

# **PIP+**

## **Mentor Mother Training**



**Trainer's Manual**

**HEALTHY SOUTH AFRICAN FAMILIES  
RESEARCH STUDY**

# Contents

<b>SECTION A</b> .....	<b>7</b>
<b>INTRODUCTION TO TRAINERS</b> .....	<b>7</b>
Important Information for you – the trainer!.....	7
<b>SECTION B</b> .....	<b>19</b>
<b>WELCOME TO THE TRAINING AND THE RESEARCH STUDY</b> .....	<b>19</b>
SESSION 1 .....	19
Introduction to Training and the Research Study .....	19
Time required: 2 hours.....	19
SESSION 2.....	29
The Pre-training Evaluation.....	29
Time required: 30 minutes .....	29
SESSION 3.....	34
Ongoing Inclusion of Pregnant Women.....	34
Time required: 30 minutes .....	34
<b>SECTION C</b> .....	<b>35</b>
<b>COUNSELLING AND COMMUNICATION SKILLS</b> .....	<b>35</b>
SESSION 4.....	35
Counselling and Communication Skills for Home Visits .....	35
Time required: One day .....	35
<b>SECTION D</b> .....	<b>47</b>
<b>NEGOTIATING ENTRY</b> .....	<b>47</b>
SESSION 5.....	47
Negotiating Household Entry.....	47
Time required: 2 hours.....	47
<b>SECTION E</b> .....	<b>56</b>
<b>ANTENATAL CARE</b> .....	<b>56</b>
SESSION 6.....	56
Targeting Visits During Pregnancy .....	56
Time required: 30 minutes .....	56
SESSION 7.....	60
Importance of Antenatal Care (ANC) and Understanding Basic Terms ...	60
Time required: 40 minutes .....	60
SESSION 8.....	64
Screening for Danger Signs and Using the Referral Note.....	64
Time required: 1 hour 40 minutes .....	64
SESSION 9.....	70
Nutritional Health in Pregnancy.....	70
Time required: 2 hours.....	70
SESSION 10.....	77
Avoiding Alcohol during Pregnancy.....	77

Time required: 4 hours.....	77
SESSION 11.....	93
Role Plays: Supporting Mothers to Attend ANC.....	93
Time required: 30 minutes.....	93
<b>SECTION F.....</b>	<b>96</b>
<b>HIV AND AIDS.....</b>	<b>96</b>
SESSION 12.....	96
Introduction to HIV and AIDS.....	96
Time required: 1 hour 30 minutes.....	96
SESSION 13.....	102
HIV/AIDS and Pregnancy: Knowing Your Status and Protecting Your Child.....	102
Time required: 1 hour 30 minutes.....	102
SESSION 14.....	110
HIV/AIDS: Eating to Stay Healthy.....	110
Time required: 45 minutes.....	110
<b>SECTION G.....</b>	<b>114</b>
<b>TUBERCULOSIS.....</b>	<b>114</b>
SESSION 15.....	114
What is TB? Signs and Symptoms.....	114
Time required: 1 hour 20 minutes.....	114
SESSION 16.....	119
Diagnosing and Treating TB.....	119
Time required: 1 hour 30 minutes.....	119
SESSION 17.....	124
Drug Resistant TB (MDR & XDR).....	124
Time required: 45 minutes.....	124
SESSION 18.....	129
TB in Home Visits.....	129
Time required: 40 minutes.....	129
<b>SECTION H.....</b>	<b>Error! Bookmark not defined.</b>
<b>LABOUR AND DELIVERY.....</b>	<b>Error! Bookmark not defined.</b>
SESSION 19.....	<b>Error! Bookmark not defined.</b>
The Process of Labour and Delivery.....	<b>Error! Bookmark not defined.</b>
Time required: 30 minutes.....	<b>Error! Bookmark not defined.</b>
<b>SECTION I.....</b>	<b>Error! Bookmark not defined.</b>
<b>BABY FEEDING.....</b>	<b>Error! Bookmark not defined.</b>
SESSION 20.....	<b>Error! Bookmark not defined.</b>
Your Self Development: Your Own Beliefs about Feeding and your Communication Skills.....	<b>Error! Bookmark not defined.</b>
Time required: 2 hours 5 minutes.....	<b>Error! Bookmark not defined.</b>
SESSION 21.....	<b>Error! Bookmark not defined.</b>
Communication Skills and Counselling to Support Appropriate and Safe Baby Feeding.....	<b>Error! Bookmark not defined.</b>
Time required: 2 hours 20 minutes.....	<b>Error! Bookmark not defined.</b>
SESSION 22.....	<b>Error! Bookmark not defined.</b>

The Composition of Breast milk and the Importance of Breastfeeding	<b>Error! Bookmark not defined.</b>
Time required: 2 hours 30 minutes	<b>Error! Bookmark not defined.</b>
SESSION 23	<b>Error! Bookmark not defined.</b>
How Milk is Produced and Released by the Breast	<b>Error! Bookmark not defined.</b>
Time required: 30 minutes	<b>Error! Bookmark not defined.</b>
SESSION 24	<b>Error! Bookmark not defined.</b>
Helping a Mother Position Herself before she puts the Baby to the Breast	<b>Error! Bookmark not defined.</b>
Time required: 55 minutes	<b>Error! Bookmark not defined.</b>
SESSION 25	<b>Error! Bookmark not defined.</b>
Attachment of the Baby to the Breast	<b>Error! Bookmark not defined.</b>
Time required: 1 hour 30 minutes	<b>Error! Bookmark not defined.</b>
SESSION 26	<b>Error! Bookmark not defined.</b>
Breast Conditions	<b>Error! Bookmark not defined.</b>
Time required: 1 hour	<b>Error! Bookmark not defined.</b>
SESSION 27	<b>Error! Bookmark not defined.</b>
Expressing Breast milk	<b>Error! Bookmark not defined.</b>
Time required: 50 minutes	<b>Error! Bookmark not defined.</b>
SESSION 28	<b>Error! Bookmark not defined.</b>
Practising Exclusive Breastfeeding	<b>Error! Bookmark not defined.</b>
Time required: 2 hours	<b>Error! Bookmark not defined.</b>
SESSION 29	<b>Error! Bookmark not defined.</b>
Baby Feeding for HIV Positive Women who meet the AFASS Criteria and have chosen not to Breastfeed	<b>Error! Bookmark not defined.</b>
Time required: 1 hour 30 minutes	<b>Error! Bookmark not defined.</b>
SESSION 30	<b>Error! Bookmark not defined.</b>
Safe Formula Feeding	<b>Error! Bookmark not defined.</b>
Time required: 2 hours 5 minutes	<b>Error! Bookmark not defined.</b>
SESSION 31	<b>Error! Bookmark not defined.</b>
Teaching Formula Feeding	<b>Error! Bookmark not defined.</b>
Time required: 1 hour	<b>Error! Bookmark not defined.</b>
SESSION 32	<b>Error! Bookmark not defined.</b>
Common Baby Feeding Difficulties	<b>Error! Bookmark not defined.</b>
Time required: 1 hour	<b>Error! Bookmark not defined.</b>
SESSION 33	<b>Error! Bookmark not defined.</b>
Counselling Practice: Applying Counselling Skills to Different Baby Feeding Situations	<b>Error! Bookmark not defined.</b>
Time required: 2 hours	<b>Error! Bookmark not defined.</b>
SESSION 34	<b>Error! Bookmark not defined.</b>
Counselling Practice on Live Mothers and Babies: Applying Counselling Skills to Real Life	<b>Error! Bookmark not defined.</b>
Time required: 2 hours	<b>Error! Bookmark not defined.</b>
SECTION J	<b>Error! Bookmark not defined.</b>
POSTNATAL DEPRESSION	<b>Error! Bookmark not defined.</b>

SESSION 35.....	<b>Error! Bookmark not defined.</b>
Post-Natal Depression .....	<b>Error! Bookmark not defined.</b>
Time required: 30 minutes .....	<b>Error! Bookmark not defined.</b>
<b>SECTION K .....</b>	<b>Error! Bookmark not defined.</b>
<b>NEONATAL TRAINING .....</b>	<b>Error! Bookmark not defined.</b>
SESSION 36.....	<b>Error! Bookmark not defined.</b>
Introduction to Neonatal Care: The Importance of Community Home-based Care for Mothers and Newborns Activities .....	<b>Error! Bookmark not defined.</b>
Time required: 30 minutes .....	<b>Error! Bookmark not defined.</b>
SESSION 37.....	<b>Error! Bookmark not defined.</b>
Care of the Eyes, Umbilical Cord and Skin .....	<b>Error! Bookmark not defined.</b>
Time required: 30 minutes .....	<b>Error! Bookmark not defined.</b>
SESSION 38.....	<b>Error! Bookmark not defined.</b>
Understanding and Caring For Low Birth Weight and High-risk Babies .....	<b>Error! Bookmark not defined.</b>
Time required: 1 hour .....	<b>Error! Bookmark not defined.</b>
SESSION 39.....	<b>Error! Bookmark not defined.</b>
Postnatal Home Visits .....	<b>Error! Bookmark not defined.</b>
Time required: 1 hour 30 minutes .....	<b>Error! Bookmark not defined.</b>
SESSION 40.....	<b>Error! Bookmark not defined.</b>
Helping with Kangaroo Care of Low Birth Weight Babies .....	<b>Error! Bookmark not defined.</b>
Time required: 20 minutes .....	<b>Error! Bookmark not defined.</b>
SESSION 41.....	<b>Error! Bookmark not defined.</b>
Identifying Danger Signs and using Referral Notes during Postnatal Visits .....	<b>Error! Bookmark not defined.</b>
Time required: 2 hours 15 minutes .....	<b>Error! Bookmark not defined.</b>
SESSION 42.....	<b>Error! Bookmark not defined.</b>
Practice Home Visiting .....	<b>Error! Bookmark not defined.</b>
Time required: 1 hour .....	<b>Error! Bookmark not defined.</b>
<b>SECTION L.....</b>	<b>Error! Bookmark not defined.</b>
<b>CHILD HEALTH.....</b>	<b>Error! Bookmark not defined.</b>
SESSION 43.....	<b>Error! Bookmark not defined.</b>
Social Factors in Child Health .....	<b>Error! Bookmark not defined.</b>
Time required: 15 minutes .....	<b>Error! Bookmark not defined.</b>
SESSION 44.....	<b>Error! Bookmark not defined.</b>
Growth, Development and Nutrition .....	<b>Error! Bookmark not defined.</b>
Time required: 4 hours.....	<b>Error! Bookmark not defined.</b>
SESSION 45.....	<b>Error! Bookmark not defined.</b>
Childhood Immunizations .....	<b>Error! Bookmark not defined.</b>
Time required: 15 minutes .....	<b>Error! Bookmark not defined.</b>
SESSION 46.....	<b>Error! Bookmark not defined.</b>
Gastroenteritis in Children.....	<b>Error! Bookmark not defined.</b>
Time required: 30 minutes .....	<b>Error! Bookmark not defined.</b>
SESSION 47.....	<b>Error! Bookmark not defined.</b>

Skin Problems: Scabies, Eczema, Thrush (Candida) and Aphtus Ulcers	.....	<b>Error! Bookmark not defined.</b>
Time required: 30 minutes	.....	<b>Error! Bookmark not defined.</b>
SESSION 48	.....	<b>Error! Bookmark not defined.</b>
Respiratory Diseases in Early Childhood ...	.....	<b>Error! Bookmark not defined.</b>
Time required: 50 minutes	.....	<b>Error! Bookmark not defined.</b>
<b>SECTION M</b>	.....	<b>Error! Bookmark not defined.</b>
<b>CHILD ABUSE AND NEGLECT</b>	.....	<b>Error! Bookmark not defined.</b>
SESSION 49	.....	<b>Error! Bookmark not defined.</b>
Identifying and Protecting Children from Child Abuse .....	.....	<b>Error! Bookmark not defined.</b>
Time required: 3 hours	.....	<b>Error! Bookmark not defined.</b>
<b>SECTION N</b>	.....	<b>Error! Bookmark not defined.</b>
<b>THE FIELD GUIDE AND THE PROCESS OF HOME VISITING</b>	.....	<b>Error!</b>
Bookmark not defined.		
SESSION 50	.....	<b>Error! Bookmark not defined.</b>
The Field Guide and the Process of Home Visiting ...	.....	<b>Error! Bookmark not defined.</b>
Time required: 2 hours	.....	<b>Error! Bookmark not defined.</b>
<b>SECTION O</b>	.....	<b>Error! Bookmark not defined.</b>
<b>SELF-CARE</b>	.....	<b>Error! Bookmark not defined.</b>
SESSION 51	.....	<b>Error! Bookmark not defined.</b>
Self-care for Mentor Mothers	.....	<b>Error! Bookmark not defined.</b>
Time required: 3 hours	.....	<b>Error! Bookmark not defined.</b>
<b>SECTION P</b>	.....	<b>Error! Bookmark not defined.</b>
<b>ROLE PLAY ASSESSMENTS</b>	.....	<b>Error! Bookmark not defined.</b>
SESSION 52	.....	<b>Error! Bookmark not defined.</b>
Role Plays	.....	<b>Error! Bookmark not defined.</b>
Time required: 1 day	.....	<b>Error! Bookmark not defined.</b>
<b>SECTION Q</b>	.....	<b>Error! Bookmark not defined.</b>
<b>POST TEST AND CONCLUSION</b>	.....	<b>Error! Bookmark not defined.</b>
SESSION 53	.....	<b>Error! Bookmark not defined.</b>
Post-test and Skills Assessment	.....	<b>Error! Bookmark not defined.</b>
Time required: 3 hours	.....	<b>Error! Bookmark not defined.</b>

# **SECTION A**

## **INTRODUCTION TO TRAINERS**

### **Important Information for you – the trainer!**

As a trainer, you are a very important person with a crucial task. You will need to make sure that the people you are training develop the key knowledge and skills that they will need to carry out their work.

You should make sure that you understand all the core information from the course before you attempt to train other people. During the training of trainers, ask as many questions as you need to so that you make sure you understand the content of the training course.

In order to be an effective trainer you will need to acknowledge your current skills and characteristics and work on developing any additional skills.

A trainer needs to possess and demonstrate the following characteristics and skills:

- Humility
- Patience
- Good non verbal and verbal communication skills
- A love of working with people and helping them
- Respect for other people and the knowledge and experience that they have
- Confidence
- Skills on how to motivate people (who may get tired towards the middle or end of a training course)
- How to manage people and groups (in case there are conflicts or tensions that arise during the training course)

A trainer should not:

- Think that he / she is the best / “knows it all”
- Look down upon people
- Speak harshly to people
- Reprimand people if they do not understand issues or if they make mistakes
- Get irritated

## THE COURSE AND THE MATERIALS

### Structure of the course

The course is divided into different sessions, using a variety of teaching methods, including lectures, demonstrations, discussion, and work in smaller groups with discussion, reading, role-play, and exercises.

Participants progressively develop their support and counselling skills in the classroom, and then practice them with mothers and babies in their homes.

There are different kinds of sessions; these include:

- **Lectures** using slides – these are usually conducted with the whole class together
- **Demonstrations** – which are also usually conducted with the whole class together
- **Group work** - The main part of each clinical practice session, the sessions for practicing history taking and counselling skills, a few other sessions are conducted in small groups of 4-5 participants with one trainer. Each trainer is assigned to a group of 4-5 participants. The trainer has special responsibility for the participants in her group, and should follow their progress, and help them with difficulties.
- **Class discussion** - The session on the local breastfeeding situation is led by one trainer with the whole class together.

### Forming groups

- As soon as possible after the introductory session, the Course Director with the help of one or two of the trainers decides how the groups will be composed.
- If language and gender may be a problem, each group should have at least one person who can speak the local language, and at least one woman. It may be appropriate to balance professional groupings. Sometimes it is a good idea to make a participant who knows the others in the class responsible for arranging the groups according to these considerations. The names of the trainer and participants in each group are written on a flipchart or board, and posted up where participants can check which group they belong to.

### Order of sessions

The sessions are in a suggested sequence, but the order almost always needs to be adapted, for example, if mothers and babies are not available for clinical practice at the suggested times.

Most sessions can be moved, but it is necessary for some aspects of the sequence to be maintained.

The main requirement is that you conduct the sessions which prepare participants for a particular clinical practice before that practice, (as indicated by the similar titles of class and clinical practice sessions).

## **The Trainer's Manual**

The Trainer's manual contains what you, the trainer, need in order to lead participants through the course. The guide contains the information that you need, detailed instructions on how to teach each session, the exercises that participants will do, together with answers, and the summary sheets, forms, checklists and stories used during the practical sessions of the course. This is your most essential tool as a trainer on the course. Write your name on it as soon as you get it, and use it at all times. Add notes to it as you work. These notes will help you in future courses.

## **Accompanying course materials**

### *Slides*

Slides are provided for the lectures and for some other sessions.

### *Participants' Manual*

- A copy is provided for each participant. This contains:
- Summaries of key information from the lectures and other sessions
- Copies of the forms and checklists from the practical sessions
- The exercises which participants will do during the course, but without answers

### *Trainee pack*

- Referral Notes
- Growth Charts
- Field Guide
- Training DVD's

## **TEACHING THE COURSE**

As a trainer you will need to motivate and manage participants:

### **Encourage interaction**

- During the first day or two, interact at least once with every participant, and encourage them to interact with you. This will help them to overcome their shyness, and they will be more likely to interact with you for the remainder of the course.
- Make an effort to learn participants' names early in the course, and use their names whenever it is appropriate. Use names when you ask participants to speak, or to answer questions, or when you refer to their

- comments, or thank them. For the first few days make use of name tags until you familiarise yourself with the participants' names.
- Be readily available at all times. Remain in the room, and look approachable. For example, do not read magazines or talk constantly with other trainers. Talk to participants rather than trainers during tea breaks, and be available after a session has finished. Get to know the participants who will be in your group, and encourage them to come and talk to you at any time, to ask questions, or to discuss any difficulties, or even to tell you that they are interested and enjoying themselves.

### **Reinforce participants' efforts**

- Take care not to seem threatening.
- Be careful not to use facial expressions or comments that could make participants feel ridiculed;
- Sit or bend down to be on the same level as a participant whom you are talking to;
- Do not be in a hurry, whether you are asking or answering questions;
- Show interest in what participants say. For example, say: "That is a good question/suggestion."
- Praise, or thank participants who make an effort. For example when they try hard or ask for an explanation of a confusing point or do a good job on an exercise or participate in a group discussion or help other participants (without distracting them by talking about something irrelevant).
- You may notice that many of the counselling skills taught during the course are also important for communicating with participants. In particular you will find it helpful to use appropriate nonverbal communication, to ask open questions, and to help them to feel confident in their work with mothers and babies.

### **Be aware of language difficulties**

- Try to identify participants who have difficulty understanding or speaking English (or the language in which the course is conducted) Speak slowly and clearly so that you can be more easily understood.
- Encourage participants in their efforts to communicate.
- If necessary, speak with a participant in her own language (or ask someone else to do so for you) to clarify a difficult point.
- Discuss with the Course Director any language problems that seriously hinder the ability of a participant to understand the material. It may be possible to arrange help for the participant, or for her to do some of the exercises in a different way.

## **USING YOUR TRAINER'S GUIDE**

### **Before you lead a session:**

- Look at your guide and read the 'Objectives' to find out what kind of session it will be, and what your responsibilities are.
- Read the 'Preparation' box at the beginning of the text, so that you know what you have to do in advance to prepare for the session, and what training aids (and other kind of help) you need.
- Read through the text for the session, so that you are clear what you will have to do. The text includes detailed point-by-point instruction about how to conduct the session.

### **When you lead a session:**

- Keep your trainers manual with you and use it all the time.
- You do not need to try to memorize what you have to do. It is extremely difficult to do so. Use the manual as your session notes, and follow it carefully.

### **Preparing to give a presentation:**

- Before you give one of the lecture presentations, read the notes through carefully, and study the slides that go with it.
- You do not have to give the lecture exactly as it is written. You should not read it out, unless you feel that there is no other way you can do it. However, it is important that you are thoroughly familiar with the contents of the lecture, and with the order of ideas in the presentation. This is necessary even if you are an experienced trainer, and knowledgeable about breastfeeding.
- Go through the text, mark it and add your own notes to remind you about points to emphasize, or points of special local importance.
- Try to think of your own stories, and ways to present the information naturally in your own way.
- Read the Further information sections. They give extra information about topics that are covered only briefly in the main text. You should not present them with the main presentation, but they may help to answer questions that arise in the course of discussion.
- Make sure that you have all the slides for the session, and arrange them in the correct order.
- Shortly before the session, make sure that the audience will be able to see the images - that the room is dark enough, that the screen is well placed, and that the chairs are arranged appropriately.

- You do not have to accept the arrangements from the previous session - it can be an advantage to move an audience around, and present material in a new way. It may help to keep their attention.

## **Giving a lecture**

### **Talk in a natural and lively way**

- Present the information as in a conversation, instead of reading it.
- Speak clearly and try to vary the pitch and pace of your voice.
- Move around the room, and use natural hand gestures.

### **Explain the slides carefully**

- Remember that slides do not do the teaching for you.
- They are aids to help you to teach and to help participants to learn. Do not expect participants to learn from them without your help.
- Explain to the audience exactly what each picture shows, and tell them clearly the main points that they should learn from it. As you explain, point out on the slide where it shows what you are talking about, and draw the participants' attention to the appearances. Do not assume that they automatically see what you want them to look at.
- With slides, point to the screen.
- Remember to face the audience as you explain - do not keep looking at the screen yourself. Do not turn your back on the audience for more than a short time. Keep looking at them, and maintain eye contact, so that they feel that you are talking to them personally.
- Be careful not to block participants' view of the screen. Either stand to the side, or sit down, and check that they can see clearly. Look out for participants bending to see the screen or demonstration because you are in the way. Stop and adjust your position before you continue.
- When you are familiar with the material, and you have taught it a few times, you will be able to explain in your own way. You will be able to make it appropriate for the participants, and answer their questions in the way which is most helpful for them.
- It is helpful sometimes when presenting slides to ask participants to come to the screen to point things out to the others. This technique is recommended for the session on 'Observing a breastfeed'.

### **Involve the audience**

- You will have to give much of the information in lecture form. This is necessary to cover enough material in the limited time available.
- However, it is also helpful during lectures and other sessions to ask questions, to check that participants understand, and to keep them thinking. This more interactive technique helps to keep participants interested and involved, and is usually a more effective way of learning. Ask participants questions that enable them to give an answer that is more

- than a "yes" or "no". Give examples of these types of questions so that participants can make use of them during their sessions.
- A number of questions are indicated in the text. They ask participants to make observations on a slide or transparency, and to think what it means. The questions are carefully chosen, so that participants should be able to decide the answer either by looking at the picture, or from their own experience, or from what has been covered previously in the course, without requiring new information that they may not have.
  - Sometimes you may want to give participants a hint to help them to answer. Sometimes asking the question again, in another way, can help. However, do not help them or give them the answer too quickly. It is important to wait, and to give them a genuine chance to think of the answer themselves. On the other hand, do not get involved in discussions which are distracting, and which waste a lot of time. Encourage participants to make a few suggestions; discuss their suggestions; and then continue with the session. You do not have to wait until they have given all the answers listed in the text. Notes are included with many of the questions to guide you.
  - Acknowledge all participants' responses, to encourage them to try again. Comment briefly on their answer, or say "Thank you", or "Yes". If participants give an incorrect answer, do not say "No - that is wrong!" or some may hesitate to make other suggestions. Accept all answers, and say something non-committal, such as "That is an interesting idea" or "I haven't heard that one before".
  - Ask them to say more to clarify the idea, or say "What does anyone else think?" or ask for other suggestions. Make participants feel that it is good to make a suggestion, even if it is not the 'correct' answer.
  - When someone answers correctly, 'hold onto' their answer; expand it if necessary, and make sure that everyone else has understood.
  - Do not let several participants talk at once. If this occurs, stop the talkers, and given them an order to speak in. For example, say "Let's hear Mary's comment first, then Anastasia's, then Siti's".
  - People will usually not interrupt if they know that they will have a turn to talk.
  - Do not let the same one or two people answer all the questions. If a talkative participant tries to answer several questions, ask her to wait for a minute, and turn or walk away from her. Try to encourage quieter participants to talk. Ask someone by name who has not spoken before to answer, or walk towards someone to focus attention on her, and make her feel that she is being asked to talk.
  - Thank participants whose answers are short and to the point.

## **Preparing to give a demonstration**

### **Study the instructions**

- You should already have seen the demonstration in the preparatory course. Some time before you give the demonstration, read through the instructions carefully, so that you are familiar with them.
- This is necessary even if you have already seen someone else give the demonstration. Even if you have given the demonstration before yourself, it is a good idea to re-read the instructions, so that you do not forget any important steps.

### **Collect the equipment**

- Make sure that you have the dolls or other equipment that you need. Prepare those things that you can make yourself.

### **Prepare your assistant**

- You may need someone to help you to give the demonstration, for example, someone to pretend to be a mother. It is usually a good idea to ask a participant to help you. This can be a good learning experience for her. It increases her involvement, and helps her to learn about teaching methods.
- Ask for help a day or two before a demonstration, so that helpers have time to prepare themselves.
- Discuss what you want them to do, and help them to practise.

### **Practise the demonstration**

- Practise giving the demonstration, by yourself, with your assistant, or with another trainer, so that you know how long it takes, what can go wrong, and if there is anything else that you need, such as an extra table or chairs. This will make the demonstration much more convincing, and it is a good idea even if you have done it before.

### **Giving the demonstration**

- Make sure that all the equipment is ready and together, and prepare the place where you will give the demonstration. Arrange tables and chairs as you will need them.
- Make sure that you can use a board to write things up.
- Demonstrate slowly, step-by-step, and make sure that the audience are able to see what you do.
- If necessary, ask them to move closer to you so that they can all see and hear clearly; or move closer to them, going to each part of the audience in turn.
- As you give the demonstration, take every opportunity to let participants handle and examine the equipment that you use, and themselves practise what you demonstrate. They will learn more if they try things out, than if they just see you doing them.
- At the end of a lecture or demonstration leave time for participants to ask questions, and do your best to answer them.

## **Working in groups**

- Working in groups makes it possible for the teaching to be more interactive and participatory, and it gives everybody more time to ask questions. Quieter participants have more chance to contribute.
- Work in groups of 8-10 with two trainers consists mostly of discussions, reading, short demonstrations, role-play, and exercises.
- The two trainers are likely to have different strengths, and can support and learn from each other.
- They should plan together how to conduct the session.
- Work in groups of 4-5 with one trainer is mainly for the practice of skills, such as positioning a baby at the breast, history taking, and counselling. The smaller groups give everybody a chance to practise the skills.
- Read the specific instructions for the group sessions that you will lead, and plan how you will conduct them.

## **Conduct discussions**

- Some discussions consist of simple questions which you ask the group, encouraging participants to suggest answers, and to give their ideas, in a way similar to that described for asking questions in lectures. It may help to write the main question and the main points of answers on a flipchart.
- Do not let a few more talkative participants dominate the discussion. If necessary, ask individuals in the group by name to suggest answers in turn. Encourage quieter members to say what they think, before you allow the talkative ones to speak.
- To keep participants discussing the questions, from time to time summarise what has been said and restate the question in another way. When participants give an incomplete answer, ask them to try to clarify and complete what they are trying to say. Add any necessary explanation, and make sure that it is clear to all participants.
- Give participants time to ask their own questions. Answer the questions willingly. Encourage participants to ask at the time that they have a question, and not to hold it for a later time.
- However, if they ask too many questions, and it interferes with the session, you may have to ask them to wait.

## **Develop lists and schema**

- In some sessions, you and the participants together have to develop lists or schema for a topic, on boards or flipcharts.
- Plan these lists and schema carefully. Make sure that you have enough flipcharts or sheets posted up. Plan the layout of the lists on each page, to make sure that you can fit the whole list onto one sheet.

## **Reading**

- In some sessions, you ask participants to read a section of text to themselves. You then discuss the topic with them, to make sure that they understand what they have read. Later they practise using the information in an exercise.
- If it is difficult for participants to absorb information when they read it to themselves, you can as an alternative ask them to read it aloud. Each participant takes it in turns to read one sentence or section of the text. You can discuss the ideas and ask questions after each point.

## **Give short demonstrations**

- The group sessions include a number of short demonstrations of counselling techniques, and other skills. They do not need equipment other than dolls and model breasts, which should be available for every group.
- Practise conducting these demonstrations. Make sure that a doll and a model breast are available, if necessary. If you need a participant to help you, help her to prepare, and make sure that you give her a copy of what she has to say in advance.

## **Role-plays**

- Choose the players in advance, explain carefully what you want them to do, and give them written instructions to help them to remember what to do.
- If you feel that participants are not ready to do role-plays themselves, do the role-play yourself with another trainer. This helps participants to understand what role-play is about, and they can see that making mistakes does not matter, so they may feel more confident to try themselves next time.

## **Exercises**

- Some exercises are done by the whole group together. These take the form of a discussion.
- A number of exercises are individual written exercises. This is an important way for individual participants to learn, and to find out for themselves what they are and are not clear about. It helps you to discover who easily understands what has been taught, and who needs more help. The participants who are most in need of help may not ask for it, and you may not discover who they are until they do these exercises. It also helps you to discover which topics are easy and which are difficult for the group.

- For written exercises, participants stay in the groups of 8-10, but work by themselves. The trainers circulate, and give individual feedback and personal attention to the participants as they do the exercises. Pay particular attention to the members of your own small group, but it is good if both trainers talk to all participants.
- An alternative, if participants have difficulty writing the answers, is to discuss the answers to the questions in pairs, or in small groups of participants with one trainer. However, it is preferable if possible for each participant to try to answer the questions for herself.

## **Facilitating individual written exercises**

### **Explain how to do the exercise:**

- Tell participants which exercise to do, and on which page in their manuals they can find the exercise. Make sure that they have all found it.
- Explain that they should read the questions, and write the answers in their manuals. They should use pencil, so that they can easily erase and correct their answer. Make sure that they have pencils and erasers to work with.
- Ask them to read the instructions How to do the exercise and the Example. If you feel that it would be helpful, you can read the example aloud with the participants, and give them a chance to ask questions if they have not fully understood.
- Explain that they should work at their own pace, and answer as many of the questions as they can.
- However, it is not essential to finish all the questions. You may wish to recommend a minimum number that they should try to complete. Let participants who work faster continue with all the questions, including the optional questions, if they can. Explain that the trainers will give individual feedback, and will help them as needed.
- Try to arrange for participants to sit separately, so that they do not hear or see other peoples' answers.
- When you are satisfied that participants know what to do, let them work by themselves for 5-10 minutes.
- Then start circulating, looking over their shoulders to see how they are getting on. Talk to each participant individually, and as confidentially as possible. Try not to let other participants overhear what you are saying. Compare their answers with the suggested answers in your guide.
- Compliment them if they have answered satisfactorily. If an answer is incorrect, do not make them feel ridiculed. Ask them if they have any other ideas, and give them a chance to try to correct the answer. If they cannot do so, help them to decide the correct answer, and explain their mistake.
- Try not to give them the answer too easily.
- With participants who find the exercises easy, you should be able to give them feedback quite quickly. Spend extra time with participants who are

- having difficulty, to make sure that they understand the essential points that the exercise illustrates.
- If a question causes difficulty for several participants, discuss it afterwards with the group together.
  - At the end of the session, give participants the Answer Sheet for the exercise. Suggest that they complete the questions that they have not finished in their own time, and correct their own answers. They should ask a trainer later if they do not understand any of the answers.

## **Conducting small group sessions**

- The sessions in which participants practise their history-taking and counselling skills are conducted in small groups with 4-5 participants and one trainer.
- Each trainer has aids to assist with history-taking and counselling. For each session, select the most appropriate stories, and give one to each participant before the session so that they have time to study it. They should not show it to their colleagues.
- During the session, participants work in pairs within the group to practise taking a history, or using the counselling skills. One of the pair plays the mother, following the story on her card. The other plays the counsellor, and uses the Breastfeeding History Form or the Counselling Skills Five-Step Model.
- This is called 'pair practise'.
- You follow from the Trainer's Guide, which contains both the story and short comments to help you to guide the participants and make sure that they learn what is intended. Guide the group to discuss the practice, and help the counsellor to improve her skills. Detailed instructions are given in the notes for the session.

# **SECTION B**

## **WELCOME TO THE TRAINING AND THE RESEARCH STUDY**

### **SESSION 1**

#### ***Introduction to Training and the Research Study***

**Time required: 2 hours**

#### **Purpose**

To welcome trainees to the training, and explain to them the training schedule, the research project and the training objectives.

#### **Objectives**

At the end of this session MM's will:

1. Understand the structure, purpose and schedule of the training to follow, and how this will translate to their work on this project.
2. Have agreed upon a certain set of rules and a code of conduct for the duration of the training.
3. Understand the importance of dress code during their work.

#### **Materials**

1. Black board / paper flip chart
2. Markers
3. MM manuals for each trainee
4. Training pack for each trainee to accompany the MM manual
5. Training schedule

#### **Preparation**

Distribute the MM manuals and trainee packs.

**Ice Breaker and Introductions****20 minutes*****Instructions to Trainers:***

1. Divide the participants into pairs. Allow 3 – 5 minutes for each pair to introduce themselves to each other. They should each learn three things about each other (for example, where they live, how many children they have, why they have chosen to work on this project etc.)
2. Go around the group and ask each pair to stand up together. One woman from the pair will introduce the other woman to the whole group and tell the group the 3 things she has learned about her partner. The other women in the pair will then introduce her partner to the group.
3. Go around the circle until everyone has been introduced.

**Training Logistics****20 minutes*****Instructions to Trainers:***

1. Discuss the general structure and purpose of the training. The discussion should incorporate:
  - Purpose of the course – trainees will learn skills to equip them in caring for and supporting pregnant mothers and babies in their neighbourhoods, both before and after the birth of their children.
  - Refer trainees to the MM manual that they have received. Do not go into too much detail, but explain how they will use their manuals throughout the course.
2. Briefly discuss the training time frame, schedule and logistics.
3. Clarify for any confusion.

**Code of conduct****10 minutes*****Instructions to Trainers:***

1. Ask participants what workshop rules they would like to follow. This is a brainstorming exercise, so write all the ideas on the flipchart or board. Some of the rules could be (the group may think up others):
  - Be on time
  - Participate actively
  - Listen to others
  - Confidentiality – any personal information shared by the participants must remain confidential.
  - Express our opinions
  - Respect other people's opinions

- Come to all sessions
- Turn cell phones off during training
- That participants can interrupt the trainer during a session to ask for clarification is they do not understand something

2. Review the ideas and decide which ones to follow for this Workshop. Place the final list on the wall for the duration of the training.

3. Explain the logistical issues clearly (accommodation, food, transport allowance, timetable and others).

<b>Description of the Research Project</b>	<b>1 hour</b>
--	---------------

***Instructions to trainers:***

1. This section is crucially important as it will introduce MM's to the broader and more specific project goals, and to their role within the project.
2. Take your time to explain all the following sub-sections (from A-D) to trainees, asking for questions and providing clarity wherever necessary.

## **The Research Project**

### **A. Why are we doing this study?**

#### **The problem**

1. Many new born babies and young children in South Africa are dying as a result of HIV, TB, alcohol abuse and poor nutrition.
2. Children who are born with a low birth weight are very vulnerable to becoming ill and not developing normally.
3. South Africa has a high number of persons living with HIV (roughly 30 out of every 100 pregnant women are HIV+) as well as the highest documented rate of children with Fetal Alcohol Syndrome (6 – 7 of every 100 children at first grade in certain areas).
4. Currently, as many as 6 out of every 100 children die before first grade. This amount is increasing each year.

#### **The study**

1. We are doing this study to find out if mentor mothers (MM's) can assist in reducing deaths amongst our newborn babies, and if they can reduce the number of deaths in children who are born with a low birth weight – Can MM support pregnant women to access the health services they need so that they receive the best and most appropriate care for themselves and their babies? Can MM provide support and advice to pregnant women so

- that the babies growing in their wombs and newborn babies are protected from HIV, FAS, poor nutrition (low birth weight) and TB? Can they support new mothers to feed and care for their children so that they are protected from infections? Can they help their children who are born malnourished to grow to an age appropriate weight?
2. In other countries where MM's have been trained and where mothers follow their advice, newborn babies are protected - the number of babies that become infected with HIV, the number of babies who are born with a low birth weight, and the number of infant deaths related to AIDS is reduced.
  3. We have developed a package of activities which a MM should conduct in a household during every home visit. These activities provide simple relevant information for pregnant women and new mothers on the health services available for her and the newborn baby, and on the most appropriate care for her baby, including feeding, alcohol use and nutrition during pregnancy, and HIV/AIDS and TB related information and support.

## **B. What will we be looking for at the end of the study?**

At the end of the study we will be looking to find out if:

1. Mothers who receive home visits will have significantly fewer sexual partners, more partners tested for HIV, reduced sex acts unprotected by condoms, will plan future children, have reduced alcohol use and mental health symptoms, and improved nutrition in comparison to mothers who do not receive the home visits.
2. For HIV+ mothers, mothers who receive the home visits will have increased rates of: using one feeding method; using exclusive breastfeeding; cessation of breastfeeding at 6 months; testing and receiving results of the infant's HIV test; maternal adherence to medical care; ARV use, repeated TB screening; personal health monitoring, compared to the rates among HIV+ mothers who do not receive the home visits.
3. For HIV- mothers, we want to know if the home visit intervention will reduce HIV-related stigma, increase offers of instrumental and social support to HIV+ neighbours, and increase repeat HIV testing after any unprotected sex occurs, by comparison to the control condition.
4. The home visit intervention will improve health routines in terms of the number of prenatal and well-baby visits made, the number of immunizations received, increased access to child grants, reduced amounts of low birth weight (LBW) infants.
5. The home based intervention will improve the physical, social, and cognitive development of infants at 6 and 18 months of age.
6. If alcohol using pregnant mothers in the PIP+ condition will have lower rates of alcohol use during pregnancy, lower rates of alcohol use following childbirth, and fewer infants with FAS and LBW.

7. Mothers who receive the home visits will improve their parenting practices, be more knowledgeable about alcohol, HIV/TB, breastfeeding, and healthy nutrition than mothers who did not receive the home visits in other neighbourhoods.

**C. How are we going to involve / enrol pregnant women, mothers and newborn babies in the study to be able to get the above information?**

1. While we would like all pregnant women in our allocated areas to enrol in this study and complete all study visits, **participation (enrolment)** in this study is voluntary – No pregnant woman should be forced to participate in the study.
2. Whilst we would like all enrolled pregnant women to complete the study, no mother should be coerced to **remain in the study** against her will.
3. To get pregnant women to participate in the study we need to inform them about the study using appropriate approaches and information.
4. Our job (MM, supervisors and Philani staff) is to provide pregnant women with all the information they need to make an informed decision whether to participate in the study or not.
5. Our job is to also address the expecting or new mother's concerns and to motivate them to participate in follow-up visits.

## D. Responsibilities of Mentor Mothers

### 1. Logistical Responsibilities

What you should do	<i>What you should not do</i>
<ul style="list-style-type: none"> <li>Familiarize yourself with the project aims and objectives.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>Do NOT rely on old knowledge, EXPERIENCE or hear say information</i></b></li> </ul>
<ul style="list-style-type: none"> <li>Approach participants for their first home visit as per project procedures.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>At no time should you apply a different procedure</i></b></li> </ul>
<ul style="list-style-type: none"> <li>Collect all information as per project procedures.</li> <li>All information should be real and obtained from home visits.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>NO information or home visits should be made up.</i></b></li> <li><b><i>Falsification of information is a serious offence and places you at risk of terminating (ending) your contract.</i></b></li> </ul>
<ul style="list-style-type: none"> <li>Before leaving each household check if all information is collected and if it is accurate.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>At no time should you answer any questions on behalf of the pregnant woman / mother</i></b></li> </ul>
<ul style="list-style-type: none"> <li>Consult the Intervention Supervisor Assistant for guidance if you are not sure of what support to provide and what information to collect before leaving the household.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>Do NOT rely on another MM or leave the concern unattended.</i></b></li> </ul>
<ul style="list-style-type: none"> <li>Maintain confidentiality.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>Do NOT discuss your home visits with other mothers, and do not speak about one mother to another mother or another MM.</i></b></li> </ul>
<ul style="list-style-type: none"> <li>It is recommended that if the mother agrees, you should involve other members of the family in each home visit. This will ensure that the mother has home support for whatever you are advising her on.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>At no time should a woman (even young women around 16 yrs) be forced or coerced to include members of her family in discussions regarding her or her newborn baby.</i></b></li> </ul>

<b>What you should do</b>	<b>What you should not do</b>
<ul style="list-style-type: none"> <li>Keep all project information in a safe place.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>At no time should information on pregnant women or mothers be shared or read by members of your family or friends.</i></b></li> </ul>
<ul style="list-style-type: none"> <li>Submit all information to the designated project staff as per schedule.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>At no time should information be submitted to anyone else or submitted late without prior permission from the Intervention Supervisor.</i></b></li> </ul>

## **2. Home Visits (Minimum of 4 antenatal visits and 6 postnatal visits)**

<ul style="list-style-type: none"> <li>Conduct home visits to facilitate a dialogue/ conversation on mother, newborn and child health care.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>No visit should be missed. Each of the scheduled visits must be carried out as planned.</i></b></li> </ul>
<ul style="list-style-type: none"> <li>Prepare (through reading, discussions) for each home visit.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>Do not carry the manual with you or prepare while at the pregnant woman's or mother's home.</i></b></li> </ul>
<ul style="list-style-type: none"> <li>Deliver messages and information during each visit as per guidelines.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>Do not lecture (instruct) the pregnant women or the mothers.</i></b></li> </ul>
<ul style="list-style-type: none"> <li>Check if all information / messages have been delivered accurately before leaving the household at each visit.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>Do not suggest incomplete or wrong messages.</i></b></li> </ul>
<ul style="list-style-type: none"> <li>Consult the Intervention Coordinator for guidance if you not sure what information /messages you need to deliver before visiting the household.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>Do not ignore questions (no matter how ridiculous they may sound) you have regarding any of the visits.</i></b></li> </ul>
<ul style="list-style-type: none"> <li>Use the counselling and communication skills learned during this training.</li> </ul>	<ul style="list-style-type: none"> <li><b><i>Do NOT only deliver information during the home visits.</i></b></li> </ul>

## 2. Home Visits (Minimum of 4 antenatal visits and 6 postnatal visits)

<ul style="list-style-type: none"> <li>• Ask the mother and other members of the family (if they have been included in the discussions) about their concerns, and address these before you leave. If you do not know how to address these concerns consult with the Intervention Supervisor during the visit (if urgent) or after the visit (if non-urgent).</li> </ul>	<ul style="list-style-type: none"> <li>• <b><i>Do not give false or inaccurate information no matter how urgent the information maybe needed.</i></b></li> </ul>
<ul style="list-style-type: none"> <li>• Make sure you keep to any promises that you make.</li> </ul>	<ul style="list-style-type: none"> <li>• <b><i>Do NOT make promises you cannot deliver on.</i></b></li> <li>• <b><i>Do NOT default on promises you make.</i></b></li> </ul>
<ul style="list-style-type: none"> <li>• Maintain confidentiality (as outlined above) and keep information about mothers in a safe, secure place.</li> </ul>	<ul style="list-style-type: none"> <li>• <b><i>At no time should information on pregnant women or mothers be shared or read by members of your family or friends.</i></b></li> </ul>
<ul style="list-style-type: none"> <li>• Make and record referrals as per guidelines and using the provided referral tool.</li> </ul>	<ul style="list-style-type: none"> <li>• <b><i>Do NOT use any other guidelines or tools for referral.</i></b></li> </ul>
<ul style="list-style-type: none"> <li>• Submit all information to the designated project staff as per schedule.</li> </ul>	<ul style="list-style-type: none"> <li>• <b><i>Do NOT miss planned submission dates.</i></b></li> <li>• <b><i>If the information has to be late due to unavoidable circumstances this has to be negotiated with the Intervention Supervisor</i></b></li> </ul>
<ul style="list-style-type: none"> <li>• Answer pregnant woman's or mother's and family's' project-related questions where possible and pass on the unanswered questions to the Intervention Supervisor.</li> </ul>	<ul style="list-style-type: none"> <li>• <b><i>Do NOT ignore any of the household's questions.</i></b></li> </ul>

### 3. Tracing and follow up of participants

What you should do	What you should not do
<ul style="list-style-type: none"> <li>Trace mothers 'lost to follow up' as per project schedule.</li> </ul>	<ul style="list-style-type: none"> <li><b>Do NOT miss any 'lost to follow up' visits.</b></li> </ul>
<ul style="list-style-type: none"> <li>Record reasons for 'lost to follow up' with the Interventions Coordinator.</li> </ul>	<ul style="list-style-type: none"> <li><b>Do Not make up 'lost to follow up' visits. This is a serious offence and will lead to termination of your contract with Philani.</b></li> </ul>
<ul style="list-style-type: none"> <li>Assess their willingness to continue participating in the project as per guidelines.</li> </ul>	<ul style="list-style-type: none"> <li><b>Never coerce a pregnant woman or a mother to stay in the study</b></li> </ul>
<ul style="list-style-type: none"> <li>Discuss what action to take on 'hard to trace participants' with the Intervention Coordinator.</li> </ul>	<ul style="list-style-type: none"> <li><b>Do Not make a decision on your own to drop anyone from the study</b></li> </ul>

### 4. Administration

<ul style="list-style-type: none"> <li>Attend and contribute to MM's' meetings and other events organized by the project.</li> </ul>	<ul style="list-style-type: none"> <li><b>Do Not miss any of the project meetings or function without giving a varied explanation to the Intervention Supervisor</b></li> </ul>
<ul style="list-style-type: none"> <li>Do a report back as per guidelines/ checklist.</li> </ul>	<ul style="list-style-type: none"> <li><b>Do NOT submit incomplete reports or late reports</b></li> </ul>
<ul style="list-style-type: none"> <li>Assist with the filing and other administrative chores.</li> </ul>	

***Instructions to trainers:***

1. Explain to trainees the importance of dressing appropriately during their field visits to make sure that they gain respect and acceptance in their neighbourhoods.
2. Go through the following points which they should remember when thinking about dress code.
  - Observe the dress code of your neighbourhood - You are the best judge of what your community expects from you. Live up to that expectation to gain their respect and support in doing so.
  - Wear comfortable shoes to avoid foot aches and pains at the end of the day.
  - You will be given a study T-shirt and a study-branded bag. Always use these items when going on home visits.

## SESSION 2

### *The Pre-training Evaluation*

**Time required: 30 minutes**

#### **Purpose**

The purpose of this session is for training facilitators to get an idea of how much trainees know on certain subjects when they first enter the training course, so that they can better focus the training.

#### **Objectives**

At the end of this session trainers will be able to review the current knowledge of the MM trainees.

#### **Materials**

1. Pre-test handouts

<b>Pre-training evaluation</b>
--------------------------------

<b>30 minutes</b>
-------------------

#### ***Instructions to trainers:***

1. Explain that the Pre-training evaluation is not an exam or a test. It is simply a means of obtaining information on what the MM's currently know, so as to better focus the training. Inform the participants that at the end of the Workshop, a Post-test will be given, which will indicate how much was learned. Make sure that you tell the participants that they may not know all the answers and that is fine – by the end of the training they will know the answers to these questions.
2. Distribute the evaluation sheets to all participants. Allow 30 minutes for completion.
3. Gather the papers. Trainers will review these in the evening.

## Pre-training evaluation

### General

What are some of the problems facing pregnant mothers in your community?

---

---

---

What can be done to help pregnant mothers and their babies to stay healthy?

---

---

---

### Alcohol

Should a pregnant mother use alcohol? (Yes/No)\_\_\_\_\_

Why do you think it is hard for some pregnant mothers to stop drinking alcohol?

---

---

---

What can happen to an unborn baby if the mother drinks alcohol during pregnancy?

---

---

---

Should a mother use alcohol after her baby is born if she is breastfeeding?  
(Why/why not)

---

---

### TB (Tuberculosis)

How does a person get TB?

---

---

How do you know when an adult might have TB?

---

---

How do you know when a child might have TB?

---

---

---

Can TB be treated?

(Yes/No)\_\_\_\_\_

How does a person know when it is time to end their TB medicine?

---

---

What can happen if you stop taking your TB medicine too early?

---

---

---

How can TB be prevented?

---

---

**HIV (Human Immunodeficiency Virus)**

How does a person get HIV?

---

---

---

What can be done to prevent HIV?

---

---

---

How do you know when a person has HIV?

---

---

What can a pregnant HIV+ mother do to protect her unborn baby from HIV?

---

---

---

Can HIV be cured?

(Yes/No)\_\_\_\_\_

Can HIV be treated?  
(Yes/No) \_\_\_\_\_

What are ARV's?  
\_\_\_\_\_  
\_\_\_\_\_

Do you know what a CD4 count is?  
(Yes/No) \_\_\_\_\_

What does a CD4 count tell you?  
\_\_\_\_\_  
\_\_\_\_\_

**Nutrition, Feeding & Child health**

Why is breastfeeding good for babies?  
\_\_\_\_\_  
\_\_\_\_\_

Why might a person want to feed their baby formula milk?  
\_\_\_\_\_  
\_\_\_\_\_

What things can make it hard for a mother to decide how she will feed her baby?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At what age should a baby start having solid food like porridge? \_\_\_\_\_

At what age should a baby start drinking water? \_\_\_\_\_

What might it mean if a child is very small for their age?  
\_\_\_\_\_  
\_\_\_\_\_

What are some of the main serious illnesses that young children get today?

---

---

---

What should you do if you find a very ill child in the house?

---

---

What is dehydration? What can you do if a child is dehydrated?

---

---

What can be done to help keep babies and young children healthy?

---

---

---

---

---

END

## SESSION 3

### *Ongoing Inclusion of Pregnant Women*

**Time required: 30 minutes**

#### **Purpose**

The purpose of this session is to explain to trainees how they will know which houses to visit, and where to deliver the home visit interventions.

#### **Objectives**

At the end of this session MM's will understand how pregnant women are to be recruited into the study, and how they will know who to visit and when.

#### **Materials**

1. Standard Operating Procedures (SOP's)

<b>Discussion: Who will we visit?</b>
---------------------------------------

<b>30 minutes</b>
-------------------

#### ***Instructions to trainers:***

Refer to the present SOP's. Using these, explain the process of ongoing recruitment for this project, which will be done by a separate team of assessment interviewers. Once a pregnant woman in a certain neighbourhood is enrolled into the study by an assessment interviewer, the MM will be given the mother's address and details. She will then approach the house, introduce herself as being associated with the study, and begin the process of home visiting.

If the MM should come across a pregnant women who has not yet been recruited into the study and who wishes to participate, there are two different things she should do depending on if the recruitment for the study is finished or not:

1. **If the recruitment is still going on**, the MM needs to alert the 'bridge person' in the study, who will arrange with the assessment team that a recruiter be sent to that house to enroll the pregnant woman.
2. If recruitment has finished, the MM should inform the intervention project manager, and together they will decide (based on the MM's caseload) if the MM should visit the woman, or if another MM from Philani should visit her.

# **SECTION C**

## **COUNSELLING AND COMMUNICATION SKILLS**

### **SESSION 4**

#### ***Counselling and Communication Skills for Home Visits***

**Time required: One day**

#### **Purpose**

To strengthen Mentor Mother's (MM) ability to listen to, communicate with, and counsel the women in their neighbourhoods effectively.

#### **Objectives**

At the end of this session MM's will:

1. Understand the values and skills that are important for communicating with and counselling women they will encounter while working on this program.
2. Understand what counselling is and the difference between counselling and advising.
3. Use non-verbal and verbal techniques to encourage a mother to talk without asking too many questions.
4. Respond to mothers feelings with empathy.
5. Be able to use these tools throughout the training in all role plays and in the field.
6. Work in a respectful, validating and empowering way with mothers and their children.

#### **Materials**

1. Counselling skills descriptions
2. Communicating Tips for MM's
3. Five step counselling model
4. Exercises 1-5 in MM manual

***Instructions to trainers:***

1. This section is crucially important because it is central to all the other sections in this manual, and is the foundation for building relationships and providing support to the mothers who are enrolled in this program.
2. In an informal discussion, use the following information to introduce trainees to counselling and communication. Let trainees ask questions and provide clarity wherever necessary.

**COMMUNICATION**

One of our biggest needs as people is to interact with others and to build relationships that are supportive and meaningful. In order for these relationships to grow we communicate with each other. Communication involves:

- 2 or more people
- The development of a relationship (which)
- Is based on reciprocity i.e. give and take, equal levels of sharing of information and feelings etc.
- Periods of talking (and)
- Periods of listening

Training in counselling means taking these natural communication skills that we all have and making us aware of how we use them and why so that we can grow and develop them further for the benefit of our clients.

**How is counselling different from a relationship with a friend or family member?**

There are a number of important differences:

- The biggest difference is that in counselling the client is the central focus of attention, the entire conversation is about the client and NOT the counsellor.
- The counsellor actively and consciously uses her professional values and skills to guide her intervention with the client.
- She tries to truly understand what things must be like for her client (empathy) and offers her the emotional space to think, and talk, through her difficulties.
- To sum up, the counsellor listens to the client in a way that encourages her to talk, and talks to the client in a way that encourages her to listen.

So in order for us to find out how she does this we need to reflect on the concept of counselling in more detail.

# INTRODUCTION TO COUNSELLING

## The Purpose of Counselling

Counselling seeks to serve three main purposes:

- Supportive: giving clients the space to talk through their thoughts and feelings with a non-judgmental listener.
- Informative: ensuring that clients have a clear understanding of the facts that will enable them to make informed decisions.
- Preventive: increasing the clients' awareness on measures they can take to protect themselves and others, such as problems in pregnancy, stopping or cutting down on alcohol, HIV, and other.

## What is Counselling?

Counselling is a helping relationship. It is usually one-to-one communication specific to the needs of the individual. When you counsel a mother, you

- listen to her,
- try to understand her situation,
- help her to understand the choices that she has to make,
- provide her with relevant information,
- help her to decide what to do, and
- help her to develop confidence to carry out her decisions.

Counselling means more than advising. Often, when you advise someone, you tell him or her what you think they should do. Counselling also means more than **education and providing information**. Providing information may be part of counselling, but not the only part.

A counsellor does **NOT** make a decision for a woman, nor push her towards a particular course of action, nor enforce a health policy.

Counsellors need to accept that a woman may find it difficult to make a decision. She may change her mind and need to discuss issues with her family members. The counsellor needs to support and assist a woman through this process.

Remember that a counsellor cannot take away all a woman's worries, and is not responsible for a woman's decisions.

## What are the main attitudes and values of Counselling?

- Confidentiality: this means that any information you receive from your client(s) should not be spoken about to others outside of this project.

- Acceptance: this refers to the ability to accept others' feelings, beliefs and decisions even when this is in opposition to our own.
- Individualisation: each and every person deserves to be treated as an individual, with their own life experiences, thoughts and feelings.
- Non-judgmentality: this means not judging a person for what they are saying, what they have done or intend to do. It means believing that life is complicated and that none of us should stand in judgement of another.
- Self-determination: Is the understanding that our clients are separate from us, it is NOT your problem to solve; clients are capable of making their own decisions.
- Control of emotional involvement: this work can be hard; our clients' stories can leave us feeling helpless and over-whelmed. If we, as counsellors, feel this way then we need to seek help ourselves from our peers or managers in the project. It is NOT acceptable to talk about our own feelings with a client.
- Purposeful expression of feelings: Any expression of feeling towards the client must be done in a well-thought through way and it must be in the client's best interests, for example, reflecting that a situation feels difficult.

## **HOW DO I BUILD A RELATIONSHIP WITH MY CLIENT?**

When we talk about building a trusting relationship with a client we are talking about the need to build rapport or a connection with her. It is only when our client feels a sense of safety and trusts us that they will begin to talk about what is troubling them. Rapport is developed right from the moment you greet your client until the moment you bid her farewell and can be strengthened throughout the session by what you do and what you say.

We are going to focus on two main areas of counselling that will help you develop a relationship with your client, namely:

1. Empathy
2. Listening skills

Before doing this, however, let us first talk about two ways that we communicate with people even though we may not always be aware of them, verbally and non-verbally. Verbal communication refers to what we say, non-verbal communication on the other hand is everything that we don't say with our mouths but "say" with our bodies, for example, facial gestures, eye contact and body posture.

It is important to remember that we need to be aware of our clients' non-verbal communication as well as our own. By this we mean that what you say in words must also be communicated by your body. For example, if you are telling your client that you want her to tell you more about her difficulties but you keep looking at your watch and yawning then you are "telling" her that you are actually bored and not interested.

## Helpful non-verbal communication

The easiest way to remember your non-verbal communication is to remind yourself of the word **SOLER**:

- S SQUARELY:** face your client squarely
- O OPEN:** keep your posture open; don't cross your arms or legs
- L LEAN:** towards the client at times
- E EYE CONTACT:** maintain good eye contact without staring
- R RELAXED:** try to appear relaxed by smiling appropriately and sitting comfortably without fidgeting.

### Exercise 1: What is listening NOT?

45 minutes

#### *Instructions to trainers:*

*The trainer divides the group into two equal groups. Group 1 remains in the room and is told that they will be the "talker"; they need to tell their "listener" about their weekend. Group 2, the "listeners", are instructed to sit down beside their partner and NOT to listen properly – be distracted, interrupt, look at their watch, look bored etc. After 15 minutes the exercise is complete and all participants come back into the big group.*

*The trainer explains what the "listeners" were instructed to do and asks Group 1 to tell the larger group how it felt not to be listened to, the trainer writes this up on the flipchart.*

*The trainer then asks Group 2 what they did to indicate that they were not listening; this gets written up on the flipchart. The trainer acknowledges how it feels to be unheard and summarises the things people do to make us feel unheard.*

*The whole group is then asked to brainstorm what a counsellor could do to make a client feel heard and acknowledged. This again gets written up on the flipchart as the trainer responds to the points raised. The trainer then links this straight into the next section around counselling skills.*

## Counselling skills

### 1. Empathy

Empathy is one of the most important building blocks in relationships as it provides the foundation for rapport. It takes place when we listen to someone who has a need to talk and be understood by another. The listener shows a willingness to truly understand the thoughts, feelings and beliefs of the client. When this is communicated to the client she will feel accepted and understood,

this is incredibly powerful when a person feels over-whelmed, helpless and alone in their pain.

Hints on how to empathise:

- You need to listen very carefully to what the client is telling you.
- You need to become aware of your own feelings and those around you.
- Remember that the basis of all empathy is respect and genuineness.

## 2. Listening skills

Listening is not simply a matter of sitting and taking note of what the person is saying. It is an active exercise; it is an art, a skill and a discipline that requires an ability to be comfortable with silence, keep your own needs outside of the session, and to concentrate attention on someone else with a spirit of humility.

Keys to attentive listening:

- Ask for clarification: Asking friendly questions when something is unclear allows you to get more information and shows your interest and concern. “Please tell me more about that?” “Can you give me an example?” Even a simple “mm...hmm” will encourage the speaker. Some people feel threatened by questions, so make your probing gentle and supportive.
- Empathetic silence: We are often uncomfortable with silence but it is important not to fill up emotional spaces with talking just to cover our awkwardness. If you are comfortable with silence it can give your client the opportunity to reflect on what they have said and to continue.
- Minimal prompts: Using expressions such as, “Oh...”, “I see...”, “Mm mm...”, “Really?”, and “And then?” can encourage the person to carry on talking as she gets the message that she is being heard.
- “Tell me more” techniques: These are ways in which one encourages another person to tell us more about her problem, “yes, tell me more.”, “Would you like to talk about it?” “I would like to hear what happened next.”
- Reflect content: This means telling the client what you have understood by what they have said, “So you are saying that baby is keeping you awake a lot at night”.
- Reflect feelings: Let the person know that you have heard the feelings behind the content. What is the person feeling but not saying? Try empathy and think to yourself “If I were in that situation how would I be feeling?” Watch for body language; posture, eye contact, facial expressions, as these often reveal underlying emotions. Then check out your guesses. “You seem very disappointed?”

**Exercise 2: empathy & listening skills****45 minutes****Instructions to trainers:**

*The trainer asks the group to divide into two's, one "counsellor" and one "client", every person will get a chance to be both because they swap after 15 minutes. The client needs to tell the counsellor about something that has been troubling them over the past week (this could be true or made-up). The counsellor practices empathy and listening. After 15 minutes the client gives the counsellor feedback on what went well in terms of the skills and what responses may have been helpful. The pair then swaps around and the exercise is repeated.*

*Everyone then returns to the big group where the trainer facilitates a discussion around the experiences of the counsellors and clients.*

**Counselling & Communication for MM Home Visits****90 minutes****Instructions to trainers:**

1. The next part of this session focuses on counselling and communication for MM specifically.
2. In an informal discussion, use the following information as a guide to illustrate the most important elements of counselling and communication for home visits on this project.

**COUNSELLING AND COMMUNICATION FOR MENTOR MOTHERS**

The most crucial aspect of the Mentor Mother intervention is counselling and support:

**DO'S**

- Be warm and friendly with mothers and their families
- As far as possible make sure that the physical setting is private, safe and comfortable
- Actively listen to what is being said
- Be aware of non-verbal communication (hers and yours)
- Ask clarifying questions
- Respond in a way that encourages the mother to talk more
- Try to understand what mothers are saying and feeling
- Reflect what you are hearing back to them.

**DON'TS**

- simply tell the mothers what to do

- interrupt
- answer calls from your cell phone unless it is urgent
- look down upon mothers and have an attitude that says: "I know it all"
- provide too much information at once
- provide irrelevant information
- talk all the time, without listening to the exact concerns of the mother or her family
- divert the conversation to yourself

## **Communication Tips for Mentor Mothers During Home Visits**

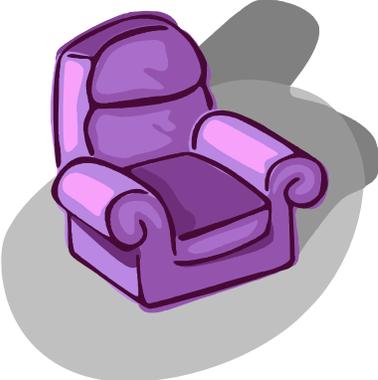
### **ALL VISITS: Basic communication skills to create a caring environment**

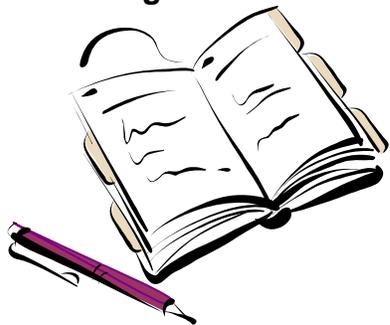
- Greetings
- Explain why you are visiting today
- Act with confidence
- Speak in a gentle tone of voice
- Act respectful
- Ask the woman if she has any questions
- Answer simply
- Thank her for the visit and say when you will return

### **Difficult situations**

- If the woman is shy
  - Speak of general things to 'warm her up'
  - Encourage the woman to speak
  - Praise the woman, to give her confidence
  - Repeat the question
- If the woman is argumentative
  - Praise the woman
  - Sympathize with her complaints (if any)
  - Do not push if the woman is still not receptive
- If the woman is inquisitive
  - Answer her questions simply
  - Explain that you will be coming to visit more often so you can talk again
- If the woman is not friendly
  - Listen to the woman
  - Be friendly
  - Try and praise her
  - Explain that you are there to help
  - Do not push if the woman is still hostile

**What would a typical Mentor Mother visit look like?**

STEP	TIPS
<p><b>STEP 1:</b>  <b>Create a safe and comfortable space</b></p> 	<ul style="list-style-type: none"> <li>• Introduce yourself and address the client by her name.</li> <li>• Explain your role again.</li> <li>• Explore and clarify expectations of the day's visit (content, length of session etc).</li> <li>• Ensure confidentiality.</li> <li>• Maintain supportive contact through your voice or touch but do not invade space without their permission – be respectful.</li> <li>• Take your lead from the client.</li> </ul>
<p><b>STEP 2:</b>  <b>Develop a trusting relationship</b></p> 	<ul style="list-style-type: none"> <li>• Frame your session by explaining what you are planning to deal with in the session, how the session runs and how long it takes. Empower your client by letting her know what to expect from you.</li> <li>• Tune in/warm up to the person's experience.</li> <li>• 'Walk in their shoes' – empathise. Show you care.</li> <li>• Respond to the person with respect, care and dignity. Do not take over or be judgemental.</li> <li>• Remember the mother's and baby's needs come first.</li> <li>• Be reliable, always do what you say and be on time for appointments.</li> </ul>

<p><b>STEP 3: Listen</b></p> 	<ul style="list-style-type: none"> <li>• Encourage the person to tell you how they are doing in any way that feels comfortable.</li> <li>• Listen carefully and ask for details where appropriate.</li> <li>• Empathise with the mother.</li> <li>• Use all your listening and responding skills.</li> <li>• Check out what she does to cope, for example, sleep, drink alcohol or talking to friends.</li> <li>• Find out if she feels supported by family, friends or the community.</li> </ul>
<p><b>STEP 4: Providing relevant information</b></p> 	<ul style="list-style-type: none"> <li>• Acknowledge the mother's difficulties and highlight that together you will work towards a solution.</li> <li>• Discuss ways of coping that may be useful to the mother.</li> <li>• When appropriate provide relevant information.</li> <li>• Ask her if she has understood what you have told them.</li> <li>• Ask her if she has any questions or would like more information.</li> </ul>
<p><b>STEP 5: Saying goodbye</b></p>	<ul style="list-style-type: none"> <li>• Check if there are any other issues worrying the mother from this session.</li> <li>• Arrange for a follow-up appointment.</li> <li>• Discuss how she can mobilise support from friends, neighbours and spouse.</li> <li>• Direct client to medical, legal, religious or social support.</li> <li>• Bid the mother goodbye and wish her well.</li> </ul>

**Exercise 3: Demonstration of a MM Role Play****10 minutes****Instructions to trainers:**

Two trainers (or two outreach workers from Philani staff) act out a typical scenario while demonstrating the 5 step counselling model.

**Exercise 4: Practise, practice, practice!****90 minutes****Instructions to trainers:**

The large group is divided into 3's:

- A Mentor Mother
- A Mother
- An Observer

The Mentor Mother's role is to empathise, support and listen to the mother (no information sharing is necessary in this session).

The Mother needs to share with her MM that she feels she is not coping with her newborn baby who cries a lot and rarely sleeps. She has two other young children, is a single mom and feels like running away from her problems.

The Observer needs a piece of paper to take notes about what skills are being used by the MM, what she is doing well and how could she have done it differently.

After the role play which lasts 15 minutes the small group has a discussion where each participant gives her thoughts and feelings about how the session had gone.

This cycle repeats until everyone has had a chance to be the counsellor. The groups then return to the big group where some feedback is given by each group and the trainer. The trainer concludes the exercise with the message that in order to improve one's skills one needs to practice, practice, practice even with family and friends!

**Exercise 5: Closure and Affirmations****20 minutes****Instructions to trainers:**

The trainer reflects on the day and summarises the main points. She highlights that it is very important for every session with a client to be finished properly by checking if there are any last comments or questions, thanking them for their time and telling how the training process will continue.

The trainer also highlights the fact that so often in life we take the time to point out problems or complain to people about what they aren't doing right. We all

*have a need to be seen and acknowledged for who we are and our rightful place in the world. This final exercise is about affirming each other. Each person in the group has to say something positive about the person on their right. If it is a smaller group then everyone has a piece of paper with their name on it and each person in the group has the chance to write something positive about them. Participants are then given a few minutes to read through them and a few people can share one of the comments that touched them in some way.*

*The trainer then thanks everyone and wishes them well on their journey as Mentor Mothers.*

# **SECTION D**

## **NEGOTIATING ENTRY**

### **SESSION 5**

#### ***Negotiating Household Entry***

**Time required: 2 hours**

##### **Purpose**

The purpose of this session is to equip MM trainees with the skills they will utilize to negotiate entry effectively and non-invasively into the houses they will be visiting during this project.

##### **Objectives**

At the end of this session MM trainees will be able to:

1. Understand the importance of gaining entry with acceptance into participants' houses.
2. Understand several ways to facilitate being accepted by participants.
3. Understand why rejection occurs and how to deal with rejection.
4. Understand how to handle difficult situations.

##### **Materials**

1. Black board
2. Markers

##### **Preparation**

Familiarize yourself with the content of the discussions below prior to the start of the session so that you are able to lead them with confidence.

***Instructions to trainers:***

1. Discuss with the participants the value of household / home visiting. You may start out by saying something like the following:

*“As a Mentor Mother (MM), your key function is conducting successful home visits. In many instances your first home visit will determine the success of the follow-up visits. It is therefore important that you plan in advance what tips will assist you to gain access to the home. You need to remember that an invitation to talk with the participant is dependent on how you present yourself. The participant has no obligation to listen to you but you have an obligation to convince her that you are worth listening to.”*

2. Ask trainees to share some attributes which they feel will attract participants to talk to them. Possible answers include:

- Be approachable
- Show humility
- Be friendly
- Have intent
- Show interest in the discussion
- Be a good listener
- Be a good communicator
- Be knowledgeable but appreciate the participant’s experiences
- Always suggest and do not order
- Be genuine

3. Divide the trainees into small groups to discuss how they think they can best gain acceptance. Possible answers include:

- Observe the dress code of the community you are serving.
- Observe the current circumstances and if they are conducive to a home visit. If they are not (e.g. is the participant very busy with other commitments, there are other people visiting, she is in a hurry to go somewhere etc), request an appropriate time to come back and talk with her.
- Indicate up front how much time you need to talk with her, so that she can decide if she has time for you.
- Observe norms and practices of seeking access to a home where you are not well known (e.g. which door to knock on, greeting, respect to the elders, keeping or taking shoes off, shaking hands, enquiring on the wellness of family members before stating the reasons of your visit, when is the right time to introduce yourself, waiting to be invited inside the house etc),

- Introduce yourself and the organization you work for, as well as the reasons for your visit.
- Give time to participants to understand why you are visiting and have their concerns addressed before you start the conversation. In some instances you might have to ask if there are concerns they want you to address before you talk with them in order to strengthen credibility.
- If you cannot address the participants concerns, jot them down and tell her that you will contact her as soon as you get the answers (please remember it is crucial to get back to her timeously).
- You need to remain composed even in situations where major interruptions may interfere with the conversation.
- Observe the participants body language and listen for cues of disinterest and try to draw back the participant into the conversation.
- Do not outstay your welcome unless the participant has other pressing issues she wants you to assist with or share with you (some may be looking for a 'listening ear').
- Do not give false information or make promises you are unable to fulfil.
- When you are through with the conversation/ discussions thank the participant for her time and indicate when you plan to visit again. If the day/ time you are suggesting is unsuitable to the participant, negotiate an alternative day and time.

4. Ask trainees if they feel that other members of the family of the mothers they visit should be included in the home visit. Listen to their responses.

- Answer: When visiting women in their homes, if you feel it is appropriate and you have a chance to do this, then other members of the family could also be included in the discussion. Obviously if the woman does not want this, then this should be respected. NB: Ask mothers if they want to include anybody else in the visit before suggesting it yourself. Be sure to ask this question in private so that the mother can express her honest wishes without feeling pressured to include other family members against her will.

***Instructions to trainers:***

1. Explain that everyone needs to prepare themselves to handle rejection by participants. The reasons for rejection may not originate from the MM herself, but how she handles them can assist her in breaking down the barriers and reaching out to the participant.
2. Let the trainees discuss:
  - What factors influence rejection by participants?
  - How do they address rejection?
3. After the trainees have expressed their thoughts on the above, go through the following possible reasons together:
  - Fear of unknown (what does she want from us, how is she going to use the information, can I trust her to come to my house, I have never seen her before so she may be looking for someone else and not me, what if she stays for a long time, she is not my friend so what will people say seeing her coming from my home).
  - Wrong timing (may be a boyfriend is around or a mother or mother in law do not approve of the visit).
  - Previous bad experiences with field researchers or MM's.
  - A bad day (death in the family, problems at work, family disagreements etc)
  - Not feeling well and presence of unknown or not well known person aggravates the problem.
  - Not relating to the visitor (overdressed, over made-up, loud, over-empowering).
  - Fear of interference -Is she a police informer (when participants are engaging in illegal activities such as abusing drugs).

***Instructions to trainers:***

1. Ask trainees to break into groups of 3. In each role play, one person will be the MM, one person will be the pregnant mother being visited, and one person will watch the role play and give feedback afterwards.
2. Repeat the role play several times so that each trainee has a turn to be the MM.

**Role Play Script: The PIP Introduction**

*Note: Do not read the words in italics. They are either explanations or instructions.*

**MM:** *(Knocks on door).*

**NOMSA:** Hello.

**MM:** Hello, my name is Fundiswa.

**NOMSA:** Hello.

**MM:** I live at *(gives address)*. I am working as a volunteer for Philani Nutrition Centres. I got your address from the Healthy South African Families Research Study. A few weeks ago you signed up to participate in the study. Did they tell you that you would be receiving a series of home visits from a Mentor Mother while you are pregnant and after your baby is born?

**NOMSA:** Yes they did.

**MM:** That is good. I am the Mentor Mother working in this neighbourhood, so I will be visiting you several times before and after your baby is born to support you through the antenatal care and birth process, and in the first few months after your baby is born.

**NOMSA:** Oh, come and sit down. *(They sit together)*. How often will you come to visit me?

**MM:** Thank you. I will come to see you four times before your baby is born, and then I will come again 6 times after your baby is born. *(pauses to give opportunity for questions)*. If you would like to end the visit today you can ask me to stop and I will leave. If you would like me to stop making visits, please tell me. However, I hope you find these visits enjoyable and helpful.

**NOMSA:** What exactly are you going to do here?

**MM:** We will do many things. Before your baby is born, I will make sure that you have all the information you need to stay healthy during your pregnancy. There are certain things you need to eat and drink while you are pregnant, and other things you need to avoid while you are pregnant to keep your baby healthy. It is also important to test for certain illnesses while you are pregnant and to get

treatment if necessary. You also need to visit the clinic to book for your birth and to register for antenatal appointments. Then there are certain decisions to make about how you will feed your baby after your birth, so I will help to provide you with all the information you need to make those decisions as well. I will also help you once the baby is born to learn when your baby is healthy, and when he or she needs to visit the clinic. I will weigh your baby each time I visit you so that we can see how he/she is growing and if he/she is gaining enough weight.

**NOMSA:** That is good. Thank you.

**MM:** You must also know that anything we discuss when I am here will just stay between you and me. I will not going to talk about you and your personal information to anyone else in your house or this neighbourhood unless you ask me to. You can trust me to keep everything confidential.

**NOMSA:** Okay.

**MM:** Would it be alright for me to ask you a few questions about yourself?

**NOMSA:** Yes, that is fine.

**MM:** Thank you. If you have any questions as we go, you must ask me. I would like to answer any questions you might have.

*The MM goes through the MM history and begins the first home visit.*

**Role Play: Using a flower to gain acceptance****20 minutes*****Instructions to trainers:***

1. Ask participants to break into groups of 5. Each participant is given a number from 1 to 5. Number 1: Home / household owner, numbers 2 -3 MM and supervisor, numbers 4-5 observers.
2. Perform the following Role Play in the groups.
3. After the role plays let the group discuss how they can handle similar situations which may arise in the work they will be doing.

**Role Play Script: Using a Flower to gain Acceptance**

*Note: Do not read the words in italics. They are either explanations or instructions.*

*Thandiwe and Kanyisa (MM & supervisor from Philani PIP+) arrive at Zukiswa's home at around 12 pm. Zukiswa seems to be at home, although the door is locked, the windows are open. Khanyisa approaches the house and knocks on the door. Zukiswa does not respond. Thandiwe tries her luck and knocks again – Again Zukiswa refuses to respond. Khanyisa tries again with a softer knock.*

**ZUKISWA:** I am very busy, I am cooking! *(In a sharp voice. Do not open the door).*

**THANDI & KHANYISA:** Good morning Zukiswa. We are sorry to have disturbed you. We will leave you now to your cooking. Good bye. *(Walk to the next 2 homes and interact with the participants).*

*Thandi and Khanyisa return from their other visits and on their way back, they pass by Zukiswa's home.*

**KHANYISA:** *(admiring Zukiswa's flowers).* Zukiswa, your flowers are so beautiful.

**ZUKISWA:** Thank you.

**THANDI:** Would you perhaps mind if I took one of your flowers' seedlings home to my garden to plant? I would love to grow flowers like these.

**ZUKISWA:** *(opens the door).* Yes that is fine. You may pick any two seedlings you wish and take them home with you to plant.

*Khanyisa walks towards Zukiswa's neighbour's home, this prompts Zukiswa to start explaining her neighbour's whereabouts.*

**ZUKISWA:** She is a nurse and she works long hours. If she is not at work she is in a choir (Joyous Celebration). She is a good singer. It is very difficult to find her at home.

*Thandi and Khanyisa listen tentatively about Zukiswa's neighbour's whereabouts.*

**THANDI & KHANYISA:** Oh, that is why she is seldom home. Thank you very much for your seedlings and your time. Would it be possible to make another appointment to come back and visit you at a time that suits you better? Perhaps when you are not so busy cooking?

**ZUKISWA:** Yes that will be fine. You can come anytime on Wednesday afternoon. Today I am too busy.

**MS NZIMANDE:** Thank you, we understand. We will come back on Wednesday then. Thank you for your time.

**ZUKISWA:** You are welcome. Good bye.

**THANDI & KHANYISA:** Good bye.

***Instructions to trainers:***

1. Outline an example of a hypothetical difficult situation where the participant being visited asks MM's to pray with them.

2. Ask participants what they think the best way to handle the situation would be, and then open a group discussion to generate ideas about how to handle the situation. Possible answers include:

- Take the challenge positively and do the prayer with the family.
- Ask the participant if the prayer should be directed to a special request or it should be a general one.
- Keep the prayer as short as possible but to the point.
- Try and stay as focussed as possible, having in mind the purpose of the visit.
- Assess if the family members still need to continue praying together with the Mentor Mother, keep assessing if the interview could still go ahead after the prayer.
- If the family still requires continuing with prayers the Mentor Mother should re-schedule the appointment, and continue to do other visits as required for the day.
- The Mentor Mother should not appear to be fed up because the visit did not take place as scheduled.
- Leave the house on a very positive note and a date agreed upon by both parties for the next visit.
- Do the next visit as arranged and probably ask how the participant felt after the prayers that MM participated in. (This inquiry will help to show that the Mentor Mother is sensitive to other peoples feeling and beliefs)
- If the schedule visit does not occur on the second day, reschedule again.
- Make a visit again as arranged and collect the data that you initially wanted to obtain.
- Establish the necessary rapport and stay on course and obtain all the required information.

# SECTION E

## ANTENATAL CARE

### SESSION 6

#### *Targeting Visits During Pregnancy*

**Time required: 30 minutes**

#### **Purpose**

To help the MM plan antenatal home visits to pregnant women and to review what they will be doing during these home visits.

#### **Objectives**

At the end of the session the MM will be able to:

1. Explain how they will determine when to visit pregnant women.
2. Explain what they will be doing during those visits.

#### **Materials**

1. Blackboard or white paper/flipchart paper
2. Markers
3. Field guide
4. Calendar for tracking participants

<b>Presentation and discussion: Targeting visits</b>	<b>30 minutes</b>
--	-------------------

#### ***Instructions to trainers:***

1. Ask the participants to state how many home visits should be made to each pregnant woman before their baby is born, and at what times during pregnancy?

Answer: A minimum of 4 visits should be made.

2. Explain that visiting pregnant women and then women and babies after delivery is a key part of the work MM's do to keep mothers and babies healthy. Knowing when to visit is important. This is known as 'targeting visits' so that the visits take place at a time that will be most relevant to the health of mothers and babies and therefore have the most impact.

3. Explain how MM will know when to visit each mother in their neighbourhood.

Answer: Each MM needs to keep a tracking log in their calendar which will remind them when they need to visit each household. The

supervisor/coordinators will also keep a record of when each participant is to be visited in the central system. They will oversee that the MM is scheduling all visits correctly, and assist with monitoring participants who are lost to follow up.

4. Go through the contents of each antenatal visit during pregnancy together with participants. You may refer trainees to the field guide to briefly look at how each section is laid out in detail as well, but the focus of this exercise is just for them to get an idea of when they should be conducting each visit, and what the core messages are. Later in the training, we will spend more time on exactly how they should structure each visit to cover the core messages most effectively.

<p style="text-align: center;"><b>Contents of antenatal visit 1: Introduction of intervention program and building a relationship (Field Guide)</b></p>
---

There are a number of areas that should be covered during the first antenatal visit. These are:

1. The MM introduces herself to the MtB.
2. Asks about previous pregnancies: has MtB been pregnant before or is this her first pregnancy?
3. Antenatal knowledge: what does the mother know about staying healthy throughout her pregnancy? (Alcohol, diet, smoking).
4. Support: Is the father of the child present in the household? - if not, is there another partner or person who supports the MtB?
5. What is the socio-economic situation?
6. Discusses the process of booking at the antenatal clinic and the importance of booking early.
7. Covers the following areas of antenatal care and each procedure: Blood tests, immunizations, micronutrient supplementation.
8. Encourages MtB to ask partner to go with her to book and test for HIV / STI's.
9. Discusses danger signs during pregnancy.

**NOTE: In the first visit there should be a strong emphasis on developing trust and a relationship with the woman.**

<p style="text-align: center;"><b>Contents of antenatal visit 2: Nutrition, general health, alcohol and smoking (Field Guide)</b></p>
---

There are a number of areas that should be covered during the second antenatal visit. These are:

1. Session starts with finding out what the mother knows regarding these issues and what her life situation is regarding diet, work, smoking and drinking.

2. Discusses nutrition, resting, exercise, importance of not smoking and drinking in general.
3. Focuses specifically on the danger of alcohol during pregnancy.
4. Delivers Brief Alcohol Intervention.
5. Closes with repetition of danger signs and making sure the MtB has booked at the clinic.

NOTE: This will only be the second time that the MM will have met the MtB and therefore continued relationship and trust building is very important.

<p style="text-align: center;"><b>Contents of antenatal visit 3: HIV &amp; TB (Field Guide)</b></p>
---

There are a number of areas that should be covered during the third antenatal visit. These are:

1. Discuss HIV test results from booking visit.
2. What does she know about HIV? If she knows a lot, listens to her knowledge and fills in missing information. If she knows little, encourages her to ask questions and fill in with basic education.
3. If MtB is HIV negative, educates about how to stay negative.
4. If MtB is HIV positive, discusses PMTCT program and CD4 counts. If on ARV's, checks knowledge about adherence and side effects of medication.
5. Discuss partner situation if his status is known – negative or positive.
6. What does MtB know about TB? Asks about history, symptoms and signs, contacts, importance of treatment adherence, prophylaxes, and treatment during pregnancy and breastfeeding.
7. Ask about and discuss danger signs.

<p style="text-align: center;"><b>Contents of antenatal visit 4: Preparing for delivery (Field Guide)</b></p>
---

There are a number of areas that should be covered during the fourth antenatal visit. These are:

1. Talk about when to go to the hospital. Give information about delivery and support during delivery (including PMTCT routine for HIV+ mothers).
2. Ask about and discuss danger signs.
3. Discuss feeding options and choices. Why exclusive breast feeding is best? Inform about the danger of introducing solids early.
4. Emphasize that the mother knows best and should respect her intuition with regards to her infant, and empowers the mother to believe in herself when making choices.

5. Tell mother that all children do cry for many reasons – this does not always mean they are hungry. Discuss traditional beliefs around infant feeding. Try to stress that **no** traditional medicines are to be given to child before 6 months.
6. Stress the danger of enemas at any age.
7. Prepare mother for post natal visit and discuss warning signs of post natal depression.
8. Discuss family planning options.
9. Short intervention on mother child communication and bonding.

**NEED TO INSERT CONTENT OF EXTRA ANTENATAL VISITS HERE STILL**

## SESSION 7

### ***Importance of Antenatal Care (ANC) and Understanding Basic Terms***

**Time required: 40 minutes**

#### **Purpose**

To help the MM understand the importance of ANC, basic terminology and why they should encourage women to attend the antenatal clinic.

#### **Objectives**

At the end of the session the MM will be able to:

1. Explain the importance of ANC and its key components.
2. Define key words and terminology.

#### **Materials**

1. Blackboard or white paper/flipchart paper
2. Markers
3. Ball

<b>Discussion: Importance of Antenatal Care</b>
---

<b>20 minutes</b>
-------------------

#### ***Instructions to trainers:***

1. Ask participants to mention what the MM will do during the first antenatal visit. Listen to the answers. If someone mentions, “encourages the woman to go for ANC”, praise them, and explain that in this session we will explore why women should go to ANC and what the main components of focused ANC are.
2. Explain that although the MM will be visiting each pregnant woman in her area several times, the MM does *not* do ANC. The MM visits the home to complement the ANC by focusing on health education, birth planning etc.
3. Ask the participants if anyone has received ANC during their pregnancies. Ask a few women who said “yes” if they can explain why antenatal care is important for pregnant mothers. Listen to their answers and praise any correct ideas. Ask what the main components of ANC are, and what happens during a visit. Write the answers on the board or white paper along the lines outlined below (prevention, identification of problems and treatment, danger signs). Fill in key points if not mentioned. Praise correct answers and encourage participation.

Answers should include:

- Antenatal care can prevent illness of mother and baby and improve health. The components of care include:
  - i. Iron and folic acid tablets to prevent anaemia.
  - ii. At least two tetanus toxoid immunizations to prevent tetanus.
  - iii. Nutrition and care advice for mothers during pregnancy.
  - iv. Importance of immediate and exclusive breastfeeding for contracting mother's uterus and for newborn nutrition.
- Antenatal care can identify problems and treat them:
  - i. High blood pressure—A check can identify elevated BP and lead to advice on care and treatment, if necessary.
  - ii. Maternal infections (syphilis, urine infection, STDs, HIV, etc.)—A check-up will identify these and lead to providing treatment and care as needed, such as PMTCT for HIV if present.
- Antenatal care can help families plan for the birth and be aware of danger signs. This can also be done by a MM.
  - i. Women and families can be made aware of danger signs during pregnancy and delivery and they can be informed on when to seek immediate care.

4. Ask if anyone knows how many times a woman should go for ANC. Listen to the answers.

Answer: Generally, the minimum number of ANC visits a woman should make is four: early in pregnancy when the woman thinks she is pregnant, and once at 28 weeks, 32 weeks and 36 weeks.

5. Ask why some women do not go for ANC. Listen to the answers and try to discuss how some of the reasons (distance, hidden costs, too much work to do, attitude of the clinic staff, etc.) can be overcome.

**Ball Game****10 minutes*****Instructions to trainers:***

Assemble the group in a circle. The trainer takes a large ball and states an effective intervention that takes place during antenatal care. The trainer then throws the ball to a participant who has to state another intervention before throwing it on to someone else. Continue in this way until the main interventions have been mentioned.

**Interventions at health centre or outreach, with proven effect on neonatal mortality reduction:**

Tetanus Toxoid immunization;  
Iron and folic acid tablets;  
BP check; Foetal lie;  
Syphilis detection and treatment;  
IPT where indicated; PMTCT;  
Detection and management or referral of obstetric complications;  
Nutrition counselling

***Instructions to trainers:***

1. Go through the following ANC terminology with trainees. They will have these terms in their MM manuals to refer to in the future.

**Gestation:** The duration of pregnancy. It is normally 280 days or 40 weeks.

**Abortion:** If the baby dies before 6 months and 15 days of gestation. An abortion can occur naturally (miscarriage) or it can be performed by a medical person. (Medical Termination of Pregnancy – MTP). Sometimes unqualified people also perform abortions. (This is dangerous).

**Still Birth:** Baby is born without breathing, crying or moving limbs (and is more than 6 months and 15 days gestation).

1. Fresh Still Birth: Baby looks normal but is not alive. A fresh still birth means that the baby died inside the mother recently.
2. Macerated Still Birth: Baby does not look normal; skin is falling off and is decaying. In a macerated stillbirth the baby died inside the mother some time ago.

**Live Births:** Baby born after more than 6 months and 15 days gestation, and shows any one of the signs of life at birth (even briefly): breath, cry, movement of limbs.

**Early Birth:** Baby born before 37 weeks.

**Neonatal Death:** If a baby dies between birth and 28 days of life (and if the gestation is more than 6 months and 15 days). Even if the baby only breaths once and then dies, this is still a neonatal death.

## SESSION 8

### ***Screening for Danger Signs and Using the Referral Note***

**Time required: 1 hour 40 minutes**

#### **Purpose**

The purpose of this session is for MM's to learn how to screen pregnant mothers for danger signs and use the Referral Notes when necessary.

#### **Objectives**

At the end of the session the MM will be able to:

1. Use the knowledge from this training to identify danger signs in pregnant women during home visits, and have a basic understanding of why they are danger signs.
2. Use the Referral Note when referring pregnant women to the clinic or hospital due to the presence of danger signs.

#### **Materials**

1. Blackboard or white paper/flipchart paper
2. Markers
3. Referral Note
4. Community Resource Guide

**Presentation and Discussion: Danger signs**

**10 minutes**

#### ***Instructions to trainers:***

1. Discuss the following list of danger signs in a group and clarify any confusion that may arise. Explain that if the pregnant woman being visited has any one or more of the signs below, she must go to a health facility immediately:
  - Vaginal bleeding or other fluid loss (possible sign of problem with the placement of placenta or a possible sign of threatening miscarriage).
  - Severe headaches and fits (as a consequence of high blood pressure).
  - High fever (possible sign of infection).
  - Very pale (a possible sign of anaemia; low blood values due to lack of iron and folic acid).
  - Swelling of hands and face (due to retention of fluids).
2. Distribute the Referral Notes. Point out that each referral page contains two referral notes attached with a serrated line. Explain that if a danger sign is found, the MM fills in the name of the person being referred and describes the problem.

She does this twice on both 'notes' then tears off one and gives it to the family to present at the health facility. The other side is kept for the MM's records (and for the supervisor to review).

3. Refer trainees to the Community Resource Guide, and explain its purpose which is to help the MM to look up which facilities she should refer participants to for certain health difficulties. Explain that this booklet also contains emergency referral information which MM's will use in emergencies (eg. if they find an abused child or critically ill participant or family member). Explain that MM's will receive special training on referrals and emergency protocols and procedures in a separate session.

**PHILANI NUTRITION CENTRES**  
*HEALTHY SOUTH AFRICAN FAMILIES RESEARCH STUDY*

**TELEPHONE NUMBERS**

Office: 387 5124/5  
Fax: 387 5107  
E-mail: philani@telkomsa.net  
Site B: 361 2696  
Site C: 387 1142  
Town 2: 361 5144  
Crossroads: 386 1112  
Brown's Farm: 371 6389



**POSTAL ADDRESS**

P.O. Box 40188  
Elonwabeni  
7791  
Cape Town  
South Africa.

**MAIN OFFICE SITE ADDRESS**

Idada Street  
Khayelitsha  
Cape Town.

Main Website: [www.philani.org.za](http://www.philani.org.za)  
Flagship Website: <http://users.iafrica.com/j/ja/jakrubby/philani.htm>

Dear Sister / Doctor

During a recent home visit to the following client's home we found a health problem that appears to require follow-up by a certified health provider.

1. Name of Client: \_\_\_\_\_

2. Age of Client: \_\_\_\_\_

3. Referred to (name of clinic/hospital): \_\_\_\_\_

4. Description of the problem \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by: Name \_\_\_\_\_ Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Neighbourhood Number: \_\_\_\_\_ Date of referral: \_\_\_\_\_



***Instructions to trainers:***

1. Explain that the role play will demonstrate how to identify danger signs and use the Referral Note.
2. After the role play, ask participants for their reactions. Listen to their answers. Explain that in this scene, the MM touches the mother to show her concern and as a sign of reassurance. In some communities, touching may not be accepted. If this is the case, discuss this with the participants and modify the role plays done in class.
3. Explain that in this role play the mother came out and said she had a headache. At times, however, a woman may not have such bad symptoms and won't say much. Then the MM has to go through all the possible danger signs and ask the mother if she has any of the problems associated with them. Explain that once we learn all the elements of a home visit and how to use all the tools, we will practise going through a complete home visit.
4. Ask trainees to read through the role play script in their Manuals.
5. Have one participant read the role of the MM and another read the role of Bulelwa for the class. Discuss the process of communication in the role play, highlighting the ways in which the MM showed empathy and good communication.

**Model Role Play Script: Danger signs and using the referral note**

*Note: Do not read the words in italics. They are either explanations or instructions.*

**MM:** Hello Bulelwa. I'm glad to see you. I've come for a visit as you are now over 7 months pregnant. How are you and the family? *(smiles and makes eye contact)*

**BULELWA:** I'm not so well. I have a very bad headache.

**MM:** I'm sorry you're not feeling well. It's good timing that I've come. Can you tell me about the headache?

**BULELWA:** It started a couple of days ago and it hurts all the time. I'm afraid I won't be able to get my chores done and make food for the family.

**MM:** You're worried the food won't be ready in time. Don't worry, that's normal, we'll try to make you feel better. Can you tell me more about the headache? Does anything you do make it better or worse?

**BULELWA:** It hurts even more when I see light. And my hands are swollen too.

**MM:** So it started a few days ago, hurts all the time and light makes it worse, and your hands are swollen?

**BULELWA:** Yes, that's correct.

**MM:** Bulelwa, it seems that your headache and the swelling in your hands are danger signs of a possible problem during pregnancy. It

is very important that you go to the clinic, as they can confirm this and give you the proper care and treatment. Can you go now?

**BULELWA:** Yes, my husband is home and he can take me. Will this hurt the baby?

**MM:** If you go now, and get proper advice and treatment, I'm sure they will be able to help you. But you need to go now as danger signs are serious, and must be dealt with immediately. I will write a quick note to the nurse at the clinic to tell her why you are coming (*writes referral note and hands it to Bulelwa*). If you should need me, please send someone to my house. Otherwise I will come again in a day or two to find out what happened and continue with this visit.

**MM:** Are these suggestions ok with you?

**BULELWA:** Yes. I need to go to the clinic.

**MM:** Excellent. Do you have any other questions?

**BULELWA:** No, I'd better go now to the clinic. Thank you for your help.

**MM:** I hope you feel better. I will come back soon. Goodbye.

***Instructions to trainers:***

1. Divide the participants into groups of four.
2. Have each group review the danger signs for pregnant women above, and the Referral Notes so they are familiar with them.
3. Write the following scenarios on white paper or the blackboard. Have each group perform role plays so that each participant has a chance to apply their knowledge. Fill out any Referral Notes as part of the role play.
  - **Scenario 1:** Nosipho, the mother of two boys, ages 3 and 1 year, is pregnant once again. She has never been to an antenatal clinic and both her births were at home with help from her mother-in-law. During the pregnancy she is pale.
  - **Scenario 2:** Thandi is pregnant with her first child. She is 8 months pregnant. Her husband is HIV-positive but she does not know her own status.
  - **Scenario 3:** Pelisa is pregnant with her seventh child. She has registered for ANC. The MM visits her in her 5th month (when she realizes she is pregnant) and finds no problems when screening.
4. Trainers circulate in the room, observe the groups and give feedback as needed. Suggestions for advising the mothers are below:

*For Scenario 1: Referral for ANC*

- Needs iron-folic acid for probable anaemia
- Needs to space births
- Needs ANC counselling for family planning and follow-up after delivery

*For Scenario 2: Referral for ANC*

- HIV testing and counselling (may need PMTCT)

*For Scenario 3: No need for referral.*

- Praise her for going to ANC.

5. Call the groups back together. Have each small group perform one role play for the whole group (5 minutes to perform, 5 minutes for comments). Discuss after each one. Praise the good points first and then give constructive suggestions for improving.

## **SESSION 9**

### ***Nutritional Health in Pregnancy***

**Time required: 2 hours**

#### **Purpose**

The purpose of this session is to equip MM's with the knowledge they will need to teach pregnant mothers in their neighbourhoods to eat healthily, so that they are able to produce healthy and well-nourished babies.

#### **Objectives**

At the end of this session MM's will:

- Understand the importance of healthy eating and the consequences of not doing so (malnourishment and obesity).
- Know the 3 food groups, be able to give examples of each of them, and be able to explain what each food type does for the body and how regularly one needs to eat it.
- Know which foods should be avoided and why (sugar, unhealthy fats, salt, soda drinks etc.)
- Be able to give tips on how to eat healthily on a meagre budget.

#### **Materials**

- Ingredients for selected recipe (see below).

#### **Preparation**

Bring a recipe which you will use to demonstrate preparing a cost-effective, healthy meal with all food groups.

### **Discussion: Healthy Eating**

**45 minutes**

#### ***Instructions to trainers:***

1. Ask why MM's think it is important to eat healthily during pregnancy? Answers may include:

- Avoid illness because the right nutrients from food keep our immune system strong.
- Eating healthily during pregnancy will allow one's baby to gain enough weight and get all the nutrients the baby needs to grow strong and healthy.
- Be more productive at work.
- Won't get tired easily.

- Other?

2. Ask for ideas about what happens if one does not eat healthily? Make sure you explain the following:

- Many children in South Africa are underweight, do not grow properly, and get sick easily. This is because they eat too little food or they don't eat enough variety of foods to give them all the nutrients that their bodies need. Babies are often underweight because their mothers did not eat enough of the right foods during pregnancy and breastfeeding.
- Other people are very overweight and this can lead to serious illnesses such as diabetes mellitus, heart disease, hypertension and stroke (make sure everyone knows what these terms mean). This is often because these people eat too much food which is high in fat, salt and/or sugar, and because they are not doing enough physical activity.

3. Explain that eating healthily and getting the right nutrients is dependent on eating the right foods. One needs to eat a variety of the different food groups in order to stay healthy. Ask trainees if they know what the different food groups are? Ask them to give examples of each food group and if they know what each different food group does for the body. Make sure you cover the information below about the 3 food groups.

## The 3 Food Groups!

### Protein

**Examples of protein:** Chicken, fish, meat, milk, eggs, dry beans, split peas, lentils.

**What does protein do for the body?** Protein contains many nutrients which build our bones, muscles, teeth and blood. Protein is especially important for growth in children and for pregnant and breastfeeding women. There is calcium in milk, cheese, yoghurt and soft bones from fish like sardines and pilchards – calcium builds our bones and teeth. Iron is found in all red meat - iron protects against tiredness and certain illnesses.

**How much should be eaten?** One should eat these foods in small amounts, such as a chicken leg or small portion of tinned sardines daily. Most people can not afford to eat too much of these foods because they are more expensive, and these foods also have lots of fat in them and so one only needs to eat them in small amounts.

### Important points:

- Eating too much of these foods is not healthy. They need to be mixed with lots of vegetables and starchy foods.
- It is important to cut visible fat off from meat before you cook it.
- Cooking and eating meat at home is much healthier and cheaper than buying a take away.

- It is better to boil, stew, grill or braai meat as opposed to frying it. Frying it in oil means it absorbs too much fat which is not good for the body.
- Polonies and frankfurters should only be eaten sparingly because they have a lot of fat and salt in them which is not healthy.

### **Carbohydrates / Starchy Foods:**

**Examples of starchy foods:** Maize (mealie) meal, bread, rice, sorghum (mabella), samp, potatoes, sweet potatoes, pasta (macaroni, spaghetti), porridges and breakfast cereals.

**What do carbohydrates do for the body?** Carbohydrates provide energy for the body and are low in fat. They make one feel full and less hungry.

**How much should be eaten daily?** One should make starchy foods the basis of most meals, but not the only thing in each meal. Starchy foods should be mixed with foods from the other food groups at every meal.

#### **Important points:**

- Starchy food is cheaper than animal foods
- Unrefined (coarse) starch foods are best. For example coarse maize meal or whole wheat bread and unpolished whole wheat rice.
- Porridge made from sorghum or maize meal is good for children.
- Carbohydrates are best when made with little salt, and with no oil and sugar.

### **Vegetables and Fruits**

**Examples of vegetables:** Cabbage, tomato, carrots, spinach, beans, squash, butternut, peas, broccoli.

**Examples of fruits:** Bananas, apples, oranges, naartjies, grapes, melon, pineapple.

**What do fruit and vegetables do for the body?** Fruit and vegetables do many good things for the body. These include:

- Help eyesight
- Help to fight against infections like colds, diarrhoea, and tuberculosis.
- Protect against illness such as heart disease, stroke, and certain types of cancer.

**How much fruit and vegetables should one eat?** One should eat many fruits and vegetables everyday. As a guideline, one should eat 5 portions of fruit and vegetables per day.

**Important points:** There are many easy ways to incorporate vegetables into meals. A few tips are below:

- Eat a fruit instead of pudding.
- Encourage children to eat fruit as a snack between meals.
- Add raw vegetables like shredded carrots, cabbage, or peas to starch foods.

- You can cook vegetables in just a few minutes if you boil, steam or stir-fry them.
- People should aim to eat at least one vegetarian meal per week. This is a meal with no meat in it and only vegetables.

***Instructions continued...***

4. Ask the trainees why they think people in South Africa often do not eat the right foods? Listen to their answers. Make sure you cover the following two important reasons which underlie poor eating habits in South Africa:

- People don't have enough money to buy all the right foods.
- People often don't know which foods are healthy for them and why.

5. Ask the class for suggestions of how they feel people can perhaps stretch their money to be able to buy the right foods to keep themselves and their children healthy. Make sure you cover the below suggestions:

- Child grant
- Buying fruits and vegetables which are in season because these are cheaper.
- Buying vegetables and fruits which grow in the area because these are cheaper.
- Buy wisely. If fruit is very ripe, only buy enough to use right away
- Buy more vegetables than fruit if they are cheaper than fruit.
- Make small portions of lean meat go further by preparing them in stews or mince meat dishes using lots more vegetables, dry beans, split beans, pasta or rice to accompany the meat.
- Eggs are good value for money. Add vegetables to egg dishes.
- Other suggestions?

***Instructions to trainers:***

1. Now that you have covered the main food groups and the importance of eating the right foods, you need to discuss the importance of avoiding certain things in the diet.

2. Ask the trainees what things they know or have heard should be excluded or minimized in the diet? Make sure you cover the following:

- **Salt should be limited to small amounts** – when you eat too much salt you can get many illnesses such as high blood pressure, heart disease, stroke, fluid retention (when the body holds too much water, and kidney failure.
- **Fatty and oily foods should only be eaten sparingly** – Some fats like those found in oily fish, vegetable oil (olive oil, sunflower oil), and soft ‘tub’ margarine are good for the body in small amounts because they help children and babies to grow and they keep our bodies warm. **BUT**, fats like those found on red meat, in lard, and white cooking fat are bad for the body. They make people overweight and this means they are more likely to suffer from diabetes, heart disease, hypertension and stroke. Many foods contain too much bad fat. Examples of these include chocolate, pies, deep fried food, ‘vetkoek’, biscuits, chicken skin, ice cream and chips.
- **Sodas and drinks which contain lots of sugar should be avoided as much as possible** – many people think that sodas like Coke, Fanta and Sprite are healthy, but in fact these drinks contain lots of sugar and are bad for our health. It is much better to drink water or small amounts of fresh fruit juice diluted with water instead. Fruit juice also contains lots of sugar and should only be taken in small amounts.
- **Foods which contain unnatural sugar should be eaten only on occasion** – All fresh fruit contains natural sugar. This is good sugar. Bad sugar is the sugar which gets added to foods and drinks. Examples of foods which contain unhealthy sugar are cold drinks, cake and cookies, white and brown sugar, chocolates and ice cream, syrup and honey and jam, lime and orange squash.

**Role Play: Healthy Eating during Pregnancy****20 minutes*****Instructions to trainers:***

1. Break the class into groups of three people. Each group should role play the following scenario, where one person is the MM, one person is Ntombi, and one person observes and gives feedback.
2. Groups should repeat the exercise so that each person gets a chance to be the MM.
3. Call the groups together. Ask for any questions and clarify for any confusion.

**Role Play Script: Healthy eating during pregnancy**

*Note: Do not read the words in italics. They are either explanations or instructions.*

**MM:** Hello. How are you?

**NTOMBI:** I am fine thank you. Come inside. How are you?  
*(They go inside to sit down together)*

**MM:** I am fine thank you. I am coming to visit you again to follow up how your pregnancy is going? Last time I was here, you were planning to go to book at the clinic. Did you go?

**NTOMBI:** Yes. I went there 2 weeks ago already.

**MM:** That is good. Can we talk about what you are eating to keep healthy and to keep the baby growing properly?

**NTOMBI:** Yes. I am eating a lot. And I am taking the iron tablets from the clinic. They are awful but I do take them. And I am also drinking a lot of water instead of cold drinks like you said.

**MM:** That is good. The iron tablets are horrible but they are important. What have you been eating lately in the last few days?

**NTOMBI:** Lots of things. Bread, rice, potatoes, samp. I had a bowl of porridge and some coffee for breakfast. Last night we had rice and potatoes.

**MM:** What will you have for lunch today?

**NTOMBI:** We have left over rice and potato from last night. That is what I am going to have today.

**MM:** Do you remember last time I was here when we spoke about the different food types and what each does for your body?

**NTOMBI:** Yes I remember that.

**MM:** The potatoes and rice and porridge are all from the same food group. They are energy foods which make you less hungry, but you also need meat or dairy for protein, and you need fruit and vegetables to help your body fight any infections such as colds and flu. It is important that you mix those foods you are eating with other foods like fruit and vegetables and with some dairy or meat products. Do you eat any vegetables and meat at the moment?

- NTOMBI:** No. I only eat the things I told you. Since I am pregnant I can't eat those foods anymore.
- MM:** *(Nodding head to show understanding)*. It is normal when you are pregnant that you only crave certain foods, but your body still needs all the food types to stay healthy, and to help the baby grow properly. The foods you are eating give you energy and they stop you from being hungry, but you still need vegetables and fruit to fight off any illnesses and you need the meat or dairy to make your bones stay healthy. Do you think you could include some vegetables into your meals? What vegetables did you used to eat?
- NTOMBI:** Well sometimes I had some carrots or cabbage and some beans.
- MM:** Those foods are very healthy. Could you try to include a little of those foods in your meals now?
- NTOMBI:** *(Silence)*
- MM:** Even just a little bit will make a big difference to keep you and the baby healthy.
- NTOMBI:** I suppose I can put a little bit with the potatoes and rice.
- MM:** That is excellent. After a few more months you will find that you stop craving only certain foods and it will get easier to eat a variety of foods again.

*MM continues with other areas of the home visit...*

<b>Practical: Preparing a cheap and healthy meal</b>	<b>40 minutes</b>
--	-------------------

***Instructions to trainers:***

1. Explain to the class that you will be making a healthy meal together, which is reasonably cheap, and which includes all the food groups.
2. Go through each of the ingredients you have brought, asking the trainees if they know which food group each ingredient belongs to, and what this does for the body.
3. Prepare the meal, making enough for each trainee to have a plate of it for lunch.
4. Ask trainees for examples of other meals one could prepare which also contain all of the food groups.

## SESSION 10

### ***Avoiding Alcohol during Pregnancy***

**Time required: 4 hours**

#### **Purpose**

The purpose of this session is for MM to learn the dangers of drinking during pregnancy, and how they can play a role in supporting pregnant mothers to either stop or limit their alcohol intake.

#### **Objectives**

At the end of this session MM will understand:

1. What the dangers of drinking during pregnancy are for the unborn baby, and the importance of stopping or limiting alcohol use during pregnancy.
2. What 'risky situations' may encourage pregnant women in their neighbourhoods to drink, and the importance of finding ways to deal with each risky situation.
3. How they should approach alcohol use with pregnant women using the content of the field guide.
4. How to deal with difficult situations they may come across during their home visits.

#### **Materials**

1. Black board / paper flip chart & markers
2. FAS doll & normal doll
3. Community Resource Guide

**NOTE TO TRAINER:** Make sure that before the session starts, you have covered the following two points with trainees:

- Trying to motivate mothers to stop drinking can be difficult and is not always successful, but it is very important that we do our best to talk to all women about drinking during pregnancy without being negative or judgemental.
- Pregnant women who are alcohol dependent are unlikely to be able to stop drinking solely as a result of home visit support and information provision, because they are addicted to alcohol. This intervention is intended to target women who are alcohol users but who are not necessarily alcohol dependent. If the MM's come across a woman who herself says that she feels completely unable to stop drinking or even cut down at all even though she would like to, they will need to still conduct a brief intervention and then make a referral for treatment, ***using the community resource guide.***

***Instructions to trainers:***

1. Ask trainees what they have heard about drinking during pregnancy, and what their views on it are.

- Do many of the mothers in their neighbourhoods drink alcohol while they are pregnant?
- What are some of the reasons women may want to/feel like they need to drink during pregnancy?
- Do they know of any mothers who have tried to stop drinking while they were pregnant? What was the outcome?
- What makes it hard for people to stop drinking?
- Let them discuss a few situations that they have seen or heard of where a mother has used alcohol during pregnancy.

2. Ask what (if anything) the trainees believe can happen to a baby if their mother drinks during pregnancy. Make sure you cover the following:

- The baby can be very small and skinny in the arms and legs
- The baby may have a deformed face which looks different to all other children (*use the FAS doll in comparison to normal doll to show small eyes, flat space under nose and thin upper lip*)
- The baby may have problems eating (weak sucking)
- The baby may cry more than other children and be harder to soothe
- The baby may have trouble sleeping
- The baby may be very slow to walk, run and talk
- The baby may be very active and unable to sit still
- The baby may have trouble paying attention, problems remembering what you tell them, problems learning in school, and problems making and keeping friends

3. Ask for any questions. Explain that all of the above problems can be avoided if the mother can manage to stop drinking for the months she is pregnant. This is why it is very important that mothers stop or limit their drinking during pregnancy.

4. Say that people drink during pregnancy for many different reasons. Ask the class to suggest a few reasons why or situations when a mother may be tempted to drink. Possible responses might include some of the following. Explain that these are called **RISKY SITUATIONS**.

- Drinking on the weekend
- Drinking at a party
- Drinking following an argument

- Drinking when feeling uptight or stressed
- Drinking when feeling angry
- Drinking when smoking
- Drinking when friends are drinking
- Drinking when your partner is drinking
- Drinking when feeling hopeless
- Drinking when feeling sad
- Drinking to take away pain
- Drinking to forget about problems
- Drinking to forget about something specific
- Drinking to help you sleep

5. Ask the MM trainees what they think might be a few suggestions to cope with risky situations. Possible answers may include:

- Go for a walk
- Talk to a friend who does not drink
- Drink a glass of water or milk
- Listen to music
- Play with children

6. Explain that the goal of this intervention is to encourage abstinence first, however, for many women, this may not seem possible and their goal will instead be to try and cut down how much they drink to begin with. Ask MM trainees for some ideas about how they think pregnant women can cut down the amount of alcohol they drink. Possible answers include:

- Eat food when you drink
- Add water to hard liquor and spirits
- Measure your drinks
- Do not drink straight from the bottle
- Do not drink more than one drink per hour.

***Instructions to trainers:***

1. Ask trainees for suggestions about how they think one could approach alcohol with pregnant mothers for the first time during home visits. Below are several suggestions:

- Start the conversation with topics other than alcohol. Deal with the less sensitive aspects of antenatal care first, such as nutrition and antenatal appointments.
- Focus on and compliment the positive aspects of the mother's life before asking her about alcohol.
- Ask the mother what she needs help with in her pregnancy.
- Ask if anyone has ever discussed the dangers of drinking during pregnancy with her, and if so, what she knows about the dangers of alcohol to unborn babies. Follow the script on the dangers to the unborn baby using the Fetal Alcohol Syndrome and Normal doll.
- It is important to cover the dangers of alcohol to unborn babies with all mothers, even if they claim that they never use alcohol.
- Ask if the mother would like to stop drinking or not? (*if not, see following section for how to respond*).
- If the mother says she would like to stop drinking:
  - a. Ask when the mother feels she needs to use alcohol the most (risky situations) e.g. husband drinks, friends drink to be social, grant money comes in and she wants to buy alcohol, etc).
  - b. Ask what she might do to help her to stop or cut down (coping strategies) e.g. talk to non drinking friend, take grant money and use it to buy something for the family or for herself instead of using it for alcohol, drink soft drinks.
  - c. Ask if she is involved in any social events or groups where people do not use alcohol. If she is not, ask if she would like to join such a group, explaining that it can be helpful to make new acquaintances with others who prefer not to drink at social events.
  - d. Make a contract to abstain from alcohol use or to cut down on use (offer Healthy South African Families card)
  - e. Explain that as you get to know each other, you can continue to discuss alcohol.
  - f. Reassure the mother of non-judgment; that many women like her drink alcohol.

## Facilitator Model Role Plays: Alcohol & Antenatal Home Visits

30 minutes

1. The facilitators now role play two home visit situations using the scripted role plays below.
2. Before you begin each role play, explain the background to the visit as outlined below.
3. After each role play, the class should give feedback about their experience of the scenario they have just witnessed:
  - Ask trainees to think back to the session on counselling and communication skills, and to think about how the role play they have just seen incorporated some of the important principals of effective counselling.
  - Ask them how they think the language and body language that the MM used managed to convey non-judgement and support to the pregnant mother.
  - Do they think the pregnant mother will try to stop drinking / cut down? Why? Or why not?

### **Model Role Play Scripts: Dealing with alcohol during antenatal home visits**

*Note: Do not read the words in italics. They are either explanations or instructions.*

#### **ROLE PLAY ONE: ABSTINENCE**

##### ***Background to this visit:***

*Zanele, the Mentor Mother, went to visit Phumla on Monday. Phumla is two months pregnant. When Zanele arrived she could hear loud music and laughter coming from inside Phumla's house. Zanele knocked on the door and Phumla had answered, it looked like she was drinking alcohol with her friends. Phumla's friends were shouting that she must tell Zanele to leave because they were busy and she was interrupting them. Zanele told Phumla that she could see that it wasn't a good time for a visit so she would come again Tuesday morning.*

##### ***Tuesday:***

**ZANELE:** Good morning Phumla, it is lovely to see you! Is this a good time for me to visit?

**PHUMLA:** Hello Zanele, I have been hoping you would come and visit me again. I am so sorry about Monday, I feel bad about it, I thought you wouldn't come again.

**ZANELE:** Of course I would keep visiting you, don't make yourself feel bad about Monday, Can we talk about what happened?

**PHUMLA:** Yes.

**ZANELE:** Were those women your friends?

**PHUMLA:** My neighbours, yes.  
**ZANELE:** Do they often come and socialize at your house?  
**PHUMLA:** Yes.  
**ZANELE:** You said that you feel bad about Monday, what part of it do you feel bad about?  
**PHUMLA:** I was rude to you by not inviting you in.  
**ZANELE:** Phumla, don't worry about my feelings. My job is to get to know you and to give you information so that you can have a healthy pregnancy.  
**PHUMLA:** It is?  
**ZANELE:** Yes. Phumla, my job is to support and help you in being the best mother you can be to your baby. I can see so many wonderful things about you that are going to make you a fantastic mother. You are so warm, so thoughtful and considerate of others. But did you know that part of being a good mother begins even before the baby is born? Sometimes the things that we do during pregnancy can affect how the baby will develop. These things include good nutrition, exercise, and not smoking or using alcohol. Would it be okay if I talk to you today about the effects of alcohol on the unborn baby, Phumla? I know that life can be hard, but I also know that with the right information you can make healthy choices for you and your baby.  
**PHUMLA:** I would really like it if you could tell me more.  
**ZANELE:** Okay, please stop me if anything I am saying is confusing or if you want to ask a question. (*Shows fetal alcohol doll*) This baby has Fetal Alcohol Syndrome which can happen to your baby if you drink while pregnant. You can see that the baby is small and has skinny arms and legs. The baby also has some things wrong with its face – see how small the eyes are, the flat space below the nose and the top lip is thin. See how different a healthy baby looks (*Shows the normal doll*). Alcohol is very dangerous for babies, it usually means that when they are born they struggle to suck properly, they cry a lot, are hard to soothe and have problems sleeping. When they grow they are slow to learn to walk, talk and run. At school they may have trouble paying attention, problems remembering what they are taught, problems with school work, and problems making and keeping friends. Many of these problems can be caused by using alcohol when you are pregnant. (*pauses for a response*).  
**PHUMLA:** Oh, I never knew that! That is terrible!! What have I done to my baby?!!! (*Starts crying*)  
**ZANELE:** (*Consoles Phumla, gives her tissues and rubs her arm soothingly*) Phumla, I am not telling you this to scare you, I am telling you this because the wonderful thing is that if you stop drinking today then your baby will have a better chance of being healthy. The best

advice I can give you is to stop drinking today. Do you think that is something that you would want to do?

**PHUMLA:** Yes, I would like to. But I don't think I know how to.

**ZANELE:** Phumla, you are not alone, I am here to help you, that's what I do, we can talk about this together.

Let's talk about what I call 'risky situations', times when a person will probably drink. Can you think of times that are risky for you?

**PHUMLA:** When I feel hopeless, I have no job, no money, I am bored, and when I am with my friends.

**ZANELE:** Those are all great examples, you are not alone in this, many people drink to forget their problems or to fit in with their friends. I can see that life is hard for you but I guess the reality is that drinking may bring many more problems knocking on the door. Can you think of any?

**PHUMLA:** Well, what you were saying earlier about the baby.

**ZANELE:** Often there are things that we can do to avoid these 'risky situations', like keeping yourself busy by volunteering somewhere, remind me to tell you later about Philani and what you could do there if you were interested. It can also help to visit a friend.

**PHUMLA:** I have many friends who drink so I would need to go to see a friend who doesn't drink I guess?

**ZANELE:** You are so right, have you got friends who don't drink?

**PHUMLA:** I do actually, my old church friends, they live down the road. Maybe I should pop in later to see them?

**ZANELE:** What a great idea! You see you came up with a solution yourself! Phumla we are giving each pregnant woman who wants to have a healthy pregnancy a card that says she is a member of Healthy South African Families. On this card it says that the woman will eat healthy, go to her prenatal appointments, not smoke and not drink alcohol. This card shows that you are trying to do the best for your baby. Would you like to have a card to show your friends and family?

**PHUMLA:** Yes, that would be good.

**ZANELE:** Phumla, can we agree for the next week that you will not drink alcohol? Can we shake hands in agreement? *Shakes hands and gives Phumla the card.*

**PHUMLA:** Yes, I really want to try! Thank you Zanele, I know this may not be easy but I am going to try my best!

**ZANELE:** You are right it may be hard, but it will become easier. And I am here to help. I will come and visit you next week if I may.

## ROLE PLAY 2: CUTTING DOWN

### ***Background to this visit:***

Zanele, the Mentor Mother, is visiting Bulelwa today early in Bulelwa's pregnancy. Even though she does not know whether or not Bulelwa is drinking, she begins to talk to her about the importance of not drinking alcohol during pregnancy. During the visit, Bulelwa tells Zanele that sometimes she does drink a little bit of alcohol.

**ZANELE:** Bulelwa, my job is to support and help you in being the best mother you can be to your baby. I can see so many wonderful things about you that are going to make you a fantastic mother. You are so kind and considerate. But did you know that part of being a good mother begins even before the baby is born? Sometimes the things that we do during pregnancy can affect how the baby will develop. These things include good nutrition, exercise, and not smoking or using alcohol. Would it be okay if I talk to you today about the effects of alcohol on the unborn baby, Bulelwa? Maybe with some more information you can make healthy choices for you and your baby.

**BULELWA:** I don't smoke and I eat well but I do drink sometimes. I would really like it if you could tell me more.

**ZANELE:** Okay, please stop me if anything I am saying is confusing or if you want to ask a question. (Shows fetal alcohol doll) This baby has Fetal Alcohol Syndrome which can happen to your baby if you drink while pregnant. You can see that the baby is small and has skinny arms and legs. The baby also has some things wrong with its face – see how small the eyes are, the flat space below the nose and the top lip is thin. See how different a healthy baby looks (Shows the normal doll). Alcohol is very dangerous for babies, it usually means that when they are born they struggle to suck properly, they cry a lot, are hard to soothe and have problems sleeping. When they grow they are slow to learn to walk, talk and run. At school they may have trouble paying attention, problems remembering what they are taught, problems with school work, and problems making and keeping friends. Many of these problems can be caused by using alcohol when you are pregnant. (pauses for a response).

**BULELWA:** I wonder if my drinking will affect my baby.

**ZANELE:** Well, one thing we know is that if you stop drinking today then your baby will have a better chance of being healthy. The best advice I can give you is to stop drinking today. Do you think that is something that you would want to do?

**BULELWA:** Yes, I would like to. But I don't know if I can. I have tried to stop before and it was very hard.

**ZANELE:** Bulelwa, you are not alone, I am here to help you, that's what I do, we can talk about this together. Let's talk about what I call 'risky situations', times when a person will probably drink. Can you think of times that are risky for you?

**BULELWA:** I drink when I am alone and feeling sort of sad,

**ZANELE:** I hear these reasons a lot from other women. Many people drink when they feel lonely and sad. I can see that life is hard for you but I guess the reality is that drinking may bring many more problems knocking on the door. Can you think of any?

**BULELWA:** Well, what you were saying earlier about the baby. And drinking does not make me feel any happier, just sadder.

**ZANELE:** Often there are things that we can do to avoid these 'risky situations', like keeping yourself busy by volunteering somewhere, remind me to tell you later about Philani and what you could do there if you were interested. It can also help to visit a friend or a relative who you like.

**BULELWA:** I really like my sister-in-law. We have fun chatting and she doesn't drink. She also makes me happy because she is always laughing and joking. She knows that I drink and she does not condemn me. She lives very near, I could see if she would like to come over or go for a walk this evening.

**ZANELE:** What a great idea! You see you came up with a solution yourself! Bulelwa do you think that you can stop drinking during this pregnancy?

**BULELWA:** No, I would like to stop drinking all together but it's so hard for me to stop. I have tried in the past and couldn't.

**ZANELE:** It is hard. Although stopping drinking completely is the healthiest thing to do. Maybe if you find it too hard to stop completely you could start by cutting down? Would you be willing to give that a try? Maybe it would be easier this time because I am here to support you.

**BULELWA:** Yes I want to try again. Just to cut down a bit.

**ZANELE:** That is excellent. What kinds of alcohol do you usually drink?

**BULELWA:** Only beer.

**ZANELE:** How many beers do you drink each day?

**BULELWA:** No I don't drink everyday. Just on some weekends... maybe 4 - 5 beers ... something like that.

**ZANELE:** So you normally drink just on the weekends?

**BULELWA:** That's right usually just on weekends.

**ZANELE:** What would you like as a drinking goal for the next 3 weekends?

**BULELWA:** Maybe I could try just drinking only on Saturday night instead of Friday and Saturday.

**ZANELE:** That sounds like a good idea, would you like to cut down on the number of drinks you will drink on the weekend?

**BULELWA:** I think I could probably only have 2 beers instead of 4 or 5.

**ZANELE:** That sounds like a plan. So you will only drink two drinks on Saturday night, is that what you want to do?

**BULELWA:** Yes.

**ZANELE:** And also as you said, it would be good to visit your sister-in-law and explain to her what you are doing. It will help to have her support as well.

**BULELWA:** Yes I think she will be happy to help.

**ZANELE:** Bulelwa, here are some ways that may help you cut down on your drinking so that you can reach your goal. You could drink only 1 beer every one or two hours, you could try drinking other kinds of drinks like juice or water, you could sip your drink slowly, or eat food when you drink. Remember your goal is to cut down on your drinking. Tell your drinking goal to helpful people like your sister-in-law, think each day about the reasons you are changing your drinking, if you want a drink and do not drink, feel happy with yourself. Some people have days when they drink too much. If this happens to you, start the next day fresh and return to your goal. Do not give up. Do you have any questions before I go?

**BULELWA:** No not now. I know where to find you if I need you.

**ZANELE:** That is excellent. We can talk more next time I am here. I will be back for your next visit on Wednesday the 9th of May.

**BULELWA:** Ok. I will see you then. Go well.

**ZANELE:** Stay well. Good bye.

### *Follow up visit*

**ZANELE:** Bulelwa, I am glad to see you again. How are you doing? How is your pregnancy going?

**BULELWA:** Yes, I am feeling very well. I feel better now that I am not drinking as much. I am having fun with my sister-in-law and with another friend who likes to sew with me on weekends. We are making ourselves new clothes for when we are no longer pregnant. She is pregnant too and does not drink.

**ZANELE:** That sounds like a good time. I am sure that you and your friend will be very well dressed.

**BULELWA:** I am also proud of myself because I was able to only drink one beer last weekend. I really felt like having more but I remembered what we talked about and it was not as hard as I thought it would be. I had a soda instead of another beer.

**ZANELE:** Congratulations, you did better than you thought you would. Would you like to set a goal for next time?

**BULELWA:** Yes I would like to try drinking just one drink on the weekend, I think I can do it.

**ZANELE:** That is a great goal. Remember I am here to help you meet your goal. Next time we meet, we can talk some more about how you are working to have a healthier pregnancy.

***Instructions to trainers:***

1. Explain that sometimes it can be very hard to talk to pregnant women about their alcohol use, and it is quite likely that at some stage, MM's will come across a difficult situation which they will need to handle sensitively and carefully. The tasks to follow are designed to prepare the MM trainees in dealing with such situations.
2. Below are several examples of difficult situations which a MM may face when she discusses alcohol use with pregnant mothers. Go through each of these situations individually and ask the MM how they think it would be possible to respond to each of these situations. Listen to their responses and then elaborate with mentioning the suggested responses which are mentioned below each concern.

### **COUNSELLORS' CONCERNS WHEN DISCUSSING ALCOHOL USE**

**Concern: If a woman gets angry with me or demands that I leave, what must I do?**

**Responses:**

- If a woman is very angry and wants you to leave, leave her house and come back the next day instead. Do not pressure her into talking with you about alcohol while she is hostile.
- Next time you visit, start by focussing on the positive things she is doing. Notice and compliment if her children look well, if she is preparing a healthy meal, if she has joined a new HIV+ group, if the house looks nice etc. Ask her how she is and what she needs help with, telling her you are there to help her through the pregnancy.
- Ask her if now would be a good time to talk about alcohol use during pregnancy.

**Concern: Will women become upset with me, if I start talking about their alcohol use?**

**Responses:**

- Reassure the woman that the discussion about alcohol during pregnancy is for education purposes and for the health of the unborn child.
- Women who become upset when you talk about their alcohol use during pregnancy probably have personal or family problems associated with alcohol. As long as you are caring and say that you understand why they might be upset, you can usually calm them down.

**Concern: Who should be advised not to drink at all?**

**Responses:**

- Pregnant women.
- Women who are trying to become pregnant. Damage to the fetus can occur before the woman even knows that she is pregnant.
- Women who are not using effective contraception. The chances of an unplanned pregnancy for someone who is drinking are quite high, so it is best to advise women to use effective contraception if continuing to drink.
- Women who are breastfeeding. Alcohol can be passed to the infant in breast milk. Some research shows that infants exposed to alcohol tainted breast milk actually prefer the taste when given a choice between it and regular breast milk. In this way, the baby may learn to like alcohol when he/she grows up.

**Concern: What do I do if a woman states that she would like to stop drinking, but does not believe she can?**

**Responses:**

- Talk to her about trying to stop drinking during her pregnancy for the health of her baby, provide brief intervention.
- Ask her if she would like to get help for her drinking.
- If she agrees to seek help, make a referral.

**Concern: What if the woman says she does not want to stop drinking when I am conducting a brief intervention with her?**

**Responses:**

- Say to her, "It is your choice to not drink alcohol but there is a big risk to your baby if you continue to drink."

**Concern: What if a woman is worried that it is too late to stop drinking because the harm has already been done to her baby.**

**Responses:**

- Say to her, "It is never too late to stop drinking and the sooner you stop drinking, the better the outcome for the baby. If you are worried about the baby, after it is born, you can bring the baby to Philani to see how the baby is doing."

**Concern: What if a woman says that her best friend drank throughout pregnancy and her child is fine.**

**Responses:**

- “That woman may have been lucky. Different women keep alcohol in their systems for shorter or longer times. The fetus is bathed in the alcohol in the amniotic fluid until the woman can get rid of it through her own system. It is like the baby is swimming in a bottle of beer. Women who get the alcohol out of their systems quicker may have healthier babies, but some women cannot get the alcohol out of their systems as quickly, then the baby is exposed to the alcohol longer, the damage is worse, and the baby is not healthy. Right now, we have no good way of testing for who can drink some alcohol and who cannot drink any alcohol during pregnancy so you are taking a chance that your baby will have bad effects. We do know for sure that if you don’t drink alcohol the baby will be healthier. The best advice is not to drink at all during pregnancy. “

**Concern: What should I tell my friends/partner/family when they offer me a drink?**

**Responses:**

- “I am pregnant and there is no safe amount of drinking during pregnancy. I am sure that you want the best for me and my baby.”

**Concern: I don’t really want to stop drinking.**

**Responses:**

- “I understand that you do not want to stop, how about trying to stop until we meet again and we will talk about how you feel then. It may not be as hard as you think to make a change.”
- “You will only be pregnant for XX more weeks; that is not a long time to stop when compared to the lifetime of problems your child might have because of your drinking.”

**Concern: I drink because I have no hope (no job, no money, drinking husband, abuse, depression)**

**Responses:**

- “You are the hope for your child. Your child will have a better life if you do not drink while you are pregnant. I will talk to you some more about your problems.”

**Concern: I drank throughout my last pregnancy and my child does not look like the Fetal Alcohol Syndrome baby.**

**Responses:**

- “The effects of alcohol are greater with each new pregnancy. The first child may not have as many problems but the second or third child is at greater risk of having problems because you are getting older and alcohol stays in your system longer as you age. You may be drinking more now

than you did with your other child (children). Also, even though your child may not have the fetal alcohol face, the damage to the child's brain may still be there."

**Concern: What if I get asked, "What should I do if I get the urge to drink?"**

**Responses:**

- Remember the coping steps we went over when we talked about risky situations.
- Try practicing those steps until we meet again.
- If you do have a drink, don't be discouraged. Start each day anew and tell yourself that you will not drink today. Take it day by day.
- If you have the urge to drink and you do not drink, reward yourself and be proud that you are doing good for your baby.

**Concern: What if I get asked, "Do you think I should have an abortion if my baby is already damaged from my alcohol use?"**

**Responses:**

- Having an abortion is a personal choice but it is important to stop drinking now to minimize any problems to your baby. If you are worried, you can have the baby followed by Philani to make sure that everything is okay.

**Concern: What must I do if I find a child alone in a house with an adult who is misusing alcohol?**

**Response:**

- You must contact your supervisor and refer to the 'emergency protocols and procedures' for this project. You will need to report the situation and have the child removed temporarily from the home.

## **Other Possible Questions**

**1. Question: Can part time drinking (infrequent) affect the child?**

**Response:** Yes there is no safe amount of alcohol that can be consumed during pregnancy. One episode of heavy drinking at a special occasion like Christmas can have an effect.

**2. Question: Does all alcohol including red wine (which people state is healthy if you only drink one or two glasses a day) have a negative effect on the unborn child?**

**Response:** Yes, wine, like beer and hard liquor has alcohol in it and should be avoided during pregnancy. There is no type of alcoholic drink that is safer than any other, they all contain alcohol.

**3. Question: If a woman is a heavy drinker and stops drinking all at once could this affect the unborn baby?**

**Response:** If the woman is a heavy drinker and/or is alcohol dependent, she should stop drinking under the care of a doctor. There can be significant problems with withdrawal that may lead to seizures or other health problems if she stops abruptly and is not supervised in a medical setting. The baby will also go through withdrawal but will be better off the sooner in pregnancy the woman stops drinking.

**4. Question: When women are in labour, they usually have very sharp pains and taking spirits is usually advised.**

**Response:** If the woman takes alcohol for labour pains, the baby is exposed to the alcohol and will go through withdrawal at birth. The baby will be jittery, irritable, have problems sleeping.

**5. Question: If a woman is an alcoholic, how long should she wait after she stops drinking before she tries to conceive?**

**Response:** All women are different. At the very least, she should go through detoxification and treatment before she tries to conceive. She should be under a doctor's care and receive good nutrition and vitamins.

## **Alcohol Myths**

**1. Myth: "Hot Stuffs" spirits increases ones' CD4**

**Response:** Alcohol actually decreases one's CD4. On the other hand, exercise increases it.

**2. Myth: When you are pregnant you crave alcohol even if you have never touched alcohol before your pregnancy**

**Response:** Most women stop drinking spontaneously when they are pregnant. Pregnant women often report that the smell of alcohol makes them feel sick and they no longer like the taste.

**3. Myth: You forget your problems when you drink excessively**

**Response:** You may get temporary relief but we know that excessive use of alcohol interferes with sleep patterns, is bad for your health, and increases

anxiety and depression. Alcohol also does not make problems go away but can make them worse.

#### **4. Myth: You enjoy sex more if you drink alcohol**

**Response:** That may be true but you also increase your chances of getting an STD or of having an unplanned pregnancy.

<b>Case examples: Practising counselling</b>
--

<b>1 hour</b>
---------------

#### ***Instructions to trainers:***

1. Break the class into groups of three.
2. Using the case scenarios below, two of the trainees in the group should role play a home visit with each other where one of them is the pregnant mother and one is the MM. The third member of the group should observe the role play and give feedback afterwards. The groups can role play the same scenarios several times over to make sure everyone gets a turn to be the MM. If trainees would like to make up other scenarios as well they should be encouraged to do so.
3. Walk around the class and observe the role plays, giving feedback as necessary.

#### **Case Study Scenarios: Alcohol Use during Pregnancy**

##### **Case 1:**

Thandeka has just found out she is 6 weeks pregnant. She has two older children, aged 2 and 5. The 2 year old has been slow to walk and talk. She is unemployed and drinks 3 to 4 drinks most days with her friends at the Shebeen. In the weeks when grants are given, you hear that she spends the entire week drinking at the Shebeen. She has heard that drinking can be bad for babies before, but all her friends who have had children have also drunk throughout their pregnancies and she thinks that their children are healthy so she is not sure she believes the alcohol really does too much damage. She is not sure that she wants to stop drinking. Initially when you arrive, she is hostile and insists that you leave immediately the moment you mention alcohol. Eventually she agrees to cut down on her drinking to 1 drink a day.

##### **Case 2:**

Nkolie is 4 months pregnant. This is her first pregnancy. She does not drink at all during the week because she has a job as a domestic worker, but on weekends she drinks between 3 and 5 beers on Friday and Saturday nights with her neighbours. She drinks when she wants to socialise or feel part of a group. Nkolie thinks she would like to stop drinking if it will help her baby. But she is afraid that her neighbours will not want to spend time with her on the weekends if she decides to stop drinking with them. She agrees to try to abstain from alcohol.

## SESSION 11

### ***Role Plays: Supporting Mothers to Attend ANC***

**Time required: 30 minutes**

#### **Purpose**

The purpose of this session is to give MM's the opportunity to practise counselling pregnant women on receiving antenatal care.

#### **Objectives**

At the end of the session the MM will be able to conduct antenatal home visits to pregnant women using the communication tools effectively.

#### **Materials**

1. Blackboard or white paper/flipchart paper
2. Markers
3. Referral Note
4. Case study exercises

### **Practice Role Plays: Home visits during pregnancy 30 minutes**

#### ***Instructions to trainers:***

1. Divide the trainees into groups of four. Refer them to the role play script in their manuals. Have two of the participants perform the role play while the other two watch. Then swap and let the MM trainees who watched the first time, role play the same scenario.
3. Call the groups together and discuss what was good about the role play. *Make sure you cover the below:*
  - The MM gives concise and accurate information to the expecting mother.
  - The MM shows understanding and explains it was normal to feel afraid or apprehensive about having the HIV test.
  - The MM shows understanding that it is painful to deal with long queues at the clinic.
  - The MM is persuasive and explains why it is so important to go for ANC.
  - The MM conveys the urgency of booking immediately.
4. Ask for questions and clarify where necessary.

### **Role play script: Supporting mothers to attend ANC**

*Note: Do not read the words in italics. They are either explanations or instructions.*

*The following role play is an example of what would take place half way through a home visit. The home visit would not start with this type of conversation.*

- MM:** Is this your first pregnancy?  
**ZODWA:** Yes. This is the first one.  
**MM:** How long have you been pregnant for?  
**ZODWA:** It has been 6 months now, but I only found out 4 months ago.  
**MM:** *(Nodding head).* Have you booked and registered at the prenatal clinic?  
**ZODWA:** No. I didn't go yet.  
**MM:** You didn't go yet. Why didn't you go yet?  
**ZODWA:** I did go once but the queue was so long and then I left. You have to get there so early and wait the whole day.  
**MM:** Yes. The waiting is very bad and I know it makes you want to avoid it, but it is very important that you book as soon as possible. You need to plan your birth and they will also give you good information, supplements like iron, and they will check for any illnesses you might have which you could pass to the baby. So it is very important for you to go as soon as possible.  
**ZODWA:** I am not sick. I don't think it is so important for me.  
**MM:** Even if you are healthy, it is still important to go. May I tell you why?  
**ZODWA:** Yes it's fine.  
**MM:** There are any good reasons why it is important to go now. Apart from the other things I told you about the iron tablets and various tests you must have to make sure that you are well, the clinic will advise you about healthy eating to keep your baby strong. They will also find out what kind of blood you have from a blood test. This means that if when you have your baby, you loose a lot of blood, they will know exactly which blood type to use if you need a transfusion. They will also give you an HIV test during pregnancy if you didn't have that yet.  
**ZODWA:** I am afraid of that too.  
**MM:** *(nods and puts a hand on Zodwa's knee.)* Many people are afraid. That is very normal. Have you ever been for a test before?  
**ZODWA:** No, I never went for a test.  
**MM:** If you have the test, and you are HIV positive, then it is very good to know this because you can take steps to protect your baby from getting HIV as well. And you can get medicine and information for yourself. There is medicine they can give you which will protect the baby from HIV, but if you don't have the test, you will never know if

your baby is at risk or not. Then you can do nothing to protect him or her.

**ZODWA:** I didn't know that. I didn't know the baby can get HIV as well.

**MM:** Yes. The baby can get HIV when you give birth, so it is really important to know your status. Also, the clinic will give you lots of other important advice about staying healthy and caring for your baby well.

**ZODWA:** I will think about it some more then.

**MM:** That is good, but Zodwa you are already six months pregnant. You must not wait or delay any longer. You need to go this week urgently. This is already very late.

**ZODWA:** *(Silence)*.

**MM:** If you find out you are HIV positive there are many ways we can find to help you cope. You don't have to share your test results with anyone, but if you want to, you can share them with me and I can help you to move forward no matter what they say. I will never tell anyone your results, and I will not talk about it when I am here unless we are alone.

**ZODWA:** Mmmm... Maybe I will go this week.

**MM:** That is excellent. You will be doing the right thing for your baby. *(Pause)*. Do you have any other questions that you would like to ask me?

**ZODWA:** No, not now.

**MM:** Ok then I will be going now. I will be back to visit you again the week of 14 April.

**ZODWA:** Thank you. Good bye.

**MM:** Good bye.

# SECTION F

## HIV AND AIDS

*Acknowledgement and thanks: Information in this section draws on various Literacy Materials from the Treatment Action Campaign, 2007*

### SESSION 12

#### ***Introduction to HIV and AIDS***

**Time required: 1 hour 30 minutes**

#### **Purpose**

The purpose of this session is to give MM trainees an overview of HIV/AIDS and to clear up any uncertainties and misconceptions that they might have.

#### **Objectives**

At the end of this session, MM's will:

1. Know the difference between HIV and AIDS and understand how the disease is contracted.
2. Be familiar with various terminology as it relates to HIV/AIDS such as 'CD4 counts', 'window periods', 'VCT' and 'ARV's'.
3. Know that it is possible to prevent HIV transmission from mother to child.
4. Have cleared up any uncertainties or misconceptions they have previously held about HIV/AIDS.
5. Know that once a person starts ARV medication, they have to take it everyday for the rest of their lives.

#### **Materials**

1. Board / flipchart
2. Markers
3. Chocolate for the winning team in the Quiz
4. Whistles

#### **Preparation**

Familiarise yourself with the below information about HIV/AIDS so that you are able to lead the discussions in this session with confidence.

***Instructions to trainers:***

1. Below are several fast facts and important terms. The MM trainees will already know some of this information, but they will not know other parts.
2. Divide the class into two teams. Give each trainee a whistle.
3. The trainer asks aloud each of the below questions (in bold). As soon as a MM trainee thinks she knows the answer, she should blow her whistle. The first person to blow their whistle gets a chance to answer the question. If the question is answered correctly, that trainee's team receives one point (score the points on the board). If the trainee gives the wrong answer, the trainer should award no points, but instead explain the right answer to the class.
4. At the end, the team with the most points receives chocolates.

**FAST FACTS ABOUT HIV AND AIDS****What is HIV?**

HIV stands for **H**uman **I**mmuno-**d**eficiency **V**irus. It is a virus which attacks a person's immune system and makes it harder for their bodies to fight off germs and illness. This means they are more likely to become ill with many normal illnesses like flu, diarrhoea, and TB than a person who does not have the virus.

**Where is HIV in the body?**

HIV is only found in human blood and other body fluids such as semen, vaginal fluid, saliva and breast milk.

**Can you see when people have HIV?**

No. When people are first infected with HIV they can remain healthy for a number of years which makes it impossible to see that they have the virus. However, they can still infect other people with the virus.

**What is AIDS?**

AIDS stands for **A**cquired **I**mmune **D**eficiency **S**ndrome. AIDS is caused by the HIV virus, which weakens and finally destroys the body's immune (defence) system, making a person vulnerable to having many illnesses at one time. Illnesses which attack the weak immune system are called opportunistic infections. AIDS is a syndrome which is made up of many symptoms of opportunistic infections which vary from person to person.

**How people know when they have AIDS?**

The only way to properly diagnose AIDS is through a blood test. The symptoms of AIDS are different in different people. When people have AIDS they become ill from many other illnesses and so you cannot tell if someone has AIDS unless they have an AIDS test.

**How do you get HIV?**

Sexual contact is the main way that people become infected with HIV, but you can also get HIV through blood transfusions, through other contacts with blood (from needles or sharp instruments through open sores, for example), or from mother to child (in the womb, at birth or sometimes through breast milk).

**Can you get infected with HIV in any other way?**

NO! You can not get HIV through normal everyday contact. HIV is NOT contracted by any of the following ways:

- Hugging
- Kissing
- Sharing a drink or the same spoon to eat with an HIV positive person
- Coughing
- Mosquito bites
- Sweat
- Swimming together with an HIV positive person
- Sharing a room with an HIV positive person
- Shaking hands with an HIV positive person
- Working with an HIV positive person

**Can HIV /AIDS be cured?**

No. At the moment there is no cure for HIV/AIDS.

**Can HIV /AIDS be treated?**

YES! There are many medications available to help people who are infected to stay healthier for longer. These are called Antiretroviral Drugs (ARV's). Normally one only starts taking these drugs when their body starts to become weak. If taken properly, ARV's fight the HIV directly and give your immune system a chance to become strong again. There are many things you must know before taking ARV's, including that they must be taken everyday for life.

**How do you take ARV's?**

For lifelong treatment, you must take three different ARV medicines together. This is called combination therapy or HAART (highly active antiretroviral therapy). Sometimes you can take one pill containing all three ARV's twice a day. But often you have to take more than one pill.

**Do ARV's work for everyone?**

No. Some people start too late and their immune system cannot recover. They start becoming sick with AIDS again. However, ARV's do work for the vast majority of people who become sick with AIDS. It is important to get tested early and have your CD4 cells counted.

**Must children take ARV's?**

Yes. Children usually take smaller doses than adults. Instead of taking pills, they

might take the ARV's as a syrup, which is often easier for them. Generally, children progress from HIV infection to AIDS quicker than adults, so they need to start ARV's sooner. Consult your doctor to help you decide what is best for you child.

**What happens if you skip taking your ARV's for a while or you stop taking them?**

If you miss doses regularly, the virus will learn to defeat the ARV's sooner. This is called resistance.

**Can a pregnant mother do anything to protect her baby from HIV?**

Yes! There is medication available for mothers during pregnancy and at birth which she can take and give to the baby, which has a good chance of protecting the child from getting infected. (This is covered in further detail in the following sessions).

**What can people with HIV or AIDS do to stay healthy for longer?**

There are many things a person with HIV can do to stay healthier for longer. Eating enough healthy food and living a healthy lifestyle can make a big difference to keeping your body healthier for longer. (This will be covered in greater detail later in the training).

**Can a healthy diet take the place of ARV's?**

No. But people with HIV, whether or not they take ARV's, need to eat well to give the immune system the energy it needs to fight the virus. Be careful of people who claim that particular foods such as garlic or African potato treat AIDS. There is no food that is known to treat AIDS. Eat normal healthy foods. Try to drink as little alcohol as possible or none at all.

**If I take ARV's, do I still need to take other medicine?**

Yes. People with HIV get sick with diseases called opportunistic infections. They are more likely to get TB and they also get unusual diseases like systemic thrush (severe fungal infections of the throat, stomach or vagina), cryptococcal meningitis (infection of the brain caused by a fungus) and PCP pneumonia. ARV's do not treat these diseases. You have to take other medicines to treat them. However, ARV's strengthen your immune system and reduce the risk of you getting these diseases.

## **IMPORTANT TERMINOLOGY**

### **What is VCT ?**

VCT stands for 'Voluntary Counselling and Testing.' When you decide to have an HIV test, you should receive counselling and information about HIV both before you have your test and after you receive your results. This counselling should include information about emotional, medical and practical aspects of HIV/ADS so that you are best equipped to deal with your results whether they are positive or negative.

### **What is an opportunistic infection?**

Opportunistic is a term used to describe an infection that probably wouldn't be occurring if the individual weren't infected with HIV (or suffering from some other condition that might cause lowered resistance to disease). An opportunistic infection takes advantage of the fact that the body's normal defences are down, giving it an opportunity to cause disease. A few examples of signs of opportunistic infections are having a sore mouth, neck or tongue, losing weight for no reason, abdominal pains, vomiting and diarrhoea.

### **What are CD4 cells?**

CD4 cells are cells of the body which help to fight off common illnesses like flu and colds. HIV attacks the CD4 cells which makes it harder to fight off illnesses.

### **What is a CD4 count test?**

A CD4 count test at the clinic which tells you how many CD4 cells are still working well in your body. A strong immune system has a CD4 count of 500 to 2000. If the CD4 count is below 200 the immune system is weak. You are then at risk of developing an opportunistic infection. It is best to start antiretroviral before this stage at a CD4 count of 300 – 350, to strengthen your immune system. You should have a CD4 count test every 6 months so that your health worker can monitor your illness and make the best decisions to keep you healthy.

### **What are ARV's?**

ARV's stands for medication called Antiretroviral Treatment. If taken properly, ARV's fight the HIV directly and give your immune system a chance to become strong again. There are many things you must know before taking ARV's, including that they must be taken everyday for life. A person will only be advised to take ARV's once their immune system is already very weak. Adults should be advised to start ARV's when their CD4 count is between 300 and 350.

### **What is a viral load test?**

Once you start ARV's, a viral load test measures how effective the ARV's are in fighting the virus. **VERY IMPORTANT:** When a person starts taking ARV's you sometimes can not detect the virus in their viral load test for a period. This does not mean that they no longer have the virus. It is still imperative that they take

ARV's everyday for the rest of their lives. You should have a viral load test every six months.

### **What is a window period?**

A window period refers to the 3 month time frame between when a person gets infected and when they test positive on an HIV test.

<b>Common Misconceptions &amp; "Did you know's"</b>	<b>30 Minutes</b>
---	-------------------

## **COMMON MISCONCEPTIONS**

- If a person has HIV, their sexual partner also definitely has HIV.
- If two people have HIV it makes no difference if they have unprotected sex or not.
- You can see if a person has HIV by the way they look.
- A mother with HIV will always give birth to an HIV positive baby.
- A mother can not give HIV to her baby.
- You shouldn't share a plate of food with someone who is HIV positive.
- Breastfeeding an HIV positive baby is bad.
- When you have a viral load test once you start taking ARV's, if the test does not detect the virus it means you are cured.

## **DID YOU KNOW?**

- If you already have a sexually transmitted disease, you are 5-10 times more likely to contract HIV.
- You can not get HIV through ordinary daily contact such as hugging, working together, shaking hands or breathing the same air as someone who is HIV positive.
- Most symptoms of AIDS are symptoms of other diseases too.
- People usually die from AIDS related diseases rather than from AIDS itself.
- The main way people get infected with HIV is through having sex without a condom.
- You can get free HIV counselling and testing from your clinic.
- If you follow a healthy eating plan and lifestyle, you can live a healthier life for longer even though you have HIV.
- Once you start taking ARV's, you must take them for the rest of your life.

## **SESSION 13**

### ***HIV/AIDS and Pregnancy: Knowing Your Status and Protecting Your Child***

**Time required: 1 hour 30 minutes**

#### **Purpose**

The purpose of this session is to explore why it is important to encourage pregnant women to test for HIV, and what is available from clinics for pregnant mothers with HIV so that they can best protect their unborn children.

#### **Objectives**

At the end of this session, MM will know:

1. Why it important for pregnant mothers to know their status as early as possible during their pregnancies.
2. What is available to help pregnant mothers with HIV from passing the disease on to their children. (PMTCT, CD4 counts, medication).
3. What difficulties prevent mothers from getting tested.
4. What elements of counselling are important when supporting pregnant mothers living with HIV.

#### **Materials**

1. Black board / paper flip chart
2. Markers

#### **Preparation**

Go through the session content beforehand to familiarise yourself with the main points of this session.

***Instructions to trainers:***

1. Ask the MM trainees why they think it is important for pregnant mothers to know if they have HIV? Listen to their thoughts and remind them that there are no incorrect answers. Make sure that you cover the following points:

- Being well-informed is the first step to taking control of your health and supporting those you care about.
- If a mother is HIV positive, she can get help in the form of both support and medicine to live a longer healthier life with her child.
- A mother who knows her status can take steps to protect her child from getting the virus as well. She can never guarantee that her child will not get HIV because sometimes HIV is transmitted during pregnancy, but this happens infrequently and there is a good chance that if she follows all the clinic's instructions, she will be able to have a healthy baby. Even if a woman is unlucky and her baby does become ill, she can feel good knowing that she did everything she could have to protect her baby.
- If a mother finds out that she is HIV negative, she can take extra precautions (such as always using condoms) to make sure that she stays negative forever.
- A mother living with HIV can choose to share this information with her MM if she wants to, and then the MM will be able to give better support and advice throughout the pregnancy.
- Access to grants from the government.
- You can use condoms and take other steps to make sure you protect others from getting HIV.
- Gain support for reproductive health choice and feeding practice choices.
- Improve access to care and support, for example a mother can join a care group or support group for HIV positive women.

2. Ask MM trainees what services they think are available to pregnant mothers living with HIV. Answers should include:

- HIV planning in pregnancy is part of ANC. Clinics will offer HIV counselling and testing to pregnant mothers, and they will also provide the medical care that expecting mothers and their children will need.
- Counselling will include provision of all information about various treatment options, how treatment works, and how effective it is likely to be. It will also include information about how to protect ones child from getting the virus.
- Women must be given nutritional information (eating well, taking iron and folate) in order to stay healthy. A mother with HIV who is malnourished or underweight is more likely to have an underweight baby who is more likely to get the virus than a stronger healthier baby.

- Expecting mothers with HIV will be given a medicine called AZT from 28 weeks of pregnancy until they give birth. They should also be given a medicine called nevirapine when they go into labour. The newborn child should get a syrup of nevirapine medicine. This will reduce the risk of passing HIV from the mother to the child.
- A mother can have a test called a CD4 count. This will tell her how strong her immune system is. HIV is a virus which attacks cells in our bodies called CD4 cells. These cells are part of our immune system which keeps us healthy and fights off most sicknesses.
- If the CD4 count is between 300 and 350 or if a mother is sick because of HIV, she should be offered antiretroviral treatment for her own health. This will consist of three antiretroviral medicines (sometimes all in one or two pills) taken everyday for the rest of her life. These medicines will help the mother to live a much longer, healthier life.

3. Go through the following protocol for PMTCT (Prevention of Mother to Child Transmission) medicine with trainees. Remind them that it is very important that mothers take their medicine with them to the birth – often there is not enough medicine available at the clinic. They need to take charge of their health and make sure they insist they get their medicine.

### **PMTCT Medication**

#### **Mother**

- a. AZT started from 28 weeks onwards **AND**
- b. Single dose NVP (in labour) on a 3 hourly basis

#### **Infant**

- a. Single dose-NVP + AZT for 7 days following birth

4. Ask trainees what they think is available to mothers who have HIV after their babies are born? If no-one mentions anything, make sure you cover the answers below. It is important to communicate this information to mothers while they are still pregnant so that they know what to expect after their babies are born.

- Child support grants are available for mothers once their children are born.
- The clinic should test newborn babies for HIV when they are six weeks old. The clinic should use what is called a PCR test. This will test whether there is HIV in the baby's blood.
- Clinics must provide information about how to feed your baby. It is a mother's choice to either give her baby only formula milk or only breast-milk. She should not give both because this increases the chance of her

baby getting HIV. (This is further discussed in much detail in the section on 'baby feeding').

- The clinic should test babies for HIV again at 18 months.
- Mothers should take their baby to the clinic if he or she gets diarrhoea.
- If the baby has HIV, the clinic should provide him or her with antiretroviral treatment when indicated. This can help HIV positive children live much longer and have a more normal life.

5. Divide the class into small groups of 4-5 people. Ask the trainees to discuss the following two questions in their groups. (Write the questions in the board so that everyone can see). One person must take notes of the feedback and main points discussed in their group. After 10 minutes, call the groups back together and ask one person from each group to give feedback to the class.

Question 1: Why are many pregnant women afraid to test for HIV or to share their status with anyone including the MM?

Question 2: What can a MM do to try and make a mother feel more comfortable about addressing her status together?

***Possible responses for trainer:***

Question 1: Typical answers may include:

- *Fear of negative social outcomes*
- *Fear of abandonment*
- *Accusations of infidelity*
- *Fear of violence*
- *Fear family and other rejection*
- *Loss of access to resources and livelihoods*
- *Some mothers do not know that there is prevention available for themselves and/ or their children.*

Question 2: Several examples include:

- *Reassurance of confidentiality: Only people that the MAR decides to disclose her status to need know about it.*
- *Explaining that many mothers face the same problem and that having HIV is nothing to feel ashamed about.*
- *Assurance that MM's will help MAR's to manage disclosure – finding people they can trust for support.*
- *Understanding that the benefits of risk reduction and prevention of transmission to one's child is very important.*
- *Taking measures to reassure MAR she is not judged by the MM, for example by complimenting the MAR on her bravery and praising her for discussing her status and taking steps to protect her baby.*

***Instructions to trainers:***

1. Divide the class into groups of 3. Refer trainees to their manuals for the below role play script.
2. Acting out the role play, one person is going to be the MM, one will be the mother being visited, and one person will observe the role play and give feedback. Repeat so that each trainee has a turn to be the MM.
3. After 15 minutes, call the groups together for a discussion. Was this a good role play or a bad one and why? Make sure you cover the following:

**Good Points**

- *Assured confidentiality*
- *MM shared her own status*
- *Asked if it was an appropriate time to talk*
- *Praised mother for learning her status and taking steps to protect her child*
- *Explained PMTCT simply*
- *Informed she needs to take NVP to the birth*
- *Asked mother if she had any questions*
- *Offered support*
- *Informed would help to plan feeding decisions*
- *Informed would help with further information about testing after birth*

**To improve**

- *MM could have asked about Zanele's knowledge of HIV transmission, CD4 counts, and ARV's, and she could have filled in the gaps where necessary.*
- *Could have asked about joining support groups and where MM gets support currently.*
- *Did not explain future precautions for transmission.*
- *Did not discuss importance of nutrition.*
- *Discussion of child grant*

### **Role Play Script: PMTCT**

*Note: Do not read the words in italics. They are either explanations or instructions.*

**MM:** *Knock, knock.*

**ZANELE:** Come in.

**MM:** Hello. How are you?

**ZANELE:** Hello, I am fine. How are you?

**MM:** I am also fine thank you. I have come to visit to check how your pregnancy is going. Last time we spoke you were going to register at the clinic for antenatal care. Did you go?

**ZANELE:** Yes, I did go.

**MM:** That is good. Did you have all the blood tests and did you receive iron tablets from the sister?

**ZANELE:** Yes. They gave me everything.

**MM:** Good. Zanele, last time we spoke you told me you were afraid to go to the clinic because you were afraid of having the HIV test. Did you have a test?

**ZANELE:** Yes.

**MM:** Did the sister give you your results?

**ZANELE:** Yes.

**MM:** *(Pause)* It is good that you know your status. That will help you to care for your baby well. It would be helpful for me to know your status too so that I can help you prepare for your baby in the best way possible. Are you able to discuss your results?

**ZANELE:** *(Pause)* I am positive.

**MM:** Thank you for sharing with me. I am also positive. When did you go for the test to find out?

**ZANELE:** On Tuesday.

**MM:** How did you feel?

**ZANELE:** I felt nothing. And then I felt afraid.

**MM:** How are you feeling now?

**ZANELE:** I am worried. I feel scared still. I don't know what I must do.

**MM:** I understand that you are scared but now that you know we can take steps to protect you and your baby. Have you told anyone about your result yet?

**ZANELE:** No. Not yet. Only you know.

**MM:** It is your choice who you wish to tell. You don't have to tell anyone if you don't want to. I will also never tell anyone. You must not be worried about that when I come here – I will only discuss it if we are alone and if you indicate to me that it is ok to talk about it. If you have a visitor or your family is around I won't say anything, so no one will find out unless you want them to.

**ZANELE:** Thank you.

**MM:** Is it ok to discuss this now, or do you need some time?

**ZANELE:** It is ok.

**MM:** Ok. Do you have any questions that you would like to ask me about HIV? Is there anything you want to know?

**ZANELE:** *(Pause)*. I am worried my baby has HIV.

**MM:** There is a good chance that you can protect your baby from getting HIV if you do the right things. If you take the right medicine, your baby could be born very healthy. I am HIV positive too and I have had a child who is HIV negative and very healthy. I am also very healthy even though I am positive. Many people are able to give birth to healthy babies, and to live long lives together if they take the right precautions. Did the clinic sister give you any medicine at the clinic? And did she explain to you how you can prevent your baby from getting HIV?

**ZANELE:** She gave me many things, yes.

**MM:** That is good. It is important to take the medicine exactly as she told you. Did you understand how the medicine will work?

**ZANELE:** Yes.

**MM:** Did she give you a medicine called AZT and Nivirapine?

**ZANELE:** I think so. *(Goes to bag to check)*. Yes she did.

**MM:** Good. So you need to take the AZT from when you are 28 weeks pregnant. At the moment you are 6 months pregnant, so in one month's time you will start the AZT?

**ZANELE:** Yes, that is what she told me.

**MM:** Something many clinic sisters don't tell you and which is really important is that when you have your baby, you must take the Nivirapine to the clinic for your birth. Many mothers think that it will be at the clinic when they get there but that is not true. Often you get there and there is none. You must take yours with you and you must take control. You must not rely on anyone else to give you the medicine. You must take it yourself. If you can do that, you have a very good chance of protecting your baby from HIV. Many mothers who are HIV positive manage to give birth to healthy babies this way.

**ZANELE:** *(nods)*

**MM:** We must also talk about how you will feed your baby to make sure that he has the greatest chance of staying HIV negative after he is born. There are many things to consider, but I will give you all the information you need, and you can ask me anything you need to know. We will also discuss when you should have your baby tested and what medicine they need to take in the first few weeks after they are born.

**ZANELE:** Thank you.

**MM:** You are welcome. I am sure you will think of more things you want to ask me and we can discuss it together next time I am here. I will support you as much as I can. This is a good thing that you went for

the test to find out. You are taking the right steps to being a good mother and caring for your baby.

## **SESSION 14**

### ***HIV/AIDS: Eating to Stay Healthy***

**Time required: 45 minutes**

#### **Purpose**

The purpose of this session is for MM to understand how eating the right foods and eating enough can help those with HIV/AIDS to stay healthier for longer.

#### **Objectives**

At the end of this session, MM will:

1. Understand why eating and nutrition are especially important for HIV+ people to stay healthier for longer.
2. Understand the many factors which make eating difficult for HIV+ people.
3. Be able to make useful suggestions to help making eating and getting the right nutrients easier for HIV+ people.

#### **Materials**

1. Blackboard or white paper/flipchart paper
2. Markers

#### **Preparation**

Familiarize yourself with the below information about 'Nutrition and HIV' before the session begins so that you are confident in leading discussions and lectures about it, and feel confident to answer any questions you may be asked.

***Instructions to trainers:***

1. Using the below lecture content as a guide, lead a discussion about the benefits of eating healthily for HIV+ people.
2. Encourage MM's to ask questions and participate. You may want to ask what they know about certain sections as you go along, filling in the gaps and clearing up any misconceptions as you go.

**LECTURE CONTENT: Nutrition and HIV****Seven Nutritional Messages for people living with HIV****1. Eat lots of energy foods to prevent wasting**

Since your body has to fight the HIV as well as other infections, it needs more energy. It is cheaper to eat lots of staple foods like pap than to eat lots of meat, which is expensive. Foods many people eat every day like pap, bread, rice, potato and mngqusho contain lots of energy. These foods and fats and oils provide substances called complex sugars. Complex sugars provide energy to the body. When your body runs out of these energy rich foods it will use energy stored in your body. Before you were infected with HIV your body used stored fat when it needed extra energy. The HIV virus changes this. Your body will now use up protein (stored in muscle) to get extra energy. If you do not eat enough, you will lose muscle and not fat. This is called wasting. When you eat enough energy rich foods regularly this will not happen quickly. You will prevent your body from losing protein.

**2. HIV causes poor nutrition. Poor nutrition makes HIV worse. A vicious circle.**

HIV lives in your immune system and weakens it. HIV also reduces absorption of food, which weakens the body's ability to resist all kinds of diseases. Poorly nourished people are much more likely to get severe diarrhoea, TB and other infections. Good food helps prevent disease, and also helps the sick body to fight diseases and recover. Don't stop eating when you get sick. Women who are pregnant or breastfeeding also need more foods.

**3. Eat lots of fruit and vegetables**

The white blood cells of the immune system are made up of protein. They also need vitamins to function well. Your body gets vitamins from fruit, vegetables and meat.

**4. What matters is not so much what you eat, as long as you eat enough**

You can eat more if you eat the food you like. Eat the foods you have always eaten. Expensive foods are not better than cheap foods. Often expensive food has been processed a lot in factories, which makes it lose nutritional value. You cannot always believe advertising that says a product is very nutritious. For instance, a plate of soft porridge with a teaspoon of cooking oil is much more nutritious than a plate of cornflakes.

### **5. Eat at least three meals a day**

Eat three meals a day. It is good if one meal includes some proteins, like soya, beans, lentils, eggs, fish, chicken, meat, liver or offal. Try to eat some snacks like fruit, nuts, sour milk, mageu, or a peanut butter sandwich in-between meals.

### **6. Drinking alcohol and smoking should be discouraged**

Alcohol like beer, wine and spirits provide some sugars, but no real nutrition. It also makes you eat less. Alcohol weakens the immune system. Heavy drinking is bad for our health, especially for people living with HIV. Smokers get more chest infections and often smoke a cigarette instead of taking a snack.

### **7. Eating a balanced diet**

All foods fall into one of the following three groups:

- Body-building foods (protein): beans, soya, peanuts, eggs, meat, fish and chicken.
- Energy-giving foods: maize, millet, rice, potatoes, sugar, oils and fats.
- Foods with vitamins that protect against infections: fruit and vegetables

Try to eat food from each of these groups every day. This ensures a balanced diet. Also remember to eat three to five times a day.

## **Why eating can be hard for people living with HIV**

### **People living with HIV find it difficult to eat enough**

Here are some reasons why HIV positive people eat too little. Knowing about these reasons means you can overcome them.

- You might be too tired or depressed to cook or to go shopping. There might also be no money.
- You could decide to drink alcohol to forget about HIV instead of eating well.
- You might have loss of appetite or feel like vomiting.
- Food often does not taste good when you are sick.
- You might have a toothache or have sores in the mouth.
- Thrush infection can make it painful to swallow.
- Your liver might be swollen, causing it to press on the stomach. This makes it difficult to eat big meals.

### **Too little food absorbed from the intestines**

Once food has been eaten, it is absorbed from the intestines into the blood. This process can be disturbed in people living with HIV. The HIV germs do not live in

white blood cells only. They also live in the cells of the intestines. HIV damages these cells and reduces absorption of foods. HIV germs also reduce a chemical in the intestine, which helps to absorb milk products. This can lead to a bloated feeling or diarrhoea after eating milk products, called lactose intolerance. Other germs can also infect the intestines causing diarrhoea. This reduces absorption, because the food moves through the intestines too fast and because the intestine cells are damaged. Some antibiotic medicines used to treat infections also kill good bacteria in the intestine that help absorb some foods. Taking too many antibiotics can cause diarrhoea and poor absorption. Worms can reduce absorption and can cause bleeding which leads to lack of iron. Poor nutrition itself damages the cells of the intestines, causing a vicious circle: Poor nutrition – poor absorption – poor nutrition.

### **Using absorbed foods badly**

Sick people need more food, because their metabolic rate goes up. TB especially causes quick loss of weight. The HIV germs also change the way the body uses foods. When running out of energy, instead of using fats, it uses proteins. This causes the hidden loss of muscles.

<p style="text-align: center;"><b>Nutritional hints for people who have trouble eating or maintaining their weight and strength</b></p>
---

Here are a few hints to try and help people who are struggling to eat, to eat more:

- Eat the foods you like eating. Eat the same foods you have always eaten.
  - Make meals sociable events.
- Take your time when eating and relax.
- Eat small amounts often. Eat with your fingers when you feel weak.
- Mix vegetable oil, margarine or peanut butter into porridge.
- Eat cooked vegetables. They are easier to eat than raw vegetables.
- Liquid and soft foods (mageu, amasi) are easier to swallow.
- If you have diarrhoea, continue to eat foods that do not irritate you.
- Drink oral re-hydration solution (salt, sugar and water) when you have diarrhoea. (There is a detailed section about how to prepare this solution later in the training).
- Take vitamin tablets.
- Go to a clinic for advice and medications for specific problems.

Remember:

- □ Eating right helps the body resist sickness.
- Eating right helps the sick get well.
- The same foods that are good for you when you are healthy are good for you when you are sick.
- □ During and after any sickness, it is very important to eat nutritious food.

# SECTION G

## TUBERCULOSIS

*Acknowledgement and thanks: Information in this section draws on 'TB in Our Lives' Treatment Action Campaign, 2007*

### SESSION 15

#### ***What is TB? Signs and Symptoms***

**Time required: 1 hour 20 minutes**

#### **Purpose**

The purpose of this session is to teach trainees the background of TB and how it can be identified in adults and children.

#### **Objectives**

At the end of this session, MM will be able to:

1. Understand what TB is.
2. Know the social factors that have contributed to the TB epidemic in SA.
3. Know the signs and symptoms of TB in both adults and children.

#### **Materials**

1. Blackboard or white paper/flipchart paper
2. Markers

#### **Preparation**

Familiarize yourself with all of the information about TB in this section before the session begins so that you are confident in leading discussions and lectures about TB.

**Knowledge and beliefs about TB****20 minutes*****Instructions to trainers:***

1. Ask the MM what they know about TB. Questions you ask should include:
  - What is TB and how does one get it?
  - How does a person know when he or she has TB?
  - Why is TB so hard to treat?
  - Has anyone heard of Drug Resistant TB? What is it?
  - Why are people more at risk now that the HIV virus is so prevalent?
2. Listen to their answers and encourage discussion.
3. Explain that in this section, you will be filling in all the gaps of knowledge about TB and how to diagnose and treat it.

**Lecture / Discussion: TB and its Symptoms****1 hour*****Instructions to trainers:***

1. Using the lecture content below as a guide, create a discussion on TB and its symptoms.
2. Encourage MM's to ask questions as you go along. You may want to ask what trainees know about certain areas, before filling in the gaps and clearing up any misconceptions as you go.

**LECTURE CONTENT: TB and its symptoms****What is TB?**

Human tuberculosis is an infection caused by the bacterium called *Mycobacterium tuberculosis* (MTB). MTB is a very strong bacteria. MTB can travel through air. Like humans, it needs oxygen to live, so it tends to live in parts of our bodies that get a lot of air – which is why MTB often attacks our lungs. This is why TB is easily passed to others through coughing and sneezing.

**TB is a Socio-economic Disease**

TB has been known to humans for thousands of years. It has been around for a long time in South Africa, but the numbers of infections in recent years has increased dramatically, leaving South Africa in the middle of a tuberculosis (TB) epidemic.

Factors contributing to the spread of TB in South Africa:

- **Housing** - TB spreads easily in overcrowded, unventilated conditions. The bacterium also thrives in damp and dirty conditions. Living in the same house with someone with undiagnosed, untreated, active TB is not good, especially if you share a room and/or a bed. Children are particularly at risk. The huge problem of overcrowding and inadequate housing in South Africa contributes to the spread of TB.
- **Poverty** - Malnourished or undernourished people (people who do not have enough food to keep their bodies strong and healthy) are at risk of getting TB.
- **Many other social factors contribute to the spread of TB** - Food insecurity and poverty also have a serious effect on treatment adherence (taking our medicines properly so they have the best chance of working and making us better). People find it difficult to take medicines on an empty stomach. People who rely on disability grants are often vulnerable with no alternative source of income. For example, those in state hospitals lose their social welfare benefits when they are in hospital. So sometimes people won't go to hospital and stop taking their treatment. Those who are in temporary work or who have to pay to get to the clinic often cannot afford to go there regularly for treatment. Temporary housing is often the only available housing e.g. in informal settlements. People relocate and don't leave addresses at clinics and there are no follow-ups on their treatment. Records are not kept, so no one knows if someone's treatment was completed.
- **Alcoholism and illegal drugs** - Alcohol can make those who drink a lot more vulnerable to TB infection. There is widespread alcohol and illegal drug use in this country. These kinds of addictions can make people forget to take their medicines and therefore not get better. Alcohol and illegal drugs can also damage our livers.
- **Prisons** - Prisoners are at high risk for TB and are among the highest risk groups in the population. Prisons are overcrowded with inadequate ventilation. Many prisoners have HIV, which frequently goes untreated. Even if a prisoner is diagnosed with TB often they cannot access proper treatment.
- **Mines** - In the South African gold mines the incidence of TB has more than doubled since the TB epidemic started. Miners are mainly migrant workers who live in single sex hostels (typically with 2000-3000 men sharing two or three to a room). Conditions down the mines contribute to TB and poor lung health. There is also a very high prevalence of HIV among miners.

## **HIV and AIDS**

All around the world, TB has become worse in places where there is a lot of HIV. As HIV has become more common, TB has also become more common. This is because untreated HIV weakens the immune system. People with weak immune systems are more likely to become sick with TB.

## **TB in Khayelitsha**

In Khayelitsha, one in every 70 people has tested positive for TB. TB is especially bad in the Western Cape, where it is colder and wetter than in other parts of the country. However, TB is bad in every province. According to the WHO's latest world report, South Africa ranks ninth on the list of the 22 countries most affected by TB. South Africa has one of highest incidence rates of TB world wide (558 per 100,000). TB cases have doubled since 1996.

TB is often difficult to diagnose especially in children, but it takes time to diagnose TB even in an adult. Poor functioning or absent health services contributes to TB being undiagnosed and spreading mainly in poor peri-urban and rural communities.

## **Signs and Symptoms of TB**

There are two kinds of TB:

- (1) Pulmonary TB is TB of the lungs.
- (2) Extra Pulmonary TB affects other parts of the body.

**People with pulmonary TB usually have one or more of the following symptoms:**

- Coughing for two weeks or more;
- Coughing up sputum – a thick liquid the lungs make that can be yellow or green;
- Coughing up blood;
- Chills and fever;
- Night sweats;
- Weight loss and not feeling hungry;
- Problems breathing;
- Chest pain;
- Feeling tired or weak.

## **Extra-Pulmonary TB**

Sometimes TB will affect other parts of the body. The symptoms of extra-pulmonary TB can also include night sweats, feeling tired, weight loss, not feeling hungry and fevers. Extra-pulmonary TB is common in children and people who are HIV-positive. Extra-pulmonary TB is often hard to detect because the symptoms are not very easy to spot or pick up with diagnostic tests. Here is a list of the symptoms you might experience if you have extra-pulmonary TB:

<b>Part of the Body</b>	<b>Symptoms</b>
Abdominal cavity	Tiredness, swelling, tenderness, sharp pain, chronic diarrhoea
Bladder	Pain when you pee, blood in your urine
Bones	Swelling, pain, tenderness
Brain	Fever, headache, stiff neck, nausea, drowsiness, feeling sleepy, coma
Joints	Pains, swelling, tenderness
Kidneys	Kidney damage, kidney infection, blood in urine.
Lymph nodes	Large hard nodes mainly in the neck. Not painful and may have pus.
Pericardium (around the heart)	Fever, large neck veins, shortness of breath
Reproductive organs	Men – lump in scrotum /Women – sterile
Spine	Pain, collapsed vertebrae, leg paralysis

### **TB Symptoms in Children**

Children have the usual symptoms of TB such as coughing and night sweats. Many will also have trouble gaining weight. It is important to monitor a child's weight gain, which you can do using a Road to Health Card. Failure to gain weight is a good reason to suspect TB. Children with TB may also wheeze or have enlarged lymph glands that are not painful. Another sign is if a child has a fever, especially if it lasts for more than seven days. Since children often develop extra-pulmonary TB, you should also be aware of the symptoms of extra-pulmonary TB. These include: swollen lymph glands, meningitis and skin rashes.

### **TB Meningitis in Children**

This is a very serious form of TB that often affects children and HIV-positive adults. Pulmonary TB is a serious problem for children. But for children with healthy immune systems, pulmonary TB usually takes a long time to develop, if it develops at all. TB meningitis though, is very dangerous. If not caught and treated, this form of TB can develop quickly and have very serious effects like blindness, delayed development or even death. Signs of TB meningitis include headache, convulsions, drowsiness, irritability, neck stiffness and trouble breathing if going into a coma. Children showing these symptoms need to be treated immediately.

## **SESSION 16**

### ***Diagnosing and Treating TB***

**Time required: 1 hour 30 minutes**

#### **Purpose**

The purpose of this session is for MM's to learn how TB is diagnosed and treated.

#### **Objectives**

At the end of this session, MM will be able to:

1. Understand the importance of getting tested for TB and starting treatment as soon as a diagnosis of TB has been made.
2. Understand what test results are needed before a decision can be made about treatment.
3. Understand the difficulties and importance of adherence to treatment.
4. Know the consequences of not following a full course of treatment.

#### **Materials**

1. Blackboard or white paper/flipchart paper
2. Markers

#### **Preparation**

Familiarize yourself with all of the information about TB in this section before the session begins so that you are confident in leading discussions and lectures.

***Instructions to trainers:***

1. Using the lecture content below as a guide, lead a discussion about how TB is diagnosed, how it is treated, and the importance of adherence to treatment.
2. Encourage MM's to ask questions as you go along.

**LECTURE CONTENT: Diagnosing and treating TB**

**Diagnosing TB**

In South Africa, the following 4 methods are used to test for TB:

- 1. Smear microscopy** -This is the most commonly used test available. In this test, patients' cough fluid called sputum is analysed to see if TB bacteria can be detected. If there is bacteria detected, it means the patient has smear-positive TB and must start treatment immediately. If the patient has TB symptoms, he or she will need to take the sputum test three times so clinic staff or doctors can be absolutely sure of the patient's smear status. If the patient is HIV-positive, there are other diagnostic methods that the health staff must use.
- 2. Chest X-ray** - If you have symptoms of active TB, but are diagnosed smear-negative, you should then have a chest X-ray. Chest X-rays are very important for diagnosing TB in children.
- 3. TB culture test** - TB culture test is the most accurate test for TB, but it takes the longest and so when having this kind of test, diagnosis and treatment are often unfortunately delayed. Culture tests should be offered to people who are:  
(1) Smear-negative, but still show signs of TB; (2) Suspected of having extra-pulmonary TB, if a sample can be collected (3) Suspected of having drug-resistant TB.
- 4. Tuberculin skin test** - The TST can be used to determine if your body has been exposed to TB bacteria or any cousin of the TB bacteria. It does not tell if you have active TB. The TST is helpful for diagnosing TB in children, but not adults. It is not helpful in malnourished children as they can often not mobilise an immune response.

**Diagnosis and children**

Diagnosing TB in children can be difficult. It can be hard to get good sputum samples from children younger than eight. If children are given a smear test they will usually test smear-negative. This is because small children can rarely give good sputum samples, their TB is extra-pulmonary or the number of bacteria in their body is much smaller than that in an adult. When testing children for TB, the most important diagnostics are the TST and a chest X-ray. The chest X-ray is

the most useful diagnostic for testing children. It is important that we make chest X-rays more accessible.

## Treating TB!

If the results come back positive or your clinic sister or doctor thinks you have TB based on your symptoms, he or she will tell you to begin treatment immediately. Starting treatment immediately and taking it properly is crucial for your health and survival. If you do not take your medicine correctly and for the full time, you are at risk for getting drug resistant TB which is very difficult to cure and makes you very ill.

There are six important things you **MUST** remember to tell your clinic sister or doctor before you start treatment:

1. **You have been treated for TB before** - The antibiotic regimen used to treat your TB will be determined by whether you have taken TB treatment before. The regimen for people taking TB drugs for the first time is not the same for people who have already been treated for TB. If you have taken TB drugs before, there is a chance that the TB bacteria in your body have changed and become resistant to those antibiotics. Your treatment will then be different to someone who is being treated for the first time. People who have had TB before usually have to take drugs for a much longer period than people who are being treated for TB for the first time.
2. **You are HIV-positive** - This will help you to be better cared for. People with HIV and TB should take Cotrimoxazole. Also some ARV's do not work when you are on TB treatment. If you are diagnosed with TB and don't know your HIV status, you should ask for an HIV test. If you are HIV-positive you should receive cotrimoxazole and have a CD4 test to see if you need ARV's. In some parts of South Africa up to 70% of people with TB are co-infected with HIV.
3. **You are pregnant** - Tell your doctor if you might be pregnant since some TB drugs can damage unborn babies. The drug Streptomycin can cause deafness in unborn babies.
4. **You are taking oral contraceptives or the birth control pill** - The TB drugs prevent contraception from working so your doctor will need to recommend different contraception while you are taking your TB drugs.
5. **Your age** - Some TB antibiotics have different effects depending on your age.
6. **If you are breast feeding** - Some TB drugs are excreted in breastmilk and could affect your baby. Also find out if your baby needs to be tested.

## Preparing for treatment

Taking TB drugs is not easy. TB treatment is long and the drugs have side effects that may make you want to stop taking your treatment. If you do not

complete your TB treatment, you risk your own life and the lives of people around you. Here are some things you should know to help you to prepare for treatment:

- **Side effects** - All of the TB drugs have side effects. Some side effects, like nausea, are only minor while others, like peripheral neuropathy and hepatitis, can make you very uncomfortable. It is important that you tell your healthcare worker how you are feeling. Sometimes there are other drugs you can take to make the side effects go away.
- **Drug interactions** - If you are taking other medications, like ARV's, they may interact with TB drugs to stop working or to produce more side effects. Again, tell your healthcare worker how you are feeling and make sure he or she knows about all of the medications you are taking, including traditional medicines.
- **Staying healthy** - Like all drugs, TB antibiotics can put a lot of stress on your body. It is important that you do your best to stay healthy. This means eating healthy foods like fruits and vegetables with lots of proteins and vitamins.
- **Alcohol and street drugs** - It is very important that you DO NOT drink alcohol while taking TB drugs. Drinking alcohol while taking TB drugs can make you develop hepatitis and cause liver failure. Street drugs make it difficult to take treatment because when you are high you may forget to take your treatment or just not care.
- **Traditional medicine** - If you start to have symptoms of TB, the decision to consult a traditional healer is your own, but you should also consult a healthcare worker. Many people will talk with a traditional healer first and this often delays the process of diagnosis. The longer you take to be diagnosed by a healthcare worker, the sicker you will become and the more people you will infect.
- **Have support** - TB treatment can be difficult. If you are going to start treatment, talk to someone who has completed TB treatment. They can tell you what to expect and share their experiences. You should also try to find people who can support you through treatment. This is very important.
- **Prophylaxes for family members** – If you have been diagnosed with TB, people close to you like family members and especially children, must be tested for TB as well. A decision must be taken about who needs to be put onto TB prophylaxes.

## The Importance of Adherence to Treatment

### What is adherence?

Adherence is a word that we are very familiar with from HIV! It describes taking your drugs exactly as they are prescribed. This includes taking them at the right time, and for the right length of time. This also includes following any special dietary restrictions. When talking about TB treatment, people often use the word

default. To have defaulted means you stopped taking TB treatment before the regimen was supposed to end. Defaulting is a major problem in South Africa.

### **Why is adherence important?**

Not taking your treatment can mean problems for you and all of the people around you. If you do not adhere to your treatment, the bacteria will continue to grow and cause disease. You will also remain contagious and be a danger to the people around you. If you are taking TB treatment, adherence is the best way to protect yourself and the people around you.

### **What makes adherence difficult?**

The TB antibiotics have side effects that can make life uncomfortable and make you want to stop taking treatment. The TB regimen is also very long. It can be difficult to stay on treatment for many months at a time, especially when the treatment has a lot of side effects. Using alcohol and street drugs can also make it difficult to stick to TB treatment.

## **SESSION 17**

### ***Drug Resistant TB (MDR & XDR)***

**Time required: 45 minutes**

#### **Purpose**

The purpose of this session is for MM's to learn how drug resistant TB comes about and about its diagnosis and treatment.

#### **Objectives**

At the end of this session, MM will:

1. Know the two kinds of drug resistant TB and how each of them originate.
2. Understand the critical importance of identifying and treating MDR and XDR correctly.

#### **Materials**

1. Blackboard or white paper/ flipchart paper
2. Markers

#### **Preparation**

Familiarize yourself with all of the information about drug resistant TB in this section before the session begins so that you are confident in leading discussions and lectures.

***Instructions to trainers:***

1. Using the lecture content below as a guide, go through the lecture content below on drug resistant TB.
2. Encourage MM's to ask questions as you go along.

**LECTURE CONTENT: Drug Resistant TB (MDR & XDR)****What is drug-resistant TB?**

Drug resistant tuberculosis means that some of the strongest TB drugs cannot fight the TB bacteria in your body. Drug resistant tuberculosis is a very serious problem in South Africa. It is one of the major reasons TB is such a crisis in this country. We must understand drug-resistant TB so we can get control of this problem and prevent it from becoming worse.

**Why does drug resistance happen?**

Up to now drug resistance was almost always the result of people not being able to adhere to their treatment. As long as poor adherence continues, the problem of drug resistance will only get worse. There is treatment for drug-resistant TB, but this treatment is long and very expensive, which again makes adherence difficult.

**Forms of drug-resistant TB**

There are two forms of drug-resistant (DR)TB, Multi-Drug Resistant TB (MDR-TB) and Extensively Drug Resistant TB (XDR-TB). Both have led to a major crisis TB in South Africa.

**MDR-TB:** MDR-TB is a form of TB bacteria that is resistant to the two strongest anti-TB drugs – Isoniazid and Rifampicin. MDR-TB is very difficult to treat.

**How common is MDR-TB?**

In South Africa there are at least 6,000 new cases of MDR-TB every year.

**How do you get MDR-TB?**

There are two ways of getting MDR-TB.

**1. Primary resistance**

Just like regular TB, MDR-TB gets into the air when someone sick with MDR-TB coughs or sneezes and releases droplet nuclei filled with MDR-TB. When you inhale air filled with MDR-TB particles, the bacteria enter your body and you become infected with MDR-TB.

## **2. Acquired or secondary resistance**

Acquired resistance is when the TB bacteria in your body mutates and becomes drug-resistant. Acquired resistance is the result of poor adherence.

### **Signs and symptoms of MDR-TB**

MDR-TB and regular TB have the same symptoms mentioned above. This makes it difficult for healthcare workers to tell the difference between TB and MDR-TB, but there are some other reasons to consider MDR-TB. If you have symptoms of TB, you should suspect MDR-TB if you:

- Have been around someone with MDR-TB;
- Have been treated for TB before and did not take your treatment properly;
- Are taking regular treatment for first time TB and do not start to feel better after two weeks;
- Are taking first-line treatment and do not become smear-negative after two to three months.

### **Diagnosing DR TB (MDR-TB and XDR-TB)**

The diagnostic tool for MDR-TB is culture tests called drug-susceptibility tests. Unfortunately, drug-susceptibility tests take anywhere for 6-16 weeks to give results. This is a very long time, especially if you have a weak immune system. If you have any of the reasons to suspect DR TB you should tell your healthcare worker right away.

### **Curing MDR is very difficult**

MDR can be cured, but the treatment regimen is very long and very expensive. Treating MDR-TB costs about R20, 000. This is almost 25 times the amount it costs to treat regular TB. Treating MDR-TB requires several drugs that are less effective than the first line medication and much more toxic, which means there are more side effects. The regimen used to treat MDR-TB is called the second line regimen.

### **Treating MDR**

Adhering to treatment is essential! Not adhering to the regimen means:

- More sickness and DEATH;

- More people getting MDR-TB;
- Lots of money spent on expensive antibiotics and diagnostics;
- XDR and MORE RESISTANT TB.

**XDR-TB:** XDR-TB is a form of TB bacteria that is resistant to Isoniazid, Rifampicin, any Fluoroquinolones like oxoflacin and any injectable TB antibiotic, like streptomycin. This means that XDR-TB is TB bacteria that cannot be treated with the most powerful first line and second line TB antibiotics. This leaves very few options for effective treatment.

### **How do you get XDR-TB?**

You can get XDR-TB in the same ways you get MDR-TB – by inhaling droplet nuclei from someone sick with XDR-TB, or not adhering treatment. XDR-TB passes from person to person just as easy as MDR-TB and regular TB.

### **How will I know if I have XDR-TB?**

Like MDR, the signs and symptoms of XDR-TB are the same as regular TB. You should suspect XDR-TB if you have come into contact with someone you know has XDR-TB; this includes contact in TB hospitals. You should also suspect XDR-TB if you are being treated for TB and do not start to feel better with treatment.

### **Treating XDR-TB is very difficult**

XDR-TB can be cured, but not often in South Africa. The WHO reports that countries with good TB control programmes have been able to cure six out of every ten XDR-TB cases. But six out of ten is not ten out of ten, which means that even good TB programmes are not always successful. This is because XDR is almost impossible to cure in places with lots of HIV and little resources. There is no standard treatment regimen for XDR-TB. How XDR is treated depends on which TB antibiotics the TB bacteria in your body are resistant to. This means if you suspect XDR-TB, drug susceptibility tests need to be done right away. Whether treatment works depends on:

- The antibiotics the TB is resistant to;
- If you are HIV-positive.

### **XDR-TB is very difficult to cure in people who are HIV-positive.**

#### **Isolation**

If you have XDR-TB, you are carrying a deadly disease that is transmitted through the air and is basically not treatable. This makes you a very serious danger to yourself and your community. To prevent you from spreading XDR-TB to your community it is likely that your clinic or TB hospital will isolate you or put

you in quarantine. While in quarantine the hospital will be able to monitor your treatment and hopefully stop you from spreading XDR-TB to anyone else.

## **SESSION 18**

### ***TB in Home Visits***

**Time required: 40 minutes**

#### **Purpose**

The purpose of this session is to prepare MM for how TB is to be handled in home visit situations.

#### **Objectives**

At the end of this session MM will:

1. Know how to approach TB during home visits.
2. Know what to say to mothers depending on the different circumstances of the household, and on how much the mother being visited knows or does not know about TB.

#### **Materials**

1. Blackboard or white paper/ flipchart paper
2. Markers

***Instructions to trainers:***

1. Ask trainees how they feel the topic of TB should be approached when they do home visits with different mothers? Some mothers will know a lot about TB, while others will know very little. Some households may have a TB contact, while others may not. How should trainees approach this issue?
2. After listening to their answers, make sure that the following important points have been covered:

**TB IN HOME VISITS**

- Ask if the pregnant mother or anyone else in the household is on TB treatment.
- If the MAR is on TB treatment find out if she has told the doctor or sister at the TB clinic that she is pregnant to make sure the treatment she is taking does not hurt her baby.
- Ask about side effects.
- Discuss importance of adherence and encourage the MAR.
- If the treatment will continue after the birth of the child discuss feeding options.
- If someone else in the household is on TB treatment, find out if the MAR and other family members (especially children) have been tested for TB and put onto prophylactic TB treatment.
- If the MAR is HIV positive and has not tested for TB encourage her to do so, especially if her CD4 count is low.
- If the MAR is HIV positive and on TB treatment, find out how much the mother knows about the relationship between HIV and TB and fill in any gaps in knowledge.
- Ask about CD4 counts and plans about ARV treatment.
- Explain interaction between TB drugs and ARV's.
- If no one in the household is on TB treatment, find out what the MAR knows about TB, ask if she or anyone else in the household have symptoms of TB like cough, weight loss, night sweats etc., and refer for TB screening if necessary.

***Instructions to trainers:***

1. Divide the class into groups of three. Let the trainees role play the below scenarios. One person should be the MM, one should be the mother being visited, and one should be the observer who should give feedback after each role play.

**Role Play Scripts**

*Note: Do not read the words in italics. They are either explanations or instructions.*

**Role Play 1**

**MM:** Knock, knock.

**DUNYISWA:** Come in.

**MM:** Hello Dunyiswa, how are you?

**DUNYISWA:** I am fine thank you.

**MM:** I have come to visit you again to see how your pregnancy is going. How are you feeling?

**DUNYISWA:** I am fine, but my baby is very sick. I am worried.

**MM:** What is wrong with him?

**DUNYISWA:** He is coughing and he is very sweaty at night all the time.

**MM:** How long has Thebo been sick for?

**DUNYISWA:** It has been for about two weeks. I have been trying to keep him warm and feed him well but he won't get better.

**MM:** *(Looks over at Thebo who is very thin and small).* Dunyiswa these are signs that are common in children when they get TB. Do you know what TB is?

**DUNYISWA:** Yes I now it. I have TB now.

**MM:** Have you been to the clinic to get medicine?

**DUNYISWA:** Yes. I have medicine. That is why I don't think Thebo has the TB.

**MM:** Has Thebo *(4 year old child)* been to the clinic to check for TB, and has he been put onto any prophylactic TB treatment?

**DUNYISWA:** No.

**MM:** It is important that you take Thebo to the clinic for a test. If he has TB it is important to catch it early, so you must go as soon as possible. I will write you a referral note to the sister at the clinic. *(Takes out a referral note and writes the letter for Dunyiswa).*

**DUNYISWA:** Thank you.

**MM:** You are welcome. If the test says that Thebo has TB, they can give him treatment for it. Then you must make sure he takes all of the medicine exactly how the clinic sister tells you. It is very important to have him take all the medicine they give you. If you don't do this,

Thebo could stay ill and get a worse kind of TB in the future which is harder to treat and much more dangerous. It is also important that you make sure you finish all your medicine, and that you go back to the clinic for another test to make sure you are properly better afterwards as well.

**DUNYISWA:** Ok I will.

**MM:** But also, Thebo may test negative even if he has TB, because sometimes it is hard to pick up if a small child has TB. If the test is negative, you must watch Thebo very carefully. If the coughing and night sweats do not stop in a few days, you must tell me and we can take him to Philani. The doctor there can write a referral for Thebo to have an X-ray test then, which is much more accurate with small children.

**DUNYISWA:** Ok, thank you.

**MM:** You are welcome. When will you go to the clinic?

**DUNYISWA:** I will go straight away tomorrow early.

**MM:** That is very good. The sooner, the better.

**MM:** When you went to the clinic before, did you tell the clinic sister that you are pregnant?

**DUNYISWA:** No. I didn't know I was pregnant yet then.

**MM:** When you go tomorrow you must tell the clinic sister or doctor this. She needs to make sure that you are on the right medicine to make sure it will not hurt your baby. This is very important.

**DUNYISWA:** Oh. Yes I will tell her then.

**MM:** Ok, do you have any questions you would like to ask me?

**DUNYISWA:** No, not at the moment.

**MM:** Ok, I will be going now. I will come and check up on you again at the next visit on 2 September.

**DUNYISWA:** Ok. Good bye.

**MM:** Good bye.

## **Role Play 2**

*Note: Do not read the words in italics. They are either explanations or instructions.*

**Note: this role plays would take place during the middle of a home visit. MM's would not start a conversation in this way.**

- MM:** Is anyone in this house on TB treatment at the moment?
- NWABISA:** No, nobody here has ever had TB.
- MM:** That is good to hear. Do you know of anyone who has ever had TB before?
- NWABISA:** Many years ago my sister's husband had TB.
- MM:** What kinds of symptoms of TB did he have?
- NWABISA:** He had a cough which wouldn't go away, and night sweats, and he lost a lot of weight.
- MM:** Yes those are very common symptoms, the night sweats and the ongoing cough. The weight loss is very common in children who have TB especially. Other symptoms of TB are if one gets chest pains or has difficulty breathing, or if they feel tired and weak, or if they have a stiff neck. People with TB also cough up blood sometimes, so that is an important thing to look for. Do you know how you can protect children from getting TB?
- NWABISA:** You can keep them away from other children with TB and you can keep them warm.
- MM:** Yes that is right. You can also make sure that they eat lots of healthy food like fruit and vegetables to keep their immune systems strong so that they can fight off infections. Children who eat healthily are less likely to get TB. And if a child does come into contact with someone with TB and they show slight signs of TB, you must take them to the clinic to get tested for TB, and you must tell the clinic sister that they were in contact with someone who you know has TB.
- NWABISA:** Yes.
- MM:** Do you know that if a person ever does need to have TB treatment, there are some things you must always tell the clinic staff before they give you any medicine?
- NWABISA:** I was told that if you are pregnant, you must always tell them, and if you have HIV you must tell them as well.
- MM:** That is exactly right. You must also always tell the clinic staff if you have ever been on TB treatment before because that will help them to make sure you get the right medicine.
- NWABISA:** Mmmm... Well if I see anyone with TB now I will know what to do.
- MM:** That is good. It is important to tell as many people as possible how to manage TB because it is so contagious and it is very dangerous.
- NWABISA:** Yes. It is a bad sickness. When my sister's husband had TB it was very bad. I remember it well. He was so ill for many months.

**MM:** Did he go for treatment?

**NWABISA:** Yes. That was when I learned about TB. But he went very late and then it was almost too late but eventually he got better and now he is well.

**MM:** Do you know about the side effects of TB medicine?

**NWABISA:** Yes. I know it can make you feel very ill. But I know you must keep taking it until you are better because otherwise you can even worse TB and then you have to take medicine for even longer.

**MM:** Yes that is right. It is called Drug-Resistant TB. Do you know how to tell when someone is better from TB?

**NWABISA:** Yes. I know from my brother-in-law that you have to go back for the test again. They said you must never stop your medicine until you have the test again.

**MM:** Yes. That is exactly right. I can see that you know a lot about TB. That is very good because you can help to teach other people around you about it.