



# GIRLS' SUCCESS

2

## MENTORING GUIDE ABOUT HIV and AIDS

**AED** •  
Center for Gender Equity

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The AED Center for Gender Equity promotes the rights of girls and women to education, health, a safe environment, economic participation, and leadership. It analyzes gender-related issues and advocates for the mobilization of leaders and institutions in support of gender equity. The Center is recognized for innovation in the field of girls' education and for expanding the knowledge base on gender perspectives.

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Girls' Success:



MENTORING GUIDE ABOUT

# HIV and AIDS

2009

*There is no presumption or knowledge that any of the people featured in the photos of this guide is HIV positive.*



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This second manual was a challenge to write. The topic is extremely important and quite complex and sensitive. If it were not for the total dedication of those who contributed to it, we would presently still be revising and rewriting certain chapters.

I would like to express my appreciation to the many AED staff who contributed to the second volume of this series of mentoring guides for girls' success. Their commitment to the *Girls' Success* series and to creating tools, training materials, and forums that increase the chances for girls to succeed is inspirational. I am deeply grateful.

Volume two of the series of mentoring guides—*Girls' Success: Mentoring Guide about HIV and AIDS* involved a collaborative process with AED staff who worked on several USAID- and foundation-funded projects, such as the Ambassadors Girls Scholarship Program (AGSP), and the Four Pillars project. My sincere thanks go out to all those who helped inform the content of the guide. Special thanks go to those who gave AED feedback when the guide was tested in the field.

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Finally, this guide was inspired by the girls of Africa who strive to improve their lives and the lives of their families and communities by pursuing education and seeking guidance. This guide is for mentors in Africa, Asia, Latin America, and the Middle East who dedicate themselves to enhancing the lives of the girls and boys in their countries. Advancing girls' success worldwide is what drives the authors and contributors of this series of guides.

### *Note to our Readers:*

This guide is a work in progress. It is an organic and dynamic document that will change and improve through field tests and feedback from mentors and girls and boys. We welcome your comments and suggestions.



*M. Rihani*

May Rihani  
Senior Vice President  
Director of the Global Learning Group







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## ABOUT THIS GUIDE

*Thank you for choosing to be a mentor!* You have a unique opportunity to help girls achieve success in their lives by supporting and guiding them. This is one of the best ways that a woman can help the girls in her community. You are joining other women in your country and around the world who believe that girls can be just as successful in life as boys.

The issue of HIV and AIDS is a serious global issue that affects girls and boys, women and men, from all communities. Girls and women are particularly vulnerable to contracting HIV which can develop into AIDS. This guide for mentoring contains important information about HIV and AIDS related to young women and girls. The guide also provides ideas for talking about HIV and AIDS with the girls you are mentoring, and ideas for sharing the right information through activities and discussion questions.

The work of a mentor may be life changing for certain girls. Growing up can be hard for anyone. In many places, growing up is even harder for a girl. You were asked to be a mentor because you yourself know this well. Through life's lessons, you have learned wisdom and gained inner strength. The girls you mentor will need guidance, love, support, and kindness in their journey to becoming women. They will need wisdom like yours.

Mentoring girls is a challenge. Girls will come to you with hard questions and great hope. Sometimes you will be able to help make their lives better;

other times you will feel that you have not done very much. In times when you are feeling down, think that success is not about one mentoring session or one talk with a girl. Mentoring is about building trust over a long period of time. If you care about the girls and follow through with the promises that you make to them, you will be successful in helping them to improve their lives.

Think about mentoring as a journey. This series of *Girls' Success Mentoring Guides* is a tool to help you in your journey. These *Guides* serve as road maps for mentors. They provide ideas for helping girls as they go through school and become young adults. The *Guides* are not meant to be read from start to finish. Instead, they are meant to be read between mentoring sessions to help your planning. They are meant to give you basic information to share with girls, but just as importantly, to give you ideas about how to talk with girls about issues that are important to them. Girls will learn a lot from their mentors as well as from each other. You might be surprised about how much you also will learn from the girls in the process.

Remember that a guide is only meant to give ideas. It is up to mentors and their girls to make the sessions meaningful for everyone. Instead of reading facts from the *Guide* or asking the *Guide's* questions directly, it is better to use the *Guide* just to start your thinking. Ask girls to find out more about topics from the *Guide*—or ask them to find information about other topics that are just as important to them. Think about different activities you can do to help girls understand the main points.

Best wishes to you and to the girls whose lives you will touch.



I.

# MENTORING FOR GIRLS' SUCCESS

**A mentor is a woman role model from the community. A 'role model' is someone whom girls can admire and look up to because she leads a good life. A mentor spends time with girls individually or in a group to make sure that they do well in school, are healthy and happy, and are helpful to their families and communities.**

A mentor can be almost anyone—mother, young woman, religious leader, community leader, or professional woman in any field. A mentor is willing to do what she can to help girls succeed.

Here are some things that mentors do:

- A mentor is a 'role model' because she is successful and lives her life in a positive way.
- A mentor helps girls develop the skills to make good choices.
- Although a mentor is not necessarily a teacher or tutor, a mentor encourages good study habits and skills.



## *What is Success?*

Success can mean many things. It can mean completing school, getting a good job, being a good wife and mother, or helping the community.



## Why is mentoring important for girls?

Girls begin to mature into young women when they are in upper primary and secondary school. During this time, girls benefit from information that they may not hear from their parents or teachers. When girls receive information that will help them make good decisions about all aspects of their life, they are more likely to stay in school, take care of themselves, and be successful in future activities, whether that is raising a family, being a community leader, or having a job.

## How do mentoring programs for girls help everyone?

- Mentoring helps parents to raise daughters who are more informed about their families' needs and can better support their families' health and well-being.
- Mentoring teaches how girls can help their communities fight poverty, violence and abuse, and prevent HIV.



# 1. Mentoring for Success

The goal of mentoring is for a respected woman from a community to meet regularly with girls to discuss important issues. Mentoring takes place most often in group sessions, but mentors can also meet individually with girls to discuss more specific subjects. Mentoring sessions allow girls to ask questions freely of mentors and each other and talk openly about their thoughts and feelings.



Mentors should not try to be teachers or parents. Instead, mentors should play the role of a trusted older friend who can raise issues to think about, answer questions based on knowledge and life experience, and encourage girls with softer voices to join the conversation. Through mentoring, girls should feel good about themselves.

## What makes mentors successful?

It is not difficult to be a good mentor if one follows a few important guidelines:

- **Listen!** A good mentor listens and helps girls feel comfortable enough to talk openly. A good listener does not interrupt or judge what girls are saying. She values girls' feelings and ideas. A mentor asks questions to encourage girls to speak out.
- **Share!** A good mentor also shares stories about her experiences. These stories should not only be about successes but also about hardship and challenges.
- **Do not judge or pick favorites!** By not judging girls, a mentor helps girls feel safe to share new ideas without fear of making mistakes.



- **Build Trust!** It is very important that mentors do not share private information from girls with others. However, sometimes a mentor might feel that a girl is in danger or might be abused. In one of the first meetings with girls, the mentor should inform girls that if she believes the girl is in danger, she might share information with another person.
- **Do not expect gifts!** Mentors should never ask for money or gifts from girls, girls' families, or anyone else in the community.
- **Be dependable!** A mentor is faithful in carrying out her mentoring duties.
- **Give wise counsel!** A good mentor gives clear guidance to girls. She does not make choices for girls or tell them what to do.
- **Have fun!** A good mentor enjoys mentoring and spending time with girls. The girls will know by her speech and actions that their mentor is happy to spend time with them.





## 2. Planning Mentoring Sessions and Activities

When a mentor is just starting, she should first meet with as many girls and their families as possible. Meetings are chances to learn what girls expect from mentoring and topics that might interest the girls. That information will help the mentor plan for her first few mentoring sessions. In addition, mentors should try to think about the following questions:

- When are the best times for girls to attend mentoring sessions?
- Where can meetings be held so girls can participate easily? Is the meeting place big enough for the number of girls in the mentoring group? Is it safe? Is it a good idea to hold meetings in different places over time?
- Which topics or activities are best for the whole group? Do some girls have special needs or topics they do not want to talk about in front of the group? Is there a chance to meet with each girl alone from time to time?
- What are good rules that everyone in the group should follow, such as respecting what others think and feel—their ‘opinions’?
- What activities give girls the chance to think about issues that are important to them? Since girls learn differently, what are different ways of sharing the same information?

### Planning a mentoring session

After answering these questions, it is time to plan the topic for the first mentoring session. Here is one way to plan:

1. Write in a few words about what the topic will be.
2. Write what the girls should learn. List the information, skills, or ideas that the girls should know once the meeting is over. Keep the list to just a few items, and make sure the items are clear and to the point.
3. Make a list of everything that needs to be done before the meeting. For example, draw pictures to illustrate a topic, contact a guest speaker, or arrange a meeting place.

4. Think about how the topic will be presented and what activities will be used to help teach the main points. Use storytelling, a picture, a poem, or other way to get girls interested.

This is only one way of preparing for a mentoring session. A mentor should prepare in a way that works best for her. After the first few mentoring sessions, planning will become much easier and mentors will be on the road to building trust with girls that will help the girls grow.



### Encourage different ways of learning by:

- Having girls take turns choosing the topics for the sessions. The girl who chooses the topic can also lead the session to build leadership.
- Dividing girls into small groups and have each group become an 'expert' about different sides of a topic. The groups can then debate the topic and learn more about different points of view.

Other ideas for activities are given throughout this *Guide*.

### *Getting to know the girls*

To get to know girls better, a mentor can:

- \* **Meet with each girl and her family or guardians** as early in the mentoring experience as possible. The mentor can tell the family about mentoring and answer questions. This discussion helps the whole family feel good about mentoring. Meeting with families also help girls gain a better understanding about why mentoring is important.
- \* **Write good notes** for each girl that show what the mentor has learned about her. These notes can help the mentor plan activities that will interest the girls.



## Who else can be involved in mentoring?

Many others in the community can support girls' mentoring. In fact, the goals set by a mentor for her girls are more easily met if others in the community understand and support the goals as well. A mentor can ask members of the community to be guest speakers at mentoring meetings. There are three groups in the community who should support mentoring sessions.

The first group is parents and guardians. It is very important that mothers, fathers, and guardians understand the important role that mentoring will play in the lives of girls. If parents and guardians are supportive, they will encourage their daughters to attend the meetings. Involving parents also helps mothers and fathers learn about issues that they may have missed growing up if they themselves did not have the benefit of an adult mentor.

The second group is teachers and school leaders. When teachers and school leaders are involved, mentors come to know what girls are studying and what they are finding difficult in school. Teachers learn that mentors can be a good communication bridge to parents and families when girls need more help.

The third group is men and boys. In many places, men are the main decision makers in the community, and they make a difference in how the community thinks about girls' education. Community leaders who are men can make sure that mentors have the resources they need to run the mentoring sessions. They can also encourage the school head masters who are often men to support educating girls through mentoring sessions. During the year, it is important to hold some mentoring sessions for boys alone so that they do not feel left out. It is an opportunity at the mentoring sessions for boys to discuss why it is important that girls receive mentoring sessions.







## II.

# LEARNING ABOUT AND PREVENTING HIV

*‘Why are women more vulnerable to infection? Why is that so, even when they are not the ones with the most sexual partners outside of marriage, nor more likely than men to be injecting drug users? Usually, because society’s inequalities put them at risk’.*

—Kofi Annan, Secretary-General, United Nations (1997 – 2006)

This section gives information about what HIV and AIDS are, how HIV is contracted, and how it can be prevented. It presents the situation of HIV and AIDS in the world, especially for women in Africa. This section shows how education can help reduce the spread of HIV. First, it is necessary to understand how HIV thrives so that good mentoring sessions can be designed that will help girls avoid infection. Even more than that, this information shows how important the work of mentors can be in helping girls make good choices to lead healthy lives.

# 1. Defining HIV and AIDS

HIV stands for Human Immunodeficiency Virus. It is the virus that causes AIDS. AIDS stands for Acquired Immune Deficiency Syndrome:

- **Acquired**—because it is passed from one person to another. It cannot be inherited from a mother or father in the same way as a person’s height or hair color.
- **Immune**—because it affects the immune system, the functions of the body that fight off diseases.
- **Deficiency**—because it makes the immune system stop working properly.
- **Syndrome**—because people with AIDS have a number of different symptoms and diseases.<sup>1</sup>

HIV weakens the body’s immune system so that it can not protect the body from other diseases, called ‘opportunistic infections’. When HIV has weakened the body so much that it can no longer protect itself from those diseases, someone is said to have AIDS. People with AIDS can die from opportunistic infections, most often tuberculosis, pneumonia, bowel infection, cancer, and meningitis.

## QUESTIONS AND ACTIVITIES



### **Discussion questions**

1. What is HIV? What does “HIV” stand for?
2. What is the immune system? What does it do?
3. What are ‘opportunistic infections’? List five common opportunistic infections that people with AIDS can die from.
4. What does HIV do to the body?

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<sup>1</sup> Stop AIDS Project [http://www.stopaids.org/resources/std\\_info/definitions.html](http://www.stopaids.org/resources/std_info/definitions.html)



### **Activity for mentoring session: WHAT DO WE KNOW?**

It is important for mentors to think of how to present information about HIV and AIDS in ways that meet girls' needs and hold their interest. Therefore, it can be useful to ask the girls directly what questions they would like to have answered about HIV and AIDS. Once the mentors have these questions, they can use them as a guide for planning lessons and making sure all questions have been covered.

Introduce the topics of HIV and AIDS by asking girls what questions they would like to have answered. Use a chalkboard or a piece of paper and make a list of every question the girls suggest. If they have trouble starting, the mentor can ask questions to start their thinking. If they do not know the answers to the questions, add them to the list. Below are some examples of questions to get the discussion started.

- How do people contract HIV?
- How do people get AIDS?
- How can someone prevent HIV?
- Does someone who has HIV always have visible symptoms?

Urge all girls to contribute at least one question. Once questions have been collected from most of the girls, explain to them that as many of their questions will be answered during the mentoring session as possible. If a mentor does not know the answer to a question, she can tell the girl that she will find out the answer and tell her another time.



Leave time at the end of the mentoring session to return to the list of questions from the beginning of the session. The mentor should ask if they feel that all the questions have been answered. If the girls say yes, choose several questions and ask the girls to answer in their own words based on what they have learned. If they say no, answer any remaining questions. This is useful for understanding what girls have learned about this important topic.

## 2. Understanding How People Contract HIV

HIV is spread in the following ways:

- By having unprotected vaginal, anal, or oral sex with someone who is infected with HIV. To have 'unprotected' sex means sex without a condom.
- By sharing needles or syringes with an HIV positive person.
- From mother to child. A pregnant mother who is HIV positive can pass the virus on to her unborn child during pregnancy or during childbirth through the blood. A mother can also pass HIV to her child through breast milk during breastfeeding.
- Direct contact with the blood of a person living with HIV. This can happen if a person has a freshly open wound (or even a small cut) which comes into contact with the blood of a person with HIV.
- Through blood transfusions.<sup>2</sup>

The following fluids may have very high levels of HIV in them, and the chances of getting infected with HIV if a person comes into contact with them are very high:

- Blood
- Semen - fluid from the penis
- Precum - any fluids secreted prior to 'ejaculation' - a discharge of fluid from the penis during sex
- Vaginal fluid
- Breast milk

The levels of HIV in the following fluids are too low for a person to be greatly at risk of infection from contact with them:<sup>3</sup>

- Sweat
- Mucus - thick fluid from nose or throat
- Urine
- Tears
- Saliva

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<sup>2</sup> College of Agriculture and Natural Resources, University of Maryland [http://www.agnr.umd.edu/nifr/adolsex/fact/adolsex\\_hiv.html](http://www.agnr.umd.edu/nifr/adolsex/fact/adolsex_hiv.html) and <http://aidszone.blogspot.com/2005/08/q-how-much-do-you-know.html>

<sup>3</sup> SHARC - Student HIV/AIDS Resistance Campaign <http://aidszone.blogspot.com/2005/08/q-how-much-do-you-know.html>



Illustration by Aissatou Djika, Ambassadors Girls Scholarship Program, Cameroon

There is a small possibility that a person can contract HIV through 'oral sex' - oral-genital stimulation, but it is considered a low risk. If a person has a cut, a sore, or an open wound in her mouth and her partner is HIV positive, then the cut or sore may provide a pathway for the virus to enter the blood stream.

Any contact between infected blood or other high risk fluid and an opening, an open cut, or wound on a body may cause someone to get HIV.

*The following are some of the **ways that HIV can NOT be transmitted:***

- Being bitten by a mosquito
- Shaking hands with someone who is infected
- Hugging someone who is infected or kissing them on the cheek
- Sharing food with someone who is infected



- Breathing air or drinking water, even if someone who is infected drank from the same cup or water fountain
- Using a latrine, even if someone who is infected used the same latrine
- Sitting next to someone who is infected on a crowded bus

Some people wonder if sharing razors or earrings can spread HIV. Again, one of the ways that HIV is spread is through infected blood. Therefore, if there is infected blood on a razor and another person uses that razor and cuts herself, and the blood from the infected razor enters the person's blood stream, she can contract HIV. In other words, if infected blood enters into another person's blood stream through a cut or other opening, a person can get HIV. Doctors advise that people should not share sharp objects such as razors with someone who might be infected with HIV; however, the risk of contracting HIV from a razor is extremely rare. For hygiene purposes, it is a good practice not to share these objects, but there is little to no evidence to suggest that this is a way that HIV is transmitted.<sup>4</sup>

## No Cure Yet for HIV

HIV is a very strong virus, and is constantly changing. Because of this, every time a new drug is created to treat the disease, the virus changes itself and the drugs are no longer useful. Many people are working to find a vaccine to stop people from becoming infected with HIV. However, this vaccine is many years away from completion. The only real cure is responsible, smart behavior.<sup>5</sup>

## Importance of Frequent HIV Testing

Although getting tested for HIV does not prevent the person getting tested from 'contracting'—getting a virus—the disease in the future, it empowers the person to have information about her body and can prevent the spread of the disease to others, especially to children through pregnancy. If a girl or a young woman is worried that she may have contracted HIV, getting tested at a clinic or hospital is the only reliable and accurate way to know. Often clinics and hospitals will test anonymously so that only the girl herself will know the results of the test. Most

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<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

people will develop HIV ‘antibodies’—cells that try to fight the virus—within three months after infection. In some cases, HIV will not show in a test until six months after the person is infected. Therefore, if a person tests negative for HIV at first, that person should be retested six months later after the last possible exposure to the virus.<sup>6</sup>

## QUESTIONS AND ACTIVITIES



### **Discussion questions**

1. What are the ways a person can become infected with HIV?
2. What are some of the ways that HIV can NOT be transmitted?
3. Is there a cure yet for HIV?
4. Why should a person get tested for HIV?



### **Activity for mentoring session: AN INTERACTIVE ROLE PLAY**

This interactive role play will help girls to learn about the three ways that a person can contract HIV and the many ways that a person cannot contract HIV. Have the girls break up into two groups. One group will do the role play and the other group will be the audience. Have the role playing team act out a number of ways that people cannot get HIV, such as being bitten by a mosquito or shaking someone’s hand. Also have them act out at least one way that a person can contract HIV. The audience will be asked to say out loud “True” or “False”, based on each role play. Each group should have a chance to both role play and serve as the audience. This interactive role play will also provide the mentor with additional insight into what the girls know and do not know about HIV and AIDS.



<sup>6</sup> MyOptumHealth.com  
<http://www.myoptumhealth.com/portal/Information/item/AIDS+%28HIV%29+Test?archiveChannel=Home%2FArticle&clicked=true>

## 3. Helping Protect Girls from HIV

Girls have many ways of protecting themselves from HIV, but should be made aware of the risks that are specific to girls.

### Understanding risks for girls and women

In sub-Saharan Africa, for example, experts believe that the primary way that HIV is transmitted is 'intercourse'—when the penis enters the vagina—between men and women (heterosexual sex). Females are especially vulnerable for many reasons.

- **BIOLOGY:** Women and girls are at greater risk for contracting HIV because of the way their bodies are made. This is because women's sexual organs have a larger and more sensitive surface area and are more likely to have rips or small tears from intercourse where infected semen can enter.<sup>7</sup> In unprotected heterosexual sex, girls and women are twice as likely as boys and men to get HIV from an infected partner.
- **POVERTY AND ECONOMIC INEQUALITY:** Of the 1.4 billion people living in poverty worldwide, most of them are female.<sup>8</sup> As a result, women are often forced to depend on men to survive and for their children to survive. This is called 'economic inequality' because women do not have the same power to earn a living and support a family that men have. This means women have little control over their own lives, especially over when, with whom, and under what conditions they have sex. Adolescent girls, young women, and women in general often have little say over whether a condom is used during sex. This dependence and lack of power greatly increases women's and girls' chances of contracting HIV.

Some other harmful results of poverty and economic inequity include 'infidelity'—being unfaithful—in marriage, 'cross-generational, transactional' sex, also known as 'sugar daddy' relationships, (usually when adult men have sex with young girls), and 'commercial' or 'survival' sex work, also called prostitution.

<sup>7</sup> UNAIDS <http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/WomenGirls/default.asp>

<sup>8</sup> World Bank <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,contentMDK:20040961-menuPK:34480-pagePK:34370-theSitePK:4607,00.html>



- **Marital infidelity and HIV:** Due to the widespread practice in some communities of men having sexual relationships outside of marriage and expecting unprotected sex with their wives, HIV infection rates can be even higher among married girls and women than among unmarried girls and women.
- **'Sugar daddy' relationships and HIV:** The common practice in many countries of older men ('sugar daddies') enticing young girls and women to have sex with them in exchange for gifts, money, or food puts girls at risk of contracting HIV. Because of the age difference and gender roles, these men often have many sexual partners, possibly including one or more wives.<sup>9</sup>



Illustration by Kayemba Shadiha, Ambassadors Girls Scholarship Program, Uganda

<sup>9</sup> UNAIDS [http://data.unaids.org/Global-Reports/Bangkok-2004/UNAIDS\\_Bangkok\\_press/docs/unfpa\\_unaids\\_unifem\\_womenaids\\_en.pdf](http://data.unaids.org/Global-Reports/Bangkok-2004/UNAIDS_Bangkok_press/docs/unfpa_unaids_unifem_womenaids_en.pdf)

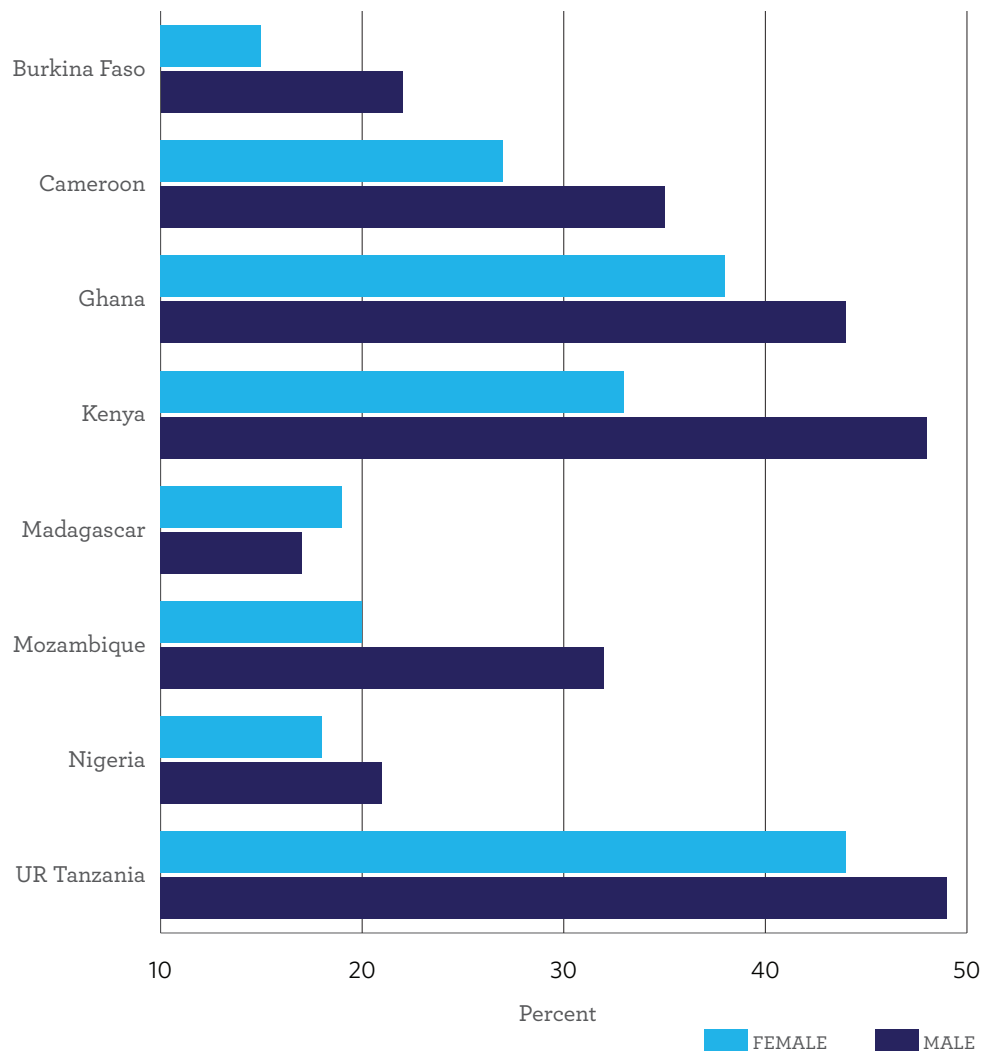
- **Commercial and survival sex:** Whether they are pressured to earn a living by physical or psychological force, many young girls end up exchanging sex for money or food. This is also known as ‘sex work’ or prostitution. Their partners are likely to be older men with many other sexual partners who may refuse to use condoms.
- **WOMEN AND MEN HAVE STRONG BELIEFS ABOUT GENDER ROLES, OR ‘GENDER NORMS’, REGARDING SEXUALITY AND POWER.** These gender norms can promote behaviors that put young girls and women at greater risk of getting HIV. In many countries, girls and boys are taught that females should be passive and submissive and that males should be aggressive and powerful. These gender norms are reflected in sexual behavior by both genders. Multiple sexual partners are often acceptable for a man, while a woman is expected to be faithful and available to one partner. Women often fear violence if they question their partner’s faithfulness or refuse sex.
- **MYTHS AND POOR SOURCES OF INFORMATION** keep both boys and girls (and men and women) from making the best choices about their sexual behavior. Some common myths include the belief that AIDS is a curse rather than a medical illness, and the belief that someone who looks healthy cannot be HIV positive.

Many countries include lessons about HIV prevention in their school curricula. There are many examples of successful school-based HIV prevention programs. However, there are many more examples of education systems with poor teaching methods and with limited access to materials about HIV and AIDS. This can add to misunderstanding by failing to correct myths or give good information to girls on how to protect themselves from contracting HIV. For young people who do not have the chance to attend school during these most vulnerable years—most often girls—this is a missed opportunity. They are forced to depend on family or community members who may not have good information. The graph shows that girls between the ages of 15 and 24 are most often at a much higher risk of contracting HIV than boys. In seven out of the eight countries studied, girls know less about how to prevent the sexual transmission of HIV than do boys.





## Percentage of Young People Who Correctly Identified Major Ways of Preventing the Sexual Transmission of HIV, 2003



Source: Demographic and Health Surveys CRC Macro (Burkina Faso, Cameroon, Ghana, Kenya, Madagascar, Mozambique, Nigeria, UR Tanzania) HIV/AIDS Indicator Survey 2003-2004, TACAIDS, NBS, and CRC Macro (UR Tanzania)

- **SEXUAL HARASSMENT AND VIOLENCE AGAINST WOMEN AND GIRLS** is widespread throughout the world. It is often accepted in many communities, as well as in schools. Girls even experience violence going to school and returning home from school. Worldwide, up to one-third of adolescent girls report that their first sexual experience was forced. Multiple studies have shown that forced sex increases a woman's chance of getting HIV.<sup>10</sup>

## Reducing girls' risks of contracting HIV

Girls can do many things that will help prevent their risks of contracting HIV.

### 1. *Adopt safe sexual practices. Girls have several choices:*

- Abstinence or delaying first sex until a girl is older and more mature to understand all of the consequences of her actions. **The only 100% effective way to prevent getting HIV through sexual contact is to abstain from sex completely.** Even if a girl or woman is married, and her husband has other sexual partners, the girl or woman is at risk of contracting HIV from her husband.
- Correct and consistent use of condoms for sexually active people, couples in which one partner is HIV positive, sex workers and their clients, and anyone engaging in sexual activity with partners who may have been at risk of HIV exposure.
- Being safer by being faithful to one partner or by reducing the number of sexual partners.<sup>11</sup>



### Tip!

Remember to talk to girls about how these prevention approaches might be more difficult for them because of practices like early marriage, or because boys and men might expect to make decisions about sexual relationships.

<sup>10</sup> WHO [http://www.who.int/gender/hiv\\_aids/en/index.html](http://www.who.int/gender/hiv_aids/en/index.html)

<sup>11</sup> UNAIDS/ WHO 2004 Report on the Global AIDS Epidemic (<http://www.unaids.org/bangkok2004/report.html>)

## 2. *Avoid infected blood*

- The healthiest choice is to avoid using ‘intravenous drugs’—drugs that are given by shots into a vein. It is especially dangerous when intravenous drug users share needles instead of using a new needle each time.
- If someone needs to get blood through a ‘transfusion’, make sure the clinic or hospital screens its blood for HIV. One can find this out ahead of time from the local clinic or hospital if one asks them.
- It is a healthy practice not to touch anyone else’s blood, whether or not they are HIV positive. If one needs to have direct contact with someone’s blood, wear rubber gloves or use a barrier such as plastic between oneself and the blood.

## 3. *Understand the connection between mother and child in HIV contraction*

- There are medicines that can reduce the risk of passing HIV from a mother to her child during child birth. When breastfeeding, there are also ways to lower the likelihood of passing HIV from a mother to her baby. Pregnant women can talk to a nurse or doctor at a health clinic or hospital to find out about their options.

## 4. *Avoid dangerous situations*

- There are many harmful results of poverty and economic inequity that increase girls’ chances of contracting HIV, such as infidelity in marriage, commercial or survival sex work, and cross-generational, transactional sex (sugar daddy relationships). Girls need to learn ways to avoid these dangerous situations and protect themselves from getting HIV.

## QUESTIONS AND ACTIVITIES



### *Discussion questions*

1. Why are women and girls at greater risk for contracting HIV?
2. How does poverty increase women’s and girls’ chances of contracting HIV?  
Why does poverty affect women and girls more than men and boys?
3. How does a husband’s infidelity increase his wife’s chances of contracting HIV?

4. What is a 'sugar daddy'? Why must women and girls avoid them?
5. What is 'commercial sex' and 'transactional sex'? Why are they harmful to women and girls?
6. What are 'gender norms'? How do they influence men's and women's chances of contracting HIV?
7. What is 'sexual harassment' and violence against women and girls? How can they increase women's and girls' chances of contracting HIV?
8. What are some strategies for reducing the risk of HIV infection?

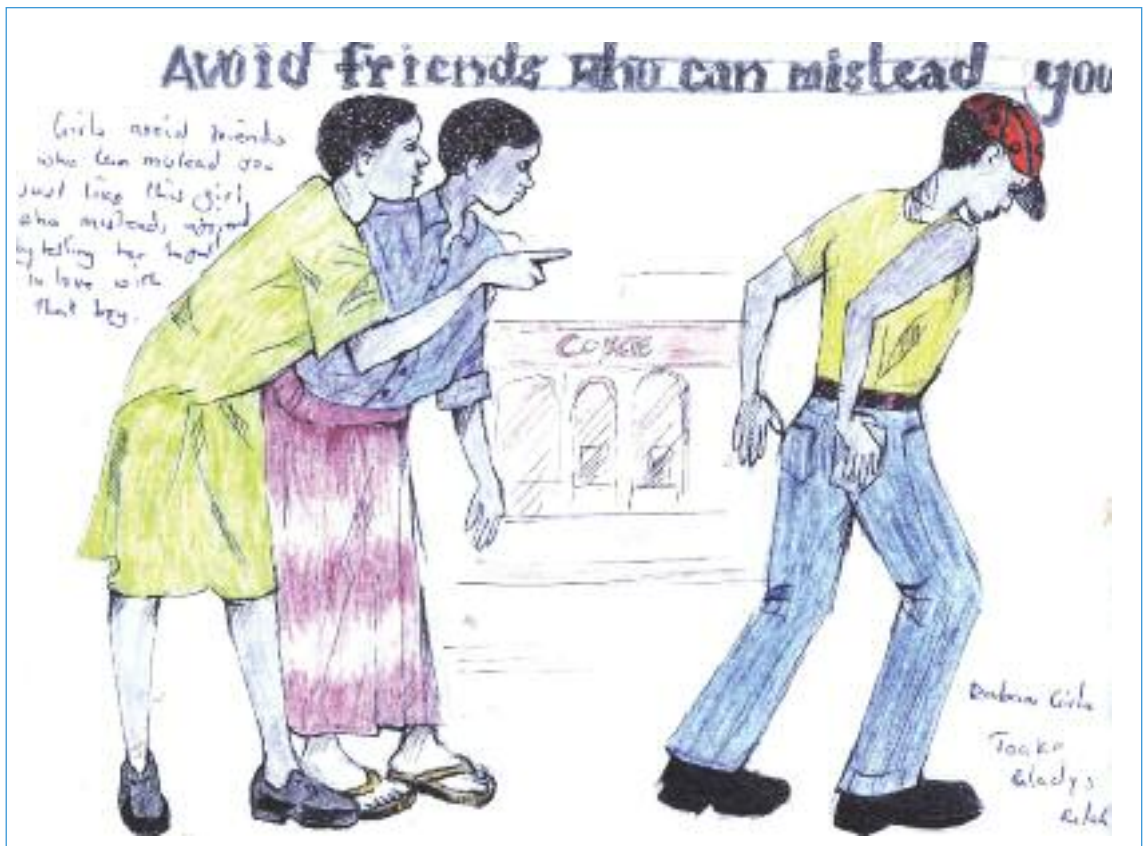


Illustration by Taaka Gladys Ritah, Ambassadors Girls Scholarship Program, Uganda



***Activity for mentoring session:***

**AVOIDING THE 'SUGAR DADDY' TRAP**

It is common in many countries for older men ('sugar daddies') to entice young girls and women to have sex with them in exchange for gifts, money, or food. This puts girls at much greater risk of contracting HIV. Because of the age difference and gender roles, these men often have many sexual partners, and possibly one or more wives.

Discuss the issue of sugar daddies and HIV and AIDS with the girls. Have the girls work in groups to come up with different ways of identifying a sugar daddy, for example, if a man offers a gift, money, or food in exchange for sex. Once the girls are finished, list all of their answers and add any that might be missing.

Have the girls work in groups again to come up with as many ways as they can think of to avoid the sugar daddy trap. For example, a girl could avoid talking to men who offer them things with the knowledge that he wants sex in return. Once the girls are finished, list all of their solutions and add any that might be missing.

Have the girls perform a skit. One girl should act as the sugar daddy while another plays the girl he is trying to convince to be with him. The sugar daddy needs to try and convince the girl to have sex by using the lines that the girls listed in another activity. The girl playing the girl character should then use more of the ways that the girls came up avoiding the traps of a sugar daddy. Give each girl a turn at being both the sugar daddy and the girl. Have them use as many of the answers they themselves came up with as possible.

After the role play, ask the girls what they learned from the activity. Remind them why they need to avoid sugar daddies. Tell the girls that they are not alone in this challenge and that they can support each other.

## 4. Understanding HIV and AIDS Around the World

More and more women and girls around the world are facing the possibility of contracting HIV. At the end of 2007, about 33 million people were living with HIV and AIDS in the world. More than half of the people living with HIV and AIDS are female, and this number keeps getting larger.<sup>12</sup> For example, in Sub-Saharan Africa, approximately 22 million people are living with HIV and AIDS. Three-quarters of young people living with HIV and AIDS on the African continent are young women aged 15–24.<sup>13</sup> To reduce the AIDS ‘epidemic’—an outbreak of a disease by many people at the same time—it is vital to address women’s and girls’ needs for HIV prevention, treatment, and care.<sup>14</sup>

### Facts about HIV and AIDS

#### ***World***

- The United Nations AIDS office (UNAIDS) 2008 report on the global AIDS epidemic estimates that 33 million people were living with HIV and AIDS in 2007.
- Anyone can get HIV—men, women, boys, girls, and people from all religions, communities, and countries.
- There are ways to prevent contracting HIV as individuals and as a community. There are also ways to give care and support to people who are living with HIV and AIDS.
- There is no cure for AIDS yet. Even though medicines exist that can sometimes help people live longer, they are still very expensive in most places. These medicines often have many harmful side effects. The best medicine is still prevention.

<sup>12</sup> UNAIDS *Report on the global AIDS epidemic (2008)*.

<sup>13</sup> ‘Where are the Gaps? HIV and Gender Pre-service Teacher Training Curriculum and Practices in East Africa’ (2009).

<sup>14</sup> UNAIDS <http://search.unaids.org/Results.aspx?q=young+women+and+hiv+aids&o=html&d=en&l=en&s=false>.





## **Sub-Saharan Africa**<sup>15</sup>

An estimated 1.9 million people were newly infected with HIV in sub-Saharan Africa in 2007, bringing the number of people living with HIV and AIDS to 22 million. Two thirds (67%) of the global total of 33 million people with HIV and AIDS live in this region, and three quarters (75%) of all AIDS deaths in 2007 occurred there. Three-quarters of young people living with HIV and AIDS on the African continent are young women aged 15–24.



**Recent trends:** Most epidemics in sub-Saharan Africa appear to have stabilized, although often at very high levels, particularly in southern Africa. Additionally, in a growing number of countries, the likelihood of adults getting HIV appears to be falling. For the region as a whole, women are unequally affected in comparison with men, with especially large differences between the sexes in HIV prevalence among young people.

**Main modes of HIV transmission:** ‘Heterosexual intercourse’ — sexual relations between a male and a female — remains the primary means of HIV contraction in sub-Saharan Africa. The high rate of sexual transmission has also given rise to the world’s largest population of children living with HIV and AIDS. However, recent evidence has revealed the region’s epidemic to be more diverse than previously thought, as people are also getting HIV by through commercial sex work, injecting drugs, and sex between men.

<sup>15</sup> <http://www.unaids.org/en/CountryResponses/Regions/SubSaharanAfrica.asp>

## ***South and Southeast Asia***<sup>16</sup>

In Asia, an estimated 5 million people were living with HIV and AIDS in 2007, including the 380,000 people who were newly infected that year. Approximately 380,000 died from AIDS-related illnesses. National HIV infection levels are highest in South-East Asia where people get the disease in a variety of ways.



**Recent trends:** The epidemics in Cambodia, Myanmar (Burma) and Thailand all show declines in HIV ‘prevalence’ — the proportion of individuals in a population having a disease — with national HIV prevalence in Cambodia falling from 2% in 1998 to an estimated 0.9% in 2006. However, epidemics in Indonesia, Pakistan, and Viet Nam are growing rapidly. In Viet Nam, the estimated number of people living with HIV more than doubled between 2000 and 2005. New HIV infections are also increasing steadily, although at a much slower pace, in countries such as Bangladesh and China with large populations.

**Main modes of HIV transmission:** The several modes of HIV transmission make Asia’s epidemic one of the world’s most diverse. These modes include injecting drugs, sex work, heterosexual intercourse, and sex between men.

## ***Eastern Europe and Central Asia***<sup>17</sup>

The estimated number of people living with HIV and AIDS in Eastern Europe and Central Asia rose to 1.5 million in 2007; almost 90% of those infected live in either Russia (69%) or Ukraine (29%). It is estimated that 110,000 people in this region became infected with HIV in 2007, while approximately 58,000 died of AIDS.

<sup>16</sup> UNAIDS <http://www.unaids.org/en/CountryResponses/Regions/Asia.asp>.

<sup>17</sup> UNAIDS <http://www.unaids.org/en/CountryResponses/Regions/EasternEuropeAndCentralAsia.asp>



**Recent trends:** The HIV epidemic in Russia (already the largest in this region) continues to grow, although at a slower pace than in Ukraine, where annual new HIV diagnoses have more than doubled since 2001. The annual numbers of newly reported HIV diagnoses are also rising in Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, and Uzbekistan (which now has the largest epidemic in Central Asia).



**Main modes of HIV transmission:** Each of the HIV epidemics in this region is mainly among injecting drug users, sex workers, and their various sexual partners.

### ***Latin America***<sup>18</sup>

New HIV infections in 2007 totaled an estimated 140,000, bringing the number of people living with HIV and AIDS in this region to 1.7 million. An estimated 63,000 people died of AIDS last year.

**Recent trends:** The overall levels of HIV infections in Latin America have changed little in the past decade.

**Main modes of HIV transmission:** HIV transmission in this region is



<sup>18</sup> UNAIDS <http://www.unaids.org/en/CountryResponses/Regions/LatinAmerica.asp>

occurring primarily among men who have sex with men, sex workers, and (to a lesser extent) injecting drug users.

### ***North America, Western and Central Europe***<sup>19</sup>

The United States of America accounted for an estimated 1.2 million of the 2 million people living with HIV and AIDS in North America, and in Western and Central Europe in 2007. Overall in those regions, 81,000 people were newly infected with HIV in 2007. Comparatively few people died of AIDS last year.



**Recent trends:** In North America, annual numbers of new HIV diagnoses have remained relatively stable over recent years, but access to life-prolonging antiretroviral therapy has led to an increase in the estimated number of people living with HIV and AIDS. In Western Europe, new HIV diagnoses are increasing, as is the total number of people living with HIV and AIDS as a result of wide access to antiretroviral treatment.

**Main modes of HIV transmission:** These high-income countries have diverse epidemics. In general, injecting drug use is accounting for a smaller share of new HIV infections than before. Main modes of transmission include unprotected sex between men, heterosexual intercourse, and injecting drugs.

<sup>19</sup> UNAIDS [http://www.unaids.org/en/CountryResponses/Regions/NAmerica\\_WCEurope.asp](http://www.unaids.org/en/CountryResponses/Regions/NAmerica_WCEurope.asp).

## ***Middle East and North Africa***<sup>20</sup>

The limited HIV and AIDS information available for the Middle East and North Africa indicates that approximately 380,000 people were living with HIV and AIDS in 2007, including the 40,000 people who were newly infected with the virus last year.



**Recent trends:** With the exception of the Sudan, the epidemics in this region are comparatively small.

### ***Main modes of HIV transmission:***

A variety of risk factors are connected with the epidemic. The main causes include unprotected paid sex and the use of 'contaminated'—dirty—drug injecting equipment. Additional modes of HIV transmission include heterosexual intercourse and sex between men.

## **QUESTIONS AND ACTIVITIES**



### ***Discussion questions***

1. How many people in Africa are living with HIV and AIDS? Are girls and women or men and boys more likely to get HIV?
2. How many people in Asia are living with HIV and AIDS?
3. How many people in North America/Western Europe are living with HIV and AIDS?
4. What are the different ways that a person can contract HIV?

<sup>20</sup> UNAIDS <http://www.unaids.org/en/CountryResponses/Regions/MiddleEastAndNorthAfrica.asp>

**Activity for mentoring session:****HOW ARE DIFFERENT PARTS OF THE WORLD AFFECTED BY HIV AND AIDS?**

Mentors can encourage girls to find out the following information about their community:

- Is AIDS a problem in my community? Are many people infected with HIV?
- Are there many children who are orphans because of AIDS in my community?
- What kinds of services does my community have for HIV prevention or care and treatment of people living with HIV and AIDS?
- What kinds of organizations in my community work on HIV and AIDS?
- What can I do about HIV and AIDS in my community?

The mentors can ask the girls what other information about their community they might like to learn. The girls can think about ways that they can get the information without making people feel uncomfortable.



(c) 2009 Gaurav Gaur/Social Activist, Courtesy of Photoshare



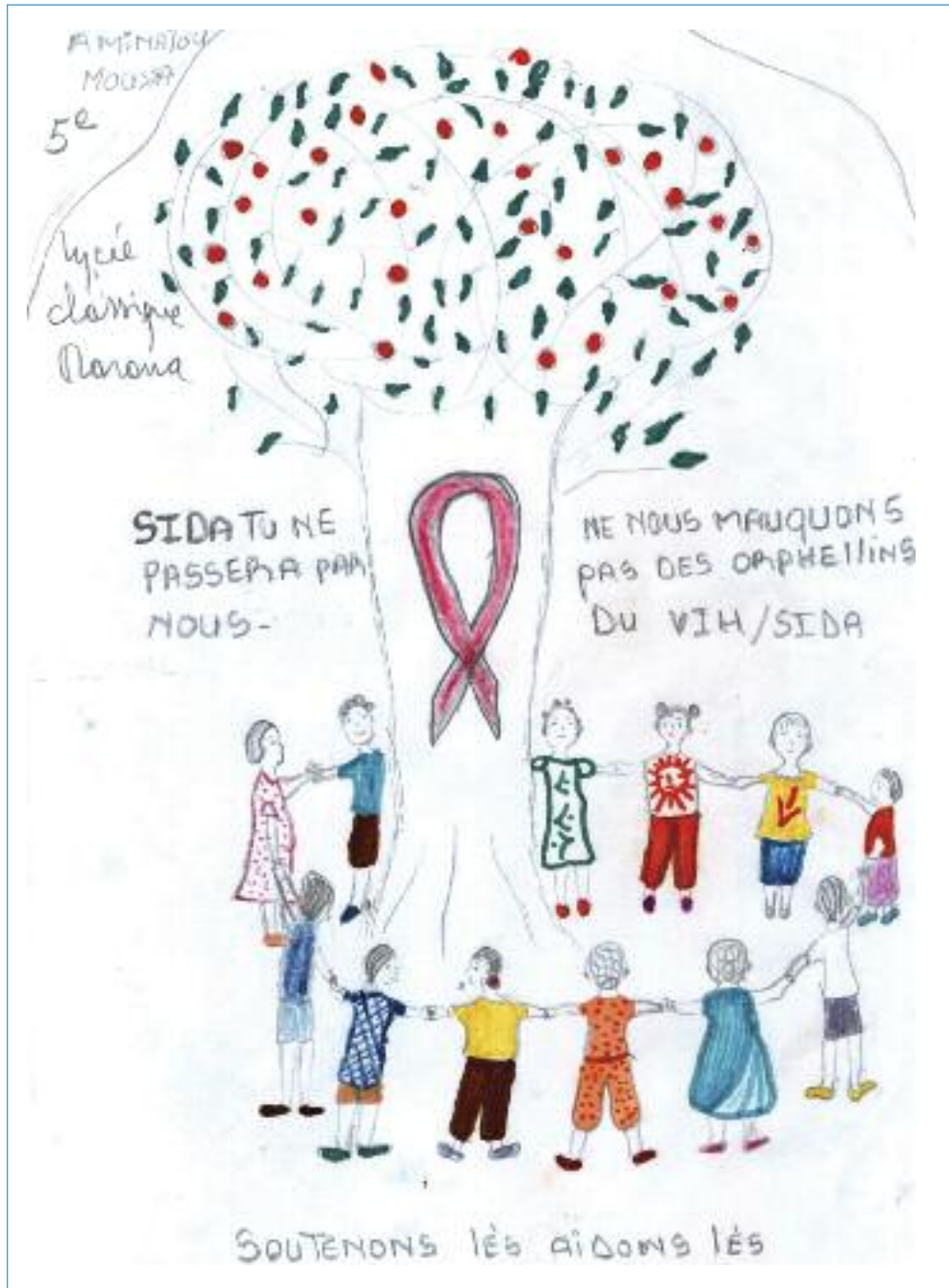


Illustration by Aminatou Moussa, Ambassadors Girls Scholarship Program, Cameroon



# MENTORING ABOUT HIV AND AIDS

This section gives information about the important parts of a successful HIV and AIDS mentoring program. This includes:

- **Creating a safe environment** where girls feel free to discuss the issues of HIV and AIDS, including introducing them to other resources in the community.
- **Paying attention to what girls know and what they need** so that activities help fill in what girls do not already know about HIV and AIDS. Spend time learning new things rather than repeat work that has already been done in school, home, or in other places. This will avoid the common error of thinking that girls have knowledge and skills that they might not yet have.
- **Giving accurate and complete information** to make sure that girls know the basic, important information about HIV and AIDS so they can protect themselves and others.
- **Helping girls use the information they learn wisely** so they can build skills needed to prevent and deal with HIV and AIDS in their lives and communities.
- **Promoting positive, long-term changes in behavior** among girls so they apply the knowledge and skills they have learned to make healthy choices and prevent getting HIV or at least reduce the effects of AIDS.

- **Making mentoring better by measuring how well mentoring sessions have helped girls.**

Think of measures of success—how do girls show that they have learned the information? Can they practice the skills that they have learned? These questions can help a mentor decide if they should use different ways of teaching the girls to help them better understand.

AIDS affects every aspect of communities and nations, from a healthy workforce that can support families to keeping young people and their teachers in school. HIV and AIDS have many harmful effects on education systems, such as:

- Children who are HIV positive are often too sick to attend and benefit from school.
- Children, especially girls, often care for sick family members, many of whom have HIV or AIDS, or care for siblings when they have lost a parent to AIDS, and do not attend school.
- AIDS orphans often must find money to care for themselves and their siblings, rather than attend school.
- Families with someone who has HIV or AIDS often spend what little money they have on treating infections or on AIDS medications. Because of this, they may not be able to pay the costs of attending school, including fees.
- Teachers who are HIV positive are often too tired or too sick and do miss a large number of classes.
- Many teachers were lost to AIDS and the education system is not able to replace them with qualified and trained teachers at the appropriate pace.



## Ground Rules

- \* **Confidentiality (keeping matters private):** What is shared in this group remains in this group.
- \* **Openness:** It is important to be open and honest but not to talk about girls' private lives to others. Discuss general situations as examples, but do not use names or anything that would help others guess who the person might be.
- \* **Non-judgmental:** It is okay to disagree with another person's point of view but not to judge or put down the other person.
- \* **'I'-statements:** As much as possible, share feelings and values using sentences that begin with 'I', rather than 'you'. In many cultures, it may be difficult for people to use 'I'. Statements such as 'In my community' or 'in my family' might help avoid personal attacks.
- \* **Right to pass:** Mentoring encourages girls to participate, but it is always okay to 'pass'—to choose not to participate in an activity or answer a question.
- \* **All questions are smart questions:** Any questions girls have are worth asking. Someone else probably has the same question!
- \* **Make no assumptions:** It is important not to 'assume'—to think that everyone understands each others' values, sexual behavior, life experiences, or feelings.

*These can be adapted as necessary for a particular context or group.*



Illustration by Mugisha Agine, Ambassadors Girls Scholarship Program, Burundi

Education, however, can also be used as a tool to address HIV and AIDS. When youth and their communities learn and share information on preventing HIV and caring for people living with HIV and AIDS, they can practice safer behaviors and have better health overall.

When young people, especially girls, attend primary and secondary school they are less likely to get HIV.<sup>21</sup> Some of these reasons include:

- **Delayed sexual activity:** Education has a direct impact on delaying sexual activity among girls. The more education girls receive, the lower are the rates of first sexual experience. Women are empowered to decide how many children they wish to have.
- **Better job opportunities:** Education makes it possible for girls to earn a living and help their families. Girls and young women are more likely to be able to support themselves rather than depend on a sexual partner or husband.

<sup>21</sup> 'Where are the Gaps? HIV and Gender Pre-service Teacher Training Curriculum and Practices in East Africa,' (2009)





If daughters, teachers, and school officials can show families that education will help girls earn a better living in the future, families may be willing to delay marriage so girls can finish their education.

- **Access to accurate and complete information:** School is a place to discuss ways to prevent and reduce HIV in more detail appropriate to a child's age—about abstinence, 'fidelity'—faithfulness—in relationships, and use of condoms. The skills gained in school can help girls and boys as well as young women and young men to turn accurate information into healthy behaviors, and to recognize and change myths.
- **Information about 'gender norms':** Education gives boys and girls a chance to learn about 'gender norms'—what people learn to expect of males and females. It gives boys and girls a chance to talk about male and female roles and to



change unhealthy gender norms for everyone. Girls can gain self confidence and self-esteem. It helps girls use their own inner strength and beliefs and to begin to educate their families and communities on how some gender norms can be harmful.

- **Reduce risk of domestic violence:** ‘Domestic violence’—violence among family members—calls for change throughout whole communities. Some studies have shown that the more schooling a girl has, the better she is able to avoid ‘gender-based violence’—violence directed at her because she is female.<sup>22</sup> A girl or young woman who is educated can negotiate better her role within a family and within a marriage. She can support herself and become less dependent on men for her livelihood.

Education is a very effective way to reduce the chances of getting HIV infection and AIDS for girls and help girls and women who are living with HIV and AIDS.

Primary and secondary school can give valuable information to girls about the issues of HIV and AIDS. However, very often this is not enough to protect girls from getting HIV or to equip them with the skills to prevent contracting HIV, and to cope with HIV and AIDS in their lives.

Mentors are in a special position to find out what girls do not know about HIV and AIDS, guide and support them to change their behavior, and build their skills. Mentors serve as resources to girls as they begin to face the challenges of being seen as unequal with boys.

Even with education and support, girls may not be able to avoid risky situations such as early marriage and sexual violence. Women, men, girls, and boys must work together to reduce gender inequality. It is important to involve community members in activities to prevent HIV whenever possible. Mentors can encourage communities to take responsibility for the health and future of their daughters.

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<sup>22</sup> ‘Gender-Based Violence in sub-Saharan Africa: A review of Demographic and Health Survey findings and their use in National Planning’, produced by USAID (2008).

# 1. Creating a Safe Mentoring Environment

Mentors set the tone of HIV and AIDS information activities. This is important, especially because HIV and AIDS are sensitive topics and must be discussed in an environment where girls feel at ease.

During mentoring sessions, keep in mind that some of the girls might have family members who are HIV positive. Some girls might even be HIV positive themselves. A mentor's words and actions should show acceptance and openness so that all girls feel comfortable. A mentor is an important role model for girls, and the girls may mirror a mentor's words or behaviors inside and outside of the mentoring session.

## Improving mentoring sessions about HIV and AIDS<sup>23</sup>

- Even young 'adolescents'—girls and boys who are beginning to mature—may feel strongly about personal and family values. Discussing these values may bring up emotions. Be sure that ground rules are used at all times. A mentor can tell the girls that individual values differ, and there are no 'right' or 'wrong' answers. Allow open discussion as long as it does not get out of control—allow girls to express, explain, and defend their opinions, but never blame or accuse.
- If there is an argument over a value-related issue, call time out and ask the girls on each side to explain their point of view. Say again that people's values differ, which is acceptable, then move on to another topic. If hard feelings remain, schedule a discussion about the issue at another time.
- Remember that a mentor must not judge. A mentor must be aware of her own personal values, especially when sensitive topics such as birth control are discussed. A mentor must be careful of her comments and body language to avoid taking one position or another.

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<sup>23</sup> Adapted from *Life Planning Education*, Advocates for Youth, Washington, D.C



- A mentor should support all of the girls so they will not feel pressured by the values and opinions of their peers. Make it clear that it is acceptable to change one's mind based on new information or a new way of looking at an issue.
- It is best that a mentor not share her personal values about highly sensitive topics. A mentor is an important figure in the lives of young people and can easily influence their values and behavior. If asked about a topic such as abortion, a mentor can say something like, 'I am more interested in what you believe right now', or 'Knowing my position may not help you find your own'. If a mentor does share her personal values, it is important for the mentor to tell the girls that her values may be right for her, but may not be right for the girls.
- A mentor should try to encourage all girls to take part. Some girls will try to talk all the time. Others will sit quietly, rarely offering comment or opinion. To encourage everyone to participate, including the shyest girls, try to call on everyone, even if their hands are not raised. Make sure that everyone has the chance to speak and feels like an important part of the group. For those who say more than others, acknowledge their ideas with a hand on the shoulder or a nod, while moving on to call on others. Often girls who talk all the time will understand that it is time to hear others once they feel their ideas have been heard. Other suggestions are putting girls into different teams for different activities and having girls pass written questions or responses.

## Empowering girls

Mentoring helps girls to make good choices about their own lives. Though at times it may be very hard, mentors give girls information and skills rather than act like other adults who may scold or direct girls about how to behave. Thinking about this task as empowering girls will make mentoring much more effective. The girls will be more able and likely to use what they learn in their own lives.



### *Mentoring Tip*

Empowerment works better than fear!

Giving girls complete and accurate information will help them to make good decisions about their health.

For example, if mentors teach girls about proper nutrition and give information about how to prepare healthy meals, girls will be able to use these skills as adults. On the other hand, if they are only scolded and warned not to eat unhealthy food without more information or skills to do otherwise, they will not make healthy eating choices for themselves and their families. In the same way, giving girls complete information about how HIV is transmitted from person to person and empowering them with skills and resources about how to prevent infection gives them the skills to make healthy choices about their behavior. They will be more likely to choose healthy behaviors than if they are told to be afraid of HIV and to avoid sex without more information.

Most importantly, if girls are afraid or ashamed, they are less likely to ask for advice or help in the future when they find themselves in difficult situations.

### Strengthening self-esteem to reduce girls' risks

Girls must feel valued, supported, and safe during mentoring sessions if they are to feel open to discussing sensitive topics about sexuality. Mentors are in a special position to promote girls' self-esteem, which will strengthen the skills and knowledge they learn about HIV and AIDS.



'Self-esteem' is feeling good about oneself. Whether a girl has high or low self-esteem determines whether she likes who she is and feels confident in her abilities and talents. It determines whether she feels that her ideas and feelings are important and valid. It determines whether she makes decisions that are right for her, and not based on what others may think of her or want her to do. Self-esteem plays a large part in the kind of choices young people make and whether a person is generally happy.

Whether someone has high or low self-esteem depends on many things. However, there are certain situations and experiences that can raise or lower self-esteem.

Some behaviors that lead to good self-esteem are:

- Showing success at tasks such as school assignments and exams, sports, or other skills and being complimented and valued for that success
- Hearing parent and teacher attitudes that are positive and encouraging about the girl's progress and praising accomplishments and efforts
- Having friends who are kind, supportive, and want what is best for the girl
- Being in a position to make decisions for oneself

Behaviors that can lead to low self-esteem are:

- Not experiencing success at school assignments and exams, sports, or other areas of life, either because girls have no opportunities or the opportunities are too difficult to achieve
- Parent and teacher attitudes that are harmful and do not support or recognize a girl's progress or success
- A lack of friends, or having only peers who mock or say harmful or hurtful things and do not want to see the girl succeed
- Being the victim of verbal, physical, or sexual abuse or harassment at home, at school, or in the community

Self-esteem is important for girls to develop their 'inner strength'—the confidence—to stand up for themselves and others, which may help them to avoid getting HIV. When girls' inner strength is strong and they learn these skills, they are better able to make good choices about their health. Although the positive and negative behaviors listed above are important, they are even more important in the context of HIV and AIDS. Girls must feel comfortable asking questions and using the lessons in their own lives. The *Girls' Success: Mentoring Guide for Life Skills* gives more information and activities on the importance of self-esteem and activities to promote girls' self-esteem.



### Increasing access to prevention and support services

Knowledge alone is not enough to prevent HIV, especially for adolescents who have to depend on adults for finding health care services. Mentors can play an important part in helping girls get access to preventative and support services. For younger girls who are not sexually active, this might mean helping them find other resources for information in the future, such as community health clinics. For girls who are sexually active, this might mean telling them where they can find voluntary counseling and testing services, condoms, or both. As more girls get tested, some may find out they are HIV positive and will need care and support from their mentors and their communities. This makes it especially important for communities to reduce 'stigma'—negative talk and actions against people with HIV or AIDS—and to find ways to care for people living with HIV and AIDS.



To find prevention and support services in the community, mentors can:

- Take the girls to visit a local health clinic or hospital to ask about services such as testing for HIV
- Contact a local organization that works on HIV and AIDS issues and ask them for information about services
- Ask a doctor or nurse to visit a mentoring session and have them tell the girls directly about services
- Research the national AIDS plan to get information on government services in the area

## Sharing strategies for HIV and AIDS education

- When discussing the issue of HIV and AIDS, gender is very important to keep in mind. Make sure that the discussion takes into account the different experiences of girls and boys, women and men. For example, when talking about preventing HIV, address the fact that women are not always able to choose when and with whom they have sex, and whether or not the man uses a condom. State these things clearly and discuss how the girls can deal with these challenges, even if there are no easy answers.
- AIDS is a difficult subject for people to talk about. Children often take signals from adults on whether they should talk about subjects such as AIDS and sex. The mentor must feel comfortable talking about these issues. Make sure the girls know that they can feel comfortable, too. Encourage girls to ask questions if they do not understand. Always make sure they know that they will not be judged or punished for any of their questions or answers and that the goal is to learn.
- Girls learn information in different ways. Repeat important information through different activities over time. While some girls may learn the most from hearing the mentor talk about HIV and AIDS, others may learn from role play activities. Still others may learn from watching community theater performances. Watch what works for them, and change activities as needed. Noting these changes is an important part of this process of mentoring.

## QUESTIONS AND ACTIVITIES



### **Discussion questions**

1. Discuss the mentor/girl relationship and what each side should expect from the other. For example, a girl can expect that her mentor will not judge or punish her.
2. What is self-esteem? Why is it so important? Why is it important for HIV prevention? What are some ways a girl can improve her self-esteem?
3. How do girls like to learn? For example, do they prefer to listen to the mentor, role play, or discuss mentoring topics?



### **Activity for mentoring session: KNOWING OUR VALUES<sup>24</sup>**

To make choices and feel good about them, choices must be true to the basic values that a person thinks are important. The following activity helps girls to discuss why they feel the way they do, show how the values of others have an effect on girls' thinking and behaviors, and how girls can be confident about their own values. It is important to have girls go through this process and think about how their values affect their feelings and decisions about HIV and AIDS.

Copy the chart on page 48 labeled 'Values Box' onto a chalkboard or a large sheet of paper. (The mentor can come up with additional values to add to the box.) Do the same for the 'Community Values Chart'. Have the girls look at the list of values in the Values Box. Then have them look at the list of people and jobs in the Community Values Chart. Complete the chart by choosing the three most important values for each of the jobs/people. Use the values in the Values Box or others that the girls think of.

In order to get the activity started, help the girls to think about the values of a doctor.

### ***What are the values of a DOCTOR?***

- What does a doctor do? (Possible answer: She cures people.)
- Why does a doctor cure people? (Possible answers: Because she cares; Because she wants to make money)
- What is important to a doctor? What does a doctor need to cure people? (Possible answers: health; education)

<sup>24</sup> Adapted from *Teach English, Prevent AIDS*. Peace Corps Cameroon, Unit 1.



*Therefore, the values of a doctor are:*

- helping other people
- caring for other people
- making money
- good health
- education

Once the chart is complete, have the girls discuss different behaviors that might relate to each value. Encourage girls also to discuss what might happen because of these values, both positive and negative. Finally, have girls complete the last row in the chart for themselves, reflecting on what values are most important to them.



## Values Box

Education

Respect

Sex

Love

Appearance

Money

Friends

Family

Health

Power/influence

Caring for others

## Community Values Chart

| PERSON       | 1ST                      | 2ND           | 3RD              |
|--------------|--------------------------|---------------|------------------|
| Doctor       | <i>Caring for others</i> | <i>Health</i> | <i>Education</i> |
| Student      |                          |               |                  |
| Teacher      |                          |               |                  |
| Policeman    |                          |               |                  |
| Sex Worker   |                          |               |                  |
| Farmer       |                          |               |                  |
| Mother       |                          |               |                  |
| Father       |                          |               |                  |
| Market Woman |                          |               |                  |
| Taxi Driver  |                          |               |                  |
| Me           |                          |               |                  |

*Note to mentor:* Do not worry if girls have trouble with this exercise. It is only meant to get them to understand the general idea of a value. When they can see values in other people, it will be easier for them to determine their own.



## 2. Paying Attention to What Girls Know and What They Need

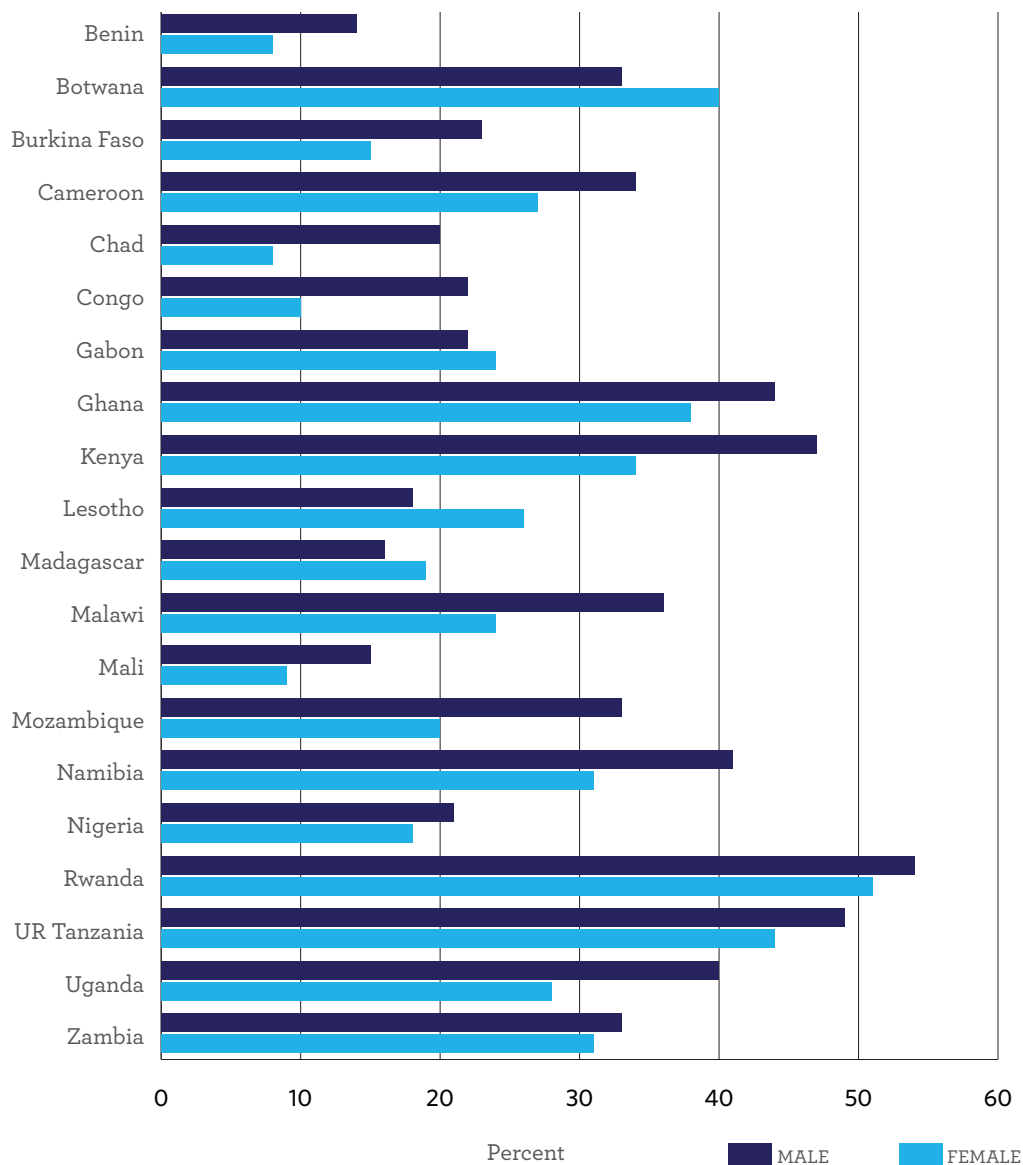
Before beginning to mentor girls about HIV and AIDS, it is important to understand what they already know as well as what the mentor knows. Some girls may have heard of HIV and AIDS but may not be sure what they are and how these issues relate to them. For example, in the table on the next page, it is evident that in many sub-Saharan African countries, a lower percentage of girls than boys have comprehensive knowledge of HIV. Some may be able to say very clearly the ways to prevent HIV transmission but may not have the skills or understand how to act on what they know in order to help themselves. Mentoring lessons and activities should be changed based on what the girls know and need.



Learning what a girl knows about HIV and AIDS is often difficult. Even if there are HIV and AIDS messages in the community, such as billboards, radio programs, or school lessons, this does not mean that the girls understand and can use this information. A mentor must discover what they know by asking questions and watching their actions. Mentors should not assume that the girls have complete, accurate information just because it might be all around them.

There are many ways to find out what girls know before beginning activities, ranging from a list of questions on HIV and AIDS to more informal games and activities.

## Percentage of Young People (15–24 years old) in sub-Saharan Africa Who Have Comprehensive Knowledge of HIV



Source: UNICEF, The State of the World's Children, 2007.



## QUESTIONS AND ACTIVITIES



### **Discussion questions**

1. Ask the girls if they have any questions about HIV and AIDS.
2. What do the girls know about HIV and AIDS? What do they not understand about HIV and AIDS?
3. How can HIV and AIDS affect a girl's life? Her family? Her community?



### **Activity for mentoring session: HIV AND AIDS WORD GAME<sup>25</sup>**

Finding out what girls know allows mentors to tailor activities to girls' specific needs. It also makes activities more meaningful and fun.

Place two rows of chairs so that they face each other and ask the girls to sit on them. Create a stack of cards with one word written on each card, but do not let the girls see the words on the cards. Stand behind one line and tell everyone to look straight ahead. The mentor should show the secret word to the girls in the line facing her. The girls who have seen the secret word have to get those sitting across from them to guess what the word is by giving them one-word clues. One girl at the beginning of the line gives the clue, and the person sitting across from her tries to guess the secret word. If she is wrong, the next girl gives a clue, and the girl sitting across from her tries to guess the word. This continues until someone guesses the word. When someone guesses a word she is given the card with the word on it to hold. Some sample secret words are *epidemic*, *HIV*, *AIDS*, *self-esteem*, or *stigma*.

Explain to the group that the idea of the game is to give each other clues to help them guess the correct answer. Give the girls some guidelines for giving clues. Although the clues themselves can only have one word, the answers may have more than one word. Also explain that the clue should not contain part of the answer in it.

Once the girls have spent enough time playing the game, sit with the group and ask the girls, one at a time, to tell the group about the words that they learned that day—what were they, what did they mean, what were the clues given to try to guess the word. Then invite others to add any information that they think might be useful. Correct any information the girls may have gotten wrong and add any new information the girls need to know.

<sup>25</sup> Adapted from *Y PEER Manual*.

### 3. Helping Girls Use Information Wisely

In addition to giving girls information, they also need the skills to use that information. Information alone is not enough to make changes in behavior. Teaching girls skills for coping with HIV and AIDS is an important part of the behavior change process.

There are several important skills for preventing and reducing transmission of HIV.

#### Promoting life skills

Life skills are 'behaviors that enable individuals to adapt to and deal effectively with the demands and challenges of life'. There are many such skills, but the most important life skills include the ability to

- Make decisions, solve problems, and think critically and creatively
- Be clear about values and understand why one has these values
- Communicate, including listening, being assertive, and negotiating
- Deal with emotions and stress
- Feel 'empathy' – the ability to understand what someone else is feeling – and be 'self-aware' – the ability to know how one's actions affect others.<sup>26</sup>

Decision-making and communication skills are useful to girls in everyday life and are very important in preventing and reducing the spread of HIV.

#### Improving skills to prevent HIV

Life skills strengthen girls' abilities to cope with difficult situations generally, but special skills for promoting safe sex are also important. Prevention skills help girls apply the information they have learned about HIV and AIDS. Following are examples of prevention skills that can be discussed in mentoring sessions.

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<sup>26</sup> Adapted from Advocates for Youth <http://www.advocatesforyouth.org/publications/iag/lifeskills.pdf>.



- **How to resist unwanted sexual advances.** Mentors and girls can talk, for example, about how to leave a situation safely when a male teacher threatens to fail a girl if she does not have sex with him. Girls should be told how to seek help from adults in the community if this happens to them.
- **How to figure out the risk of certain activities.** A mentor might present a situation in a mentoring session in which a man tells a girl that she cannot get HIV if she has never had sexual intercourse. Girls can talk about whether the man is telling the girl the truth and how to respond when men say these kinds of things.
- **How sexually active young people can negotiate condom use with their partner.** Mentors can discuss with girls ways to respond when a forceful partner tries to push a girl to participate in unsafe sexual activities.

Activities such as role plays, short stories about imaginary characters, and debates about different ways to handle unsafe situations can all strengthen girls' HIV prevention skills.

### Preparing older girls as counselors

Older girls can be trained as peer or 'junior mentors'. They can share the information about HIV and AIDS that they have learned through mentoring with friends, sisters and brothers, other family members, and their communities. When training girls as junior mentors, girls should not only learn the information about HIV and AIDS, but also the skills to communicate it accurately and effectively. Junior mentors also need the skills to answer questions and requests for support. Though involving youth is an excellent way to strengthen HIV and AIDS information activities, peer mentors must still be able to talk to experts like health clinicians, medical staff, social workers, and HIV and AIDS specialists who can answer questions that a junior mentor might otherwise be unable to answer themselves.



## QUESTIONS AND ACTIVITIES



### **Discussion questions**

1. What are 'life skills'?
2. What are some skills for preventing and reducing transmission of HIV? How can a girl apply these skills in her daily life?
3. What skills can promote safe sex? What skills can a girl use to resist unwanted sexual advances? What skills can she use to negotiate condom use with her present or future partner?



### **Activity for mentoring session: BEST RESPONSE GAME**

Communicating well and thinking critically are important in managing good relationships and reducing the risk of contracting HIV. The Best Response Game is a tool to help girls practice ways to communicate well when they are under pressure—very much like the pressure they may experience in a sexual encounter. This game provides a fun way to help girls learn to delay sex.

Arrange the room into three or more areas for teams and judges to sit. (The number of areas will depend on the size of the group. Try to keep teams at five people or fewer.)

Introduce the session by telling the girls about Aissatou's situation. Aissatou's boyfriend was able to persuade her to have sex, even when she knew the risks. Often young women are pressured into having sexual relations even when they do not want to. Developing life skills such as good communication and 'negotiation'—give and take to come up with the best choices—making good decisions, thinking ahead about what might happen, and giving clear and confident messages are important. These skills teach girls how to get out of such situations without giving into things they do not want to do. This activity is a fun way to practice these skills.

In each group, ask for a few volunteers to serve as the team of judges. Ask the small groups to make names for themselves, and write the name of each group on a chalkboard or a large piece of paper. Spend a few minutes discussing the idea of 'peer pressure'—when a girl's friends try to get her to act or talk or dress a certain way. When peer pressure comes from a boyfriend in a relationship, it can be even harder to resist. Explain that on a list in your hand are different 'pressure lines' that a man might try to use to get a girl to have sex (a list of pressure lines follows).

Here is how the game works:

1. Read one of the pressure lines.
2. The teams have one minute to come up with the best response to the pressure line. What would a girl say to refuse if a man used this line?
3. The team should agree on the best response and write their idea on the small slip of paper.
4. Time the groups and call out when the time is up.
5. Collect the slips of paper and read them aloud to the whole group. Keep it lively and fun! Give the slips of paper to the team of judges.
6. The judges will have one minute to choose the winner. The judges should award two points to the winner.
7. Write the points on the scoreboard, and repeat the process with the next pressure line.
8. When there are no more lines or the energy has fallen in the group, add the scores and announce the winner. Give a small prize if possible!

***List of Pressure Lines:***

- 'Everybody is doing it'.
- 'If you truly love me, you will have sex with me'.
- 'I know you want to. You are just afraid'.
- 'Don't you trust me? Do you think I have AIDS'?
- 'Girls need to have sex. If not, they develop rashes'.
- 'We had sex once before, so what's the problem now'?
- 'But I have to have it. If not I will get sick'!
- 'If you do not have sex with me, I will not see you anymore'.
- 'Girls need to have sex. Boys give them vitamins (to make their breasts grow)'.
- 'If you do not have sex with me, someone else will'.
- 'Practice makes perfect'.
- 'You cannot get pregnant if you have sex only one time'!
- 'You do not think I have a disease, do you'?
- 'But I love you. Don't you love me'?
- 'Nothing will go wrong. Don't worry'.
- 'But we are going to get married anyway. Why not just this once'?
- 'Aren't you curious'?

Ask girls for other pressure lines that are used by boys and men in the community.

There is another very good way to do this activity. End each round by asking the girls to use their responses when faced with real lines acted out by a very pushy and aggressive boyfriend (a role the mentor or another girl can play). As the girls battle with the pushy boyfriend, they gain confidence. Work with them on communication skills such as speaking firmly, looking the person in the eyes, and using good body language.

Spend a few minutes after the game to discuss the activity. Talk about the fact that this game is helpful in a number of ways:

1. It helps girls to hear common lines boys and men use when they want to have sex. Often young girls may not recognize these as lines. They may think they are the only ones ever to hear these ideas. Hearing these 'lines' in this game may bring them to mind when the real situation happens. Having the experience of talking about pressure lines with friends makes it much clearer that they are common things men say to pressure girls and women to have sex.
2. The game can help girls think about the many different ways that girls can respond in a pressure situation. Discussing possible responses with a group can make a girl feel supported when actually saying 'no' to sex.
3. It is helpful to think about these lines before being in a pressured or passionate situation, so that good answers will be ready without too much prior thought. In other words, everyone has already 'practiced' her responses in the session.

It can be fun for the girls to spend a few minutes at the end of the session talking about other pressure lines that they may already have heard. This discussion can create new ideas when working with other groups of girls in the future. The mentor will have realistic statements that will be familiar to the next girls.

Finally, to end the game and determine how effective it was, quickly go around the room and ask each girl to say her favorite response to use when feeling pressured in the future.





## 4. Promoting Positive Changes in Girls' Lives

Giving girls good information about the dangers of HIV may not be enough to change girls' behavior and reduce their risk of getting HIV. Although teaching accurate and complete information can empower girls to prevent HIV and reduce the effects of AIDS in their communities, getting them to change old habits into healthy behaviors can be much more difficult. One common way to change behavior is called KAP, which stands for Knowledge, Attitudes, and Practices. KAP recognizes that girls can only change behavior by changing knowledge, attitudes, and practices together.

Effective ways for making long-term changes may be different from one community or country to another. Mentors play an important role in helping girls identify the approaches that help the girls in their own group.

### Promoting changes in girls' behavior

'Behavior Change Communication' (known as BCC) is one of the most common programs for helping people adopt ways of thinking, talking, and acting that will protect their health and well-being. BCC is about thinking up the health messages that a community can understand and finding acceptable ways for sharing that information. The following steps are common in BCC:<sup>27</sup>

- Step 1:** Describe the problem.
- Step 2:** Think about groups of people that are affected by the problem.
- Step 3:** Study the problem.
- Step 4:** Think about the changes in behavior that are needed to reduce the problem.
- Step 5:** Talk to people who will be affected by the behavior changes and get them to help decide how this can best be done.

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<sup>27</sup> Family Health International, 'Behavior Change Communication for HIV/AIDS' <http://www.fhi.org/en/HIVAIDS/index.htm>.



- Step 6:** Design an activity to explain the problem well and the behavior changes needed to promote better health. A BCC activity needs objectives, a theme, messages, and ways to share the information.
- Step 7:** Try using the communication messages and make improvements based on what is learned.
- Step 8:** Get the messages to the people most affected by the problem.
- Step 9:** Do the communication activity with the whole community.
- Step 10:** Follow the progress of the activity closely to learn about what worked and what to do differently in the future.
- Step 11:** Get 'feedback'. Ask people who have heard the messages if they have been able to change their behavior. Ask them what changes might make the messages and activity better.

Here is an example of how mentors can help girls create a BCC plan in their communities to reduce the risks of getting HIV:

- Step 1:** Work with the girls to write a sentence—a ‘message’—about the problem of HIV in their community.
- Step 2:** Think with the girls about which people in the community should hear the message. Is it their friends? Is it teachers? Is it their parents? Is it boys or older men?
- Step 3:** Have the girls talk with community members and with each other about the real causes of the problem.
- Step 4:** Talk with the girls about some of the best ways to solve the problem. In the case of HIV, for example, do younger girls need to hear messages about how delaying sexual relations can help prevent HIV? Do older girls and young women need to hear about how limiting the number of partners can help prevent HIV? Do they need to hear about how condoms can protect their bodies? Does everyone need to hear more about where to find HIV testing or other HIV support services?
- Step 5:** While setting goals for the communication messages, ask the girls to talk with parents, teachers, and other community leaders and members. Tell the girls that talking with others can be a good way to get ideas they may not have thought about themselves.
- Step 6:** Helping girls design a communication activity might be the hardest step in the process. Girls should think about a creative way to present the topic. It is likely that the community will have already heard this message in some way in the past, so girls will have to think about how the message can get their attention and how they can use the message in their own lives. If the topic is ‘Protecting Girls from Sugar Daddies’, some of the messages might be ‘Say No to Sugar Daddies’ (for girls), or ‘Protect Our Daughters’ (for men). Girls might think about different ways to share the message, such as community theater, events with parents, or events in schools. If possible, girls might also talk to community radio stations or make large signs for community centers and roads.

**Steps 7-11:** BCC is a long-term process and should be included as part of other activities that mentors organize. Girls should take a lead in developing the health messages and finding out if the messages are working. Girls can help improve the messages based on what they learn over time. For example, girls might organize a community theater event around the theme of 'Say No to Sugar Daddies'. If they learn afterwards from talking to their friends that there was not enough information about resisting sugar daddies, they can change the script for the next performance.

## QUESTIONS AND ACTIVITIES



### **Discussion questions**

1. What is behavior? What is good behavior? What is bad behavior?
2. What are habits? What are some good habits? What are some bad habits?
3. How can behavior and/or habits increase your chances of getting HIV?
4. How can behavior and/or habits decrease your chances of getting HIV?
5. What are some strategies for adopting safer behavior and habits?



### **Activity for mentoring session:**

#### **DIFFERENCES BETWEEN KNOWLEDGE AND BEHAVIOR<sup>28</sup>**

As discussed earlier, information by itself is not always enough to change unhealthy habits into healthy behaviors. It is important to point out to the girls that understanding how HIV is transmitted is not enough to protect them. To avoid contracting HIV, they must also adopt healthy behaviors.

#### **How to start the activity:**

Make sure to have a chair for each girl. If chairs are not available, girls can sit on the ground or can walk to a different side of the room to show that the statement is false for her.

<sup>28</sup> Adapted from *Y Peer, Youth Peer Education Electronic Resources, Exercise 3*.



Ask all girls to stand up in front of their seats. Read statements listed below aloud to the girls. If they believe the statements are true, then they should remain standing. If they believe the statements are false, they should sit down. Tell them that once a girl has sat down because a statement was false for her, she should not stand back up. Make sure the girls understand that the activity is meant to help them learn. They will not be judged based on their answers. If necessary, ask the girls to wear blindfolds so that they feel more comfortable giving honest answers.



Read the following statements, and think about other statements that might also be meaningful for the girls:

- I always wash my hands with soap before eating and after using the latrine.
- I understand what HIV and AIDS are.
- Before drinking water, I always sterilize it.
- I know how to prevent contracting HIV.
- I always sleep under a mosquito net.
- I know what I would say to a boyfriend or a man who pressured me to have sex if I was not ready.
- The latrine at my house is covered.
- If I had to care for a relative or friend who had HIV, I would know what to do.
- I wash my body once or twice every day.
- I know how to prevent stigma against HIV in my community.
- I always wash vegetables before I cook them.

After most or all of the girls have sat down, explain to them that this activity shows the difference between knowing about healthy behaviors and choosing to do them. Even though many people know about how to prevent HIV, sometimes they fail to practice healthy behaviors and they contract HIV anyway. Tell the girls that it is important not only to understand information about preventing HIV but also to practice safe behaviors so that they will not contract HIV.

## 5. Improving Mentoring

Helping girls learn about HIV and AIDS is a long-term process. No matter how well a mentor plans activities, she will do a better job over time if she reflects on her mentoring sessions and activities with girls. What went well in the last session? What could be better next time? If a mentor writes some notes to herself after each session or topic, she can improve her relationships with girls and planning future activities.

### Measuring success

When thinking about how to measure success as a mentor, remember that mentoring is a process that leads to *results*. A mentor can think about success in both ways. As a process, how well are sessions going? What is working well in discussions and activities with the girls? For results, what have the girls learned? How do they say that mentoring has changed their lives? How has mentoring helped them to better protect themselves from getting HIV? For girls who may already have HIV, how has mentoring made them feel better about themselves or helped them to find good care?

There are different ways to think about success in mentoring. Mentors can think about the success of a particular session, or about the girls' growth and development over time. Asking girls some good questions in the earliest meetings helps the mentor understand their starting points. What do girls think about before taking part in mentoring? What is important to them? How are they performing in school? What are their personalities? Thinking about the answers to these questions gives more information about the girls. It also gives a way to think about their changes as the mentors and girls spend time together in mentoring sessions.

Before starting mentoring sessions about HIV and AIDS, it is important to learn what girls already know, how they already feel, and how safe or unsafe their behavior is. Mentors will begin to see changes in all of these issues as they move through mentoring sessions. By the end of the HIV sessions, mentors should have a clear sense of how girls' lives have changed because of their time with their mentor





and their peers. The best outcome is that girls are much more informed and prepared to make good decisions to protect themselves from HIV.

If mentors want to be thorough, they can think about measuring changes on a 'scale'. For example, mentors can create a scale such as 1-2-3, in which a '1' means that a girl knew very little about HIV at the beginning of mentoring. The mentor can then see whether the girl moves to a '2' or '3' after taking part in HIV and AIDS mentoring sessions. The mentor can use numbers to look at changes in ideas or actions. For example, she can use a 1-2-3 scale in which a girl receives a '1' if she is very nervous about responding to peer pressure. Then she can give her a '2' or a '3' over time if she is becoming more confident in herself. Using numbers and scales can help mentors learn how quickly or how far girls have made changes in their lives after attending mentoring sessions.

## Thinking about other ways to measure success

In addition to using numbers to look at success over time, a mentor can also observe and make notes to help them think about their work as a mentor.

One way to study changes in girls' knowledge, attitudes, and practices is through mentoring games. Girls can complete quizzes, work together on tasks, or stage a role play. All of these activities can help to know what the girls have learned and how they may be thinking differently. Using games to think about success is especially useful with younger girls who may not yet express themselves clearly through writing, but games can be used with all ages. Such activities can give the mentor a clear idea which topics girls understand and which ones they need to work on. All of this can be very rewarding to mentors by showing mentors what a great job they are doing!

Watching and listening to girls as they play games and activities can also be useful in studying changes in girls' behavior. In general, it is more difficult to measure changes in behaviors, especially for younger girls who may not make decisions about sexual behavior until after mentoring ends. But, of course, encouraging safer behavior that lasts over time is really the most important goal. Mentors should gather as much information as they can—from watching, listening, and asking questions—to think about how girls are really reducing their risk of getting HIV. Mentors can even ask girls' teachers and parents if they notice differences in girls' lives.

## Applying results

As mentors learn more about how well girls are learning and using what they learn, mentors can ask themselves the question, 'How can I use this information to improve my mentoring?' With information from many sources, mentors can think more clearly about which activities were more or less successful in the past and can make changes for more effective HIV and AIDS mentoring sessions in the future.



## QUESTIONS AND ACTIVITIES



### **Discussion questions**

1. What mentoring activities do the girls like and dislike?
2. What have the girls learned from mentoring? What would they still like to learn and talk about?
3. How has mentoring helped the girls or changed their lives?
4. Has mentoring helped the girls in school? How? What else can the mentor do in her mentoring sessions to help girls be successful at school?
5. Do the girls feel like they have the knowledge and skills to prevent them from getting HIV? What other information and skills do they think they need?

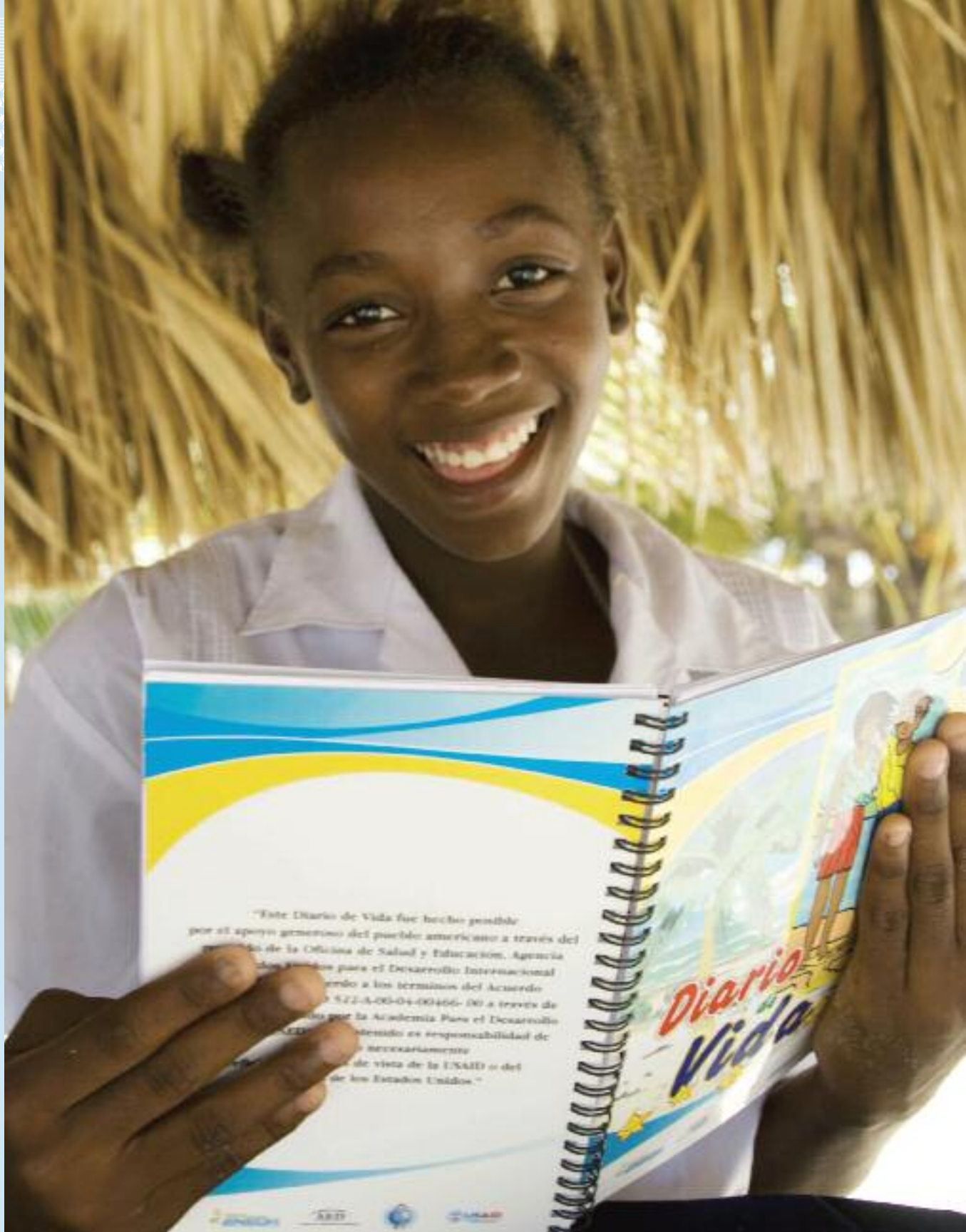


### **Activity for mentoring session: TESTING EACH OTHER'S KNOWLEDGE**

To get a better understanding of what the girls know and do not know about HIV and AIDS, have the girls split up into two teams towards the end of the mentoring session. Each team will write ten questions about HIV and AIDS to then test the other team's knowledge. The mentor can create the scoring system for the game. Each team will



take its turn to ask the other team their 10 questions, and the members of each team can work together to come up with the answers. However, if a team cannot answer a question correctly, the team asking the questions needs to provide the answer. If for any reason they do not provide the correct answer, they will lose additional points. At the end of the competition, the team that was able to answer the most questions wins. This game will give the mentor insight into what the girls know and do not know about HIV and AIDS, which will then help the mentor to share the information that the girls don't know in the following mentoring session. To have a better sense of the girls' knowledge about HIV and AIDS over time, the mentor can have the girls play the game several times throughout the year.



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IV.

## CARING FOR PEOPLE WITH HIV AND AIDS

This section discusses the importance of caring for people with HIV and AIDS, and how to reduce stigma of people who are living with HIV and AIDS. People who have HIV or AIDS should not be blamed or treated poorly because of their infection or disease. Mentors should discuss with girls how to have compassion for those who are HIV infected.

# 1. Identifying People Who Need Help

## Symptoms

People living with HIV or AIDS follow a general timeline of infection, although it is different for every person:

1. During the 2 to 12 weeks after a person is first infected with HIV, a test may still show that he or she is HIV negative. This is why it is important to be tested regularly for HIV.
2. From about 6 months to 10 years or more, someone can be living with HIV and have very few 'symptoms'—outward signs of illness—because HIV has not yet destroyed their 'immune system'—what helps the body fight infection.
3. From about six months to two years or more someone can develop symptoms of other diseases, 'opportunistic infections', including tuberculosis, pneumonia, and cancers. This does not mean, though, that everyone with tuberculosis, pneumonia, or cancer has AIDS.

People with HIV often have no symptoms and may not have a serious illness for a long time after being infected. Even when people with HIV have no symptoms, they can pass HIV to others. However, some of the symptoms that people living with HIV or AIDS might have include quick weight loss, dry cough, night sweats, swollen glands, diarrhea that lasts more than a week, and white or unusual spots on the tongue, throat, or mouth.<sup>29</sup>

## Testing

The only way to know whether a person or her sexual partner has HIV is to get tested. It is a person's own decision to take a test. Though no one should be forced to take a test, some good reasons to take a test include:

- A girl had unsafe sex or a condom broke.
- A girl is thinking about getting married or having children.
- A girl's partner tests positive.
- A girl keeps getting sick and is worrying about HIV.<sup>30</sup>

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<sup>29</sup> Ibid.

<sup>30</sup> 'Understanding and Challenging HIV Stigma: Toolkit for Action: Annex 4c: HIV Testing', CHANGE Project <http://www.changeproject.org/technical/hivaids/stigma/12-Annex-4c.pdf>.





Getting tested for HIV can help with prevention. If a girl or her partner finds out that either one is HIV positive, they can adopt safer practices to avoid transmitting it to others. Testing is also important so that people can receive care.

## QUESTIONS AND ACTIVITIES



### **Discussion questions**

1. What are some possible symptoms of HIV?
2. What is the only way to know if a person has HIV?
3. Can people who look healthy have HIV?
4. Do all people with HIV have symptoms?
5. When a person with HIV has no symptoms, can she or he still pass HIV to others?
6. What are some reasons to take an HIV test?



### **Activity for mentoring session:**

#### **MYTHS AND MISINFORMATION → CHECKING WITH THE EXPERTS**

Connect girls with resources in their communities where they can look for more information about HIV and AIDS or health care services. The more resources they have, the more likely they will be to seek advice or care regarding HIV and AIDS.

Talk with the girls about the major facts about HIV and AIDS. After the discussion is finished, ask the girls if they can think of any myths or incorrect information they have heard about AIDS. Remind them of common myths about AIDS that they have already discussed, such as the myth about getting HIV from hugging someone who has HIV.

Ask one girl to list on a piece of paper or on a chalkboard any myths or incorrect information that the group names. Discuss the myths they listed as a group. Ask them if, based on the information they have learned, they can determine whether these ideas are true or false.

**Longer activity: VISIT TO A HOSPITAL OR CLINIC**

Take the girls to visit a local hospital or health clinic, and ask to speak to someone about HIV and AIDS. Or ask a doctor or nurse to come to a mentoring session. Make sure that girls are given information on how to locate health care services in their community in the future.

Building on an earlier mentoring activity, ask the girls to pass around the piece of paper listing the myths they have heard so that a different girl reads each question aloud. After each question, ask the hospital or clinic doctor or nurse to tell the girls whether it is true or false, and to explain why. Ask the doctor or nurse to share with the girls any other myths or wrong information that their patients have had, and explain why they are not true.



## 2. Reducing Stigma

Sadly, people living with HIV and AIDS often experience stigma in their communities. This means that they are treated differently, often harshly, because they are living with HIV or AIDS, or because they know someone who is living with HIV or AIDS.

The following are examples of how stigma affects people living with HIV and AIDS or their family members:

- People make fun of or refuse to talk to other people who are living with HIV or AIDS, or who have a parent living with HIV or AIDS.
- Parents force their daughter to leave their home because she tested positive for HIV.
- Someone is fired from her job because she has HIV.
- A husband beats his wife because he learns that she has tested positive for HIV.

### Stigma and Prevention

Stigma not only hurts people emotionally and sometimes physically, it is also dangerous because it makes it harder for people to seek information, like where to get tested for HIV and how to prevent HIV. Reducing stigma not only shows respect and care for people living with HIV or AIDS but also helps prevent the spread of HIV.

1. Stigma can discourage people from getting tested for HIV and seeking proper medical care, putting their own health and the health of their partner at risk.
2. Stigma may cause people to think they are 'safe' from HIV because they are not part of one of the stigmatized groups.
3. Stigma may stop people who are sexually active from buying or using condoms because they believe others will think they are not being faithful or that they are HIV positive.

Stigma is based on fear and lack of knowledge. The way to fight stigma is by sharing information and learning to accept others. Mentors and girls can help to fight stigma by sharing accurate information about AIDS and talking openly about

it with their families and communities. Mentors can also fight stigma by leading by example, such as caring for people who are living with HIV or AIDS when others will not.

## QUESTIONS AND ACTIVITIES



### **Discussion questions**

1. What is stigma?
2. What are some examples of how stigma can affect people living with HIV or AIDS or their families?
3. How can girls reduce stigma? In themselves? In their families? In their communities?



### **Activity for mentoring session:**

#### **TAKING ACTION TO REDUCE STIGMA**

Stigma is one of the main reasons why some people do not get tested for HIV. Stigma is shown in many forms and has very harmful physical, mental, and emotional effects on people who are being stigmatized.

Break up the girls into small groups. Have them come up with as many kinds of stigma against people living with HIV and AIDS as they can. These might be refusing to talk to them, making fun of them, causing them physical harm, firing them from a job, or banning them from the community. Have the groups also come up with the different ways this can be harmful to someone with HIV or AIDS, such as causing them very deep sadness or reducing their ability to take care of themselves.

Have the groups come together and share with each other the different forms of stigma and its harmful effects on the person living with HIV or AIDS. Write everyone's ideas on a chalkboard or paper and add any ideas that might be missing. Next, have the whole group think of ways they can reduce stigma in their communities, in their families, or among their friends. Write the girls' ideas on the board and again add any ideas that might be missing.



Have girls return to their groups and have them work together to come up with action plans for how they will reduce stigma in their communities. In later mentoring sessions, have the groups report on their progress and what they are facing. Help them to build on what works well for them and find ways to work on what is most difficult for them.

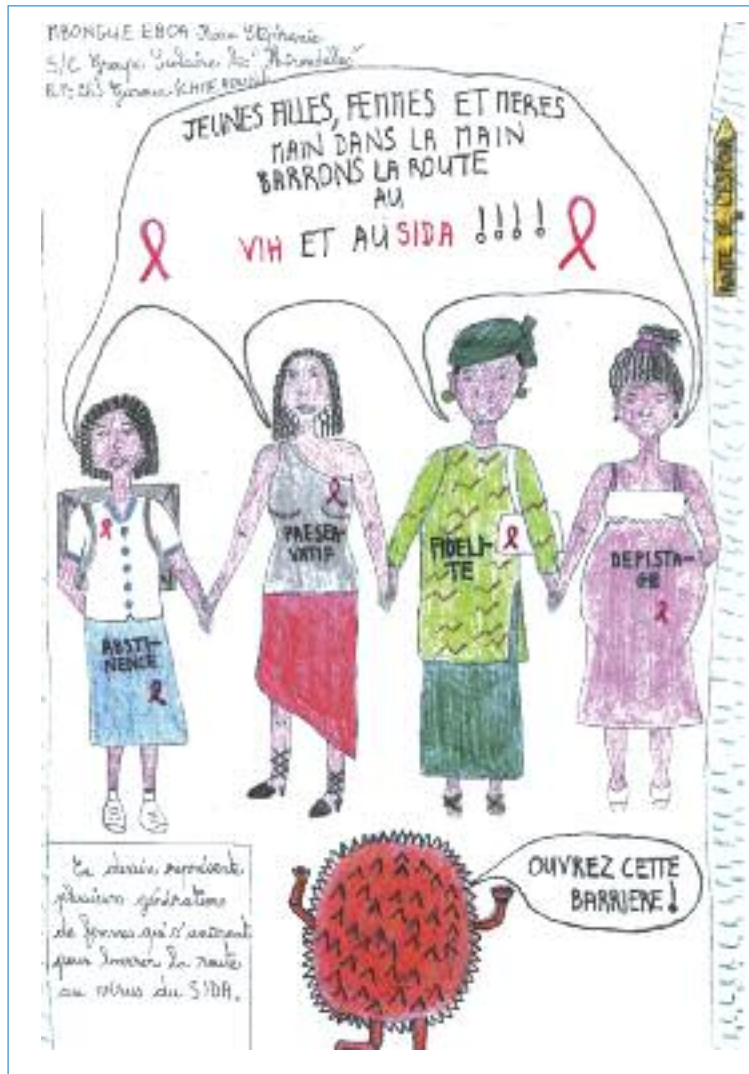


Illustration by Mbongue Eboah, Ambassadors Girls Scholarship Program, Cameroon

## 3. Caring for Someone Living with HIV or AIDS

### Treatment

Anti-retroviral therapy (ARVs) is medicine that people living with HIV and AIDS can take to reduce the effects of HIV and AIDS on the body. Only people whose immune systems have already been seriously weakened by HIV need to take ARVs.<sup>31</sup>

ARVs are not a cure for AIDS. They make people living with HIV or AIDS feel better, even though they still have HIV. Even if people are taking ARVs and feeling better, they can still transmit HIV to others.<sup>32</sup>

ARVs have many side effects and often make people feel sick in other ways, such as nausea and vomiting. But even if people are feeling sick from the medicines, they should keep taking them for the rest of their lives to reduce the bad effects of HIV and AIDS on their bodies.<sup>33</sup>

In addition to ARVs, other medicines can treat opportunistic infections, such as tuberculosis, pneumonia, bowel infection, cancer, and meningitis.<sup>34</sup>

### Care and Support

There are several ways to care for and support to people living with HIV and AIDS.

Family members and friends can encourage those who are living with HIV and AIDS to do the following:

- Eat good food and drink plenty of liquids to strengthen their bodies and keep up body weight. (People living with HIV and AIDS lose weight as a result of opportunistic infections or lose nutrients because of diarrhea or vomiting.)
- Stay physically active. (People living with HIV and AIDS will be healthier if they keep themselves physically active.)

<sup>31</sup> Stigma Toolkit 'Annex 4a: Antiretroviral Therapy', CHANGE Project <http://www.changeproject.org/technical/hivaids/stigma/12-Annex-4a.pdf>

<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

<sup>34</sup> Ibid.



- Get enough sleep and rest to allow their bodies to recover.
- Keep their bodies and homes clean to help reduce the germs that can bring unwanted diseases.
- Practice safe sex (using a condom). People living with HIV and AIDS taking ARV therapy are still HIV positive and can pass HIV to others. By practicing safe sex they can also protect themselves from getting ‘re-infected’—increasing the amount of virus in the body.
- Live with hope and get emotional support from family and friends. This helps people living with HIV or AIDS feel loved, accepted, and better about themselves and this strengthens them to live longer and more productively.<sup>35</sup>

Besides encouraging healthy behavior and providing care, mentors can help people living with HIV or AIDS by working to reduce stigma in their family and community, so that others will join in caring for and supporting their neighbors living with HIV and AIDS.

## QUESTIONS AND ACTIVITIES



### **Discussion questions**

1. What are ARVs? What do they do?
2. What are some ways that a girl can care for and support someone living with HIV and AIDS?
3. How can a person take care of herself if she has HIV or AIDS?



### **Activity for mentoring session: CARE, COMPASSION, AND BEYOND**

There are many ways that people can give care and support to those living with HIV and AIDS. It is also important for people to show ‘compassion’—to be kind and caring—toward those suffering from HIV or AIDS.

Discuss with the girls how important it is to care for and support people with HIV and AIDS. Ask the girls how they feel about caring for people with HIV and AIDS,

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<sup>35</sup> Ibid.

especially those people who are close to them. Do they feel sad or afraid? Assure the girls that it is okay to have these emotions. Mentors and other girls are there to support them. Also discuss what it means to have compassion in care-giving. Talk about how compassion can be very positive for the emotional well-being of the person who is suffering from HIV or AIDS.

Ask the girls to share some of the ways that they can take care of a person with HIV or AIDS. Make a list of these on the chalkboard or large piece of paper and add any that might be missing. Some examples include supporting the person with HIV or AIDS to eat well, be physically active, and get enough sleep.

Have the girls conduct a role play where one girl is acting as the person suffering from HIV or AIDS and another is trying to give care and support. Have the girls act out all the different ways of giving care and support that they have already discussed. Have girls take turns acting out both the role of the person with HIV or AIDS and the caregiver.

Have girls talk about how they felt playing the different roles. Explain again the need for showing compassion. For example, instead of just giving healthy food to the person with HIV or AIDS, ask them how they are feeling. What else can they do to give people living with HIV or AIDS emotional support?



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