

Module 9

Positive Living for Adolescents

Session 9.1: Supporting ALHIV to Live Positively and Maintain a Healthy Mind

Session 9.2: Supporting ALHIV to Live Positively and Maintain a Healthy Body

Learning Objectives

After completing this module, participants will be able to:

- Define positive living and describe the key components of positive living for ALHIV
- Support ALHIV to achieve and maintain a healthy mind – having a positive outlook toward living and life
- Provide ongoing support and counseling to adolescent clients on maintaining a healthy body
- Provide basic nutritional recommendations to ALHIV and their family members
- Help adolescent clients prevent or recover from alcohol and other substance use problems



Session 9.1

Supporting ALHIV to Live Positively and Maintain a Healthy Mind

Session Objectives

After completing this session, participants will be able to:

- Define positive living and describe the key components of positive living for ALHIV
- Support ALHIV to achieve and maintain a healthy mind – having a positive outlook toward living and life

What is Positive Living?

- **Positive living includes:**
 - Keeping one’s mind healthy (having a positive outlook toward living and life)
 - Keeping one’s body healthy
 - Keeping one’s soul and spirit healthy (for example, the things we do to feel good on the “inside” and to feel a sense of peace and contentment)
 - Living responsibly with HIV and preventing new HIV infections
- ALHIV can live full and healthy lives if they take care of themselves, access care and treatment, and feel supported to make healthy choices. This includes feeling supported by health workers at the clinic and also by caregivers and family members.
- Health workers play a key role in helping ALHIV live positively and follow the “**recipe for positive living**” (see box below).

Recipe for positive living:
KNOWLEDGE + DETERMINATION TO LIVE
with actions for a
HEALTHY MIND + HEALTHY BODY + HEALTHY SOUL
= A LONG, HEALTHY LIFE

Source: Orr, N.M. (2004). *Positive health*. Cape Town: Double Storey Books.

Because adolescent clients’ questions about and understanding of living with HIV changes over time, it is important that health workers talk to them about topics related to positive living on an ongoing basis.

Information on positive living should be communicated often and through multiple channels, such as:

- Individual counseling sessions
- Individual health education sessions
- Group health education sessions (with adolescents alone, caregivers alone, or mixed groups)
- Support group meetings
- Youth-friendly written materials (such as flyers, brochures, and books)
- TV shows or videos about living positively
- Web sites and youth-friendly Internet resources (see *Appendix 9A: Web Resources for ALHIV* for a list of web-based resources on positive living that are geared toward young people)

Supporting Adolescents to Have Healthy Minds and a Positive Outlook

Health workers should always try to build trusting, positive, and respectful relationships with their adolescent clients.

Ensure that ALHIV have access to adolescent-specific support groups and peer support (see Module 5)

- Health workers should take part in creating and facilitating peer support groups in the clinic and should also link ALHIV with any existing support groups.
- Peer support can engage and help support the psychosocial needs of ALHIV. It can also help improve their access and adherence to HIV prevention, care, and treatment services.

Ensure that psychosocial support (see Module 5) and mental health referrals (see Module 6) are part of comprehensive HIV care and treatment

- ALHIV face additional challenges and stressors as a result of living with a chronic, highly stigmatized disease. It is important that health workers conduct routine psychosocial assessments and provide needed psychosocial support as an integral part of HIV care and treatment. Adolescents will likely need extra support during challenging times, like when they are preparing to disclose their status, when they lose a loved one, when they face discrimination, etc.
- Health workers should watch out for the presence of mental health problems, including substance abuse, among their adolescent clients, and provide needed referrals and support as needed. Health workers should be able to recognize when an adolescent may be in danger or may have a severe mental illness requiring immediate, emergency steps.

Ensure that adequate attention is paid to ongoing disclosure support for ALHIV and their caregivers (see Module 7)

- Disclosure is a process and not a one-time event. Both ALHIV and caregivers need ongoing support on issues related to disclosure.
- Health workers can help ALHIV overcome their fear of disclosure to others by helping them see the advantages of having trusted people know their status. They can also help them decide whom to disclose to, when, and where; to weigh the advantages and disadvantages of disclosure; and to help them anticipate likely responses.

Ensure that ALHIV and their caregivers receive ongoing adherence support (see Module 8)

- There are many barriers and challenges to retaining adolescents in care and to supporting them to adhere to their ART regimen. Although health workers may not be able to address all of a client's barriers to adherence, there are many factors that can be addressed, including minimizing health service barriers by improving the quality of counseling and ensuring access to youth-friendly services.
- There is no one specific way to monitor adherence. Instead, the best way is to use many different methods, including routine adherence assessment, ongoing adherence counseling, review of clinical and laboratory records, pill count, etc. When helping clients and caregivers prepare for ART, always address the WHO, WHAT, WHEN, WHERE, and HOW of the medications.

Encourage ALHIV to go to and stay in school

- Adolescents who stay in school will have more opportunities in the future.
- In addition to building academic skills, school also provides adolescents with a chance to make friends and develop life skills.

Talk with ALHIV about their spiritual, religious, and cultural beliefs and practices

- Health workers should encourage both ALHIV and their families to continue their regular spiritual, religious, and cultural practices.
- For ALHIV who have grown up with a spiritual and/or religious element in their family or community, this can be a further source of support and counseling to help them face issues related to mental health, disclosure, and positive living.

Encourage ALHIV to develop life skills to help them live positively with HIV (see below).

Supporting Adolescents to Develop Life Skills

Having life skills helps adolescents be confident, knowledgeable, and able to take responsibility for their own lives. Life skills education can help adolescents develop into stronger, more aware, and more caring human beings who are equipped to cope with the demands and pressures of everyday life and living with HIV. Developing life skills can also help adolescents assess risks and make decisions that will lead to positive outcomes and a better, healthier life.

There is no definitive list of life skills, but a sample list is included in Table 9.1 below. This list encompasses psychosocial and interpersonal skills that are generally considered important for adolescents as they grow, develop, and manage their chronic illness.

Health workers are not responsible for teaching adolescent clients all of these life skills, but they should:

- Keep them in mind when working with adolescents and providing them with psychosocial support
- Encourage life skills trainings and discussions as part of peer activities and support groups
- Link their adolescent clients, when possible, with formal or informal life skills trainings, such as those offered by youth groups, schools, and faith- or community-based organizations

See *Appendix 9B: Life Skills Training Resources* for more information.

Table 9.1: Examples of adolescent life skills

Communication and Interpersonal Skills	Decision-making and Critical Thinking Skills	Coping and Self-Management Skills
<p>Interpersonal communication skills:</p> <ul style="list-style-type: none"> • Verbal communication • Non-verbal communication • Expressing feelings • Giving and receiving feedback <p>Negotiation/refusal skills:</p> <ul style="list-style-type: none"> • Negotiation and conflict management • Assertiveness skills • Refusal skills <p>Empathy:</p> <ul style="list-style-type: none"> • Ability to listen and understand another’s needs and circumstances and express that understanding <p>Cooperation and teamwork:</p> <ul style="list-style-type: none"> • Expressing respect for others’ contributions and styles • Assessing one’s own abilities and contributing to the group <p>Advocacy skills:</p> <ul style="list-style-type: none"> • Influencing skills and persuasion • Networking and motivation skills 	<p>Decision-making and problem solving skills:</p> <ul style="list-style-type: none"> • Information gathering skills • Evaluating future consequences of present actions for self and others • Determining alternative solutions to problems • Analysis skills related to the influence of values and attitudes on motivation (of self and others) <p>Critical thinking skills:</p> <ul style="list-style-type: none"> • Analyzing peer and media influences • Analyzing attitudes, values, social norms, and beliefs and factors affecting these • Identifying relevant information and sources of information 	<p>Skills for increasing internal locus of control:</p> <ul style="list-style-type: none"> • Self-esteem/confidence-building skills • Self awareness skills, including awareness of rights, influences, values, attitudes, strengths, and weaknesses • Goal-setting skills • Self-evaluation, self-assessment, and self-monitoring skills <p>Skills for managing feelings:</p> <ul style="list-style-type: none"> • Anger management • Dealing with sadness, grief, and anxiety • Coping skills to deal with loss, abuse, illness, and trauma <p>Skills for managing stress:</p> <ul style="list-style-type: none"> • Time management • Positive thinking • Relaxation techniques

Source: UNICEF. (2004). *Which skills are life skills?* Available at: http://www.unicef.org/lifeskills/index_whichskills.html

Session 9.2

Supporting ALHIV to Live Positively and Maintain a Healthy Body

Session Objectives

After completing this session, participants will be able to:

- Provide ongoing support and counseling to adolescent clients on maintaining a healthy body
- Provide basic nutritional recommendations to ALHIV and their family members
- Help adolescent clients prevent or recover from alcohol and other substance use problems

Key Points for Positive Living

Healthy behaviors

Health workers should actively encourage ALHIV to live healthy lives. Some of the activities that constitute “living healthfully” or “living positively” are summarized in Table 9.2.

Table 9.2: Positive living

“Living positively” with HIV includes...
Health care
<ul style="list-style-type: none"> • Going to the hospital or clinic for checkups, lab tests, and to pick up medicines — never miss an appointment
<ul style="list-style-type: none"> • Taking medicines the right way (at the right time, the right number, etc.)
<ul style="list-style-type: none"> • Informing health workers if taking any traditional remedies or supplements
<ul style="list-style-type: none"> • Telling a nurse or doctor if there have been any health-related changes, even small ones
Sexual health
<ul style="list-style-type: none"> • If sexually active, using condoms and practicing safer sex every time; using a family planning method in addition to condoms (dual protection)
<ul style="list-style-type: none"> • Going to the clinic for pregnancy testing, counseling, early antenatal care, and PMTCT services if pregnancy is suspected or confirmed
<ul style="list-style-type: none"> • Getting screened for STIs and getting immediate treatment for self and partner
Staying active and socially engaged
<ul style="list-style-type: none"> • Doing physical exercise (walking, jogging, and light household chores) to build muscles, reduce stress, and improve appetite
<ul style="list-style-type: none"> • Staying socially engaged: making new friends and accessing peer support through youth clubs, sports teams, and/or after-school clubs; joining an ALHIV association; talking about things openly
<ul style="list-style-type: none"> • Staying in school/at work and prioritizing education/career
Rest
<ul style="list-style-type: none"> • Getting enough rest
<ul style="list-style-type: none"> • Sleeping and resting under an insecticide-treated mosquito net if in a malarial area
Personal hygiene
<ul style="list-style-type: none"> • Washing hands with soap often, especially: <ul style="list-style-type: none"> • After using the toilet, touching the genitals, or touching any body fluid • Before preparing food or eating • After sneezing or coughing • After handling garbage • After touching animals
<ul style="list-style-type: none"> • Bathing regularly
<ul style="list-style-type: none"> • Practicing good hygiene during menstrual period: <ul style="list-style-type: none"> • Changing sanitary pads or cloths regularly • Washing hands before and after changing sanitary products • Bathing daily during monthly period (note: there is never a need to clean inside the vagina, not even during the monthly period) • Safely disposing (by putting into a pit latrine or burning) or washing used sanitary pads/cloths

Oral health
<ul style="list-style-type: none"> • Keeping your mouth clean by brushing teeth, mouth, and tongue at least twice a day • Treating severe oral lesions with gauze soaked in salt water to clean the mouth
Nutrition
<ul style="list-style-type: none"> • Eating enough healthy food and taking multivitamins • Drinking at least 8 glasses (250 mls/glass) of clean water each day. It is important to ensure that drinking water is clean – depending on what is locally available, this may include boiling or filtering water, treating water with chlorine tablets or liquid, or placing water in plastic bottles out in the sun for a day.
Food hygiene
<ul style="list-style-type: none"> • Washing food preparation, cooking, eating, and storage utensils with soap and water (hot water is best, if available) • Washing raw fruits and vegetables well with clean water • Covering food to prevent both flies and dust from contaminating it; not storing raw and cooked foods together • Eating food as soon as it is cooked and not storing leftovers unless they can be kept in a refrigerator or a cool place • Cooking food thoroughly, particularly meat, poultry, and fish (meat should have no red juices), but remember that overcooking vegetables causes them to lose nutritional value • Keeping the house and compound clean — getting rid of any still water; keeping garbage covered and disposing of it at least once per day • Keeping all food preparation surfaces clean. Use a germ-killing bleach solution (like Jik, Gentian Violet, or whatever bleach is locally available) diluted with water to keep household surfaces clean. Note that the bleach to water ratio may change, depending on the brand of bleach.

Unhealthy behaviors

Health workers should talk with ALHIV about avoiding practices or behaviors that are not healthy. These include:

- Drinking alcohol
- Smoking cigarettes
- Using drugs (marijuana, *khat*, heroin, glue, prescription drugs, etc.)
- Having unsafe sex
- Sharing medicines, stopping medicines without talking to a doctor, or missing medication doses
- Taking traditional medicines that have not been discussed with a doctor or nurse
- Missing appointments at the clinic
- Not eating enough healthy foods or eating too many sugary or fatty foods
- Avoiding social contact, staying alone too much, and being inactive

Remember: Education and counseling on positive living may not result in immediate behavior change among adolescent clients. Changing behavior takes time, self-confidence, and a supportive environment! Be sure to praise clients when they recognize the need to change their behaviours and for even the smallest efforts to adopt healthier behaviors.

Helping Clients Practice Positive Prevention

Positive prevention is a key component of positive living. Health workers should help ALHIV understand how to prevent the further spread of HIV to sexual partners and children. Positive prevention includes:

- Partner disclosure and testing
- Sexual risk reduction and sexual health (see Module 10)
- Prevention and treatment of STIs (see Module 10)
- PMTCT (see Module 11)
- Prevention of blood-borne HIV transmission, including transmission through injecting drug use or sharing sharp instruments to cut or pierce the skin

Review of General Nutrition Information¹

It is critically important that health workers provide regular weight and nutrition monitoring as part of ALHIV's routine care.

Common nutritional issues for adolescents:

- Many adolescents — especially the most vulnerable adolescents like orphans, street youth, and others — face food insecurity.
- Many adolescents develop bad eating habits, such as eating a lot of “junk food” (see box below), skipping meals, and having erratic eating patterns because of busy lifestyles.
- Some ARVs may cause adolescents to lose their appetite and some may cause changes in physique, such as lipodystrophy.

Junk food

Sometimes when adolescents are very busy or do not have time to prepare food, they (and their families) eat pre-prepared foods and “junk foods.” Health workers should help clients understand why they should avoid “junk foods,” like soft drinks, sweets, and potato chips/crisps — they cost a lot of money and have little nutritional value. It is always best to eat fresh, natural foods, which are also usually cheaper than packaged and pre-prepared foods.

Eating a “balanced diet”

Eating a “balanced diet” means eating a variety of foods from each of the 3 food groups (see *Appendix 9C: Basic Food Groups*) and eating enough food every day. It is always best to eat foods grown at home or produced locally instead of eating foods that have been imported or processed, which do not have as many nutrients.

For additional information on healthy eating for people living with HIV, see the “Resources” section on the first page of this module and also refer to your national nutrition and HIV guidelines.

General Nutrition Recommendations for ALHIV

Health workers can counsel and educate adolescent clients and their family members about good nutrition. Advise them to:

- Eat a well-balanced diet that includes a variety of fresh foods and that is based on what is locally available and affordable. See *Appendix 9C: Basic Food Groups*.
 - Make “energy giving foods” (“GO” foods/starches) the biggest part of every meal.
 - Eat “body building foods” (“GROW” foods) with every meal. Whenever possible, a meal should contain some meat, fish, or other foods from animals. When properly combined, plant proteins (beans, peas, soya beans, peanuts, and other nuts) also provide good quality protein.
 - Eat “protective foods” (“GLOW” foods), which include all kinds of fruits and vegetables, every day.
 - Use fats and oils in moderation.
 - Avoid junk food and processed foods.
- Increase caloric intake, especially with “GO” and “GROW” foods.
 - Asymptomatic ALHIV may need 10–15% more energy intake than people without HIV.
 - Symptomatic ALHIV require between 20–30% more energy intake — this translates to another full meal each day or 2–3 additional snacks.
- Try to eat small meals frequently and have a regular meal schedule (remember, adolescents often have erratic eating patterns due to their busy lives).
- Have their weight routinely monitored and recorded. If there are changes or other indications of nutritional problems, the health worker should conduct a nutritional assessment (see next section).
- Receive nutritional education and counseling (along with their caregivers) as a part of all HIV care appointments.
- Take a daily multivitamin supplement as a routine part of care in order to prevent micronutrient deficiencies.

Many of the activities listed above in Table 9.2 will enhance appetite (for example, exercising), aid digestion (for example, drinking plenty of water), and prevent food-related illness (for example, practicing good food hygiene).

Conducting a Nutritional Assessment

Health workers should follow their national guidelines and be sure to:

- Weigh adolescent clients at each visit, record their weight in the patient chart, plot it on a growth curve (for adolescents who are not yet full grown), and look for and ask about changes.
- Conduct anthropometric, clinical, and dietary (and biochemical, where available) assessments regularly.

A summary of key anthropomorphic assessments and their interpretations is included in *Appendix 9D: Key Components of a Nutritional Assessment*.

The goal of nutritional assessments is to determine if nutritional problems exist and, if so, the severity and probable causes. Health workers should consider the high incidence of food insecurity for families in the region, especially those affected by HIV. Every nutritional assessment should include a discussion of the ability of the client and his or her family to buy or grow enough healthy foods to eat. Nutritional counseling, education, and advice should always be adapted to the realities of a particular client's situation.

Weight monitoring

It is important to weigh **EVERY** client at **EVERY** visit. Their weights should be plotted on growth curves (or at least recorded in a table) for easy comparison with previous weights. **Even adolescents who have stopped growing and adults need to be weighed at every visit!**

Common Nutritional and Eating Problems and Advice for Adolescent Clients and Caregivers

Health workers should try to support adolescent clients with nutritional problems and work with them and/or their caregivers to address these problems with home-based nutrition interventions. Prompt treatment of symptoms can support clients to adhere to their care and treatment plan, including ART, which in turn can prevent or reduce many symptoms.

See *Appendix 9E: Nutritional Management of Common Symptoms Related to Advanced HIV Infection* for more information.

What to Do When Clients and Families Do Not Have Enough Food

One of the most common challenges ALHIV and their families face is lack of food. Some ways health workers can help ALHIV and their families get or grow enough good foods to eat are:

- Provide practical counseling and education on good nutrition, gardening, purchasing locally available foods, and how to store and prepare food.
- Make sure clients take multivitamins.
- Work with the rest of the multidisciplinary team to establish formal linkages between the clinic and agricultural and food support organizations, including by initiating food distribution to clients at the health facility level.
- Link clients with agricultural support programs, nutrition support programs, and animal husbandry and other income-generating activities in the community.

Helping Clients Avoid Alcohol and Drugs^{2,3}

Substance use versus abuse

Not everyone who uses drugs becomes addicted, but alcohol and other substance use can cause problems for ALHIV, whether they are addicted or not. There are different levels of substance use:

1. Social or recreational use
2. More frequent use
3. Physical dependence or addiction to the substance

Health workers can help adolescents avoid alcohol and other substance use in the first place and can also help clients already using or abusing drugs and alcohol by providing support and referrals. This includes risk reduction counseling and referrals to more intensive treatment if needed and available (see Module 6).

Drugs and alcohol: A part of life for many adolescents

- Many adolescents face a lot of challenges and temptations when it comes to drugs and alcohol.
- People sometimes drink or use drugs to take away their worries. However, coping with sadness or stress by using drugs or drinking alcohol will only make people feel physically and emotionally worse in the long term, even if it makes them feel better at first.
- When people take drugs or alcohol, they may become addicted. This means that their body starts to need the substance and that they feel unwell if they do not get it.
- People who are addicted to drugs and alcohol often do not eat well because they spend most of their money on drugs and alcohol rather than on food. Drug and alcohol use can also affect people's appetite.
- Helping adolescents learn about the risks of drugs, alcohol, and cigarettes before they start using them helps prevent addiction and harmful effects. This education can be done through individual counseling and health education sessions or group health education sessions with adolescents (and caregivers).
- Screening adolescent clients for alcohol and drug abuse and providing counseling, referrals, and treatment to those who abuse substances are key components of adolescent HIV care and treatment. They are also important aspects of supporting ALHIV to live positively.

Predictors of abuse

Some predictors of drug and alcohol abuse include:

- **Family factors:** Adolescents who observe their parents or close family members using or abusing drugs or alcohol are more likely to use or abuse substances themselves. Genetic risk factors for developing addiction contribute to this risk. Other family risk factors include parental absence, inconsistent discipline, lack of communication within the family, conflict between parents and adolescents, death of parents due to HIV, and family breakup. Drug use is most prevalent among ALHIV who do not have strong support systems.
- **Peer factors:** Spending time with peers who use alcohol and drugs is perhaps the strongest predictor of adolescent substance use and abuse.
- **Mental health problems:** There is a strong link between mental health problems and substance abuse.

- **Response to stress:** Alcohol and other drug abuse in adolescents may be the result of feeling out of control, feeling hopeless, or having a lack of direction in life. Adolescents may use drugs to feel better about life events that they see as being out of their control.

Consequences of adolescent alcohol and other substance use

Adolescents face unique risks and problems associated with alcohol and substance use, including:

- **Poor adherence to HIV care and treatment:** Alcohol/substance use can have a significant negative impact on an individual's adherence to HIV care and medications.
- **School-related problems:** Adolescent alcohol/substance use is associated with declining grades, absenteeism from school, and dropping out of school.
- **Risky sexual practices:** Adolescents who use drugs and alcohol are more likely than non-using adolescents to have sex, initiate sex at a younger age, and have multiple sex partners. As substance use reduces their ability to practice safer sex, they are at greater risk for unplanned pregnancies, transmitting HIV, and transmitting or acquiring other sexually transmitted infections.
- **Delinquent behavior and juvenile crime:** Drug use can lead to selling drugs, stealing, and violent behavior.
- **Developmental problems:** Exposing the brain to alcohol during adolescence may interrupt key processes of brain development, possibly leading to mild cognitive impairment.
- **Physical and mental consequences:** Alcohol and other substance use has negative effects on the user's mind and body.
 - Some of these effects are short-term, such as memory loss due to a drinking binge that results in a blackout.
 - Severe long-term use can cause problems such as certain cancers (for example, upper digestive tract and liver cancers from alcohol abuse, lung cancer from smoking, etc.), heart or respiratory failure, stomach ailments, central nervous system damage, and sexual impotence.
 - Alcohol use also interacts with conditions like depression and may contribute to suicide.
 - Some studies have shown that drinking alcohol may accelerate HIV disease progression, as both HIV and alcohol suppress the body's immune system.
 - Alcohol and other substance use also increases a person's risk of violence and accidental death from trauma.

Prevention of alcohol and substance use

Prevention strategies should be linked to the overall goal of prevention or less harm/safer use.

Substance use prevention education strategies health workers may use include:

- Ensuring ALHIV have positive peer support networks and are linked to support groups
- Counseling clients to increase their awareness of the consequences of alcohol and drug use
- Counseling clients on risk reduction to enhance their healthy lifestyle decision-making ability
- Ensuring clients receive psychosocial support to help them develop a range of positive coping skills (see Module 5)
- Ensuring clients with mental health problems or disorders are referred for support and treatment (see Module 6)

Identifying and Treating Alcohol and Substance Use Disorders

The use of alcohol and other substances can become severe enough to constitute the diagnosis of a mental disorder. See Module 6 for more information, including *Appendix 6C: Screening for Alcohol Dependency* and *Appendix 6D: Screening for Drug Abuse*.

Exercise 1: Supporting ALHIV to Live Positively: Case studies and large group discussion

Purpose	To work through case studies that will help participants think about how to best handle challenging situations with adolescent clients
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Case Study 1:

During a routine visit, A___, a 16-year-old young woman, tells you that she has been feeling sad a lot lately and hardly ever feels hungry anymore. You also notice that she does not appear to have bathed in several days. She tells you that she has been living with HIV her whole life and isn't sure what is causing her to feel so down. *How would you proceed with A___?*

Case Study 2:

E___ is a 16-year-old who recently found out that she has HIV. She comes to the clinic every month but is always quiet. One of the Adolescent Peer Educators mentioned that he saw her hanging out with some older men outside of a store. She was smoking a cigarette and sharing some beer. *How do you plan to talk to E___ about positive living when she comes for her next clinic visit?*



Module 9: Key Points

- The concept “positive living” encompasses not only maintaining one’s physical health but also taking care of one’s mind and soul.
- Health workers should routinely address positive living with their adolescent clients, using a variety of channels.
- Although adolescents ultimately have to reach within themselves to ensure that their minds are healthy, there is a lot health workers can do to help them find and maintain emotional and psychosocial health.
- As ALHIV develop and age, so does their need for information about staying healthy. Examples of healthy living include: using condoms and family planning, adhering to care and medicines, staying active, making friends, getting rest, eating healthy foods, and exercising regularly.
- “Positive prevention” is also a part of positive living. This refers to preventing the further transmission of HIV.
- Good nutrition is an important component of positive living. Health workers should provide regular weight and nutritional monitoring and counseling as part of ALHIV’s routine care.
- Health workers can help adolescents avoid alcohol and other substance use and can also help clients already using alcohol or other substances by providing counseling and referrals to treatment.
- Health workers should remember that education and counseling may not result in immediate behavior change among adolescent clients. Remember that behavior change takes time, self-confidence, and an enabling environment.

Appendix 9A: Web Resources for ALHIV⁴

Avert.org: An online resource with easy to understand information on HIV transmission prevention, treatment, care, epidemiology, pathology, politics, and more. Available at: <http://www.avert.org>

The Body: An online HIV and AIDS resource that aims to 1) use the Web to lower barriers between patients and clinicians; 2) demystify HIV/AIDS and its treatment; 3) improve patients' quality of life; and 4) foster community through human connection. Available at: <http://www.thebody.com>

Body and Soul Charity: A UK-based organization supporting people living with HIV. Its Teen Spirit section (for people living with HIV aged 13-19) provides comprehensive information and resources geared specifically toward young people living with HIV. Available at: <http://www.bodyandsoulcharity.org>

"Does HIV Look Like Me?": This campaign was conceived of by YLHIV from Hope's Voice (see below) and aims to target stigma, discrimination, and ignorance about the HIV and AIDS pandemic using mass media. Thus far, 200 "ambassadors" — young people living with HIV — have participated in the campaign using film, photography, and speaking opportunities in schools, churches, and community groups to raise awareness about HIV and people living with HIV. Available at: <http://www.doeshivlooklikeme.org>

Go Ask Alice!: Columbia University's web portal for young people's questions about sex, sexuality, and more. Available at: <http://www.goaskalice.columbia.edu>

Global Network of People Living with HIV and AIDS (GNP+): An organization with several regional networks working to improve the quality of life for all people living with HIV and AIDS. Available at: <http://www.gnpplus.net>

Global Youth Coalition on HIV/AIDS (GYCA): A youth-led global network of 5,000 young people working to end the spread of HIV in over 150 countries worldwide. GYCA prioritizes 1) Networking and sharing of best practices; 2) Capacity building and technical assistance; 3) Political advocacy; and 4) Preparation for international conferences. This site can be used to find other young people, mentors, donors, funders, scholarships, trainings, and event opportunities related to HIV, AIDS, and sexual reproductive health. Available at: <http://www.youthaidscoalition.org> – please note that, at the time of writing, this site was down

Hope's Voice: A YLHIV-led organization committed to decreasing stigma around HIV and AIDS through education and campaigns. Hope's Voice aims to empower HIV positive youth to be leaders in educating their communities and to be catalysts for change around the globe. Available at: <http://www.hopesvoice.org>

International Community of Women Living with HIV (ICW): A global community of women living with HIV. Available at: <http://www.icw.org>

My Sex Life: Info for Poz Youth: A youth-friendly, informative guide on safer sex and sexuality for YLHIV created by the AIDS Committee of Toronto and Positive Youth Outreach, Canada. Available at: <http://www.actoronto.ca/home.nsf/pages/mysexlife>

Youth R.I.S.E.: An international youth network for reducing drug-related harm. Available at: <http://youthrise.org/>

Appendix 9B: Life Skills Training Resources

Advocates for Youth. (1995). *Life planning education: A youth development program.*

This manual details activities that people can use to help youth develop relationships, communication skills, plans for the future, and a better understanding of sexual health and risk behavior. Available at: <http://www.advocatesforyouth.org/publications/555?task=view>

Alliance. (2006). *Our future: Sexuality and life skills education for young people.* This is a series of workbooks developed by the Government of Zambia that contain information on sexual health and HIV education for youth in and out of school. The workbooks are divided by grade (grades 4-5, 6-7, and 8-9). Available at:

<http://www.aidsalliance.org/publicationsdetails.aspx?id=211>

Botswana Teen Club. *Teen club life skills curriculum.* This curriculum, which is still under development, includes topics such as feelings and emotions; financial literacy; grief and bereavement; love, sex, and dating; and adherence. Available at:

<http://botswanateenclub.wordpress.com/resources/teen-club-life-skills-curriculum/>

Family Care International. (1999). *Get the facts: A flipchart for adolescents.* This flipchart was developed in collaboration with IPPF/Africa Region to help generate discussion; provide accurate information; and stimulate actions related to healthy relationships, improving communication with parents, condom negotiation, HIV/AIDS, STIs, and other important reproductive health issues for adolescents. Available at:

<http://www.familycareintl.org/en/resources/publications/38>

Office of Sustainable Development Bureau for Africa. (2003). *Life skills and HIV education curricula in Africa: Methods and evaluations.* This report pulls together what is known about existing classroom-based life skills programs. Several previously evaluated African programs described, along with research findings and lessons learned. Available at: pdf.usaid.gov/pdf_docs/PNACT985.pdf

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Appendix 9C: Basic Food Groups^{5,6}

The basic food groups are:

- **Energy giving (or “GO”) foods**, which give us energy and make us **GO**. They include rice, maize meal, millet, sorghum, potatoes, sweet potatoes, bread, pasta, cassava, and green bananas. These foods should make up the biggest part of each meal.
 - **Fats and sugars** can help give us energy, help us gain weight, and make foods taste better. However, they should be eaten together with healthy foods and in moderation. “Good fats” include things like avocados and groundnuts.
 - **Roughage, also known as fiber**, is important for bowel movements and, therefore, helps prevent constipation.
- **Body building (or “GROW”) foods** provide protein, helping to build our bodies and keep our muscles strong. They include meat, poultry, fish, cheese, eggs, fresh and sour milk, beans, and groundnuts. Every meal should include at least 1 body building food. Note that ALHIV should try to eat legumes every day (for example, beans, lentils, peas, and nuts). These foods are usually cheaper than meat and provide a good source of protein.
- **Protective (or “GLOW”) foods** provide vitamins and minerals to help the immune system stay strong and fight off infections. They include all kinds of fruits and vegetables.

Examples of energy giving, body building, and protective foods:

Energy giving “GO” foods (starches)	Body building “GROW” foods (proteins and dairy)	Protective “GLOW” foods (fruits and vegetables)	
<ul style="list-style-type: none"> • Maize meal • Rice • Bread • Cassava • Matoke • Porridge • Yams • Millet • Sorghum • Potatoes • Chapati • Plantains • Arrowroots • Crackers • Pasta (noodles) 	<ul style="list-style-type: none"> • Beans • Lentils • Peas (cow, garden, pigeon, etc.) • Groundnuts • Sesame • Eggs • Fish • Beef • Lamb • Goat • Chicken • Pork • Insects • Milk • Yogurt • Cheese 	<ul style="list-style-type: none"> • Carrots • Cabbage • Tomatoes • Okra • Kale • Spinach, leafy greens • Sweet potato and cassava leaves • Pumpkin leaves • Eggplant • Mushrooms • Cauliflower • Cucumber • Capsicum/peppers 	<ul style="list-style-type: none"> • Avocados • Pineapple • Mango • Oranges • Lemons/limes • Papaya/pawpaw • Ripe bananas • Pears • Plums • Peaches • Apples • Jack fruit • Watermelon • Passion fruit • Guavas

Appendix 9D: Key Components of a Nutritional Assessment

Measures	Interpreting results and next steps
Anthropomorphic assessment	
Weight and Height	<ul style="list-style-type: none"> In patients who have lost 10% of body weight or 6–7 kg in a month: Assess ART eligibility If loss >5% of body weight over 2-3 months associated with OIs: Treat underlying conditions If loss of >10% of body weight over 2-3 months associated wasting syndrome (WHO Stage 4): Start ART.
BMI = Weight (Kg) / Height (M²) <ul style="list-style-type: none"> BMI 18.5–24.9: Normal weight BMI 25–29.5: Overweight BMI 30 and above: Obese (Does not apply to pregnant women)	<ul style="list-style-type: none"> If BMI <18.5: Provide counseling and supply therapeutic food supplements If BMI >30: Recommend weight loss without compromising nutrition status
MUAC (mid-upper arm circumference) Recommended for adolescents and adults who cannot stand up for weight and height measurements and for pregnant women	Adults <ul style="list-style-type: none"> <16 cm: Severe malnutrition 16–18.5 cm: Moderate malnutrition Pregnant Women < 17 cm: Severe malnutrition 17–21.9 cm: Moderate malnutrition
Clinical assessment: what to look for	
<ul style="list-style-type: none"> GI problems (diarrhea, nausea, vomiting) OIs that may interfere with food intake and absorption Concurrent medical conditions (diabetes, hypertension, lipid problems) Medication profile (medications taken, side effects that may affect food intake or absorption) 	
Dietary assessment: what to ask about	
<ul style="list-style-type: none"> Eating patterns, food regularly consumed, and frequency of meals What foods are available and affordable Food intolerance, allergies, and aversions Dietary problems (for example, poor appetite, difficulty chewing and swallowing) Food preparation and handling practices Psychological factors that may contribute to inadequate food intake (for example, depression) Physical activity Use of mineral or vitamin supplements Living environment and functional status 	
Biochemical assessment (where available)	
What to test for or evaluate	Next steps
<ul style="list-style-type: none"> Serum albumin and/or proteins 	<ul style="list-style-type: none"> If low serum albumin: Advise a high protein diet
<ul style="list-style-type: none"> Micronutrient deficiencies (e.g., anemia) 	<ul style="list-style-type: none"> If hemoglobin (Hb)<10: Advise diet high in iron and folic acid
<ul style="list-style-type: none"> Glucose and lipid profile 	<ul style="list-style-type: none"> If abnormal blood glucose: Profile for diabetes If abnormal lipid profile: Do further clinical evaluation

Appendix 9E: Nutritional Management of Common Symptoms Related to Advanced HIV Infection^{5,6}

Note: All of the recommendations for nutritional support and management of symptoms should be combined with routine clinical care and treatment, including ART.

Sign/symptom	Nutritional recommendations and management
<p>Major weight loss (sometimes called “wasting”)</p>	<ul style="list-style-type: none"> • Eat small meals often. Try to include “body building” foods (protein) with each meal. • Eat snacks during the day if possible (such as groundnuts, boiled eggs, and avocados). • Eat more “energy giving” foods (like rice, maize meal, bread, and porridge). • Eat more beans, lentils, peas, and groundnuts. • Try to eat more meat, fish, and eggs. • Use more fats and oils in food, especially “good fats” like avocados and nuts. • Eat more dairy foods (like milk and yogurt). • Add dry milk powder or pounded groundnuts to foods (like porridge and cereals). • Add sugar, honey, syrup, or fruit jam to foods. • Try to eat more of your favorite foods. • Adhere to your care and treatment plan, including ART. • ALHIV may experience changes in their body shape. This is a long-term side effect that can be caused by ART. Some ALHIV may develop more fat on their stomach, breasts, or other areas and may lose fat in their face, arms, and legs. These side effects may be confused with weight gain or weight loss.
<p>Diarrhea</p>	<ul style="list-style-type: none"> • Eat soups and drink safe water, rice water, thin porridge, and weak tea to avoid dehydration. • Drink oral rehydration solution (ORS). • Eat small amounts of food many times a day. • Eat foods like millet, bananas, peas, and lentils to help retain fluids. • Eat foods like rice, bread, millet, maize, porridge, boiled potatoes, sweet potatoes, and crackers, which are easy to digest. • Eat soft foods like bananas, squash, cooked and mashed green bananas, paw-paws, mashed sweet potatoes, and mashed carrots. • Eat eggs, chicken, or fish for protein. • Adhere to your care and treatment plan, including ART. <p>Stay away from:</p> <ul style="list-style-type: none"> • Strong citrus fruits (like oranges and lemons) • Dairy products, such as milk — try fermented products instead, like yogurt or sour milk • Caffeine (coffee and tea) • Alcohol • Fried foods • Very sugary foods • Extra oil, butter, or lard • Gas-forming foods (like cabbage, onions, and carbonated soft drinks)

Sign/symptom	Nutritional recommendations and management
Nausea and vomiting	<ul style="list-style-type: none"> • Drink fluids (especially clean water) to prevent dehydration. • Eat bland soups. • Eat fruit, such as bananas. • Eat lightly salty and dry foods (like crackers or bread) to calm the stomach. • Drink herbal teas and lemon juice in hot water. • Eat small amounts of food many times a day. • Adhere to your care and treatment plan, including ART. <p>Stay away from:</p> <ul style="list-style-type: none"> • Spicy or fatty foods • Caffeine (coffee and tea) • Alcohol
Mouth and throat sores or infection	<ul style="list-style-type: none"> • Eat soft mashed foods, such as scrambled eggs, cooked carrots, sweet potatoes, bananas, soup, paw-paws, and porridge. • Eat cold foods or foods at room temperature. • Drink liquids, such as beef broth or lentil/pea soup. • Rinse the mouth with clean, warm salt water before and after eating. • Use cinnamon tea as a mouthwash. • Suck on clean ice, if available, to relieve pain. • For thrush, eat fermented foods (like plain yogurt and sour milk). Sucking on a lemon and eating garlic can also help. • See the nurse or the doctor, and adhere to your care and treatment plan, including ART. <p>Stay away from:</p> <ul style="list-style-type: none"> • Spicy or salty foods, which can irritate mouth sores • Strong citrus fruits and juices, which can irritate mouth sores • Sugary foods and drinks • Rough foods like toast and raw vegetables • Alcohol
Loss of appetite	<ul style="list-style-type: none"> • Eat small, frequent meals throughout the day. • Eat nutritious snacks between meals. • Take walks before meals if possible — fresh air helps to stimulate appetite. • Avoid smoking — it reduces appetite. • Add seasonings, especially herbs, to food to give it more flavor. • Try rinsing out the mouth after meals. • Use lemon, raw tomatoes, or tonic water to stimulate the taste buds. • Chew food well and move it around the mouth to stimulate taste buds. • Avoid strong-smelling foods. • Eat with others as much as possible. • Adhere to your care and treatment plan, including ART.
Taste changes (can sometimes be caused by ARVs and other medications)	<ul style="list-style-type: none"> • Change the sweetness, saltiness, or sourness of food by adding sugar, salt, jam, or lemon (which also increases the taste). • Try different herbs and spices. • Eat more fish or chicken, as meat can often have a metallic taste. • Eat lentils, beans, or split peas. • Brush teeth after eating to remove any aftertaste. • Adhere to your care and treatment plan, including ART.

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