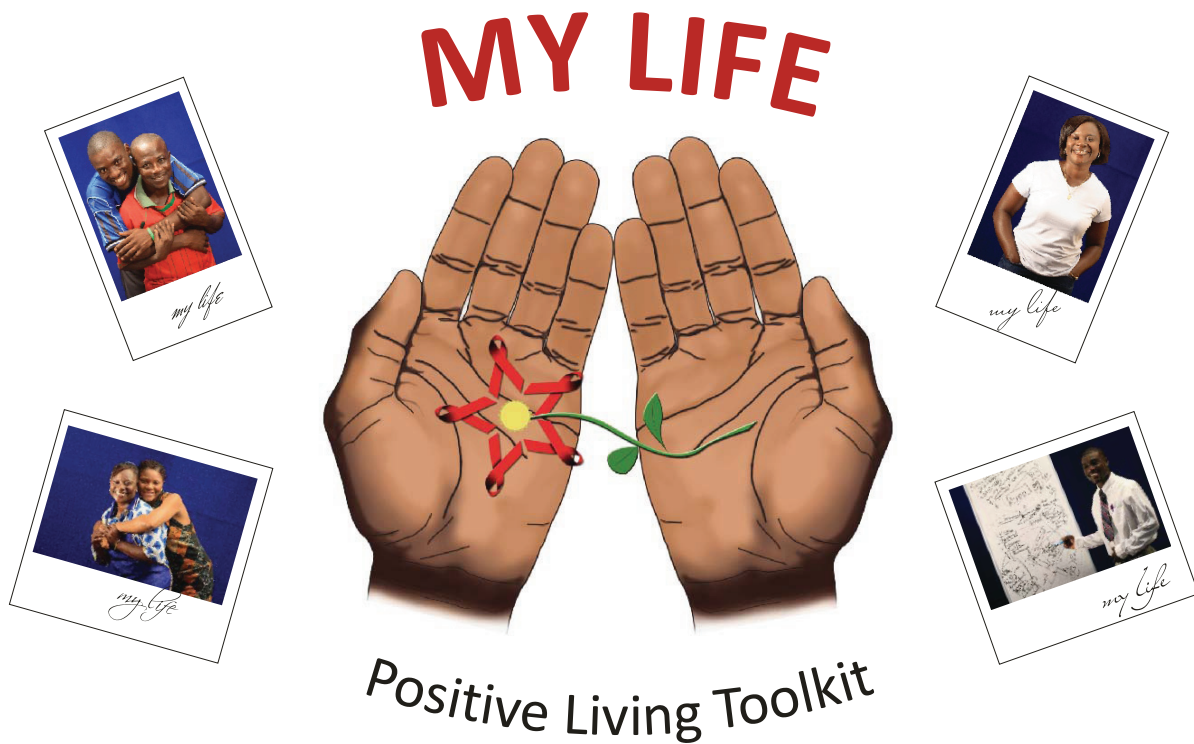




MODULE 8

Reproductive Health

Facilitator's Booklet



"Hope is in Our Hands"



TABLE OF CONTENT

i. TECHNICAL CONTENT MANUAL

Activity 1- Defining Family Planning.....	1
Activity 2- Beliefs on Family Planning	3
Activity 3- Children or No Children.....	5
Activity 4- Involve Your Partner.....	7
Activity 5- Health Worker-Patient Role Play.....	10
Activity 6- Family Planning Methods.....	14
Contraceptive Methods Reference Chart.....	16
Activity 7- Myths and Truths about Family Planning.....	17
Activity 8- Preventing Mother to Child Transmission.....	20
Activity 9- Infant Feeding Dos and Don'ts.....	22
Activity 10-Video Activity.....	25

ii. CREATIVE SCRIPTS

Activity 1- Defining Family Planning.....	27
Activity 2- Beliefs on Family Planning	29
Activity 3- Children or No Children.....	33
Activity 4- Involve Your Partner.....	36
Activity 5- Health Worker-Patient Role Play.....	40
Activity 6- Family Planning Methods.....	44
Activity 7- Myths and Truths about Family Planning.....	47
Activity 8- Preventing Mother to Child Transmission.....	51
Activity 9- Infant Feeding Dos and Don'ts.....	53

TECHNICAL CONTENT MANUAL

Module 8 REPRODUCTIVE HEALTH

Activity 1- Defining Family Planning

(Adapted from “Ghana Peer Educator Training Manual” by Engender Health & Quality Health Partners)

●Objectives

- To understand the meaning of family planning as an individual right.

Time

- 30 minutes

Materials

- CD Player
- “My Life” CD (Disc 8) Track 1: Defining Family Planning

Facilitator

Health worker or NGO Worker

Preparation

Familiarize yourself with family planning definition and different methods available in Ghana

Bring samples of different family planning methods available in Ghana.

Make sure the cassette player and tape work.

HOW TO RUN THIS ACTIVITY

Facilitator:

Tell participants that today we will talk about family planning, the individual right that every person has to make decisions about having children.

- Split participants into small groups:
 - Ask participants to discuss what they are doing now or have done in the past to prevent or delay pregnancies, if anything.
 - Ask participants to discuss and define family planning.
- Bring groups back together to share the definition of family planning.
- Note similarities and differences in the definitions, and reveal the definition from the flipchart.

Definition of family planning:

It is an individual's right to determine when and how many children to have and their spacing.

FP is the use of methods to plan the number, timing and spacing of children.

It is a couple's responsibility to determine when and how many children to have and their spacing

Some Key Points

Family planning allows individuals to decide when to have children and the number of children they want through spacing and timing of births.

Family planning is an individual right to decide size of the family,

Family Planning is not the decision made by the health provider for an individual or couple.

It is an individual's or a couple's responsibility to determine when and how many children to have and their spacing

Module 8: Reproductive Health

Activity 2- Beliefs On Family Planning

(Adapted from “Ghana Peer Educator Training Manual” by Engenderhealth & Quality Health Partners)

Objectives

- To reflect on attitudes and beliefs about family planning for PLWHA.
- To accept that everyone has the right to have their own opinion about family planning

Time

- 1 Hour

Materials

- CD Player
- “My Life” CD (Disc 8) Track 2: Beliefs on Family Planning
- Bring samples of different family planning methods available in Ghana.
- Paper and pens

Facilitator:

Health worker or NGO Worker

Preparation

- Play CD to make sure it works.
- Create Header cards that are marked “AGREE” and “DISAGREE”. Post the sign where there is enough space for participants to gather around.

HOW TO RUN THIS ACTIVITY

Facilitator:

Tell participants that this exercise will help us understand attitudes about family planning. Everyone has the right to his/her own opinion, and no response is right or wrong.

Listen to the statements and decide if you agree or disagree with the statement. If you agree with the opinion, move towards the Agree sign.

If you disagree, move towards the Disagree sign.

Each group will discuss their opinion and a volunteer from each group will express their viewpoints.

Remember that everyone has a right to express their own opinion and there is no right or wrong answer.

We will start now. This is the first statement:

Statements on CD

- Family planning is a woman's responsibility.
- If a woman never experiences childbirth, she is less of a “woman.”
- A man is more of a “man” once he has fathered a child.
- An HIV+ person has the right to have a child if he/she wants to.
- An HIV+ woman who gets pregnant should be encouraged to have an abortion.
- The only family planning method people with HIV should use is condoms.
- HIV+ women/ men should be encouraged to use a permanent family planning method (tubal ligation or vasectomy) to avoid pregnancy.
- An HIV+ person can use different family planning methods.

Facilitator:

Divide participants into small groups

Have them discuss the following statements:

- **How did it feel to express an opinion that was different from some of the other participants?**
- **How do you think our attitudes about family planning may affect our ability to protect our reproductive health and the health of our partners?**

SOME KEY POINTS

Everyone has the right to his/her own opinion, and no response is right or wrong.

Decisions about family planning are individual or a couple decisions, not made by health providers or others.

Attitudes about family planning affect our reproductive health and the health of our partners

Module 8: Reproductive Health

Activity 3- Children Or No Children

Objectives

- To reflect on the complex issues involved in the decision of having children or not for an HIV positive person/couple.

Time

- 30 minutes

Materials

- CD Player
- “My Life” CD (Disc 8) Track 3: Children or No Children
- Bring samples of different family planning methods available in Ghana.

Facilitator:

Health worker or NGO Worker

Preparation

Become familiar with the variety of issues that HIV+ women need to consider if they want to get pregnant or prevent a pregnancy.

HOW TO RUN THIS ACTIVITY

Facilitator: Listen to CD with two testimonials:

- My name is Sandra I am HIV positive and I really want to have a child
- I am Fauzia. I am HIV positive and bringing a child to this world is not something I want to do.

After listening to the CD:

- Split participants into two groups.
- Assign one group to discuss Sandra's story “yes, I want to have children” and the other group to discuss Fauzia's story: “no, I don't want to have children.”
- Give the group some time to discuss their ideas.
- Bring groups back and a member from each group presents their ideas to the entire group.
- Facilitate a discussion about the activity (see discussion questions below).
- Share any additional reasons/ideas that were not expressed (see below).

Sandra: Yes, I want kids

Possible Reasons:

- Emotional need to have children
- Desire to continue the lineage
- Pressure by spouses, family, society to have children
- Social acceptance when one has children
- Reassurance by PMTCT programs and ARVs that children can be HIV-negative
- Desire to avoid suspicion of being HIV-positive
- Apprehension about disclosing one's status

Fauzia: No, I do not want kids now

Possible Reasons:

- Fear of transmitting HIV to partner and child
- Concern about health complications for mother and child because of the pregnancy
- Fear of making HIV disease worse with a pregnancy
- Anxiety about leaving orphans
- Concern about limited access to help
- Lack of financial resources to afford housing, food, education, clothes, medical care, etc.
- Pressure from family or community not to have children
- Desire for a certain family size or spacing of children
- If on ARVs, concern that ARVs would make some common pregnancy conditions worse or that ARVs might have harmful effects on the fetus

Discussion Questions

Ask for testimonials among group members regarding their own reproductive choices:

- **Can anyone share their story about their decision to have children or not?**
- **How do you feel about this decision?**

Some Key Points

Emphasize the following:

- Every person has the right to make their own reproductive choice.
- Talk to a health worker about avoiding pregnancies, having a healthy pregnancy or preventing transmission of HIV to your partner or child.
- Do not let health workers pressure you into making reproductive choices that you do not think are right for you.

Module 8: Reproductive Health

Activity 4- Involve Your Partner

Objectives

- To involve one's partner in reproductive health decisions
- To improve communication skills when speaking with one's partner about family planning issues after disclosure

Time

- 1 hour

Materials

- CD Player
- “My Life” CD (Disc 8) Track 4: Involve Your Partner

Preparation

Become familiar with communication skills between partners.

Bring samples of different family planning methods available in Ghana

Make sure the CD works on the CD player.

HOW TO RUN THIS ACTIVITY

Facilitator:

Listen to testimonials

Story of Aqua and Kobina

Kobina, who is HIV positive, is married to Aqua. She has recently found out that Kobina is HIV positive. When they were at the health center, the counselor mentioned that couples have the right to decide if they want to have children or not. Aqua and Kobina already have two young children. Kobina definitely thinks that a large family is important to every man and has been pressuring Aqua on having more children. Aqua tells Kobina that she does not think that she wants to have another child now and she wants to start using a family planning method. Nurse Rose Mary mentioned that there are some long term methods like the IUD. Nurse Rose Mary also told them that using condoms was an important way to prevent Aqua from getting HIV. Kobina tells Aqua that he does not give her permission to go to the clinic and use family planning because children are a gift from God and man cannot intervene with God. Besides, he has a good job..... And having only two children is not a big family.

Facilitator:

Sharing stories of family planning discussions:

- Ask participants:
- What happened during the discussion about family planning between Kobina and Aqua?

● **What was the outcome of the discussion?**

Brainstorming on tips for talking to one's partner:

- Ask participants to brainstorm tips for talking to one's partner.

Possible Answers: Tips for Talking to Your Partner:

(Adapted from Hopkins' Population Report, "Family Planning Choices for Women with HIV", August 2007)

Facilitator will mention:

It is important to define:

Where	<ul style="list-style-type: none"> ▪ Choose a comfortable place for both of you. ▪ Suggest a quiet place, but close to safety if needed. ▪ Avoid meeting in a bar even if it looks quiet ▪
When	<ul style="list-style-type: none"> ▪ Talk when you are both relaxed and comfortable. ▪ Avoid distractions or rushing. ▪ Can be discussed over a period of time, not just at one sitting. ▪ Discuss before sex starts ▪ Discuss when your partner or both of you are not taking or have taken alcohol.
How	<ul style="list-style-type: none"> ▪ Stress the good things, good health. ▪ Emphasize partner's caring, your concern. Not mistrust ▪ Start with what you both agree on. ▪ Talk about good examples, such as people that your partner respects. ▪ Try to reach agreement.
What	<ul style="list-style-type: none"> ▪ Make family planning decisions together . ▪ Disclose status . ▪ Encourage partner to get tested if status is unknown .
Be prepared...	<p>Stay safe:</p> <ul style="list-style-type: none"> ▪ Don't risk your safety. ▪ Consider having another trusted person there. ▪ Start with general facts and watch reactions. <p>Get the facts right:</p> <ul style="list-style-type: none"> ▪ A health provider can answer your questions. ▪ Plan: Decide, where, when, and how to start. ▪ Decide if counseling as a couple is needed. <p>Practice:</p> <ul style="list-style-type: none"> ▪ Rehearse with a health provider or friends.

Facilitator: Role Plays:

Ask participants to choose a partner for the role plays.

- Assign some pairs a role play on TALKING TO your partner ABOUT having children.
- Assign other pairs to role play on TALKING WITH your partner ABOUT not having children.

Bring everyone together and ask participants:

- **How did you feel when you were pressured to have children or not have children?**

KEY POINTS

Here are some things that can help us to talk with our partner about family planning

<ul style="list-style-type: none"> ▪ Choose a comfortable place for both of you. ▪ Suggest a quiet place, but close to safety if needed. ▪ Avoid meeting in a bar even if it looks quiet ▪ Talk when you are both relaxed and comfortable. ▪ Avoid distractions or rushing.
<ul style="list-style-type: none"> ▪ Can be discussed over a period of time, not just at one sitting. ▪ Discuss before sex starts ▪ Discuss when your partner or both of you are not taking or have taken alcohol.
<ul style="list-style-type: none"> ▪ Stress the good things, good health. ▪ Emphasize partner's caring, your concern. Not mistrust ▪ Start with what you both agree on. ▪ Talk about good examples, such as people that your partner respects. ▪ Try to reach agreement.
<ul style="list-style-type: none"> ▪ Make family planning decisions together ▪ Disclose status ▪ Encourage partner to get tested if status is unknown

Stay safe:

- Don't risk your safety.
- Consider having another trusted person there.
- Start with general facts and watch reactions.

Get the facts right:

- A health provider can answer your questions.
- Plan: Decide, where, when, and how to start.
- Decide if counseling as a couple is needed.

Practice:

Rehearse with a health provider or friends.

Module 8: Reproductive Health

Activity 5- Health Worker-patient Role Play

Objectives

- To gain basic skills in communicating assertively with health workers regarding reproductive health decisions and issues
- PLHIV can act as Queen Mothers when dealing with Health providers by asking key questions to the health worker and by talking assertively to the health worker

Time

- 45 minutes

Materials

- Health worker and patient character cards of Queen Mother/King
- “My Life” CD (Disc 8) Track 5: Health Worker Patient Role Play
- CD Player

Facilitator

Health worker or NGO worker

Preparation

- Make sure you have all of the above-listed materials with you.
- Confirm that CD Player works
- Listen to the CD

Preparation

- Listen through the activity and understand where you will be using each of the materials.

HOW TO RUN THIS ACTIVITY

Facilitator:

Tell participants to listen to the testimonials:

Maud -

Maud is 25 years old, she goes to the health center and after waiting, she finally gets to talk with Nurse Ellen. Maud wants to know how she can delay her next pregnancy as she currently has a one year old and she is HIV positive. Maud has decided that she needs to be strong for this baby and she can not have another one so soon, she tells this to Nurse Ellen in a clear and soft voice. Nurse Ellen listens to her with respect and tells her that there are several methods that she can use to avoid another pregnancy. Maud asks Nurse Ellen about the methods available. Nurse Ellen mentions that there are family planning methods that are very effective including permanent methods, like tubal ligation for women and vasectomy for men. There are other temporary but effective methods that are safe for PLWHIV to use like the IUD and the pill. It is also good to always use condoms as they

provide protection from pregnancy and STDs. Maud asks how the methods work and what any side effects might be? Nurse Ellen has a brochure with information about the different methods available and she starts to explain.

- Permanent methods like tubal ligation for women and vasectomy for men are one time surgeries and they provide lifetime protection from pregnancy.
- The IUD needs a one time insertion from a skilled health worker and lasts for 10 years.
- Condoms are best when used correctly every time you have sex, they also protect from STIs.

The nurse explains that every method has different advantages and disadvantages and that some people may experience side effects; although in many cases there are no side effects. Depending on the method Maud is interested in using, the nurse will explain in more detail the possible side effects of that method and how to deal with them.

Maud asks if her ARVs will still work if she is using a family planning method. Nurse Ellen tells her that implants, injectables and oral contraceptives are not effective choices if you are taking the ARV, and or when you are on TB treatment (Rifampicin).

Nurse Ellen tells Maud that she can change her family planning method if she decides that she does not like it. Nurse Ellen tells her that she can choose to change the method and can also change her mind about having children. However, if she chooses a permanent method, like tubal ligation, the effect is permanent. Nurse Ellen tells Maud she is a very smart mother. By acting like a Queen Mother, she is confident when it comes to defending her family's health. Nurse Ellen commends Maud for asking questions about what is best for her family. Maud is ready to make a decision now. She has enough information now to make a good choice for herself.

Abena

Abena is 27 years old and has been HIV positive for a year. She has had two children but the second child died shortly after his birth and now she and her new husband have decided to have another child. She comes to the health center and talks to Nurse Ellen. Nurse Ellen knows Abena as she has come to the health center before. Abena tells Nurse Ellen that she has been using an IUD but now she wants another child. Abena looks at Nurse Ellen and asks her: “How do I protect my baby from getting HIV from me?” Nurse Ellen explains that if a mother has HIV, the baby may get HIV (there is a 30 to 35% chance) during pregnancy, childbirth or breastfeeding. Nurse Ellen tells Abena that with special medication and treatment risk of HIV transmission can be reduced to 1 out of 10 babies. The special treatment consists of ARV medication for the mother during pregnancy and labor and for the baby after he or she is born. In addition, the mother should use ARVs when she is breastfeeding and either exclusively breastfeed her child or use replacement feeding.

Nurse Ellen tells Abena she is a very smart mother. By acting like a Queen Mother, she is confident when it comes to defending her family's health and her own. Abena knows she has the right to decide to have a child, and she wants to make sure she can do everything

that is needed to improve her child's chances of avoiding HIV. She wants to know what is the best for her and her family and she is not afraid to ask questions when it comes to her health.

Facilitator:

Tell participants that we will now discuss different ways to communicate with health providers.

Discussion on Communication Style of a Queen Mother/King:

- Show the group the flashcards of the QUEEN MOTHER and the KING.
- Ask volunteers
 - **What QUEEN MOTHERS and KINGS are like and how do they behave in front of other people?**

Possible answers:

- Eye contact: Look people in the eye.
- Body language: Even without opening our mouths, our bodies can talk for us. Body language expresses how we feel about ourselves and what we are thinking. Our body language might influence how others will treat us.
 - Keep your shoulders squared and your chin up.
 - Act confident even if you don't feel it.
- Voice: Use a clear, calm voice. Make sure that your voice is loud enough to be heard. Try to be brief and concise in your language.
- Know what you want: Make sure you know what you would like out of the interaction. Know before you go into your meeting the type of information you would like to get. Don't be afraid to state your goals and ask questions. It's easier for people to give you what you want if they know what you want.

Facilitator:

Tell Participants that

If we behave like QUEEN MOTHERS and KINGS with health workers, it means we will confidently tell the health workers about our problems, ask the questions that we need to ask, and use our voices, our faces, and our body language in a way that makes people feel respect for us.

Facilitator:

Tell participants that we will now start a role play:

- Divide the group into pairs.
- One person will play the patient role as the QUEEN MOTHER/KING and the other person will play the health worker role.
- Have the pair develop a role play about a patient who wants to delay or avoid pregnancy and is seeking help from a health worker. The role play should contain:
 - The patient asking key questions to the health worker
 - The health provider giving instruction to the patient on treatment
 - The patient talking assertively to the health worker throughout the role play
- After the first role play is done, then have the pair switch roles. Now the health worker is the patient.

- Have the pair develop a role play about a patient who wants to have children and is seeking help from a health worker.
- Encourage the pairs to give each other feedback.

KEY POINTS:**PLHIV act as Queen Mothers when they go to the health centers**

- They can communicate assertively with health workers regarding reproductive health decisions and issues
- PLHIV ask health worker questions about family planning options available to them
- Decisions about family planning are made by PLHIV and not the health provider.

Module 8: Reproductive Health

Activity 6- Family Planning Methods

(Adapted from “Ghana Peer Educator Training Manual” by Engenderhealth & Quality Health Partners)

Note: this discussion will require a trained facilitator.

Objectives

- Be aware of the FP methods available in Ghana: how they work, effectiveness, possible side effects, advantages and disadvantages, and special considerations for PLHIV

Time:

- 120 minutes

Materials

- Contraceptive Methods Reference Chart (QHP/SHARP)
- Referral List of Organizations
- Samples of various family planning methods should be available during the discussion
- CD Player
- “My Life” CD (Disc 8) Track 6: Family Planning Methods

Facilitator: Health worker or NGO worker

Preparation

- Collect samples of the various family planning methods to use in demonstrations.
- Collect Family Planning Brochures available in Ghana.

HOW TO RUN THIS ACTIVITY

Facilitator:

- Ask group to brainstorm about all family planning methods they know.
- Provide a list of all methods available in Ghana.
- Go over the possible side effects of family planning methods and any special considerations for people with HIV/AIDS.
- Emphasize that PLHIV should use condoms with all family planning methods to prevent HIV re-infection and/or STIs.

Description of Family Planning Methods

Divide participants into five small groups and hand out family planning brochures on the methods of family planning available in Ghana.

Ask participants to brainstorm advantages and limitations for each method.

Assign each group one of the family planning methods listed below:

- 1. Male and female condoms
- 2. Pill, injectables and implants
- 3. IUD
- 4. Male and female sterilization
- 5. Emergency contraception, LAM, and periodic abstinence

Ask groups to tell their responses. Point out advantages/disadvantages that they don't mention. After they have given their answers distribute the handout on “Family Planning Methods.”









Key Points

- There are many different contraceptive methods available.
- Every person has the right to make a decision regarding when and how many children to have and spacing between pregnancies.
- There are permanent methods for men and woman to avoid pregnancies.

PLHIV should use condoms with all family planning methods to prevent HIV re-infection and/or STIs.

HANDOUT: FAMILY PLANNING METHODS

Contraceptive Methods: Quick Reference Chart

Most effective at preventing pregnancy	Method	How to make method most effective	Protects against STIs & HIV re-infection	Special considerations when HIV-positive	Can have children later?	Side effects?	Easy to stop?
	 Vasectomy Female Sterilization	One-time surgery by skilled health worker. Lasts for a lifetime. Vasectomy- must use contraceptive for first 3 months after procedure.	No	Use condoms to prevent HIV infection and re-infection	No	Yes; pain at out site, infection, bleeding at site.	No - permanent
	 IUD	One-time insertion by skilled health worker. Lasts for up to 10 years.	No	May use IUD if HIV+ or successfully treated for AIDS (but do not use with untreated AIDS)	Yes. Immediate return of fertility.	Yes; heavier menses, lower abdominal pain.	No-trained health worker must remove
	 Implants	One-time insertion by skilled health worker. Lasts for up to 5 years.	No	If using Rifampicin, do not use or use condoms as backup.	Yes. Immediate return of fertility.	Yes; menstrual changes, weight gain.	No-trained health worker must remove
	 Injectables	Need repeat injections from skilled health worker every 1 to 3 months (depending on injection type)	No	If using Rifampicin, do not use or use condoms as backup.	Yes. Delayed return of fertility.	Yes; menstrual changes, weight gain.	Yes
	 Oral Contraceptive Pills	Obtain first-time supply from skilled health worker. Must take one pill each day at the same time.	No	If using Rifampicin, do not use or use condoms as backup.	Yes. Immediate return of fertility.	Yes; menstrual changes, weight gain.	Yes
	 LAM	Must follow LAM instructions. Ineffective unless all criteria are met (see back of chart)	No	HIV may be passed to baby in breast milk	Yes. Immediate return of fertility.	No	Yes
	 Condoms (male/female)	Must use correctly every time you have sex; requires partner's cooperation.	Yes	Highly effective against HIV re-infection. Protects against other STIs	Yes. Immediate return of fertility.	Yes; may cause itching or rash on the genitals.	Yes
	Emergency Contraception	Obtain from family planning clinic. Take pill within 72 hours or insert IUD within 120 hours of unprotected sex.	No	For emergency use only	Yes. Immediate return of fertility.	Yes; nausea, vomiting.	Yes
	Periodic abstinence (e.g. calendar method)	Must abstain or use condoms on fertile days; requires partner's cooperation.	No	May be hard if have AIDS or taking ARVs because of changes in menstrual cycle and body temperature	Yes. Immediate return of fertility.	No	Yes
Least effective at preventing pregnancy							

Adapted from WHO and JHPIEG Reproductive Health Care (RHCC) information and knowledge for optimal health (info), decision-making tool for family planning choice and provider (APPC) reference tool.



#ACQUIRE Egypt

Module 8: Reproductive Health

Activity 7- Myths And Truths About Family Planning

(Adapted from “Ghana Peer Educator Training Manual” by Engenderhealth & Quality Health Partners)

Objectives

- Identify myths and rumors about family planning and PLHIV
- Understand correct information about family planning and PLHIV

Time

- 30 minutes

Materials

- CD Player
- “My Life” CD (Disc 9) Track 1: Myths and Truths about Family Planning

Preparation

Review the myths and facts so you are familiar with the issues.

HOW TO RUN THIS ACTIVITY

Facilitator:

Tell the group that we will play a game on myths and facts about family planning.

Here are rules of the game:

- Divide participants into two teams and ask them to pick a spokesperson to respond for the team.
- Team A and Team B.
- Team A will listen to the statement and decide if the statement is a myth or a fact.
- Teams have 20 seconds to discuss with their teammates and come up with an answer.
- If the team responds correctly, the team gets one point.
- Then the next team B listens to the statement and has 20 seconds to discuss with teammates and come up with an answer and if it is correct, the team gets one point.
- The team with the greatest number of points wins.

Facilitator: So we can start now

- Divide participants into two teams and
- Ask them to pick a spokesperson to respond for the team.
- Start the CD and listen to the first statement for Team A, (See statements below.)
- Ask for a response.
- Then listen to the next statement for Team B, and ask for a response.
- Continue going back and forth with each team until they have listened and have answered all the statements.

Myths and Facts Game

Statements about Family Planning

1. A man does not need to use contraception after a certain age because eventually he loses the ability to reproduce.

ANSWER: (MYTH) While women stop producing eggs after menopause, many men continue to produce sperm throughout their lives and therefore can cause a pregnancy even in his sixties and older.

2. Abstaining from sex is the only method of contraception that is 100% effective.

ANSWER: (FACT) Avoiding penile-vaginal sex and avoiding any genital or anal contact with semen are the only ways to absolutely avoid pregnancy.

3. Condoms, when used consistently and correctly, provide effective protection against pregnancy.

ANSWER: (FACT) Condoms provide very good protection against pregnancy when used correctly. However, many people use condoms incorrectly. Out of a hundred women who use condoms but don't always use them correctly, about 14 may become pregnant within a year.

4. Aside from abstinence, male and female condoms are the only contraceptive methods that can protect against HIV re-infection and STIs.

ANSWER: (FACT) Male and female condoms made of latex or polyurethane are the only contraceptive methods that protect against all STIs; no other methods offer such protection. A couple should always use condoms made of latex or polyurethane during sex if the partners are at risk for STIs.

5. Women on ARVs cannot use hormonal methods of birth control, like pills or injectables.

ANSWER: (MYTH) All HIV+ women, including women on ARVs, can use hormonal methods of birth control. HIV+ women should talk with a health provider about their health concerns and the importance of strict adherence to pill and injectable regimens. HIV+ woman should also use condoms to ensure that their ARVs do not interfere with protection from pregnancy.

6. Vasectomy is a simpler operation than female sterilization

ANSWER: (FACT) Vasectomy is a much simpler and shorter procedure than any female sterilization procedure. A vasectomy also requires much less recovery time than a female sterilization.

7. A woman can take emergency contraception pills to reduce the risk of pregnancy after having unprotected sex.

ANSWER: (FACT) Emergency contraception is an effective mechanism for reducing the risk of pregnancy when contraception fails or is not used. Emergency contraception should be used when a couple forgets to use contraception, a condom breaks, if use of a method has been faulty or a woman is raped. It should not be a regular method of family planning because it disrupts a woman's hormonal cycle and can be harmful to her health if used repeatedly. Anyone who needs emergency contraception should also think about adopting a regular contraceptive method.

8. **If you use condoms, there is no reason to use another family planning method.**
ANSWER: (MYTH) It is important to protect yourself against both unintended pregnancy and STIs/HIV re-infection. Although condoms can be effective in preventing pregnancy, many other contraceptive methods are MORE effective. If the condom breaks or spills, or you are not able to use a condom every time you have sex, it is important to use dual methods to avoid unintended pregnancy.

KEY POINTS

Statements about Family Planning

1. A man needs to use contraception age because he has the ability to produce sperm throughout his life.
2. Abstaining from sex is the only method of contraception that is 100% effective. Avoiding penile-vaginal sex and avoiding any genital or anal contact with semen are the only ways to absolutely avoid pregnancy.
3. Condoms, when used consistently and correctly, provide effective protection against pregnancy. Condoms provide very good protection against pregnancy when used correctly. However, many people use condoms incorrectly, which can result in unintended pregnancies.
4. Aside from abstinence, male and female condoms are the only contraceptive methods that can protect against HIV re-infection and STIs.
5. All HIV+ women, including women on ARVs, can use hormonal methods of birth control, HIV+ women should talk with a health provider about their health concerns and the importance of strict adherence to pill and injectable regimens. HIV+ woman should also use condoms to ensure that their ARVs do not interfere with protection from pregnancy.
6. Vasectomy is a simpler operation than female sterilization (tubal occlusion).
7. A woman can take emergency contraception pills to reduce the risk of pregnancy after having unprotected sex.
8. It is important to protect yourself against both unintended pregnancy and STIs/HIV re-infection. Although condoms can be effective in preventing pregnancy, many other contraceptive methods are MORE effective. If the condom breaks or spills, or you are not able to use a condom every time you have sex, it is important to use dual methods to avoid unintended pregnancy

Module 8: Reproductive Health

Activity 8- Preventing Mother To Child Transmission

Objectives

- To be aware of the steps to take to prevent transmitting HIV to one's child

Time

- 30 minutes

Materials

- Flipchart with stand and markers
- “My Life” CD (Disc 9) Track 2: Preventing Mother to Child Transmission

Facilitator

Health worker or NGO worker

Preparation

- Familiarize yourself with preventing mother to child transmission issues.
- Obtain more information if needed.

HOW TO RUN THIS ACTIVITY

Facilitator:

Tell participants that they are going to listen to the story of Elizabeth.

- Emphasize that it is important to visit your health care provider to discuss ways to reduce the chances of your baby getting HIV.

Story of Elizabeth:

Elizabeth is going to the health center to collect her HIV test results. When she was there last time, Nurse Martha was kind and asked her to look for her when she came to the health center. So today she has gone to the health center to see Nurse Martha. Elizabeth is nervous and Nurse Martha is very gentle and explains to her the results of her test are positive. Elizabeth is crying and wants to know what this news means to her baby, now that she is pregnant. Nurse Martha explains that if a mother has HIV, the baby may get HIV (there is a 30 to 35% chance) during pregnancy, childbirth or breastfeeding.

Nurse Martha tells Elizabeth that with special medication and treatment the risk of HIV transmission is reduced to only 1 out of 10 babies.

The special treatment consists of ARV medication for the mother during pregnancy and labor and for the baby after he or she is born. In addition, the mother should use ARVs when she is breastfeeding and either exclusively breastfeed her child or use replacement feeding.

Ask Participants:

What can pregnant mothers do to reduce risk of transmission HIV to their unborn baby?

Possible Answers

- Go to the health center as soon as you discover pregnancy
- Request ARV treatment during pregnancy and labor
- Continue ARV during exclusive breastfeeding

KEY POINTS

- Go to the health center as soon as you discover pregnancy
- Request ARV treatment during pregnancy and labor
- Continue ARV during exclusive breastfeeding

Module 8: Reproductive Health

Activity 9- Infant Feeding Dos And Don'ts

Objectives

- To be aware of the recommendation for infant feeding
- To understand the two main options: exclusive breastfeeding or exclusive formula feeding

Time

- 30 minutes

Materials

- "My Life" CD (Disc 9) Track 3: Infant Feeding Dos and Don'ts
- CD Player

Facilitator

Health worker or NGO worker

Preparation

- Familiarize yourself with infant feeding recommendations and practices.
- Obtain more information if needed.

HOW TO RUN THIS ACTIVITY

Facilitator: Tell the group that

- HIV can be transmitted through infected breast milk, and the risk of transmission increases if the HIV-positive mother has cracked nipples or mastitis (a type of breast infection).
- For HIV-positive mothers, the recommendation is to avoid all breastfeeding if replacement feeding (e.g. formula or animal milk) is acceptable, feasible, affordable, sustainable and safe. Otherwise, exclusive breastfeeding is recommended during the first 6 months of life.

Facilitator: Today we will listen to two stories

- One woman Nana, who chose to exclusively breastfeed and another woman Rita, who chose to exclusively formula feed, and then there will be a discussion afterwards.
- Play the tape...

Nana's Story: Exclusive Breastfeeding

My name is Nana and I have a one-year old son named Kofi. I am HIV positive and I was afraid of passing it to my son from breastfeeding. So I talked to Nurse Adu to get advice. Since I cannot afford to buy formula, Nurse Adu suggested that I breastfeed Kofi for the first six

months and then stop. She said that after six months a baby's stomach is stronger and he can manage other foods, so I can give other foods then. She reminded me that I cannot mix breastfeeding with any other liquids or foods during this first six months because it can upset the baby's stomach and make it easier for the virus to pass to the baby. When I returned home, I exclusively breastfed Kofi. I did not feed him any water or formula. In the beginning, I had a hard time feeding him. He was biting my nipples and they became sore. I remember that Nurse Adu told me that sore nipples can lead to infection, which will increase the chance of passing HIV to my baby. So I asked my mother and sister for help to show me what to do. I was glad that I got help because I did not feel sore afterwards and was able to breastfeed Kofi for six months. Nurse Adu told me that I needed to get Kofi tested when he is 18 months to make sure that he is still HIV-negative, so I brought Kofi back to be tested when he was 18 months old and was very relieved when he tested negative.

Rita's Story: Exclusive Formula Feeding

My name is Rita, I am HIV positive, and I have a 4-month old baby girl named Elsi. Although breastfeeding has its benefits, I chose to give Elsi only formula because it is the only 100% effective way to prevent mother-to-child transmission of HIV after birth. My husband has a good job, and my mom also helps me with the baby's food. It was a difficult decision because I had to make sure that I would be able to continue to pay for the formula, and always have access to boiled or bottled water. I am lucky to be a part of a close community and people here know my HIV status and are supportive, so formula feeding is acceptable. I had to learn how to prepare the formula, feed the baby, and store the formula. I know I am fortunate to have a supportive family; they pooled their resources together so that I can afford the formula, fuel and water. I learned that I need to have enough formula and water to continue the feeding for six months. I am very careful about ensuring the safety of the formula. I boil the water used for mixing the formula as well as any necessary tools, such as bottles and utensils. Now that I am feeding Elsi formula, I cannot also breastfeed her. I know that mixing breastfeeding and other liquids in the first six months is not good.

Facilitator: Discussion Questions:

Ask participants:

- What is the difference between Nana's story and Rita's story on what to do about feeding your infant?
- How did they make the decision?
- What is the HIV status of the baby?

Some Key Points

- HIV can be transmitted through infected breast milk, and the risk of transmission increases if the HIV-positive mother has cracked nipples or mastitis (a type of breast infection).

- For HIV-positive mothers, the recommendation is to avoid all breastfeeding if replacement feeding (e.g. formula or animal milk) is acceptable, feasible, affordable, sustainable and safe.
- Otherwise, exclusive breastfeeding is recommended during the first 6 months of life.
- DO NOT MIX BREAST FEEDING WITH OTHER LIQUIDS OR FOODS in the first 6 months.

Module 8: Reproductive Health

Activity 10- Video Activity

Objectives

- Use a video to understand the various ways HIV+ mothers can prevent HIV transmission to their newborn babies.

Time

- 15-30 minutes per video
- 15 minutes discussion time after the video is shown

Materials

- DVD Player
- “Siyayinqoba Beat It! HIV” DVD
Episode 15: PMTCT
- Module 8 Discussion Guide

Preparation

If you are showing a video, make sure that you have reserved a DVD Player for the space. On the day of the session, come early and test out the equipment. Familiarize yourself with the topics family planning

How to run this activity

- Introductory Discussion of family planning
- Identify and mention the specific topic of the video to be discussed.
- Prepare questions about the topic of the video to use as discussion guide after watching the video.

Facilitator:

Tell participants the following:

Today we will watch a video about family planning. After the video, we will discuss the importance of feeding dos and don'ts

Start the Video.

Facilitator:

After watching the video:

- Ask participants to share information they have about the family planning topic presented in the video.
- Encourage them to use their own language to describe the topic of the video.

Facilitator

Have Discussion Guide Questions available to use immediately after watching the video.

Ask Questions from Discussion guide.

Participants respond to questions in small groups or in plenary.

- Ask participants ***what was a surprising and new piece of information?***
- Ask participants to share ***any questions or concerns and respond to them.***

CREATIVE SCRIPT

**This information can also be found as an audio recording on the “My Life” CD (Disc 8 & 9)*

Module 8: Reproductive Health

Activity 1: Defining Family Planning

SFX: Music up and down

Facilitator VO: Hello and welcome to the 8th module. This module is about reproductive health and is made up of 9 activities.

In this first activity we will define family planning. And talk about family planning as your individual right. I hope you are all ready.

When your moderator hears this bell....

SFX: Bell rings

Facilitator VO: ..that means it is time to stop the tape and begin the activity. When the discussion is over, your moderator will push play to continue the activity.

This activity may generate a lot of questions. If possible, your moderator should try to invite a qualified health worker or a trained counselor to attend the meeting. If it's not possible, the moderator should keep track of the questions that he or she can't answer and try to find the answers for you before the next support group meeting.

Let's begin!

SFX: Music up and down

Now let's split into smaller groups and discuss among yourselves what you are doing or have done in the past to prevent or delay pregnancy. Let's also talk about what family planning means to you.

SFX: Bell rings

Facilitator VO: Lets now come together and share some of our ideas.

SFX: Bell rings

Facilitator VO: Excellent! Family Planning is the use of different methods to plan the number, timing and spacing of children. It is a couple's responsibility to decide when and how many children to have and their spacing. It is also an individual's right to determine when and how many children to have and their spacing.

SFX: Music up and down

Facilitator VO: Here are some key points that we should remember about family planning:

- Family planning allows us to decide when to have children and the number of children we want through spacing and timing of births.
- It is our right to decide the size of our families,
- Family Planning is not a decision made by the health provider for us or your partners.
- It is our and our partner's responsibility to determine when and how many children to have and their spacing

Whenever you need additional help or have questions, you can use a cell phone to text the word “HELP” to 1406. This is the number for the Text Me Flash Me Helpline for people living with HIV. A friendly counsellor will call you back within 24 hours to talk with you over the phone. This helpline is open everyday, except on Saturdays, Sundays and holidays.

That brings us to the end of activity 1. See you at the next activity

SFX: Music up and out.

MVO: This activity was adapted from “Ghana Peer Educator Training Manual” by Engenderhealth & Quality Health Partners

Module 8: Reproductive Health

Activity 2: Beliefs On Family Planning

(Adapted from “Ghana Peer Educator Training Manual” by Engender Health & Quality Health Partners)

SFX: Music up and down

Facilitator VO: Hello and welcome to the second activity in the module 8. In this activity we talk about attitudes and beliefs about family planning for People Living with HIV. You will realize that not all of you here will have the same views about family planning. We need to respect each other's opinions.

When your moderator hears this bell...

SFX: Bell rings

Facilitator VO: ... that means it is time to stop the tape and begin the activity. When the discussion is over, your moderator will push play to continue the activity. Your moderator needs to make sure the AGREE and DISAGREE sign cards with happy and sad faces are ready.

This activity may generate a lot of questions. If possible, your moderator should try to invite a qualified health worker or a trained counselor to attend the meeting. If it's not possible, the moderator should keep track of the questions that he or she can't answer and try to find the answers for you before the next support group meeting.

Let's begin!

SFX: Music up and down

Facilitator VO: We will do an exercise now and this exercise will help us to understand attitudes about family planning.

Your moderator will put two cards in two different places, one with a smiling face that means “I agree” and the other with a frowning face that means “I disagree”

You have to listen to the following statements. Then your moderator will stop the tape and if you agree with the statement, move to the Smiling face card. If you disagree then move to the Frowning face card.

Please remember that everyone has a right to express his or her own opinion and there is no right or wrong answer.

Here we go. Listen to the first statement.

- Family planning is a woman's responsibility

SFX: Bell rings

Facilitator VO: Everyone should be standing at either the Smiling Face or at the Frowning Face signs. Now in these two groups discuss why you feel the way you do.

SFX: Bell rings

Facilitator VO: Good. Now select a volunteer from each group to share your views with the others.

SFX: Bell rings

Facilitator VO: Excellent. So every time we hear a statement we will move to either the Smiling Face or Frowning Face signs. We will then discuss why we feel this way in our small groups and then we will select a volunteer from each group to share the group's ideas with everyone. Lets listen to the next statement.

- If a woman never experiences childbirth, she is less of a “woman.”

SFX: Bell rings

Facilitator VO: Here is the next statement:

- A man is more of a “man” once he has fathered a child.

SFX: Bell rings

Facilitator VO: The next statement is:

- An HIV positive person has the right to have a child if he or she wants to.

SFX: Bell rings

Facilitator VO: What do you think of this statement?

- An HIV positive woman who gets pregnant should be encouraged to have an abortion.

SFX: Bell rings

Facilitator VO: Here is the next statement:

- The only family planning method people with HIV should use is condoms.

SFX: Bell rings

Facilitator VO: What do you think of this statement?

- HIV positive women and men should be encouraged to use a permanent family planning method like tubal ligation or vasectomy to avoid pregnancy.

SFX: Bell rings

Facilitator VO: The next statement is:

- An HIV positive person can use different family planning methods.

SFX: Bell rings

Facilitator VO: Very good. Now let's come together as a group and discuss the following:

How did it feel to express an opinion that was different from some of the other people?

SFX: Bell rings

Facilitator VO: Let's now talk about how you think our attitudes about family planning may affect our health and our partner's health?

SFX: Bell rings

Facilitator VO: Here are some key points that you may keep in your mind at all times

- Everyone has the right to his or her own opinion, and no response is right or wrong.
- Decisions about family planning are individual or a couple decisions, not made by health providers or others.
- Attitudes about family planning affect our reproductive health and the health of our partners

SFX: Music up and down

Facilitator VO: Whenever you need additional help or have questions, you can use a cell phone to text the word “HELP” to 1406. This is the number for the Text Me Flash Me Helpline for people living with HIV. A friendly counsellor will call you back within 24 hours to

talk with you over the phone. This helpline is open everyday, except on Saturdays, Sundays and holidays.

The discussion has been great. See you at the next activity.

SFX: Music up and out.

MVO: This activity was adapted from “Ghana Peer Educator Training Manual” by Engenderhealth & Quality Health Partners

Module 8: Reproductive Health

Activity 3: Children Or No Children

SFX: Music up and down

Facilitator VO: Hello and welcome to our third activity in this module. We will be talking about the complex issues around the decision of having children or not for an HIV positive person or couple.

When your moderator hears this bell...

SFX: Bell rings

Facilitator VO: ... that means it is time to stop the tape and begin the activity. When the discussion is over, your moderator will push play to continue the activity.

This activity may generate a lot of questions. If possible, your moderator should try to invite a qualified health worker or a trained counselor to attend the meeting. If it's not possible, the moderator should keep track of the questions that he or she can't answer and try to find the answers for you before the next support group meeting.

Let's begin!

We will start by quickly listening to Sandra and Fauzia.

SFX: Music up and down

Sandra: Hi my name is Sandra and I am HIV positive. I really want to have a child.

Fauzia: And my name is Fauzia. I am also HIV positive. I do not want to bring a child into this world.

SFX: Music up and down

Facilitator VO: Please break into small groups and let's discuss the statements that we've heard.

One group will discuss Sandra's statement “Yes, I want to have children” even though she is HIV positive.

The other group will discuss Fauzia's statement that says, “No, I don't want to have children”.

SFX: Bell rings

Facilitator VO: Now let's all come back and present our ideas to the entire group.

SFX: Bell rings

Facilitator VO: Thank you for an interesting discussion. To recap here are some of the possible reasons why someone like Sandra does want to have children:

- Emotionally she needs to have children
- She has a desire to continue the family name
- She feels pressure from her husband, family, or society to have children
- She thinks people will accept her more if she has children
- She's had assurance by prevention of mother to child transmission programs that her children can be HIV-negative
- She wants to avoid people thinking that she is HIV-positive
- She is feeling anxious about disclosing her status

SFX: Music up and down

Facilitator VO: Now here are some reasons why someone like Fauzia may not want to have children:

- She may be fearful of giving HIV to her partner and child
- She could be concerned about health complications for herself and her child because of the pregnancy
- There may be the fear of making her HIV worse with a pregnancy
- She may be anxious about leaving orphans behind
- She could be concerned about limited access to help
- She may be worried about a lack of financial resources to afford housing, food, education, clothes, and medical care.
- She could feel pressure from her family or community not to have children because she is HIV positive.
- She may want a certain family size or spacing of children
- If she's on anti-retrovirals, she could be concerned that anti-retrovirals would make some common pregnancy conditions worse or that they might have harmful effects on the fetus

SFX: Music up and down

Facilitator VO: Would anyone now like to share their story about their decision to have children or not? And tell us also how you feel about the decision.

SFX: Bell rings

Facilitator VO: Here are some key points to remember as we wrap up this session.

- Every person has the right to make their own decisions about having children.
- We should talk to a health worker about avoiding pregnancies, having a healthy pregnancy or preventing transmission of HIV to our partner or child.
- We should not let health workers pressure us into making choices that we do not think are right for us.

Whenever you need additional help or have questions, you can use a cell phone to text the word “HELP” to 1406. This is the number for the Text Me Flash Me Helpline for people living with HIV. A friendly counsellor will call you back within 24 hours to talk with you over the phone. This helpline is open everyday, except on Saturdays, Sundays and holidays.

I hope you have enjoyed the session. I will see you at the next activity

SFX: Music up and out.

Module 8: Reproductive Health

Activity 4: Involve Your Partner

SFX: Music up and down

Facilitator VO: Hello and welcome to the fourth activity in the module 8. Communication is very important in every relationship. In this activity, we will focus on how to involve your partner in reproductive health decisions. We will also try to improve the way we talk to our partners about family planning issues after HIV status has been disclosed.

When your moderator hears this bell....

SFX: Bell rings

Facilitator VO: ... that means it is time to stop the tape and begin the activity. When the discussion is over, your moderator will push play to continue the activity.

This activity may generate a lot of questions. If possible, your moderator should try to invite a qualified health worker or a trained counselor to attend the meeting. If it's not possible, the moderator should keep track of the questions that he or she can't answer and try to find the answers for you before the next support group meeting.

Let's begin!

First, we will listen to Acqua and Kobina's story.

SFX: Music up and down

Kobina: My name is Kobina and I have recently been diagnosed as HIV positive. My wife, Acqua recently found out and she has been strong by my side. She was with me at the health centre recently for counseling.

SFX: voices and movement

Nurse: You two already have two children. It is up to you to decide whether you want to have more children or not. The decision is entirely between the two of you.

Kobina: A large family is important and I want to have another child now.

Acqua: I don't think we should be having another child now so I think we should use some family planning method.

Nurse: Let me tell you about some methods of family planning. There are some long-term family planning methods like the IUD that you can use. Some of the benefits of the IUD are....(fade out)

(fade in) Please remember Kobina that it is vital also for you to use a condom during sexual intercourse to prevent your wife from getting infected with HIV.

SFX: street ambience

SFX: door opens and then indoor ambience

Kobina: Acqua, you are never to go back to the clinic again and use family planning. Children are gifts from God and a mere man cannot try to intervene with God. Besides, I have a good job and just two children is not what I call a big family.... (fade out)

SFX: Music up and down

Facilitator VO: Let's talk about the story.

- What happened during the discussion about family planning between Kobina and Acqua?
- What was the outcome of the discussion?

SFX: Bell rings

Facilitator VO: As a large group let's brainstorm on tips for talking to your partner about family planning.

SFX: Bell rings

Facilitator VO: Let's recap some tips for talking to your partner. We will break the tips into 5 categories: Where to talk, When to talk, How to talk, What to talk about and Be Prepared

1. Where to talk

- a. Choose a comfortable place for both of you.
- b. Suggest a quiet place, but close to safety if needed.
- c. Avoid meeting in a bar even if it looks quiet

2. When to talk

- a. Talk when you are both relaxed and comfortable.
- b. Avoid distractions or rushing.
- c. It can be discussed over a period of time, not just at one sitting.
- d. Discuss before sex starts
- e. Discuss when your partner or both of you are not taking or have taken alcohol.

3. **How to talk**
 - a. Stress the good things, good health.
 - b. Emphasize partner's caring, your concern. Not mistrust
 - c. Start with what you both agree on.
 - d. Talk about good examples, such as people that your partner respects.
 - e. Try to reach agreement.

4. **What to talk**
 - a. Make family planning decisions together.
 - b. Disclose your status.
 - c. Encourage your partner to get tested if he or she doesn't already know their status

5. **Be prepared by staying safe, getting the facts right and practicing**
 - a. To stay safe:
 - i. Don't risk your safety.
 - ii. Consider having another trusted person there.
 - iii. Start with general facts and watch reactions.

 - b. To get the facts right:
 - i. A health provider can answer your questions.
 - ii. Plan: Decide, where, when, and how to start.
 - iii. Decide if counseling as a couple is needed.

 - c. To practice:
 - i. Rehearse with a health provider or friends.

Facilitator VO: Now select a partner. Some of you will play the roles of TALKING TO your partner about having children and then others will play the role of TALKING WITH your partner about NOT having children.

SFX: Bell rings

Facilitator VO: Come together now and let's share what we learnt as a whole group.

SFX: Bell rings

Facilitator VO: Let's take a moment to learn from our experiences. How did you feel when you were pressured to have or not have children?

SFX: Bell rings

Facilitator VO: Here are a few key points that will always help you talk to your partner about family planning.

- Choose an appropriate place where both of you will enjoy being at.
- Do not rush the discussion and try to relax and make sure your partner is relaxed also
- Avoid alcohol in such discussion.
- Emphasize the good things and what you both agree on
- Disclose your status and make sure partner gets tested too and then make family planning decisions together.
- Make sure you are safe all the time. It is good to start with general facts and watch your partner's reactions before you get into the details of the discussion.
- Rehearse before you call for the discussion and make sure you have got your facts right. Health personnel can be a good source of information prior to the discussion.

SFX: Music up and down

Facilitator VO: After your discussions you may want to get counseled as a couple. It is important that both you and your partner agree on the way forward.

Whenever you need additional help or have questions, you can use a cell phone to text the word “HELP” to 1406. This is the number for the Text Me Flash Me Helpline for people living with HIV. A friendly counsellor will call you back within 24 hours to talk with you over the phone. This helpline is open everyday, except on Saturdays, Sundays and holidays.

I'll see you at the next activity.

SFX: Music up and out.

MVO: This activity was adapted from “Ghana Peer Educator Training Manual” by Engenderhealth & Quality Health Partners

Module 8: Reproductive Health

Activity 5: Health Worker-patient Role Play

SFX: Music up and down

Facilitator VO: Hello and welcome to the 5th activity that will focus on how we can deal with health workers. In this activity we will learn the basic skills of communicating confidently with health workers regarding reproductive health decisions. You will learn again how to behave like a King or Queen Mother when dealing with health workers to get your desired response.

When your moderator hears this bell...

SFX: Bell rings

Facilitator VO: ... that means it is time to stop the tape and begin the activity. When the discussion is over, your moderator will push play to continue the activity. The moderator will also need to make sure that he or she has the Queen Mother and King cards handy.

This activity may generate a lot of questions. If possible, your moderator should try to invite a qualified health worker or a trained counselor to attend the meeting. If it's not possible, the moderator should keep track of the questions that he or she can't answer and try to find the answers for you before the next support group meeting.

Let's begin!

SFX: music up and down

Facilitator VO: Let's listen to these testimonials carefully.

SFX: hospital ambience

Maud: So Maame nurse, how can I delay my next pregnancy? As you know I'm HIV positive and I already have a one-year old to look after. I want to be strong for my little one so I don't want another baby too soon. Please advise me on what to do.

Nurse: There are several methods that you can use to avoid another pregnancy.

Maud: Can you tell me about them?

Nurse: There are permanent methods, like tubal ligation for women and vasectomy for men. There are other temporary but effective methods that are safe for people living with HIV to use like the IUD and the pill. It is also good to always use condoms as they provide protection from pregnancy, and HIV or other sexually transmitted infections.

Maud: How do these methods work and what are some of the side effects?

Nurse: Look at this brochure. The permanent methods like tubal ligation for women and vasectomy for men are one-time surgeries and they provide lifetime protection from pregnancy. The IUD needs a onetime insertion from a skilled health worker and lasts for 10 years. Condoms are best when used correctly every time you have sex, they also protect you and your partner from infection or re-infection with HIV, and also protect you both from other STIs.

Every method has different advantages and disadvantages. Some people may experience side effects although in many cases there are no side effects at all.

Maud: And my Antiretrovirals, will they still work if I use a family planning method?

Nurse: Usually, implants, injectables and oral contraceptives are not effective choices if you are taking Rifampicin for TB treatment. But you can change your family planning method if you do not like it. You can even change your mind about having children altogether.

However, if you choose a permanent method, like tubal ligation, the effect is permanent. You are a very smart mother, Maud. You have done really well by asking the questions about what is best for your family.

Maud: Thank you. I think I have enough information now to make my own decision.

SFX: Music up and down

Facilitator: Maud is ready to make a decision now. By talking assertively like a Queen mother, she has enough information now to make a good choice for herself. Lets' now pay attention to Abena's story and see what more we can learn.

SFX: Music up and down

SFX: knock on the door.

Nurse: Welcome Abena. Good to see you again. How is the family? I was sorry to hear about the death of your baby.

Abena: Thank you aunty Ellen. It was a difficult time but my husband and my other child are doing well. We have actually decided to have another child so I want to stop using the IUD. But I need to ask you an important question aunty. How do I protect my baby from getting HIV from me?

Nurse: If a mother has HIV, the baby may get HIV, there is a 30 to 35% chance during pregnancy, childbirth or breastfeeding. That means about 1 of every 3 mothers who are HIV positive will pass HIV onto their babies. But with special medication and treatment the risk of HIV transmission can be reduced to 1 out of 10 babies. The special treatment consists of antiretroviral medication for you during pregnancy and labor and for the baby after he or she is born. In addition, you should use antiretrovirals when you are breastfeeding and either exclusively breastfeed your child or use replacement feeding. Replacement feeding is when you do not breastfeed and instead you feed your baby only formula or only animal's milk.

Abena: aahh... thank you very much. That means I can now take the IUD out and start preparing myself for childbirth again. (they both laugh)

Nurse: eih Abena, hahaha, but you are a very smart mother for taking charge of your family's health.

SFX: Music up and down

Facilitator VO: By acting like a Queen Mother, Abena is confident when it comes to defending her family's health and her own. Abena knows she has the right to decide to have a child, and she wants to make sure she can do everything that is needed to improve her child's chances of avoiding HIV. She wants to know what is the best for her and her family and she is not afraid to ask questions when it comes to her health.

SFX: Music up and down

Facilitator VO: Your moderator will now show you some flash cards of a Queen mother and a King. As we look at the cards let us talk about what QUEEN MOTHERS and KINGS are like and how do they behave in front of other people?

SFX: Bell rings

Facilitator: Ok from the discussion and our previous discussion of the behavior of Queen mothers and Kings you will realize that when they are in public, Queen mothers and Kings look people in the eye when they talk to them. They use their body language to show how they feel about themselves. This influences how others treat them. When you want to show a positive image, keep your shoulders squared and your chin up and act confident even if you don't feel it. You also need to use a clear calm voice and make sure your voice is loud enough to be heard. And be brief and concise in your language. When you know what you want, you are able to take charge of the interaction and get what you want out of it. It is easier for people to give you what you want when you know what you want.

SFX: Music up and down

Facilitator VO: We will do a role-play now. Pair yourselves and assume the roles of the health worker and either a Queen mother or a King. The Queen mother or King, who wants to delay or avoid pregnancy, should ask key questions to the health worker. The health provider will give instructions and information to the patient. As the patient you will have to talk assertively with the health worker throughout the role-play.

SFX: Bell rings

Facilitator VO: Now those who played as Queens and Kings should switch roles with those who played the health providers' role. This time develop a scene where the patient would like to have children and is seeking help from the health worker.

Please remember to give feedback to your partner whenever you finish the role play.

SFX: Bell rings

Facilitator VO: Now let's all come together and share our experiences of the role-plays.

SFX: Bell rings

Facilitator: Before we end this activity let's quickly recap some important points.

People living with HIV need to act as Queen mothers or Kings. We must communicate assertively with health workers regarding reproductive health decisions and issues. We must also confidently ask health worker questions about family planning options available to us.

Decisions about family planning should be made by us, and not by the health provider.

Whenever you need additional help or have questions, you can use a cell phone to text the word “HELP” to 1406. This is the number for the Text Me Flash Me Helpline for people living with HIV. A friendly counsellor will call you back within 24 hours to talk with you over the phone. This helpline is open every day, except on Saturdays, Sundays and holidays.

So now I believe we can all behave as Queen mothers and Kings to get whatever information we want from health providers. See you at the next activity.

SFX: Music up and out.

Module 8: Reproductive Health

Activity 6: family Planning Methods

SFX: Music up and down

Facilitator VO: Hello and welcome to activity 6 in the 8th module. In this activity we will look closely at family planning methods available in Ghana: how they work, effectiveness, possible side effects, advantages and disadvantages, and special considerations for people living with HIV.

When your moderator hears this bell...

SFX: Bell rings

Facilitator VO: ... that means it is time to stop the tape and begin the activity. When the discussion is over, your moderator will push play to continue the activity. Your moderator will need to have copies of the Family Planning Methods handout.

This activity may generate a lot of questions and requires a qualified health worker, trained counselor, or a trained Model of Hope who knows about family planning methods to attend the meeting. Please make sure that your group has invited one of these people to your support group meeting before doing this activity.

Let's begin!

SFX: Music up and down

Facilitator VO: I will ask you now to work as a group and come up with the family planning methods you know are available in Ghana.

SFX: Bell rings

Facilitator VO: Excellent. Let's recap some of the family planning methods practiced in Ghana.

- Male and female condoms
- The pill, injectables and implants
- IUD
- Male and female sterilization
- Emergency contraception,
- Natural methods such as the calendar method or exclusive breastfeeding

Facilitator VO: Always keep in mind that people living with HIV should always use a condom with all family planning methods to prevent HIV re-infection or sexually transmitted infections.

For some of the family planning methods there are special considerations that people living with HIV have to be aware of.

- Someone with AIDS and is not on ART should not use the IUD
- If you are using Rifampicin you should not wholly rely on implants, injectables or the pill to keep you from getting pregnant
- If you are using exclusive breastfeeding as a method of not getting pregnant you may pass HIV to your baby in the breast milk
- Relying on the calendar method alone is risky if you are trying to avoid getting pregnant and you have AIDS or are taking antiretrovirals. This is because AIDS and antiretrovirals can cause changes in the menstrual cycle and body temperature. The calendar method may therefore not work.

SFX: Music up and down

Facilitator VO: Your moderator will now divide you into 5 groups and assign each group to a family planning method. What you have to do is brainstorm the advantages and limitations for the family planning method that has been assigned to your group.

SFX: Bell rings

Facilitator VO: Now please come around back into the larger group so that we share what you came up with.

SFX: Bell rings

Facilitator VO: I believe you have learnt a lot from this exercise. Please keep these key points in mind.

- There are many different contraceptive methods available.
- Every person has the right to make a decision regarding when and how many children to have and spacing between pregnancies.
- There are permanent methods for men and woman to avoid pregnancies.
- People living with HIV should use condoms with all family planning methods to prevent HIV re-infection and/or STIs.

I hope that you have found this activity informative. Your moderator should pass out the Family Planning Methods Handout to anyone that wants one.

Whenever you need additional help please use a cell phone to text “HELP” to 1406. This is the texting and helpline service for people living with HIV. A friendly counsellor will call you back within 24 hours to talk with you over the phone. This helpline is open everyday, except on Saturdays, Sundays and holidays.

See you at the next activity.

SFX: Music up and out.

MVO: This activity was adapted from “Ghana Peer Educator Training Manual” by Engenderhealth & Quality Health Partners

Module 8: Reproductive Health

Activity 7: Myths And Truths About Family Planning

SFX: Music up and down

Facilitator VO: Hello and welcome to the 7th activity of module 8. During this activity we will identify myths and rumors about family planning among people living with HIV so that you know what the correct information is.

When your moderator hears this bell...

SFX: Bell rings

Facilitator VO: ... that means it is time to stop the tape and begin the activity. When the discussion is over, your moderator will push play to continue the activity.

This activity may generate a lot of questions. If possible, your moderator should try to invite a qualified health worker or a trained counselor to attend the meeting. If it's not possible, the moderator should keep track of the questions that he or she can't answer and try to find the answers for you before the next support group meeting.

Let's begin!

SFX: Music up and down

Facilitator VO: We will now play a game about family planning. Listen carefully to the rules of the game:

- Divide yourselves into two teams, A & B and pick a spokesperson to respond for each team.
- Team A will listen to the statement and decide if the statement is true or false.
- Teams have 20 seconds to discuss with their teammates and come up with an answer.
- If the team responds correctly, the team gets one point.
- Then the next team B listens to the next statement and has 20 seconds to discuss with teammates and decide if the statement is true or false. If their answer is correct, the team gets one point.
- Each team will take turns listening to the statements
- The team with the greatest number of points wins.

So we can start now. Listen attentively to the questions and answer carefully. You have 20 seconds after the bell rings. Here we go.

1. A man does not need to use contraception after a certain age because eventually he loses the ability to reproduce.

SFX: Bell rings

Facilitator VO: The correct answer is FALSE. While women stop producing eggs after menopause, many men continue to produce sperm throughout their lives and therefore can cause pregnancy even in his sixties and older.

Here is the next statement.

2. Abstaining from sex is the only method of contraception that is 100% effective.

SFX: Bell rings

Facilitator VO: The correct answer is TRUE. Avoiding sex and any contact with semen are the only ways to absolutely avoid pregnancy.

Here is the next statement.

3. Condoms, when used consistently and correctly, provide effective protection against pregnancy.

SFX: Bell rings

Facilitator VO: The correct answer is TRUE. Condoms provide very good protection against pregnancy when used correctly. However, many people use condoms incorrectly and that is when they don't work.

Here is the next statement.

4. Aside from abstinence, male and female condoms are the only contraceptive methods that can protect against HIV re-infection and sexually transmitted infections.

SFX: Bell rings

Facilitator VO: The correct answer is TRUE. Male and female condoms made of latex or polyurethane are the only contraceptive method to protect against all sexually transmitted infections.

Here is the next statement.

5. Women on anti-retroviral medications cannot use hormonal methods of birth control, like pills or injectables.

SFX: Bell rings

Facilitator VO: The correct answer is FALSE. All HIV positive women on anti-retroviral medications can use hormonal methods. They just need to talk to their health providers about concerns and the importance of strict adherence to the pill or injections.

Here is the next statement.

6. Vasectomy is a simpler operation than female sterilization

SFX: Bell rings

Facilitator VO: The correct answer is TRUE. Vasectomy is a much simpler and quicker procedure than any female sterilization. A vasectomy also has a much shorter recovery time.

Here is the next statement.

7. A woman can take emergency contraception pills to reduce the risk of pregnancy after having unprotected sex.

SFX: Bell rings

Facilitator VO: The correct answer is TRUE. Emergency contraception can reduce risk of pregnancy when contraception is not used or fails. Emergency contraception can be used if a couple forgets to use contraception, a condom breaks, if a method was faulty or a woman is raped. It should not be a regular method of family planning because it can be harmful to a woman's health. Anyone who needs emergency contraception needs to think about adopting a regular contraceptive method.

Here is the next statement.

8. If you use condoms, there is no reason to use another family planning method.

SFX: Bell rings

Facilitator VO: The correct answer is FALSE. It is important to protect yourself against both unintended pregnancy and STIs/HIV re-infection. Although condoms can be effective in preventing pregnancy, there are other methods that are more effective. If a condom breaks or spills, or you can't use a condom every time you have sex, it is important to use dual methods to avoid unintended pregnancy.

SFX: Music up and down

Facilitator VO: Well done, please come together now and let's wrap up the activity. Here are some key points to remember.

1. A man needs to use contraception even at old age because he has the ability to produce sperm throughout his life.
2. Abstaining from sex is the only method of contraception that is 100% effective. Avoiding penile-vaginal sex and avoiding any genital or anal contact with semen are the only ways to absolutely avoid pregnancy.

3. Condoms, when used consistently and correctly, provide effective protection against pregnancy. Condoms provide very good protection against pregnancy when used correctly. However, many people use condoms incorrectly, which can result in unintended pregnancies.
4. Aside from abstinence, male and female condoms are the only contraceptive methods that can protect against HIV re-infection and sexually transmitted infections.
5. All HIV+ women, including women on anti-retroviral medications, can use hormonal methods of birth control, HIV+ women should talk with a health provider about their health concerns and the importance of strict adherence to pill and injectable regimens. HIV+ woman should also use condoms to ensure that their anti-retroviral medications do not interfere with protection from pregnancy.
6. Vasectomy is a simpler operation than female sterilization (tubal occlusion).
7. A woman can take emergency contraception pills to reduce the risk of pregnancy after having unprotected sex.
1. It is important to protect yourself against both unintended pregnancy and STIs/HIV re-infection. Although condoms can be effective in preventing pregnancy, many other contraceptive methods are MORE effective. If the condom breaks or spills, or you are not able to use a condom every time you have sex, it is important to use dual methods to avoid unintended pregnancy.

Whenever you need additional help or have questions, you can use a cell phone to text the word “HELP” to 1406. This is the number for the Text Me Flash Me Helpline for people living with HIV. A friendly counsellor will call you back within 24 hours to talk with you over the phone. This helpline is open everyday, except on Saturdays, Sundays and holidays.

Have fun and be careful about the information people give you. They might just be myths. See you at the next activity.

SFX: Music up and out.

MVO: This activity was adapted from “Ghana Peer Educator Training Manual” by Engender Health & Quality Health Partners

Module 8: Reproductive Health

Activity 8: Preventing Mother To Child Transmission

SFX: Music up and down

Facilitator VO: Hello and welcome to activity 8 in module 8. This is a very important activity that talks about preventing transmission from mother to child. This module will teach us steps to take to prevent transmitting HIV from mother to child.

When your moderator hears this bell....

SFX: Bell rings

Facilitator VO: ... that means it is time to stop the tape and begin the activity. When the discussion is over, your moderator will push play to continue the activity.

This activity may generate a lot of questions. If possible, your moderator should try to invite a qualified health worker or a trained counselor to attend the meeting. If it's not possible, the moderator should keep track of the questions that he or she can't answer and try to find the answers for you before the next support group meeting.

Let's begin!

SFX: Music up and down

Facilitator VO: We will listen to Elizabeth's story.

SFX: footsteps and street ambience, then door opens

Elizabeth: Hello, please may I see Nurse Martha

FVO: Ok hold on

SFX: door opens and closes

Nurse: Hello Elizabeth, how are you doing today? (subtly) You've come for your test result huh?

Elizabeth: (anxious and trepidation) Yes, have you got the result? Please tell me. I'm so afraid.

Nurse: (gently) Elizabeth, you tested positive, but that is not the end of everything. You have a whole life ahead of you. Just take it easy and everything will be fine.

Elizabeth: (crying) oh!, I'm finished! How will I survive, I don't know what to do. So what am I going to do with the baby I'm carrying? I'm 6 months pregnant....(crying...)

Nurse: I understand your worried, my dear. It is true that if a mother has HIV, her baby may get HIV. There is a 30 to 35% chance during pregnancy, childbirth or breastfeeding if the mother does not take special medication. That means that if there are ten HIV positive pregnant women or mothers who are not on special treatment, perhaps three of these will have a baby who is also HIV positive. But Elizabeth, with special medication the risk of passing HIV to your baby is reduced to only 10%. This means that if there are ten HIV positive pregnant women or mothers who are on special medication, only 1 of them may pass HIV to her baby. The special medication is called “ART” which means Anti-Retroviral Therapy. It is medication for the mother during pregnancy and labor and for the baby after he or she is born. In addition, you should use ART when you are breastfeeding. You should also decide whether to exclusively breastfeed your child or use replacement feeding. (fade out)

SFX: Music up and down

Facilitator VO: After hearing this story what do you think those of us who are pregnant can do to reduce this risk of passing HIV to our unborn babies?

SFX: Bell rings

Facilitator: Here are some possible answers to the question.

- Go to the health center as soon as we discover pregnancy
- Request anti-retroviral treatment during pregnancy and labor
- Continue anti-retroviral medications during exclusive breastfeeding

SFX: Music up and down

Whenever you need additional help or have questions, you can use a cell phone to text the word “HELP” to 1406. This is the number for the Text Me Flash Me Helpline for people living with HIV. A friendly counsellor will call you back within 24 hours to talk with you over the phone. This helpline is open everyday, except on Saturdays, Sundays and holidays.

Well done we have finished the activity. I will see you at the next activity.

SFX: Music up and out.

Module 8: Reproductive Health

Activity 9: Infant Feeding Dos and Don'ts

SFX: Music up and down

Facilitator VO: Hello and welcome to the final activity in this module. We will talk about the Dos and Don'ts in feeding new babies for people living with HIV.

When your moderator hears this bell....

SFX: Bell rings

Facilitator VO: ... that means it is time to stop the tape and begin the activity. When the discussion is over, your moderator will push play to continue the activity.

This activity may generate a lot of questions. If possible, your moderator should try to invite a qualified health worker or a trained counselor to attend the meeting. If it's not possible, the moderator should keep track of the questions that he or she can't answer and try to find the answers for you before the next support group meeting.

Let's begin!

SFX: Music up and down

Facilitator VO: This activity will help us understand the recommendation for feeding a new baby and to understand the two main feeding options: Exclusive breastfeeding or exclusive formula feeding.

- HIV can be transmitted through infected breast milk, and the risk of transmission increases if the HIV-positive mother has cracked nipples or infected breasts.
- For HIV-positive mothers, the recommendation is to avoid all breastfeeding if replacement feeding (e.g. formula or animal milk) is acceptable, feasible, affordable, sustainable and safe. Replacement feeding is when you do not breastfeed and instead you feed your baby only formula or only animal's milk.
- Otherwise, exclusive breastfeeding is recommended during the first 6 months of life.

We will listen to two stories

- One woman Nana, who chose to exclusively breastfeed and another woman Rita, who chose to exclusively formula feed, and then we will have a discussion afterwards.

SFX: Music up and down

Nana: My name is Nana and I have a one-year old son named Kofi. I am HIV positive and I was afraid of passing it to my son from breastfeeding. So I talked to Nurse Adu to get advice. Since I cannot afford to buy formula, Nurse Adu suggested that I breastfeed Kofi for the first

six months and then stop. She said that after six months a baby's stomach is stronger and he can manage other foods, so I can give other foods then. She reminded me that I cannot mix breastfeeding with any other liquids or foods during this first six months because it can upset the baby's stomach and make it easier for the virus to pass to the baby. When I returned home, I exclusively breastfed Kofi. I did not feed him any water or formula. In the beginning, I had a hard time feeding him. He was biting my nipples and they became sore. I remember that Nurse Adu told me that sore nipples can lead to infection, which will increase the chance of passing HIV to my baby. So I asked my mother and sister for help to show me what to do. I was glad that I got help because I did not feel sore afterwards and was able to breastfeed Kofi for six months. Nurse Adu told me that I needed to get Kofi tested when he is 18 months to make sure that he is still HIV-negative, so I brought Kofi back to be tested when he was 18 months old and was very relieved when he tested negative.

SFX: Music up and down

Facilitator VO: Now let's listen to Rita's testimonial.

SFX: Music up and down

Rita: My name is Rita, I am HIV positive, and I have a 4-month old baby girl named Elsi. Although breastfeeding has its benefits, I chose to give Elsi only formula because it is the only 100% effective way to prevent mother-to-child transmission of HIV after birth. My husband has a good job, and my mom also helps me with the baby's food. It was a difficult decision because I had to make sure that I would be able to continue to pay for the formula, and always have access to boiled or bottled water. I am lucky to be a part of a close community and people here know my HIV status and are supportive, so formula feeding is acceptable. I had to learn how to prepare the formula, feed the baby, and store the formula. I know I am fortunate to have a supportive family; they pooled their resources together so that I can afford the formula, fuel and water. I learned that I need to have enough formula and water to continue the feeding for six months. I am very careful about ensuring the safety of the formula. I boil the water used for mixing the formula as well as any necessary tools, such as bottles and utensils. Now that I am feeding Elsi formula, I cannot also breastfeed her. I know that mixing breastfeeding and other liquids in the first six months is not good.

SFX: Music up and down

Facilitator VO: Let's now try to answer the following questions to be sure we understand the stories we have just heard. What is the difference between Nana's story and Rita's story on what to do about feeding your infant?

SFX: Bell rings

Facilitator VO: How did they make the decision?

SFX: Bell rings

Facilitator VO: Well done. Here are some key points to remember.

- HIV can be passed to the baby through infected breast milk, and the risk of passing HIV to the baby increases if the HIV-positive mother has cracked nipples or infected breasts
- For HIV-positive mothers, the recommendation is to avoid all breastfeeding if replacement feeding using formula or animal milk is acceptable, feasible, affordable, sustainable and safe.
- Otherwise, exclusive breastfeeding is recommended during the first 6 months of life.
- DO NOT MIX BREAST FEEDING WITH OTHER LIQUIDS OR FOODS in the first 6 months.

I hope all of us will adhere to the directives in this activity. It will ensure that we have healthy families and that we will protect our babies' lives.

Whenever you need additional help or have questions, you can use a cell phone to text the word “HELP” to 1406. This is the number for the Text Me Flash Me Helpline for people living with HIV. A friendly counsellor will call you back within 24 hours to talk with you over the phone. This helpline is open everyday, except on Saturdays, Sundays and holidays. Whenever you need additional help please use a cell phone to text “HELP” to 1406. This is the texting

This brings us to the end of the module 8. See you at the next module.

SFX: Music up and out.