional counselor. A person diagnosed with a life threatening disease such as HIV/AIDS needs to momentarily forget about the HIV status and/or to live as though they are not infected.

A person who has a sense of loss as well as a person who has lost a loved one will go through grieving.

#### **Grief**

##### **Dealing with Grief and Loss**

Understanding the process and stages of grief will help you to support others or to cope with bereavement. The person begins to mourn as soon as a life threatening illness is diagnosed. The individual begins to worry about things not accomplished and how the family will cope.

##### **What the Individual may feel**

- Depressed and sad.
- Concerned at what will happen at the time of death.
- A need to plan the future.
- Confused about potential changes that may need to take place in the individual's life style.
- Need for time to complete tasks and healing relationships.

## Possible experience during bereavement

IMMEDIATE	LATER (Several months)	LONG TERM
<p><b>Emotional</b></p> <p>Numbness Emptiness Denial of result &amp; death Fear of being alone Need to talk about the event</p>	<p>Anger/guilt Sadness Depression Anxiety (unreal fears) Feeling of “going mad”</p>	<p>Some guilt and sadness New relationships Adjustment to situation Want independence Don’t feel “mad” anymore</p>
<p><b>Physical</b></p> <p>Crying Cannot eat or sleep Signs of shock Collapse</p>	<p>Nightmares Restlessness Withdrawal Forgetfulness</p>	<p>Sleep/Appetite improve Fewer bad dreams Physical symptoms fade</p>
<p><b>Spiritual</b></p> <p>Blame God or ancestors Lack of meaning in Life Wants to die</p>	<p>Question beliefs Lack of purpose Tries to contact deceased</p>	<p>Readjustment of spiritual beliefs New direction and resolutions May accept death as part of life</p>

## The Five stages of grief

There are generally five stages of grief that people go through following serious loss. Sometimes people get stuck in one of the four stages. Their life can be painful until they move to the to the fifth stage- that is of acceptance.

- 1. Denial and isolation** — at first there is denial of the news and that loss has taken place and may withdraw from the usual social contacts.
- 2. Anger** — the grieving person may be furious with the person who inflicted the hurt (even if they are dead) or at the world for letting it happen. He or she might be angry with himself or herself for letting this event take place, even if realistically nothing could have stopped it.
- 3. Bargaining** — the grieving person may make bargains with God, asking, ‘if I do this, will you take away the HIV or the loss?’
- 4. Depression** — The person feels numb although anger and sadness may remain underneath.
- 5. Acceptance** — this when the anger, sadness and mourning has tapered off. The person simply accepts reality.

Grieving openly may be difficult for HIV infected people because of the secrecy and stigma associated with the disease. Experiencing pain secretly often makes the pain worse. Therefore it may be very helpful to join a support group and share the pain with others. The long and painful process may include losing one's partners, one's close friends, the support of one's family, one's work, one's financial security, one's previous normal and healthy lifestyle, one's health and one's dignity. This series of painful and frightening losses to which a person must adapt are even more stressful because they are often unanticipated and unpredictable. There is need to get to a nearest centre and talk to a counselor who can help one throughout their fears.

## Session 3

### PREPARING FOR THE FUTURE

Once an individual has accepted that they are getting increasingly weak or sick, people often begin to worry about what will happen to their families after they are gone. If presented sensitively, practical activities to prepare for death can be a great source of comfort for the sick. Two such practical activities are preparing a will and preparing a memory book or memory box. Both of these activities have the added advantage of helping a person look beyond their illness and participate in a useful activity with the rest of the family and or with friends. This may seem to be contradiction. People who are dying sometimes think that there is no future.

#### 3. 1: Preparing a will

A will is a written document that makes clear what a person wishes to happen after their death. Writing a will is easy. Many people do not write wills because they think it is difficult or they think it will make them die sooner. At an appropriate time an individual can be encouraged to discuss the need to write a will and the process involved. This needs to be done in an open, honest and sensitive manner.

#### A will can:

- Ensure that property, land and valuables are passed on to the people chosen by the deceased.
- Make clear who has custody of children, spouse and other dependents, and if there is no partner, appoint guardians
- Specify who will ensure the will is acted upon (trustees or executors)
- Provide instructions about funeral arrangements.

To be valid a will must be:

- Written in permanent ink or typed
- Signed by the person and clearly dated
- Witnessed by two persons present at the same time at signing and dating. Beneficiaries of the will should not participate in making the will even as witnesses
- Written when the person is of sound mind and is not being forced by someone else.

**N.B** It may be a good idea for the individual to seek legal advice from a qualified lawyer but remember a will does not have to be prepared by a lawyer in order to be valid, nor does it need to be registered. However registering the will with the High court will make it more difficult for someone to challenge the will.

## SAMPLE WILL

This is the last will of.....(Name)

Identity number (ID).....

Of.....(Address)

I do hereby declare this to be my last will and testament. I hereby revoke all wills and codicils made by me before. I declare that I am of sound mind and I am writing this will out of my free will and choice.

1. I appoint .....(full name)

Who resides at .....(Address)

*to be the executor of this will.*

2. I appoint. ....(Full name)

Who resides at.....(Address)

*to be the guardian of my minor children.*

3. The following is what I want to be done to my property:

.....  
.....  
.....

4. I reserve the right to amend this will in part or in full at any time.

Signed by the testator at.....(place)

On this.....day of.....2008.

Signature: ..... Name: .....

In the presence of the undersigned witness, who signed witness, who signed in my presence and in the presence of each other, all being present at the same time?

### As Witnesses:

1. ....  
(Name) (ID number) (Signature)

2. ....  
(Name) (ID number) (Signature)

**NOTE:** Testator is you — the person making the will.

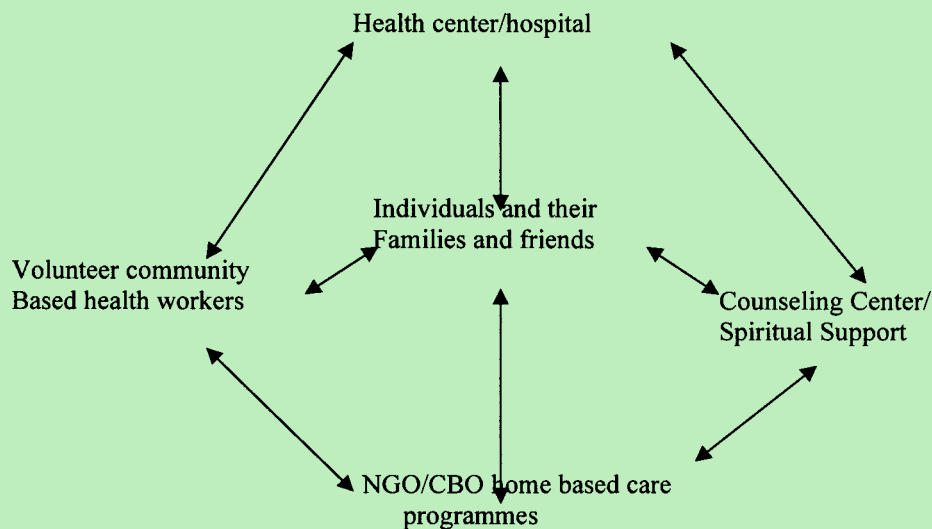


## Session 4

### COMMUNITY BASED REFERRAL NETWORKING

People who are sick and those living with HIV and AIDS can have a range of needs that include social, physical, medical, psychological and spiritual. Referral is a process of transferring a sick person from one place to another or from one care provider to another in an effort to get the necessary care. This includes non-medical care such as psychosocial support, spiritual care, counseling or legal advice.

#### The referral circle



Whilst many common health conditions can be managed well at home, it is important for care givers to know when an individual should be referred to a health care facility, the common symptoms get worse. They need to be referred to other organizations for the following as well:

- Help with school fees
- Legal advice
- Counseling
- Pastoral care
- Other support

### **Possible on Referral and Resource Centres**

- **UZ Chair on Education and HIV/AIDS**
  - **Main administration block University of Zimbabwe**
- **HIV/AIDS Prevention and Support Centre (HAPS)**
  - **Number 2 Langham road. Main campus-University of Zimbabwe**
- **Students Health Services Centre**
  - **Main campus – University of Zimbabwe**
- **New Start Centres**
- **New Life Centres e.g. HAPS Centre**
- **Child Line**
- **Opportunistic Infections/ART Clinics e.g. Parirenyatwa, Harare, Wilkins and Chitungwiza.**

At all district, provincial and central hospitals in Zimbabwe