
Counselling for Caregivers

Unit 6:
Counselling Those
Infected and/or Affected
by HIV/AIDS



COMMONWEALTH *of* LEARNING

Unit 6:
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Affected by HIV/AIDS

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Introduction

HIV/AIDS is a worldwide health problem which affects people of all ages and in many countries. For example, millions of children in Africa have been infected with HIV and/or affected by AIDS in some way. Many have lost their parents or are caring for the chronically sick. Unfortunately, there is no cure yet for AIDS and treatment efforts so far have had limited benefits in many cases. The impact of HIV/AIDS on children, families, communities, and countries has been severe.

In low-income countries, it is the children and women who feel the impact of HIV/AIDS most. For instance, the effect of HIV/AIDS upon the family increases the burden on women who traditionally have been in the role of caregivers. Women are now expected to care not only for their own illnesses but also for those of others around them. Similarly, the increasing number of orphaned children will require the reorientation of available care systems and infrastructures. In many instances, new ones will have to be constructed.

The impact of HIV/AIDS has forced some children to become caregivers for sick parents and their surviving siblings. This has caused them much stress. Some of the children and youth in this situation end up in activities like prostitution in an effort to raise money for the family. Furthermore, some children drop out of school because there is no money to pay their school fees. Some run away from home to the streets. Some children that are infected by AIDS may stop going to school because they are frequently ill, isolated, and stigmatised. Such children require counselling to help them cope.

This unit will help you provide support and information to children and youth who are infected or affected by HIV/AIDS. The unit is divided into five lessons. Lesson 1 provides you with basic facts about HIV/AIDS. Lesson 2 discusses cultural beliefs. Lesson 3 deals with children who are infected by HIV; that is, it is about children who carry the HIV virus, and how you can work with them. Lesson 4 addresses issues of working with children who have been affected by AIDS; for

example, children who have been orphaned by AIDS. We have separated the two circumstances in order to study them more fully, but we recognise that they are often interrelated. Lesson 5 provides information on designing activities for children and youth. Lesson 6 deals with networking and referrals.

In each lesson, there are questions to help you explore your own relationship to HIV/AIDS issues and to understand the cultural and social context in which they exist. We will help you identify the strengths you bring to your work with children who are infected and/or affected by HIV/AIDS. Information about HIV/AIDS and about resources that can help you is also included. Finally, we offer information about counselling and help you develop and practice new skills to support children in these difficult circumstances.

It is not easy to know whether children carry the virus or not unless they have been tested for HIV. However, counselling children and youth who are infected and affected by HIV/AIDS requires that caregivers observe good ways (or principles) when providing counselling. SAT (2001) identified the following principles of good counselling:

- Establishing helping relationships with children and youth.
- Helping them tell their stories.
- Listening attentively.
- Giving them correct and appropriate information.
- Helping them make informed decisions.
- Helping them identify and build upon their strengths.
- Helping them develop positive attitudes towards life.

The overall aim of this unit is to help you help children and youth cope with the challenges and emotions that they experience when they discover that they are infected with or affected by HIV/AIDS.

Objectives

By the end of this unit you should be able to:

1. Explain what the HIV/AIDS virus is, how a person can be infected by it, and what symptoms he/she may experience.
2. Explain cultural beliefs and practices that contribute to HIV/AIDS.
3. Identify children who are infected with HIV and provide help to them through counselling.
4. Identify children who are affected by HIV/AIDS and provide assistance to them.
5. Design activities which will help you to communicate when counselling children and youth infected and affected by HIV/AIDS.
6. Identify available networks and resources for referral of children infected and affected by HIV/AIDS.

Lesson One : What You Need to Know about HIV/AIDS



Story 1: Chimuka



Chimuka is a 13-year-old boy living with his parents. He is in Grade Six at a local school. Chimuka is infected with HIV/AIDS and was diagnosed HIV positive when he was ten years old. Chimuka is often sick and misses school lessons. When at school he is always isolated; his schoolmates do not want to play with him.

Story 2: Lweendo

Lweendo is a 17-year-old girl. She is a double orphan and lives with her four young siblings. Lweendo's mother died of AIDS in 1996. Two years later her father too died of AIDS and Lweendo was left to care for her four siblings. Lweendo has to do casual work to raise money to buy food and to pay for school, health care, and clothes for herself and her siblings.



Activity 1

Explore the problems of Chimuka in Story 1 and Lweendo in Story 2 by reflecting on the following questions:

What are the ways in which Chimuka's life has been changed because he is infected with HIV?

What are some of the thoughts and feelings Chimuka might be having about his situation?

(continued on next page)

How has Lweendo's life been affected by AIDS?

What are some of the thoughts and feelings Lweendo might have about her situation?

As a counsellor you should first deal with your own unresolved traumas, conflicts, fears, and values before you can effectively provide help to clients. This personal awareness is very important. The following activity will help you identify your own fears, expectations, and values in relation to HIV/AIDS.



Activity 2

Answer the following questions as honestly as possible:

Have you known a person suffering from AIDS?

If so, what signs and symptoms did you see?

What were some of the thoughts and feelings you had when you were with this person? What thoughts did you have after you left him or her?

What things do you hear from other people and/or from the news media about HIV/AIDS?

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Activity 2 (continued)

What are some of the thoughts and feelings you have about the things you hear?

Do you know a child who is HIV positive?

What thoughts did you have when you learned the child was HIV positive? How did you feel?

Did you notice that other people treated this child differently because he/she was HIV positive? In what ways?

Finish this sentence: "The most difficult thing for me about working with a child who is infected with HIV would be/is..."

What was it like for you to answer these questions? What did you learn about yourself?



You will realise from Activity 2 that it is normal to have feelings such as fear and uncertainty with regard to HIV/AIDS and working with children who are infected. As you work with children infected and/or affected by HIV/AIDS you will meet various negative attitudes, cultural beliefs, and practices. For example, you will find people that still believe you can get HIV/AIDS through shaking hands or sharing beds with infected people, including children. This may result in stigmatising children who are either infected or affected by AIDS.

Such behaviour toward people infected and affected by HIV/AIDS arises from the lack of accurate information about this disease. As a counsellor, you need to have accurate information about HIV/AIDS so that you will be able to pass it on to your clients.



Story 3: Tandi



Tandi is a 16-year-old girl who is looking after three younger brothers. Her mother and father died of HIV/AIDS three years ago. Tandi was left to look after her siblings. The relatives of the deceased parents are alive but do not provide support to Tandi and her siblings. These relatives do not even visit Tandi and her siblings because they are afraid they could contract HIV/AIDS. Tandi has great difficulties in running the home as she is the only provider for the family's needs. A month ago she had unprotected sex with a man whom she later suspected to be infected with HIV because she discovered that his wife died from AIDS. She is scared that she could be infected too, and decides to visit the Voluntary Counselling and Testing Centre (VCT) for HIV testing.



We learn from Tandi's story how the problem of HIV/AIDS affects families and particularly children. It is common to find children heading households because their parents died of AIDS. Sometimes children are left to head households because relatives and other community members stigmatise them when they know that their parents died of AIDS. This is because people hold many misconceptions and false beliefs about HIV/AIDS.

As a counsellor, you should know and be able to handle the misconceptions about HIV/AIDS. Activity 3 will help you further understand some of these beliefs about HIV/AIDS.



Activity 3

Answer the following questions True or False (circle one):

1. I can catch the HIV virus by sharing a cup with another person. True or False
2. I am pregnant and have AIDS so my baby will have AIDS as well. True or False
3. I have just been told that I am HIV positive. This means I'm going to die. True or False
4. My niece has the HIV virus. If her classmates play with her they might get sick. True or False
5. I can get AIDS by shaking hands with an infected person. True or False
6. AIDS is transmitted by sharing the same bed with an infected person. True or False
7. A mosquito can transmit the HIV virus from one person to another. True or False



As a counsellor you should be aware of some of the commonly asked questions about HIV/AIDS. You will require information about issues related to HIV/AIDS that people often ask about.

This part of the unit will provide you with basic information about HIV/AIDS. As you read it, look for the answers to the True or False questions in Activity 3 and correct any misunderstandings that you might have had.



Activity 4

Can you explain the difference between HIV and AIDS?
Write your answer below:



You may wish to add to your answer as you read the information that follows.

The HIV Virus

HIV is a virus or germ that causes AIDS by weakening the body and destroying its defence system. The letters HIV stand for Human Immunodeficiency Virus. A person can get HIV through three main ways. These are:

- Having unprotected sex with a person (male or female) who has HIV.
- Receiving infected blood through a blood transfusion in a hospital, sharing needles with an infected person, tattooing, or using sharp instruments such as razor blades that have been used by an infected person.
- A pregnant woman can pass the HIV virus on to her baby in three ways. She can pass the virus to the baby during pregnancy, during childbirth, or through breast milk.

However, people cannot pass on the HIV virus by greeting or touching each other or by sharing cups, plates, or spoons. People who just share a bed without sexual intercourse cannot pass on the infection. HIV cannot be transmitted through insect bites, donating blood, swimming pools or hot tubs, pets or other animals, or contact with saliva, tears, sweat, feces, or urine.

For HIV to be transmitted to another person:

- One of the people must be infected with HIV.
- The virus must be very concentrated as it is in blood. A small amount of blood is enough to infect someone but much larger amounts of other body fluids would be required.
- The virus must get into the bloodstream through an open cut or sore or through contact with the mucous membranes in the anus and rectum, the genitals, the mouth, or the eyes.

You can assess the risk of HIV infection by asking the following questions:

- Was the virus present?

- Was there enough concentration?
- Could HIV make it into the bloodstream?



Activity 5

What is the risk of HIV infection in each of the following situations?

A child who is HIV positive has fallen and his knee is bleeding. The caregiver cleans and bandages the wound.

A man accidentally drank from the cup of a co-worker whom he believes to be homosexual.

A girl in your care tells you that a male classmate forced her to have oral sex and ejaculated into her mouth.



In the first situation, we know that the virus is present and that the concentration of the virus in blood is high. If the caregiver had open cuts or sores on her hand, the risk of infection is high. For this reason, it is important that caregivers wear gloves or plastic bags on their hands when tending to the wounds of children who are HIV positive.

There is absolutely no risk of HIV transmission in the second situation. We don't know whether or not the person who owns the cup has HIV. His sexual orientation is irrelevant. Even if he is infected, the man who drank from the cup would only be in contact with his saliva. Saliva does not transmit HIV.

The girl who was forced to have oral sex may be traumatised by her experience and the worry of possible HIV infection. We do not know if the youth who forced his classmate to have oral sex is HIV positive. We

do know that semen was present and that it has a high concentration of the virus. If the male is HIV positive, the infection could enter the girl's body through the mucous membranes in her mouth or through any cuts or sores she might have in or around her mouth. If the male is HIV positive, there is some risk in this situation. However, there are few reported cases of HIV transmission through oral sex so the risk is relatively low.

The AIDS Disease

AIDS is the disease caused by the HIV virus. The letters AIDS stand for Acquired Immune Deficiency Syndrome.

"Acquired" means that the infected person got the infection from another person. For example, in the story above, Tandi might have gotten infected by the man she had unprotected sex with. A baby could acquire the infection from its mother. "Immune deficiency" means that the body's defence system is weak. When the virus enters someone's body, it destroys the person's immune cells so they cannot fight the infection. "Syndrome" means a collection of health problems or diseases.

Signs and Symptoms of HIV/AIDS



Activity 6

Have you ever seen a person suffering from AIDS? Yes/No
If yes, list the signs and symptoms that you saw.

If no, list the signs and symptoms of HIV/AIDS you are aware of.



Compare your answers with the information below.

We have already said that AIDS is a syndrome, which means that it is a collection of symptoms or diseases that will show up differently in one person from another. The signs and symptoms mainly depend upon

the types of infections or diseases that a person has acquired as a result of HIV infection. However, there are some common signs and symptoms of HIV/AIDS, such as the following:

- Weight loss
- Persistent fever
- Headaches
- Prolonged diarrhoea
- Night sweats
- Excessive tiredness
- Swollen lymph nodes in the neck, armpits or groin
- Dry cough
- Shortness of breath
- Skin rashes
- Memory loss
- Confusion
- Difficult in concentration
- Sadness or depression
- Persistent herpes zoster
- Persistently painful legs

When a person is infected with HIV, the virus may remain in the body without causing any harm for a long time. The exact period when a person starts to develop signs and symptoms is not known. If the person remains healthy, well nourished, and free of other diseases then the period they remain free of symptoms may be longer. However, because the person carries the virus they can still pass on the infection to another person even if they show no symptoms.

Children and youth who develop the signs and symptoms of AIDS should be referred to the available networks in your community, such as health facilities, home-based care, and voluntary counselling and testing (VCT) centres, for further care and management. Some will need anti-retroviral (ARV) drugs and other medical treatment, while all will benefit from advice on nutrition and nursing care. Please note that the only known way to control, and even reverse the effects of AIDS, is through the use of ARVs.

Prevention of HIV/AIDS



Activity 7

List the ways in which people who do not have HIV can prevent themselves from getting the virus.

List ways in which a person who is infected can prevent passing the virus to a person who is not infected.



It is possible to prevent HIV from spreading in your community in many ways. Some of these are listed below:

- Having only one sexual partner.
- Practicing abstinence.
- Using condoms.
- Avoiding sharing razor blades and injection needles.
- Preventing sexually transmitted infections (STIs). It is a well-known fact that HIV is higher in people with frequent STIs than in those who do not have them.

Both infected and non-infected people can practice these preventive measures. You may contact other networks and agencies in your community for further information.

The ABC Approach to HIV Prevention

This has become a very common slogan seen on billboards throughout many countries in Africa. It promotes these measures to avoid AIDS:

- **A**bstain
- **B**e faithful
- **C**ondomise

Lesson Two

Cultural Beliefs and Practices Surrounding HIV/AIDS



Different cultures and societies have different views, beliefs, traditions, and practices around HIV/AIDS and sex. These cultural factors affect the way people will act on issues surrounding HIV/AIDS and those who are affected or infected. Some of these factors are harmful while others are helpful.

As a counsellor, you will need to be aware of these factors and able to identify harmful and helpful factors. You will also need to know how to influence harmful beliefs and practices to make positive changes.



Activity 8

List the common beliefs and practices surrounding HIV/AIDS that are found among people in your society.

Discuss the factors that are harmful. What can you do to help people who have these beliefs and practices?



From this activity, you will probably have identified some of the following harmful factors:

Sexual Beliefs and Practices

- Initiation ceremonies of girls who have come of age involve having sexual intercourse with selected men from the community;

- Belief that condoms reduce sexual satisfaction, or may get stuck in the vagina;
- Sex is a taboo and cannot be discussed between adults and children;
- Belief and practice that a man enjoys dry sex;
- Belief that the first sexual act cannot cause pregnancy;
- Belief that the man should have unprotected sex when wife is pregnant to allow for normal gestation and smooth delivery;
- Belief that condoms cause cancer of the cervix.

Beliefs and Practices Related to Death

- When one spouse dies, the surviving partner is forced to have unprotected sex with a relative of the deceased spouse (sexual cleansing);
- When one spouse dies, the deceased's relative marries the surviving spouse.

Beliefs and Practices around Marriage

- Polygamy (marrying more than one woman) is a sign of wealth;
- Marrying off a young girl to a rich man improves the economic status of the girl's parents.

HIV/AIDS infection

- Belief that one can get cured from AIDS by sleeping with a young girl or boy;
- Belief and practice that one cannot get HIV/AIDS from circumcision and genital mutilation using one blade among many people.
- The practice by traditional healers of tattooing many clients using the same razor blades;
- Belief that children infected and suffering from HIV/AIDS can easily spread it to family members and within the neighborhood;

- Belief that sexually transmitted infections (STIs) cannot affect nice women;
- Belief that an HIV-infected person is promiscuous.

How Do You Help People with Harmful Beliefs and Practices?

You may have realised that some of these factors promote HIV infection, and others encourage isolation of those that are infected and affected. People, including children, who hold harmful beliefs and follow harmful practices need help to change their attitudes and beliefs so that they are more positive and helpful.



Activity 9

Explain what you can do to influence positive change in people that hold harmful beliefs and practices.



Some of the ways that you may use to help people with harmful cultural beliefs and practices will include:

- Promotion of open discussions between and among adults and children;
- Providing correct information on HIV /AIDS and sex to people so they can make informed decisions;
- Encourage listening to children and involving them in decisions that affect them.

Lesson Three

Working with Children Who Are HIV-Infected



Story 4: Kamana



Kamana is a 14-year-old girl living with her parents. She is in Grade 8 at a local secondary school. Kamana's health has been deteriorating for the past year. She frequently complains of body weakness, coughing, and loss of weight and appetite. At school, her performance has been getting poorer and she has not been active in school events. She has been in and out of hospital. Her parents decided to take her for an HIV test and the results were positive.



Activity 10

Consider the story of Kamana. What fears do you think Kamana could have after knowing that she is HIV positive?



In your response, you may have mentioned that Kamana could have fears like:

- Will I ever recover from this disease? Will I die soon?
- Will I ever finish my school? How will my friends at school and neighbours treat me once they know that I am HIV positive?
- Why should I continue living if this disease has no cure?
- How did I get this disease? Are my parents to blame?

According to Fox (2001), children and youth that are infected by HIV will have common physical and psychological (emotional) characteristics. It is important that you as counsellor are aware of these charac-

teristics so you are able to provide appropriate help to clients. Some of these characteristics are:

Physical Characteristics

Being infected by HIV/AIDS can lead to physical problems such as:

- Babies infected with HIV will not grow adequately.
- A child who is infected will occasionally have difficulties in eating which may cause poor nutrition and loss of weight.
- The child will experience frequent ill-health.
- Children could begin missing school and performing poorly.
- Children have little strength to play with other children.

Psychological (Emotional) Characteristics

Infected children experience psychological effects of HIV/AIDS at various levels. These effects include the following:

- Feelings of sadness and depression.
- Episodes of aggression.
- Lack of sleep.
- Lack of concentration, particularly for children in school.
- Worries about the future.
- Fear of death.
- Withdrawal from others, fearing that people will talk about their infection.
- Discrimination and isolation, including being teased by schoolmates and neighbours.

You will have realised that children who are infected by HIV have lots of challenges and fears. However, you as a caregiver have ways to help children deal with these problems. The first is that you understand that these children, like any other, have basic needs that should be met. These are needs for food, shelter, clothing, safety, and also for love, belonging, and accomplishment of goals. We need to remember that children are children first even though they may have particular challenges.

As a caregiver, you can use your understanding of children's needs along with your knowledge of HIV/AIDS to help children infected by HIV grow and develop as normally as possible. The following stories will help you think about how you could use your counselling skills to help children that are infected by HIV/AIDS.



Story 5: Kangwa



Kangwa is a 10-year-old girl doing her Grade 4 at Kaonga Primary School. She is being looked after by her grandmother because both her parents died of AIDS. Unfortunately Kangwa is HIV positive. Her attendance at school has been very poor because she is bedridden most of the time. As a result, her academic performance is very low. She wonders if she will complete her education and wants to stop school. She feels there is no reason to continue, as she may die any day.



Activity 11

What fears does Kangwa have?

As a caregiver, what help can you give Kangwa?



Story 6: Penjani

Penjani is 12 years old and stays with his uncle in Kanyama compound. He stopped school two years ago, after his uncle found out that Penjani was HIV positive. Penjani has been given a separate bedroom because the uncle fears he may infect the others in the house. When Penjani complains of being ill, his uncle pretends to be busy and tells the servant to take him to the hospital.



Activity 12

What are the problems that Penjani is facing?

What could you do to help Penjani?

Strategies for Counselling Children and Youth Infected with HIV/AIDS



Activity 13

Reflect on Kangwa's and Penjani's stories. List and explain some of the methods you would use to counsel children and youth that are infected with HIV/AIDS.



When children and youth know that they or their family members are HIV positive, they will begin to show emotional reactions. Some of these emotions are denial, blame, anger, fear, and shock.

The aims of counselling children and youth infected with HIV/AIDS are to:

- Help them cope with the emotions and challenges they experience when they know they are infected.
- Help them to make choices and decisions that will improve the quality of their life and prolong it.
- Help them deal with opportunistic infections.

- Help other family members, friends, neighbours, and the community provide support to the infected child and deal with stigma and discrimination.

As a caregiver, you should help infected children deal with such issues as discrimination and depression. In this section we will start by discussing methods you can use to counsel children and youth infected with HIV.

According to SAT (2001), the following may be useful when counselling children and youth who are infected with HIV/AIDS:

1. Giving the necessary information about HIV/AIDS and HIV testing.
2. Helping them to disclose their HIV status.
3. Promotion of good medical care for symptoms and good nutrition.
4. Promoting a safe reproductive and sexual life.
5. Mobilising family and community care to assist and support the infected children/youth.
6. Helping them deal with their emotions, using various counselling techniques.



Activity 14

Consider the story of Kangwa, who thinks that she will soon die because she is HIV positive. What information does she need to live positively?



1. Giving Necessary Information

Children, like adults, need information about HIV/AIDS. They also need information about other service providers available such as hospitals, clinics, VCT centres, and People Living With HIV/AIDS (PLWHA).

As a caregiver you should give such information to children and youth.

Information on HIV/AIDS is found in Lesson One of this unit. If there is a need for the child to be tested for HIV, discuss this with the child and family members. Explain the advantages of knowing their HIV status such as:

- Being able to avoid infecting others.
- Emotional relief from knowing the truth.
- Gaining the support of others.
- Understanding the need for an improved diet.
- Receiving the necessary medical care and related information.

Also, be open about the disadvantages of knowing their status if they are HIV positive, such as feeling angry and resentful, being depressed, and experiencing a loss of hope. As a caregiver, help them to deal with such feelings.

2. Disclosure of HIV Status



Story 7: Mabvuto

Mabvuto is a 17-year-old boy doing his final grade in high school. Mabvuto is HIV positive. He underwent voluntary counselling and testing a few weeks ago and tested HIV positive. When he tested positive a lot of thoughts crossed his mind:

- Does this mean I will die?
- How will my parents and friends react when I tell them I am HIV positive?
- Will I ever have children?
- Will I be cured?
- How will I stand the embarrassment?
- People will think I am a prostitute or promiscuous.
- Should I commit suicide?





Activity 15

How can you as a caregiver help Mabvuto and his parents disclose his HIV status to other family members and friends?



Disclosure is when a child or a youth who is infected by HIV tells others about it. This is a very sensitive process. You as a caregiver should provide support so that the client is able to deal with the realities of HIV/AIDS. You should help children and youth to express their emotions freely and openly. To do this you should provide an environment that will support the disclosure of HIV status.

When a child is HIV positive, you as the caregiver should tell the child's parents. You should prepare the parents to disclose the status of the child to others. Parents should be encouraged to disclose only when they are ready and comfortable with talking about it. Do not force clients or their parents to disclose their status unless they are ready. Encourage clients to talk to somebody who is HIV positive; for example, someone involved in a support group or People Living With HIV/AIDS (PLWHA).

3. Promote Good Medical Care and Nutrition

Help the clients understand that there is no cure yet for HIV/AIDS. However, let them know that good medical care and nutrition are important and will prolong the life of infected persons.

Clients should be helped to understand that there are anti-retroviral drugs (ARVs) which slow down the development of AIDS. Let them know that these drugs are taken only when recommended by a medical doctor. In addition to ARVs, there are vitamin supplements that clients can obtain from health services.

Children that are infected with HIV may suffer opportunistic infections that attack the body because of low immunity. Some of these infections

include tuberculosis, diarrhoea diseases, skin infections, injuries, and pains. To help clients maintain good health, treat these infections early.

Clients should also know that good nutrition strengthens the immune system. A healthy diet includes natural and affordable foodstuffs such as whole grains, vegetables, beans, nuts, chicken, milk, and fruits such as avocados and tomatoes.

Good hygiene and exercise are other important and inexpensive ways of maintaining good health. Clients should understand that hygiene will help prevent disease and that simple exercises like walking reduce stress.

4. Reproductive and Sexual Life



Story 8: Chibinda

Chibinda is infected with HIV/AIDS because she had many boyfriends with whom she had sex, and at least one of them was HIV positive. Because of her status, she is worried whether she will be able to have children and whether being HIV positive means she must stop having sex with her partner. She also thinks that her sexual life will no longer be the same as it was previously.



Activity 16

How can you help Chibinda deal with her fears and anxieties?



You may have realised that Chibinda’s fears and anxieties could be due to a lack of information about HIV/AIDS and sexuality. Your role as a caregiver is to provide appropriate information.

Remember that children, especially youth, have sexual feelings like anyone else. Even those who are infected with HIV/AIDS have the desire for sex. As a caregiver you should help such children and youth understand that it is normal to have sexual feelings. They should be

made aware of the risks so they can make correct decisions. Some of the risks are sexually transmitted infections (STIs) and unwanted pregnancies.

As a caregiver, you should also provide information on methods of safer sex, which include abstinence and the use of a condom.

5. Mobilise Family and Community



Story 9: Mundu



Mundu is suffering from HIV/AIDS. She is staying with her family in Choma. However, none of her family members knows her condition. She does not want any of them to find out because she thinks they will treat her badly and that the news about her will soon spread in the community. Not only that, she is also scared that no one will be close to her if they find out.



Activity 17

What can you do to help reduce the stigma and discrimination that Mundu may face once family members and the community find out that she is suffering from HIV/AIDS?



In counselling children and youth infected with HIV you need to involve the family and community. This is important because resources in the family of a person suffering from HIV/AIDS often become scarce and there is a need for additional resources.

The family and community should also be mobilised to provide emotional support to the infected child and help reduce stigma and discrimination. The following are some of the ways you can mobilise community and family support:

- Share and clarify information about AIDS and its impact on the community.
- Encourage the community to discuss events around AIDS and its effects.
- Involve the community in planning how they could provide support to infected and affected children and youth.
- Link the infected child/youth to other children with HIV who are living positively.

6. Emotional Support

Children and youth who are infected with HIV may suffer pain and trauma as a result of sexual abuse that led to their infection with HIV. They may need help in coping with various emotions, as well as with stigma and discrimination. Some of these emotions have been identified earlier in this section.

As a caregiver, you will need to help clients understand that being HIV positive does not mean the end of one's life. Help them to be positive by giving them accurate information about HIV and AIDS including available treatments.

You should also encourage children to discuss the fears and issues that worry them with relatives, family, friends, church groups, and so on. Encourage them to spend time with other people with whom they feel secure.

Children can also be helped to understand that enough rest and sleep, prayer, and simple exercises like jogging and dancing are helpful when dealing with trauma and emotions.

Applying Your Counselling Skills



Activity 18

List the differences between counselling adults and counselling children or youth.

List the similarities between counselling adults and counselling children or youth.



While basic counselling skills are the same for all ages, counselling children and youth requires a more sensitive approach. There are many reasons for this. Children and youth may find it more difficult to understand their fears and emotions. In addition, traditional practices hinder children from talking to adults. Furthermore, children feel embarrassed when talking about HIV/AIDS because it is generally linked to sex, a subject that is culturally sensitive and that children are not supposed to talk about. We also find that most children are too young to talk about issues that they do not understand very well.

provides the following tips for applying counselling skills when working with children and youth:

- Meet children at their own level (bring yourself down to them).
- Establish good relationships.
- Start with something easy to talk about.
- Find a relaxing activity to do with them.
- Start with their personal interests, such as sports.
- Be creative so that children can open up.
- Do not threaten the child.
- Use a variety of methods like drama, play, storytelling, and drawing to help children express their inner or hidden feelings and experiences.

Establishing a Good Relationship



Activity 20

Reflect on Story 6 about the 12-year-old Penjani. The child is brought to you for counselling. Describe how you would establish a good relationship with the child. How would this process be different from the process of dealing with an adult?



Starting a relationship with a child is different than with an adult. You might welcome an adult with a handshake and offer a seat. A handshake might be frightening to a child. After offering a seat and introducing yourself, you may wish to start with a relaxing activity or by asking about some personal interests like sport, films, or video games. For example, you may ask a question like, “Penjani, what sport do you enjoy playing?” “With whom do you play this sport?” If it is football, you may even ask how the child feels when he/she has scored a goal.

It is important to ensure that the child feels relaxed and safe. Also, the child won't want to open up about his/her problems without first trusting the counsellor. Adults, on the other hand, will want an assurance of confidentiality before entrusting the counsellor with their stories.

Acceptance

Working to be accepted by your clients is another important skill for a counsellor to have. Working with children will begin with gaining their acceptance.

Dealing with children requires that you meet them at their level. This will include using appropriate language and understanding the things they enjoy doing and talking about. For example, children like playing, singing, dancing, and telling stories.

As a caregiver, you may need to join children and youth in their activities in order to understand their difficulties and so they will accept you.

Be Creative



Activity 21

Reflect on Story 1 about 13-year-old Chimuka who is HIV positive. He has been missing classes and his performance has been deteriorating. When at school he suffers isolation from schoolmates.

Chimuka is brought to you for counselling. How can you help him open up and tell you his story?



To get adults to open up and tell their story, you may simply ask direct and open-ended questions like: "How did your problem start?" You may also use skills like probing, paraphrasing, and challenging to obtain more information from the client. In the case of children and youth, you will need to be creative when helping them explain events. You may need to use methods like drama, play, drawing, and story-

telling. For example, you could ask Chimuka to draw pictures of himself at school and at home. Then you would ask him to explain the drawings. You would also use skills like summarising and clarifying when discussing what is happening in the pictures.

Start with Something Easier to Talk about



Activity 22

Refer to Story 4 about Kamana, aged 14 years. She suspects she could be HIV positive because she recently had unprotected sex with a man. She visits the centre for VCT.

How can you help Kamana talk freely about issues of sex?



You may have realised that adults find it easier to express themselves than children do on issues relating to sex. Children find it difficult to talk about sex with adults. This is because it is a taboo in most African countries, like Zambia, for a child and an adult to talk about issues of sex. Children who talk about sex are labelled prostitutes and promiscuous.

As a caregiver, you should be creative in finding ways of helping children like Kamana open up. You will need to start the discussion with some non-sensitive topics. For example, you may start by asking Kamana to talk about her friends, both girls and boys. You could follow up the question by asking Kamana to explain what she likes about her friends. Slowly you could introduce the topic of sex and help her talk about her fears.

Observation

Observation is a very useful skill when dealing with children. Many children, especially young ones, may not respond to talking because

they are taught not to reply to adults. As a result, they may react with suspicion or resent an adult who is trying to talk and listen to them. Therefore, there is a great need for action-oriented techniques like the use of play, drama, drawing, song, and storytelling. When you use such approaches you should observe the child doing these activities to see if their actions will help you determine how they are feeling.

Home-Based Care for Children with Serious Long-Term Illnesses

Persons with serious illnesses are often better off in their own homes or other home-like settings. This is particularly true of children, who may find the unfamiliar setting and routines of a hospital upsetting. The World Health Organisation has developed a very useful guide for persons caring for youth and adults with serious long-term illness. Most of the recommendations in this booklet apply equally to younger children. The booklet tells how to deal with specific symptoms, provide care for terminal and bedridden patients at home, and decide when to seek help from a health facility. There is a section, as well, on taking care of children with parents nearing the end of life.

You can obtain this useful resource, called *Caregiver booklet: A guide for patients, family members and community caregivers*, on the Internet at: www.who.int/3by5/publications/documents/en/IMAI_Caregiver.pdf

Lesson Four



Working with Children Who Are Affected by AIDS

Remember the two stories at the beginning of this unit. Story 1 (Chimuka) is the case of a child who is infected by HIV/AIDS while Story 2 (Lweendo) discusses a child who is affected by AIDS. What do you think is the difference between Chimuka and Lweendo? You will realise that Chimuka has the virus and is frequently sick. His school-mates even isolate him, afraid of contracting the disease.

On the other hand, Lweendo does not have the virus and the disease. Instead, she has lost the care that her parents were providing to her and her siblings. She is now responsible for caring for her siblings because both parents have died of AIDS.

These two stories show that there are differences in the difficulties faced by children infected with and those affected by HIV/AIDS. However, it is important to note that some children will be both infected with and affected by HIV/AIDS.

In this part of the unit, you will be considering how to support and counsel children who are affected by AIDS; for example, those with parents who have AIDS and those who are orphaned by AIDS.



Activity 23

Think back to Activity 1 and answer these questions:

How do you think your personal experiences, attitudes and values about HIV/AIDS might affect how you view and work with children who are affected by AIDS?

What attitudes and behaviour do you notice in your community with regard to children who are affected by AIDS?

(continued on next page)



Activity 23 (continued)

Finish this sentence: "A difficult thing for me about working with a child who is affected by AIDS would be/is..."

You will realise that these questions help you to explore your own views, experiences, and attitudes responding to HIV/AIDS. In situations where you have had negative thoughts about those that are infected and affected, you may begin to be more positive.



Activity 24

Consider Story 2 (Lweendo) at the beginning of the unit. What are the challenges facing her in each of the following areas?

Socioeconomic

Educational

Psychological



Fox (2001) showed that children affected by HIV/AIDS experience socioeconomic, educational, and psychological challenges. Compare your discussion of these challenges with the discussion on the following pages.

Socioeconomic Challenges

Children that are affected by HIV/AIDS may experience some of the following socioeconomic problems:

- Homelessness. This is common for children who are affected by HIV/AIDS and have lost their parents. Their relatives may grab the house away from them, leaving them homeless.
- Failure to understand what is happening around them because death is not discussed in the family.
- Sense of confusion because they may not understand their situation.
- Poverty. Children do not own property and where property was left to them it is often taken away, as written wills are generally disregarded.
- Lack of care for their health because they have no money to pay when they or their siblings are sick.
- Lack of income. Some children have to work to supplement the family income where it exists or sustain themselves when they live alone.

Educational Challenges

Some educational problems that these children face may include:

- School drop out. Some children drop out of school because of the lack of support and/or friends.
- Psychological trauma. This leads to poor performance in school.
- Loss of traditional skills. Parents were not able to pass these skills to their children before they died.
- Stigma and discrimination. Children may suffer these, especially at school, because of their own infection or that of their parents. Sometimes children are discriminated against because of the loss of their parents.
- Worry. Excessive worry and stress about what may happen (parent's death, having to quit school, etc.) may cause a lack of concentration in school.

Psychological Challenges

We know that children have needs ranging from simple survival needs—for food and shelter—to needs for belonging, accomplishment, and love. In the case of children who are affected by AIDS, meeting these needs can seem like an overwhelming task. Such children may suffer from isolation because they have no one to talk to and emotional trauma due to the death or impending death of a parent. Trauma may cause children to be depressed, have disturbed sleep, lose concentration at school, abuse drugs, become prostitutes, and so on.

However, you can help such children through counselling or referring them to agencies that deal with traumatised children.

Strategies for Counselling Children and Youth Affected by AIDS

It is a fact that AIDS affects every one. Many homes have been destroyed, leaving children or old people (for example, grandparents) to look after the affairs of the family. When a family member has AIDS or has died from it, children feel hopeless and helpless.

The children will need counselling to deal with the effects that follow such family problems.

The aims of counselling children and youth affected by HIV/AIDS are:

- Help them, other family members, friends, and neighbours to deal with the emotions and challenges they face because they are affected by HIV/AIDS.
- Help them cope with the sickness of a relative.
- Help them deal with stigma and discrimination.
- Help them deal with the death of a parent or other relative.
- Help them cope with issues of livelihood (meeting their basic needs).

You, the caregiver, will need to counsel children and youth affected by HIV/AIDS about the following:

Sickness of a Parent or Other Close Relative

When a parent has AIDS it causes the children to worry the most. Children may be concerned about the parent dying and/or what will happen to them. They may feel pressured to tell others about their parent's illness and this may cause stigma and discrimination.

Parents with AIDS may have dramatic mood changes and may neglect their children. Children may not understand why the parent no longer shows interest in them. Older children, if they are away at school, may worry about how their parents are coping in their absence. This might affect their performance at school.

Another consideration is that sometimes sick parents do not tell children about their sickness. If children were told they would perhaps be better prepared for the death of their parents.

Stigma and Discrimination

It is common to find that extended family members discriminate against children that have lost parents. For example, there are instances where orphans are starved while the other children are given something to eat. Children who have sick parents are sometimes separated from others for fear of transmitting the disease to other family members. We also find that orphans are bullied in schools. There is a lot of gossip about children and youth that have sick parents.

Some family members keep the sickness of an AIDS patient secret. Therefore, children are told to withdraw from friends to sustain the secrecy.

Dealing with the Death of a Parent

The death of a parent is always shocking and traumatic to children and leaves them feeling very vulnerable (refer to Lesson Three in this unit). However, children understand death differently and are affected by it differently, depending on their age, their nature, and the relationship with the deceased parent. In addition, children have a longer grieving period. You will learn the signs of grieving in Unit 7 (Grief

Counselling). For now, you should know that children who are grieving often experience sadness and depression, and their behaviour may include crying, clinging, nightmares, and aggression. One of the major problems when children are dealing with grief is that they are not given enough time to mourn and are sometimes separated from their siblings. In the majority of cases parents do not leave wills and even when wills are written, family members may disregard them.

Concerns about Livelihood

Children will feel lonely when a family is split by the death of one or both parents. There will also be concerns about the resulting decrease in family income. Children will worry about who will look after them, what they will eat tomorrow, and where food will come from.

Applying Your Counselling Skills

The general approach to counselling children discussed in Unit 2 applies in all situations dealing with children. You will need to use a variety of methods like drama, play, storytelling, and drawing to help children express their inner or hidden feelings and experiences. These are discussed in Lesson Five of this unit.

1. Helping Children to Disclose Their Feelings and Fears

Story 10: John

John is 18 years old and is in his final grade in high school. His father died of AIDS 11 years ago and John had been living with his mother who also was suffering from AIDS.

Now his mother has also died and no relative is willing to care for John. John has to stop school because there is no one to pay his school fees.





Activity 25

Analyse the story of John using the following questions:

What challenges does this youth face?

What are some of the possible thoughts and feelings that he might be having?

How could you help him to express himself and to feel understood and supported? Be specific: What things might you say and do to encourage John to trust you and to share his feelings?

What resources are available in your area for John?

You should help children to understand that disclosing information about sickness or death is important to help them manage stress related to the sickness and/or death of their parents.

Children can be helped by encouraging their ill parents to talk about sensitive issues like sex, HIV/AIDS, and death. Disclosure is important and necessary if the children are to be adequately prepared for the deaths of their parents.

2. Helping the Children to Make a Memory Book



Story 11: Thebisa

Thebisa is a 12-year-old girl with 3 younger sisters. Her mother, a single parent, died a week ago after being sick for a long time.

Thebisa’s uncle decides that Thebisa and her three sisters should be shared by relatives who live very far apart. Once this is done it will mean that Thebisa and her young sisters will not be able to see each other for many years.

In addition to this, the relatives of the deceased decide that the property should be shared among the other relatives and the house sold.



Activity 26

Analyse the story of Thebisa using the following questions:

What challenges does this child face?

What are some of the possible thoughts and feelings she might have?

How could you help the child express herself and feel understood and supported? Be specific: What things might you say and do to encourage Thebisa to trust you and to share her feelings with you?

What resources are available in your area to help this child?



One way you might help Thebisa is by making a memory book with her. A memory book is like a diary. It contains information and memories about the family. The memory book is used to communicate with a child. It helps bring the child's memories to life again. You may address pleasant memories, but if memories are unpleasant consider referring the child to skilled or professional counsellors. The memory book is also important as it strengthens the sense of belonging. You can include surviving parents or parents who are ill in making a memory book.

3. Helping with Will Writing



Story 12: Josephine



Josephine is only 12 years old and is enrolled in seventh grade at Nakambala basic school. She is a very bright girl and always performs well in class. But recently her parents both died of AIDS, leaving two children, Josephine and James, who is also still at school. Their relatives do not want to have anything to do with these children. Instead they have grabbed all the wealth that the parents acquired when they were living.



Activity 27

What challenges does Josephine face?

What are some of the possible thoughts and feelings that she might be having?

How could you help the child to express herself and to feel understood and supported? Be specific: What things might you say and do to encourage Josephine to trust you and to share her feelings?

What resources are available in your area for this child?



Activity 28

Many people are not aware of what a will is, and yet it is an important tool in helping dispose of family assets. Writing a will helps parents to prepare for the welfare of their children after their death. First, discuss writing a will with children alone to hear their views. Then encourage them to discuss it with their parents. You may want to discuss with their parents later on. The purpose is to encourage parents to prepare a will which leaves their assets to their children.

4. Helping with referrals

**Activity 29**

Refer to Story 10 about John, who had to leave school because his only surviving parent, who was supporting him at school, died and there was no one to continue paying his school fees. What do you think you, as a counsellor, can do to help John complete his education?

No doubt you can think of many organisations that provide educational support such as NGOs and government departments like Social Welfare. You may also want to meet the authorities at John's school so you can advocate for his exemption from paying school fees.

**Activity 30**

Consider Stories 11 and 12 about Thebisa and Josephine in which relatives to their deceased parents grabbed the property away from them. What types of organisations do you think you could refer these children to so they are helped to get their property back?

Most communities have law enforcement organisations such as Victim Support Units, legal firms, traditional leaders' councils, and so on. As a counsellor, you need to know what organisations for children exist in your community, as you may want to refer clients that you cannot help to other service providers. You may need to use available referral systems and care networks to cater to ill children and parents.

Lesson Five : Designing Activities for Children and Youth



Activity 31

Milimo is a caregiver who works at the HIV/AIDS Care Centre. The centre has 50 children and Milimo takes care of 10 of these. What activities can Milimo design to help the children talk about their fears about HIV/AIDS?



Working with a large number of children requires that a caregiver use a variety of counselling activities to deal with concerns that children face. These methods can be used to discuss and communicate with children and youth on a variety of issues. You will notice that some of these have been mentioned or outlined elsewhere in this unit.

SAT (2003) identified and found the following activities useful in communicating with children:

1. Drama

Drama is a form of role play. It is an excellent way for infected and affected children and their parents to discuss issues which they would ordinarily find difficult to communicate about.

The following are the steps to follow when you use drama:

- a. Give the children a topic to perform as a play, such as "A day at school." The topic should be related to what you want to explore.
- b. Follow and observe what the children are doing and how they are doing it. Take note of their mood, behaviour, and so

on. Do not disturb the flow of the drama even if sometimes it may be uncomfortable to tolerate. You will learn from their actions and mistakes.

- c. After the drama, encourage the children to discuss the issues arising during the drama.
- d. Give feedback and summarise the purpose and intentions of the drama.

2. Storytelling

Storytelling is not a new activity in human society. In most parts of the world, elders have used it for generations to pass on knowledge and information. Children enjoy listening to stories. Children who are finding it difficult to talk about painful issues will find listening to a story of another child going through similar situations very helpful. Storytelling also helps children to strengthen their sense of self-worth and realise that they are not alone.

If you use storytelling, you will need to follow these steps:

- a. Use common stories to convey a message. For example, you may use animals to represent people.
- b. Avoid using real names or events.
- c. After telling the story, encourage the children to talk about what happened in the story. Ask them to discuss how the story relates to a real situation.
- d. Then you may ask the children to tell their own story. For example, "My life at home."

3. Play and Sports

Children naturally use play to act on and explore their feelings about events and the environment. They do so by acting out these situations. Encouraging play and observing what happens will help you understand the type of emotions children are experiencing.

Steps to follow are:

- a. Give children different kinds of common play materials like boxes, strings, sticks, and toys.
- b. Ask the children to show parts of their past life using play materials. For example, you may ask them to show you how they spend their daily time at home. While they are using the objects to show you, ask them to explain what is happening.
- c. Follow and observe what the children are doing. Do not take over the play—you may make comments like “I see that the two cars crashed.” See if the child agrees.
- d. If the child gets stuck and can’t proceed further, ask the child what is going to happen next. Say “Tell me about this person” while you point at the character you are interested in.

4. Drawing

Children enjoy drawing and they use it to express their feelings. Drawing helps to bring out hidden emotions. Through drawing children can communicate without talking to you.

Steps to follow when using drawing are:

- a. Give the children different drawing materials like pencils, pens, paints, and clay.
- b. Ask the children to draw something related to what you are exploring; for example, a picture of something that makes them afraid or unhappy.
- c. Ask the children to explain what is happening in their drawings.
- d. Use open-ended questions to encourage children to talk more about what they have drawn. For example, “Who are the people in the drawing?” or “How does this person feel?”

Lesson Six : Networking and Referrals



Story 13: Chilimba

Chilimba is a caregiver who provides counselling to infected and affected children and youth in Mudenda Village. She is called to see Mutinta, a 6-year-old girl who suffers from a persistent cough. Upon arrival, Chilimba is puzzled that she has been called to see such a very sick child. This situation left Chilimba wondering what to do to help the client.



Activity 32

What do you think Chilimba could have done?

Make a list of organisations in HIV/AIDS work that provide services for children and youth in your community.



In the story of Chilimba, above, we notice that she could not provide the support needed for Mutinta. It is not always the case that a caregiver should be the one to provide all the services needed by children and youth infected and affected by HIV/AIDS. As a caregiver, Chilimba should be aware of the available institutions and organisations to which she could refer Mutinta.

You may have already identified agencies available in your community that support children and youth. The list can be long. These organisations are available in most countries. The following is a list of organisations working in HIV/AIDS relief that can be used for networking and referral for children and youth.

- Young Men's/Women's Christian Association (YMCA/YWCA)
- Care International
- World Vision International (WVI)
- AMREF
- Social Welfare departments and other government line ministries
- Children in Crisis Centre
- Save the Children Fund
- PLAN International
- Catholic AIDS Action
- Family Health Trust
- Hospitals and health centres
- Women's Hospitals
- Home based care organisations
- Drop-in centres

Investigate in your community and country for more organisations and agencies and list the specific areas in which they provide services. Provide a telephone number or address so you can contact them quickly if the need arises.



Summary

In this unit you have been shown how to counsel children and youth infected and affected by HIV/AIDS. You have also learned basic information about HIV/AIDS which will assist you when you are working with children and youth.

Working with children and youth is different from counselling adults. You have seen that there are particular methods and techniques that you will need to use when counselling children and youth. Some of these creative and interactive methods include play, drama, drawing, and storytelling. You have also seen that, while infected and affected children/youth are all children, they have both common and particular problems. For example, infected children actually have the virus in their body and require specific emotional and physical attention.

This unit has also taught you that networks with other service providers in your community are important for referring children and youth that need additional or more specialised care. As a caregiver, you should be aware of the other service providers in your area.

Finally, the many activities and self-assessment exercises in the unit should help you to apply the skills you have learned. You will become more proficient in the use of the skills through practice as you begin to help children and youth in difficult situations.



Self-Assessment Exercise

Question 1

Explain the difference between HIV and AIDS. Begin by telling what the letters stand for.

a. HIV

b. AIDS

c. List the three main ways a person can become infected by HIV.

Question 2

a. List and explain four problems that children infected by HIV may experience.

b. List and explain four problems that children affected by AIDS may experience.



Question 3

List three cultural beliefs or practices concerning HIV/ AIDS in your community.

Question 4

a. Mention three things you can do to provide assistance to a child or youth infected with HIV/AIDS.

b. Mention three things you can do to provide assistance to a child or youth affected by HIV/AIDS.

Question 5

Explain briefly four counselling activities you can use when dealing with children.



Question 6

Identify and list five types of agencies available in your community that you can work with when helping children infected and affected by HIV/AIDS. Briefly explain the services provided by each agency.



Suggested Answers to Self-Assessment Exercise

Question 1

Explain the difference between HIV and AIDS. Begin by telling what the letters stand for.

a. HIV

The letters HIV stands for Human Immunodeficiency Virus. This is the virus that causes AIDS.

b. AIDS

The letters AIDS stand for Acquired Immune Deficiency Syndrome. This is the disease caused by HIV.

c. List three main ways a person can get HIV.

- Unprotected sex with an infected person.
- Receiving infected blood through sharing sharp instruments like razor blades or needles with an infected person.
- Infected women can pass the virus to their babies during pregnancy, delivery, or through breast milk.

Question 2

a. List and explain four problems that children infected by HIV may experience.

- Psychological problems including emotions like guilt, anger, and depression.
- Social problems including stigma, discrimination, and isolation.
- Physical problems including opportunistic infections and inadequate food.
- Educational problems including poor performance and a high absenteeism rate.

b. List and explain four problems that children affected by AIDS may experience.

- Socioeconomic problems such as providing for the material needs of the family (food, clothing, and healthcare).
- Educational problems such as dropping out of school because no one is available to pay the school fees.
- Emotional trauma of nursing chronically ill parents, parents dying, or being left alone without parents.
- Physical abuse from uncaring guardians. This abuse can include beatings, defilements, child labour, or being denied food.

Question 3

List three cultural beliefs or practices concerning HIV / AIDS in your community.

- Belief that one can get cured from AIDS by sleeping with a young girl or boy;
- Belief and practice that one cannot get HIV / AIDS from circumcision and genital mutilation using one blade among many people.
- The practice by traditional healers of tattooing many clients using the same razor blades;
- Belief that children infected and suffering from HIV / AIDS can easily spread it to family members and within the neighborhood;
- Belief that sexually transmitted infections (STIs) cannot affect nice women;
- Belief that an HIV-infected person is promiscuous.

Beliefs and practices will vary from community to community.

Question 4

a. Mention three things you can do to provide assistance to a child or youth infected with HIV/AIDS.

- Give necessary information about HIV/AIDS.
- Help the client to know and disclose their HIV status.
- Promote good health and nutrition, and the treatment of opportunistic infections.

b. Mention three things you can do to provide assistance to a child or youth affected by HIV/AIDS.

- Help the child or youth to disclose feelings and fears.
- Help the child or youth to make a memory book or box.
- Help sick parents write a will which will provide for their offspring.

Question 5

Explain briefly four counselling activities you can use when dealing with children.

- Drama (role play) can be used to help children and youth discuss difficult and sensitive issues like sex.
- Storytelling can be used by the caregiver to help children and youth tell their painful experiences. You may use animals to represent people.
- Drawing can help children bring out their hidden emotions. After children draw, ask them to explain their drawing.
- Play/sport is a way children use to explore their feelings about events or surroundings. As they play, you as the caregiver should observe what they are doing and their reactions.

• Question 6

• Identify and list five types of agencies available in your community that you can work with when helping children infected and affected by HIV/AIDS. Briefly explain the services provided by each agency.

- Hospital/health centre provides medical care and support, HIV testing services, etc.
- Home-based care groups provide care and support to people living with HIV and AIDS.
- Schools provide education and recreation services.
- Religious institutions like churches provide spiritual counselling.
- Nutritional groups provide food supplements.

• The list is endless and will vary from community to community.



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Glossary

Acquired Immune Deficiency Syndrome (AIDS): A disease caused by HIV which attacks the defence system of the human body.

Affected: Having changes in one's life (for example, being orphaned, unable to attend school, or losing financial stability) resulting from HIV/AIDS.

Anti-Retroviral Drugs (ARVs): Drugs that are used in the treatment of HIV/AIDS. The patient should only take these drugs when a doctor recommends them.

Counselling: A process in which the counsellor helps clients to understand and solve their own problems.

Human Immunodeficiency Virus (HIV): The germ that causes the disease called Acquired Immune Deficiency Syndrome (AIDS).

Infected: Having the HIV virus in one's body.

Memory book: A diary of important events in a person's life. Such events include names of the person's parents and grandparents as well as their places of origin, family tree, date of birth, marriage, personal plans, sharing of assets, and so on. A memory book helps children to remember their families and relatives.

Opportunistic infections: Infections that attack a person infected with HIV because their immunity (body defence system) is low.

PLWHA: People Living With HIV/AIDS.

Strategy: A way of doing things to achieve results.

Will: A written instruction by a person on how his/her wealth should be shared among children and relatives when he/she is dead.