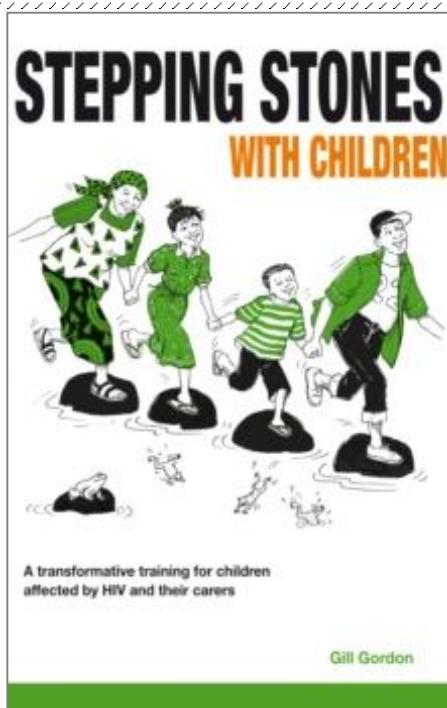


Handouts for *Stepping Stones with Children*



This *Handout for Stepping Stones with Children* is to be used with the *Stepping Stones with Children* training manual published by Practical Action Publishing, 2016.

You can download this handout for free for use with this training manual from the www.steppingstonesfeedback.org website.

On this website there are also many other resources to support you with this training manual and the original Stepping Stones training manual.

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CHILDREN BY CHOICE NOT CHANCE

1. Can children make a baby?

Girls can get pregnant before they start menstrual bleeding because an egg is released from an ovary two weeks *before* their first period. Boys start making sperm, which can make a pregnancy, around the age of 12–14 years or sometimes earlier.

2. Ways that sexually active people can prevent pregnancy

Method	How reliable
Masturbate each other or have 'outercourse' with no fluid exchange.	100%
Have oral sex.	100%
Use fertility calendar to have sex when she is least likely to be fertile.	50%
The female takes emergency contraception within 72 hours of having sex without using a contraceptive or if condom breaks.	55-95%
Use male or female condoms	80-90%
The female uses the cap (diaphragm)	80%
The female takes a contraceptive pill every day.	99%
The female gets a contraceptive injection every 2 or 3 months.	99%
The female gets a contraceptive implant every 3–5 years.	99%
The female has an intra-uterine device (IUD) fitted.	99%
The male or female is sterilized.	100%

3. Pregnancy and HIV

With the right support and medication, nearly all babies born to women with HIV can be free of HIV. Babies that do have HIV can be given ARV treatment when they need it; with good care and correct medication they can grow up in good health and, when they are adults, have their own babies free of HIV.

Pregnant women are often tested for HIV, but not always in ways that respect their rights. A human rights approach to pregnancy and HIV testing includes:

- voluntary and confidential pre- and post-test counselling and testing;
- only testing with the female's informed consent;
- not telling partners or others the result without the woman's express permission;
- if she has HIV, support in starting or continuing ARVs during her pregnancy to protect herself and her baby;
- support in having normal vaginal delivery if viral load is undetectable and no other STIs are present;
- not pressuring the woman to continue ARVs after delivery until she herself needs them (rather than for the sake of the child or her partner);
- not blaming the woman if her baby gets HIV.

4. Planning for a healthy baby

Before conception. Both parents-to-be have an HIV test. If either of them have HIV, they use condoms to protect one another, except on days in the menstrual cycle

when she is most fertile. This is about halfway between the start of one menstrual period and the start of the next period. Physical signs that the woman is fertile include: clear, stretchy and slippery vaginal discharge; breast tenderness; bloating; mild tummy pain; and increased interest in sex. If either partner has HIV, they may start ARVs to minimize transmission risk and for the health of the woman.

Some women with HIV are advised to start treatment before conceiving in order to protect the baby during pregnancy, delivery, and breastfeeding. Yet they may also feel anxious about the effects of the treatment on the baby and themselves. It is best for them to consult their doctor about this.

During pregnancy and delivery. The woman attends the antenatal clinic as soon as she suspects pregnancy. She brings her partner, or attends alone if she prefers. She tells the health provider if she and/or her partner have HIV. If they have not had an HIV test, both partners are invited to have one. The woman may have another test later, as women can get HIV, perhaps through unprotected sex, during pregnancy.

If either partner has HIV or an STI, injects drugs, or has sex outside this partnership, they should use condoms or abstain during pregnancy and breastfeeding.

The mother takes ARVs when her health provider advises her that her body needs them. She takes care to prevent illnesses, and has any illnesses treated quickly.

She delivers the baby at a health unit in a way that reduces the chance of HIV being shared with the baby. If she has an undetectable viral load and no other STIs, this can often be by normal vaginal delivery.

The baby is given ARVs during the pregnancy via the mother, during delivery, and while breastfeeding, to minimize its chances of getting HIV.

After delivery. The parents learn how to feed the baby in a way that reduces its chance of getting HIV from breast milk, based on local health ministry guidelines.

5. Information about early pregnancy

Early pregnancy before 18 years is dangerous for girls and for their babies.

Both partners are responsible for avoiding pregnancy and when a pregnancy occurs.

6. Information about abortion

Medical abortion is *safe* for women if it is done early enough by a qualified medical practitioner in a clean place, with follow up available if complications develop.

Abortion is *unsafe* when it is carried out in a dirty environment by an unqualified person; it can cause infertility or death.

- It is best to delay sexual intercourse until we are mature enough to avoid unwanted pregnancy and the dangers of unsafe abortion.