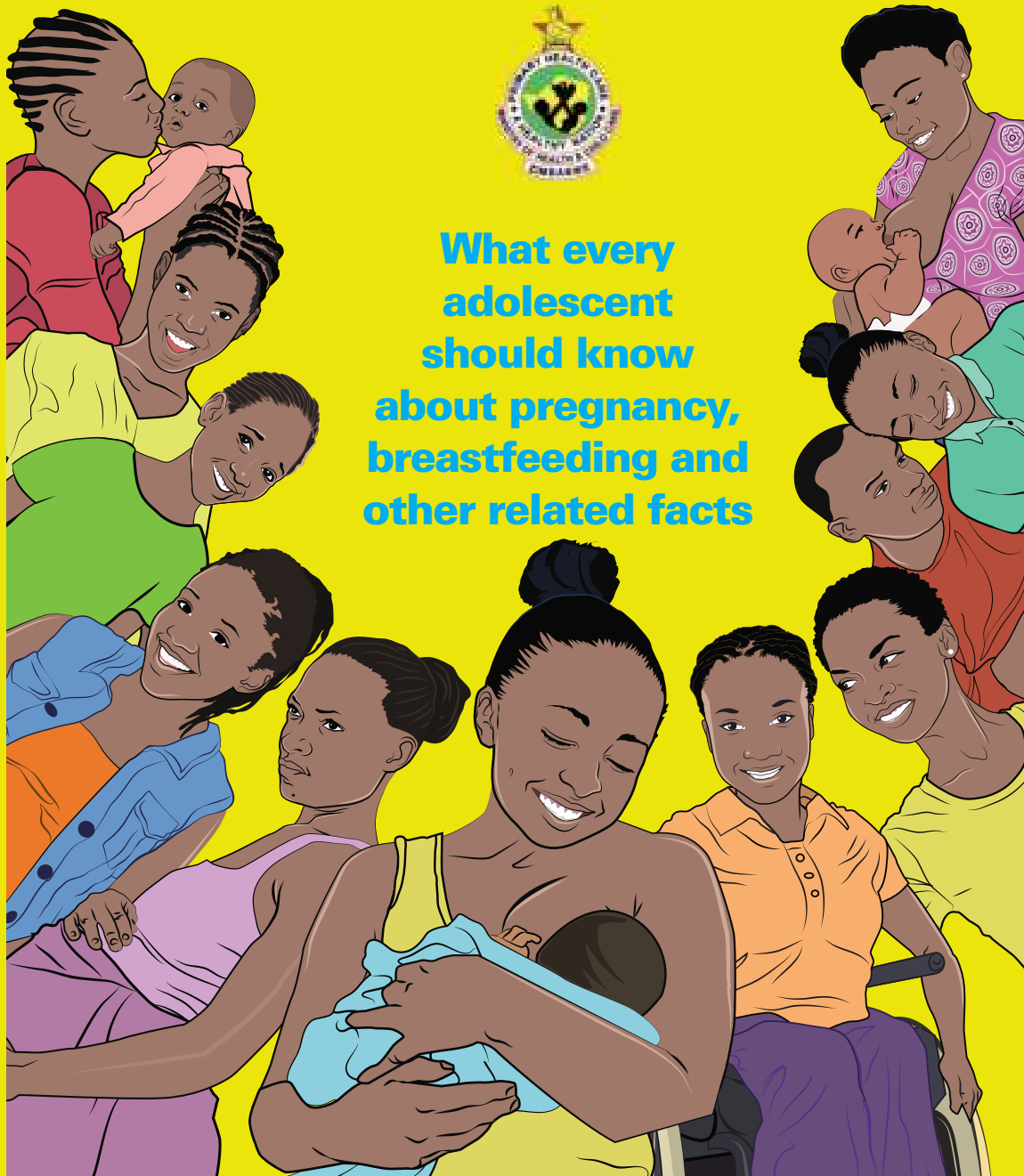




**What every
adolescent
should know
about pregnancy,
breastfeeding and
other related facts**



**It's your future.
You can protect it!**

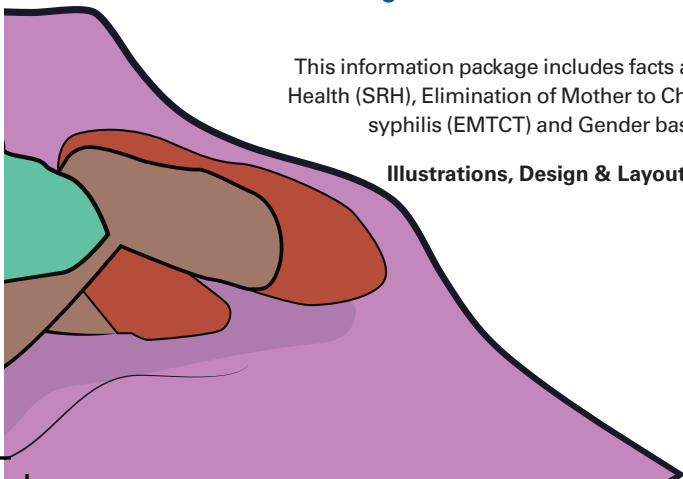


What every adolescent should know about pregnancy, breastfeeding and other related facts



This information package includes facts about Sexual Reproductive Health (SRH), Elimination of Mother to Child Transmission of HIV and syphilis (EMTCT) and Gender based Violence (GBV).

Illustrations, Design & Layout - Xealos Design



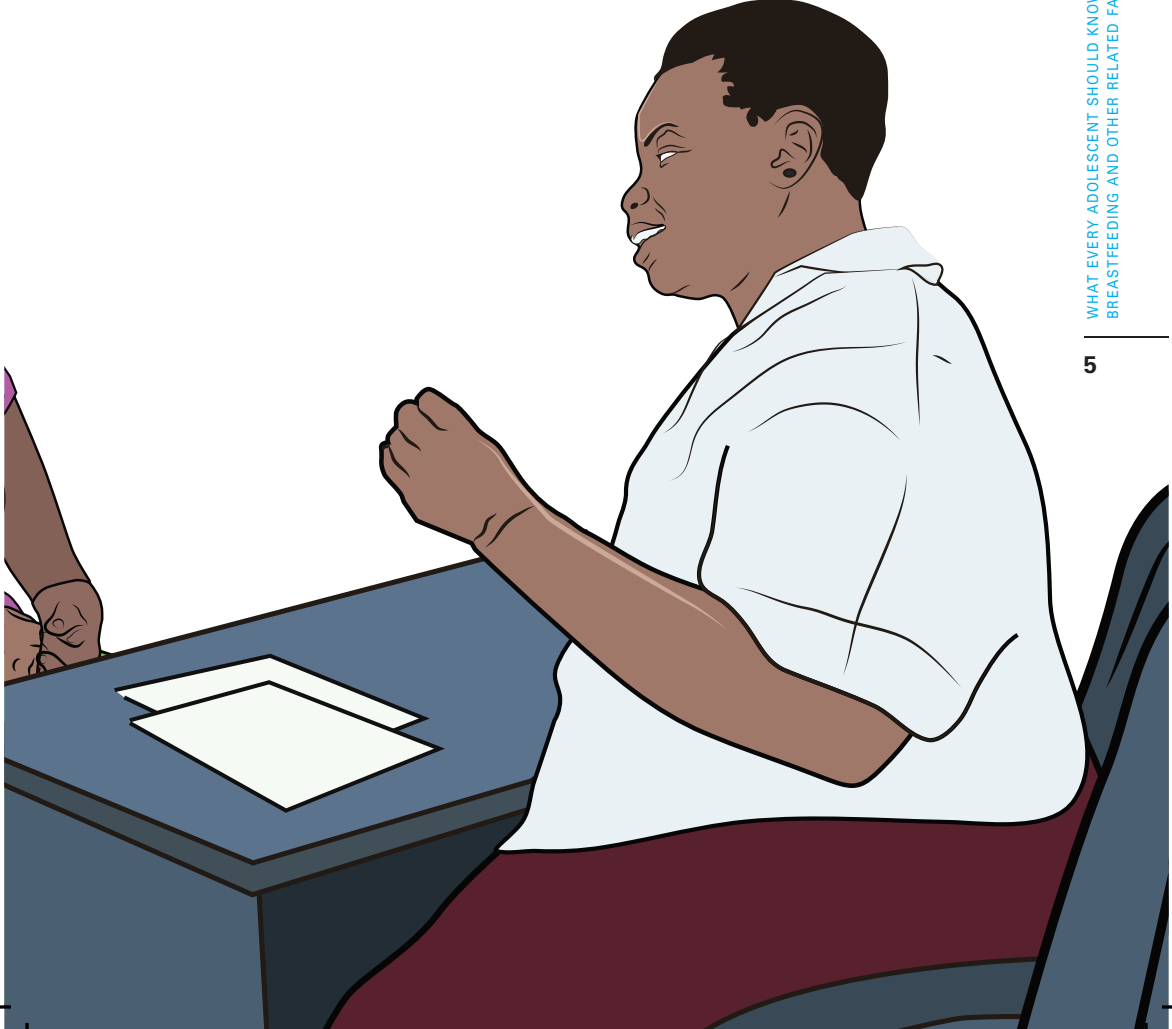
Acknowledgements

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Introduction: The facts about pregnancy and breastfeeding that every adolescent should know

Are you
planning to
have a baby?



Are you an
adolescent who
is pregnant or
breastfeeding
mother?



For adolescents and with adolescents

This booklet is designed especially for adolescents regardless of race, tribe, religion and age. It was designed with input from Adolescents. As an Adolescent, you have more power than anyone to take care of yourself.

You are in charge of your health!

You can read it on your own, or in groups, or have someone read for you.

Here you can find out what you need to know about pregnancy, labour & delivery and after birth care. You can also read about services that are provided including information on how to eliminate the mother to child transmission (EMTCT) of HIV and syphilis; how to involve your partner and your family or caregivers, what to do if you experience abuse and violence, the importance of psychosocial support, when and how to use family planning methods, dangers of drug and substance abuse. Included is also a list of other services where you can go or be referred to, depending on your unique needs.

You have the right to be healthy!

At the same time, use this information to talk with your parents, guardian, or another adult you trust about sex and relationships. They were adolescents once, too!

You need understanding and support from your parents/caregivers, teachers, health workers, relatives and community leaders!

Read the booklet together with your partner if available. His support and involvement during your pregnancy, during childbirth and after birth will alleviate the stress on you and create a good environment for a happy and healthy family. If your partner/boyfriend rejected you when you fell pregnant, do not despair: nurses, counselors or doctors at your nearest clinic or hospital will support you and can also talk to your parents/caregivers on the importance of support to you.

If you are also having sex during pregnancy or breastfeeding, you can protect yourself and your partner from sexually transmitted infections (STIs) and Human immunodeficiency virus (HIV) using condoms.

If you want to use contraception and family planning, talk with your health care provider. Ask about all types of birth control methods and which is best for you.

The best birth control method for you is abstinence or the one you use in the correct way, each and every time you have sex!



As a young mother, this information is important to ensure that you have a healthy pregnancy and deliver a healthy baby and that the baby thrives through childhood.

Should you need to know more about pregnancy, child birth and breastfeeding, as well as HIV, syphilis and other medical conditions related to pregnancy and any form of abuse, feel free to talk to a nurse or doctor at your nearest clinic or hospital.

Be Strong! Knowledge is power!

01

Adolescents visiting a health clinic



10



KEY MESSAGE

Confidential policy:
You have rights to
confidentiality and
to consent to care.

**Go to the human immunodeficiency
virus (HIV) clinic any time with
questions, for birth control, or for STI
tests or HIV test.**

Confidentiality

Health information disclosed or discussed during your visit is confidential. This means that your health information cannot be shared with anyone—including parents or guardians—without your permission, unless required by law or if the health care provider is concerned that you might harm yourself or someone.

Privacy

- The health provider should see you to discuss sensitive topics in a counseling room/area where other health care staff or clients cannot hear the conversation or see who is participating.
- Your medical records should be kept secure such as in locked files, or password-protected electronic medical records.

Consent

- The provider should give you clear information about informed consent—your right to complete and understandable information about your care and medical procedures, and to give permission to receive medical care related to contraceptive and reproductive health.

Cultural and linguistic appropriateness

- The health center environment and staff should leave you feeling respected and engaged in your health care.
- The care provided addresses the unique biological, cognitive, and psychosocial needs of adolescents.
- Conversations between adolescents and providers are two-way, where adolescents feel respected and not judged.

Comprehensive services

- You should be informed, assessed and appropriate care provided as needed for mental health, substance use, violence, STI/HIV counseling, testing, and treatment, human papillomavirus (HPV) screening, contraceptive and reproductive health services;
- A referral is provided for services that are not available at the specific health center. You can read more about referral to other services in Chapter 10 at page 58.

Parent/Guardian involvement

As a young pregnant or breast-feeding mother, a lot of things will be new to you especially if it's the first pregnancy, so support from your parents/caregiver is most important.

Your parent/caregiver can accompany you to the clinic for antenatal clinic or hospital even in the waiting mothers' home, where pregnant mothers are accommodated just before birth, if their home is far away from the clinic. Parental or caregiver support during the pregnancy and after birth of the baby is most important to help you adjust and cope with the latest changes.

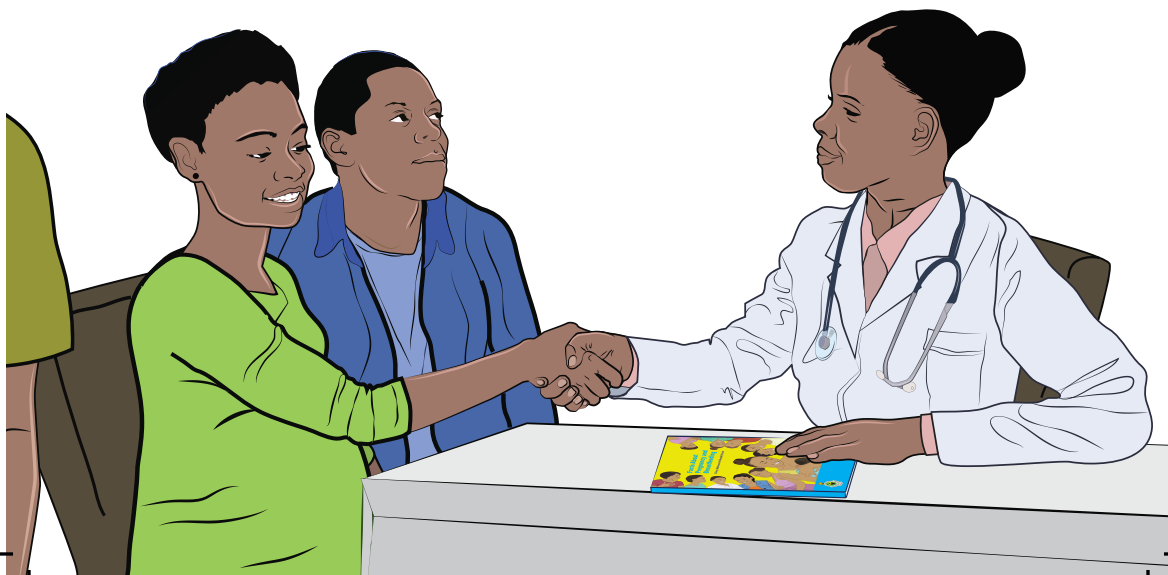
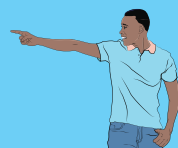


Partner Involvement

- Support from you partner if available is most important to reduce fear and anxiety during pregnancy, labour, delivery and after.
- Where possible, attend antenatal and postnatal lessons and doctor reviews together.
- Depending on your culture and religion, you can let your partner feel the baby's movements. This helps to create bonding between baby and the father.
- Our Zimbabwe policy also allows a partner to support wife during labour and delivery. However, this may not be possible if there is no adequate space and privacy in the clinic or hospital.
- Involving the partner in antenatal and postnatal classes can also help to clarify and address sensitive issues with the in laws. For example, the grandparents may want to introduce solids to the infant before 6 months or may want to give traditional medicines to the baby.
- The partner can also provide the financial resources required.



Note: It is possible for both you and your partner to have an HIV test



02

Care during pregnancy antenatal care



14



KEY MESSAGE

Adolescent Mother

A well-cared for pregnancy leads to a happy mother and a healthy new born baby

1. About you and your pregnancy

- You can be pregnant when you are sexually active and miss at least 2 menstrual periods and/or when you have a positive pregnancy test.
- When you find yourself pregnant do not hide but tell your partner or friend, your mom, auntie, grandmother or any other close relative. Also report early to the nearest health facility. **Late disclosure of the pregnancy and late booking may increase the risk of complicated labour & its consequences.**
- At the clinic, the nurses will care for you during pregnancy which is known as antenatal care.
- Antenatal care (ANC) services will assist you to:
 - Monitor the baby is growing in your womb
 - Take care of your own health.

The above four services are known as four elements/ pillars of EMTCT services

2. What to expect in antenatal care (ANC) also known as “Scale”

- As a pregnant adolescent girl, you will receive youth friendly care at every visit.
- A trained health care worker will make sure that you receive:
 - Good care during pregnancy (including tests and necessary treatments),
 - Important information about your pregnancy, and
 - Emotional support.
 - Will also help you to get on the examination bed if the bed is too high for you. Also feel free to ask the nurse to help you get on the bed if you are having difficulties.



Note: Even if you are blind, deaf, have speech impairment, can't walk unsupported, among others; (or such a woman is identified in the community). Be encouraged to go, or be taken to the nearest clinic or hospital to be assisted by the service providers to have a safe pregnancy and delivery; and your baby monitored.



- At the clinic or hospital, the health care providers will do their best and serve you in an individual, client centered style, in a youth friendly manner, as per the needs/challenges of the disability.

- **What is important for you is to maintain good health during pregnancy and after, have a healthy baby who is not infected by HIV and syphilis and thrives through childhood.**
- **Most hospitals and clinics have walk ways which makes them easily accessible to people using wheelchairs.**
- You need to visit the clinic or hospital for ANC up to 8 times depending on your condition or that of your unborn baby. The table that follows shows you the times when to visit clinic /hospital during pregnancy.

First trimester (0-12wks)

ANC visit 1: up to 12 weeks (3 months) of the pregnancy

Second trimester (13 – 28 weeks):

ANC visit 2: 20 weeks

ANC visit 3: 26 weeks

Third trimester (29 – 40weeks):

ANC visit 4: 30 weeks

ANC visit 5: 34 weeks

ANC visit 6: 36 weeks

ANC visit 7: 38 weeks

ANC visit 8: 40 weeks

Return for plan of delivery at 41 weeks if not given birth.

3. Your first ANC visit (also known as the booking visit)

- **Go for your first ANC visit at the earliest possible time before 12 weeks or as soon as you know that you are pregnant so that if you have any problems they can be identified early and attended to.**
- You are encouraged to go with your male partner to the clinic.
- You, the baby in your womb and your partner will be assessed:
- The health worker will take your detailed history and contact details. Please give correct address and phone number so that the health worker can contact you for exams' results and follow up on your health and of your baby.

- It is important to give correct information including that of invisible disabilities, so that you can get appropriate care and support).
- You will be examined and your expected date of delivery/birth will be calculated for you. That will help to check how your baby is growing.
- Several tests will be done to find out if you have any problems and these include:
- **Checking your blood levels** to see if you have low blood in pregnancy.
 - **Testing your urine** to check if you have a urine infection in pregnancy. You may not have any signs, but a urine test can show the infection.
 - If urine test result shows infection; you will be treated; to prevent premature birth and low birth weight baby.
 - Your blood will be tested for your blood group. Your blood group is also important in the event you need to be given more blood. Nurses and doctors need to make sure you get blood that matches with your blood group.
 - Tetanus toxoid vaccination: You will be given vaccination against tetanus, depending on previous tetanus vaccinations you have had, to prevent newborn death from tetanus.
 - **You will be advised by health care worker whether you need to take preventive malaria treatment (IPTp): in pregnancy.**
 - **If yes**, you will be given mosquito nets; and medicine to prevent malaria in pregnancy.



Note: If you are on Cotrimoxazole (Septrin) prophylaxis you should not be given malaria prevention treatment in pregnancy.



- **Screening/checking for TB infection will be done.**
- There will be checking of your **weight and height**.
- An **ultrasound scan** of the womb, if available and affordable, will be done to estimate your unborn baby's age, sex and check for any abnormalities if it is a late booking. Routinely, it should be done at 20 weeks.
- Testing you and your partner **for HIV and other STIs including syphilis;**
- **It is important that you and your partner get tested together for HIV and syphilis.**
- After knowing your results, you will be educated on what the different results mean and what to do after the testing.
- Feel free to ask your health care providers questions about your pregnancy.
- You can read more about HIV and syphilis in annexes page 65.

4. Ways of eliminating (stopping) the spread of HIV from Mother to Child (EMTCT)

- Know that the spread of HIV from mother to child can be significantly prevented through services such as:
 - Preventing HIV spread among the men and women in childbearing age.
 - Preventing UNPLANNED pregnancies among HIV positive women.
 - When pregnant, preventing spread of HIV from mother to child by taking every single dose of their ARV drugs at the right time for life as prescribed by the health care workers.
 - Mothers and their families receiving care and follow-up support from the clinic or hospital, peer support groups from community health workers; among others.
 - **The above four services are known as EMTCT services.**
 - **It is therefore important that:**



Note: If a pregnant young woman and partner test HIV negative, they should remain negative throughout pregnancy, child birth and during breast feeding period and for life. Talk to the nurses or your doctor about ways to protect yourselves from HIV. It is possible for an HIV positive pregnant mother to give birth to an HIV negative baby.



- If one tests positive, anti-retroviral drugs will be given for life to prevent transmission of HIV during pregnancy, during birth and breast feeding.



5. Have you gone to the first ANC as a pregnant Adolescent girl with a known (documented) HIV positive status?

If yes; you will be:

- Further examined for the clinical stage of HIV.
- Checked if you are taking your ARVs consistently to keep the level of HIV in your blood very low, so as not to infect the baby.
- Tested for levels of HIV in your blood also known as viral load. The test will be repeated every 6 months until you have stopped breastfeeding.
- **Given ARVs, if not started yet, which are to be taken consistently to keep the HIV levels (viral load) in your blood low/undetectable.**
- Know that there is a risk of getting ARVs resistance (medicines not working well) either before treatment or due to poor adherence to ARVs.
- **Therefore, it is important to keep your viral load very low (undetectable); which gives you good health, and a higher chance of giving birth to an HIV negative child.**
- **Your partner will be tested and treated for HIV if not tested already.**

6. Have you been newly found to be HIV positive: at booking or any other following ANC visits?

If newly diagnosed HIV positive in ANC you will:

- Receive prompt counselling from health care worker on how to always take your ARVs.
- Be started on these life-long ARVs preferably on the same day.
- Be assessed on the kind of support you need when back at home to take your ARVs daily.

- Be helped to identify treatment buddies to help you cope.
- Be followed up thereafter to check on how you are taking your ARVs and support you to cope.
- Be supported to disclose your HIV positive status to your partner.
- It is important that you commit to taking your ARVs and be retained in care all your life!

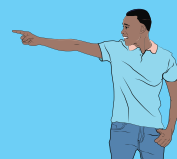
7. Have you been found to be HIV negative at the first ANC visit or any other following ANC visits?

- If you test HIV-negative, you will:
 - Receive post-test education to check your risk of getting HIV.
 - Be helped to make plans on how you and your partner can reduce chances of contracting HIV infection and transmitting it to your baby.
 - Be tested for HIV again.
 - At 32-34 weeks.
 - During labour and delivery.
 - At 6 weeks postnatal visit.
 - At every 6 months thereafter until 6 weeks after you stop breastfeeding your baby.

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Note: Aim to remain HIV-negative so that you do not get infected while pregnant or breastfeeding and spread the infection to your baby. Continue to receive routine antenatal.



8. Have you got different HIV results from your partner; meaning one of you is positive and the other negative?

- If you got a different HIV results from your partner, meaning one of you is positive and the other negative, this is called being a discordant couple.
- If you are the HIV positive partner; you will be managed as the HIV positive pregnant adolescent girl or young woman explained above.
- Practice safe sex with your male partner - use condoms correctly and consistently.
- If your male partner is the one HIV positive and you are negative: he will be

counselled on and started ARVs immediately; while you use condoms correctly and consistently and can take pre exposure prophylaxis (PrEP).

- **The health care worker will support you on how to manage a discordant relationship.**

9. What to do when your partner does not want to be tested

- Talk to the nurses who can counsel your partner and encourage him to be tested. The partner may not feel comfortable to go for a test at the clinic, other means of testing such as self-test can be done at home.
- If your partner refuses completely, you need to use protection to prevent transmission of HIV and syphilis.

10. Management of syphilis in pregnancy

- If you are found to have syphilis:
 - Both you and your partner will be treated right away, (preferably before 26 weeks of pregnancy), so that you do not spread it to your baby in the womb.
 - Your baby will also be treated as soon as you give birth.
 - Your syphilis-exposed baby will be regularly examined by nurses and tested for syphilis after every 3 months until syphilis test is negative.
- **If you were not tested together with your partner, ask him to get tested as soon as possible and be treated as needed. Even if you get treated and your partner does not, he can re-infect you.**
- **If it is not easy for you to ask your partner to go for a syphilis test ask for help from the health care worker to support you to talk to him.**
- **Congenital syphilis (a child born with syphilis) infection is completely preventable.**
- Read page 70 for more information about syphilis.

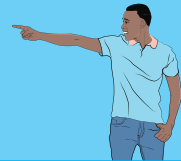
11. Management of common pregnancy related symptoms

- Many people notice symptoms early in their pregnancy, but others may not have any symptoms at all. Common signs and symptoms of pregnancy can include:
 - Missed period.
 - Swollen or tender breasts.
 - Nausea and/or vomiting.
 - Feeling tired.
 - Bloating.

- Constipation.
- Peeing more often than usual.
- Some early pregnancy symptoms can sometimes feel like other common conditions (like pre-menstrual syndrome).



Note: So the only way to know for sure if you're pregnant is to take a pregnancy test. You can either take a home pregnancy test (the kind you buy at the pharmacy), or get a pregnancy test at your local clinic or hospital or private doctor.



- Feeling sick with an urge of wanting to vomit (**Nausea**). You can take ginger, vitamin B6, for relief of nausea in early pregnancy, If vomiting is too severe, visit your health provider.
- **Loss of appetite (reduced desire to eat):** The main reason for appetite loss is nausea. Due to the nausea, your desire to eat is reduced. Loss of appetite during pregnancy is quite normal and there is no need to panic.
- **If the nutritional needs for the developing baby cannot be met due to this loss in appetite, then you need to be treated and the health care worker will help you.**
- **Heartburn: (burning feeling on the upper part of your tummy)** You will be given advice on diet and lifestyle to prevent and relieve heartburn in pregnancy, or some antacid preparations can be given if troublesome symptoms are not relieved by lifestyle changes.
- **Leg cramps:** If you get leg cramps in pregnancy report to the health provider in ANC and they will advise you on treatment. For example the Calcium tablets given to you to take daily, can relieve the leg cramps.
- **Lower back/pelvic pain:** If you get low back or pelvic pain; inform the health care worker in ANC and you will be directed on what regular exercise you can do throughout pregnancy to prevent the pain or they will give you different treatments as needed.
- **Difficulty in defecating (constipation):** If you get difficulty in **defecating** in pregnancy; changing your diet to increase fruits and vegetables can give you relief, or if diet change fails, tell the health care worker at ANC and you will be given fiber medicines to relieve you.
- **Enlarged veins and swelling of your feet in pregnancy:** If you get visible enlarged veins or swelling of your feet in pregnancy; report this at the ANC. If they find that there is no other cause other than the pregnancy; health care

worker will advise you on how to manage this, **such as raising up your legs; avoiding eating salty foods, and resting.**

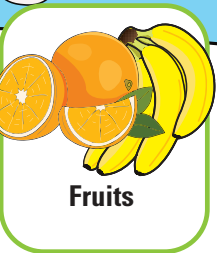
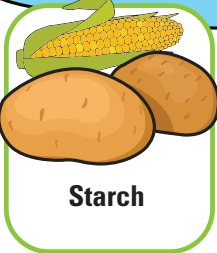
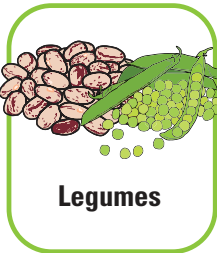
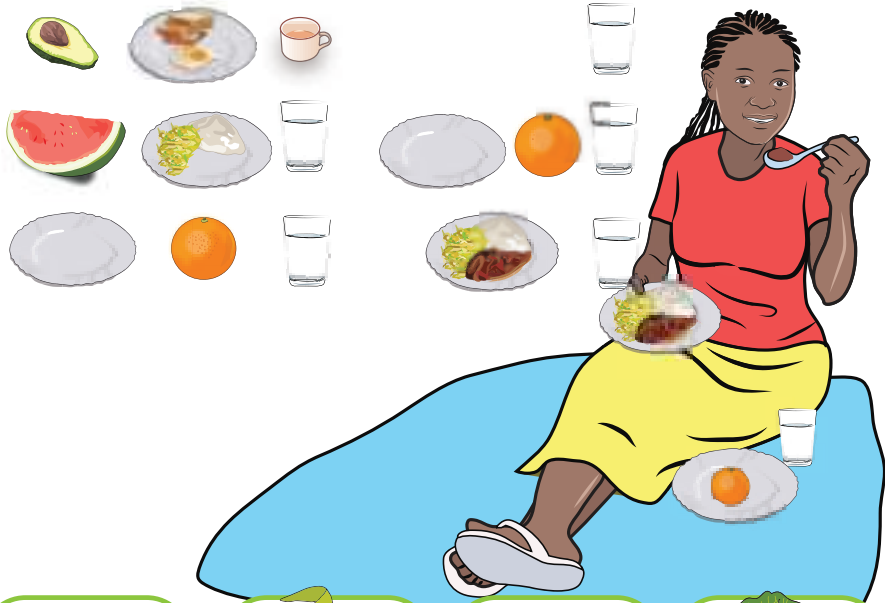
12. What about nutrition in pregnancy?

- You will be counselled about healthy eating and keeping physically active during pregnancy.
 - Eat at least 4 meals per day to maintain good health.
 - Eat a variety of healthy foods in each meal.

The healthy foods (the 4-star diet) include:

- Staples (e.g. maize, rice and potatoes),
- Legumes (e.g. beans, nuts, peas).
- Animal protein (e.g. meat, fish, eggs, milk).
- Fruit and vegetables especially those locally available.
- Make sure food is well cooked and covered to prevent contamination.
- You will also be given:
 - Iron and folic acid tablets to prevent getting anemia in pregnancy.
 - Calcium to reduce the risk of getting pregnancy-induced high blood pressure (pre-eclampsia), which can cause you to have fits, baby dying in the womb, etc.
 - Calcium is found in food such as milk, milk products (i.e. yogurt), green leafy vegetables and soya beans.
- Foods to avoid at all during pregnancy:
 - Unpasteurized or raw milk.
 - Raw or undercooked eggs, raw or undercooked fish, meat.
 - Limit coffee to 1 cup and day and limit other or caffeine containing products such as cola fizzy drinks.
 - Alcohol.
 - Eating highly processed foods like salty snacks, sweets, sugary foods.
- The above foods may contain pathogens which may cause premature/preterm deliveries, miscarriages, severe illness or death of the newborn.

My pregnancy plate: An example for healthy eating during pregnancy



13. Danger signs during pregnancy



If you get the following signs please report to the health facility immediately without waiting for your next scheduled visit:

Note:

- » **Any bleeding from the vagina**
- » **Severe headache**
- » **Blurred vision (not able to see clearly)**
- » **Swollen feet**
- » **Fits (convulsions)**
- » **Severe abdominal pains**
- » **Abnormal or no baby movements**
- » **Feeling worried about any other aspect of your pregnancy eg feeling depressed or crying all the time or feeling dizzy**
- » **Labour pains when your baby is not due (pre-term labour).**



14. Birth preparedness

- It is important that you save money or seek financial and other support from your partner, family, or nearest social welfare; to meet the required costs of pregnancy, child birth and caring for the baby.
- Costs may include:
 - An ANC booking fee (if needed).
- Tests, clinic care, and/or transfers to district hospital level of care as need.
- Preparing a bag with baby's clothes, baby layette, nappies, vaseline, bucket, among others.

However, if you cannot get the required funds, please go to the clinic and talk to nurses there, they will assist with advice on what to do.

You should deliver your baby in a clinic or hospital, where experienced health care workers and needed equipment are available to ensure:

- A safe birth to a live and healthy baby.
- To manage any complication that may arise.

In case you deliver your baby at home; report to the nearest clinic or hospital as soon as possible within 24 hours for further care.

Always carry your ANC booklet with you wherever you go, in case you need to go to clinic/hospital. The booklet will assist the nurse or doctor to check on how you have been doing with your pregnancy so that appropriate care can be given.

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15. Psychosocial support

As an adolescent with or without disabilities, especially when unmarried; when you find that you are pregnant:

- You may feel stressed, ashamed, or filled with fear and may not even believe it.
- Stress may also come up due to rejection by your boyfriend and/or parents or friends or school.
- Thoughts of abortion may come.
 - OR
- During pregnancy or after labour and delivery, you may feel low or sad and may find it difficult to fall asleep or to maintain a good sleep at night, or feel alone, depressed and overcome. This is called post-natal depression or blues.

If you find yourself in such a condition:

- Discuss your concerns with the health care provider so that your views and fears are understood.

- Request for more counseling to the health care provider and request for social support to help make informed decisions, cope better with the pregnancy, labour and delivery, post natal care and beyond, and improve your quality of life.



Note: Your mental wellbeing is important for the growth of your baby. If stressed or worried, talk to a nurse or primary counselor at your clinic.

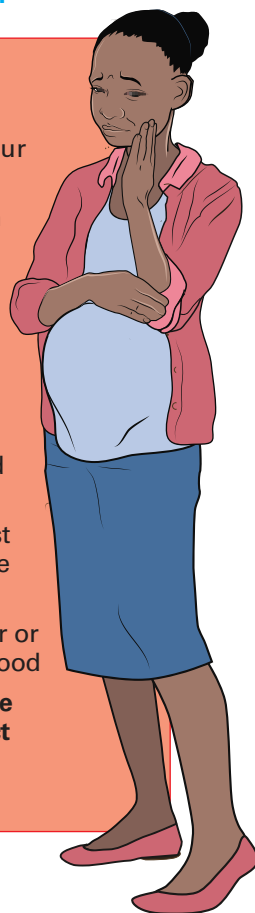


16. What are some of the common pregnancy myths and misconceptions that exist in our communities?



Be aware of pregnancy myths and misconceptions such as:

- Do not disclose pregnancy lest witches attack your unborn baby.
- Do not take hot foods, especially tea, you will burn the baby.
- Do not eat paw paws as they increase labour pains.
- Do not take sugarcane; it will give the baby a rash.
- Mothers with disabilities will automatically give birth to children with disabilities.
- Sleeping in the afternoon when pregnant will result in baby sleeping during labour leading to delayed delivery.
- A pregnant mother should not walk barefooted, lest witches take the soil of her footprints and harm the baby.
- Do not give the first breast milk (which is like water or yellowish in colour) to your baby because it is not good
- **You can ask the health provider in ANC about these concerns and he/she will explain the facts in a correct way.**



03

Giving birth, labour and delivery care



KEY MESSAGE

Go to deliver at the facility closest to your home



HIV and syphilis testing services are offered to you during labour and delivery, in case you are due for retesting or you do not know your HIV and syphilis status



1. What can happen towards the end of your pregnancy?

Before the onset of labour you may notice some changes including:

1. **Relieving of abdomen pressure.** A few weeks or days before labour starts, as baby moves down to position him/herself for birth. This may give more space to your lungs; making it easier for you to breathe.
2. **There may be increased pressure on your bladder;** making you pass urine more often.

These changes may be obvious to you or you may not notice anything.

3. **Increased energy (also known as nesting):** You may wake up one morning feeling full of energy, with an urge to clean and organize your things, something often associated with “near labour” experience.
4. **“False contractions” – which are sometimes mistaken to be labour.**
 - These start at around 7 months of pregnancy and get stronger as pregnancy grows.
 - They can be visibly tightening or hardening the abdomen but are not painful.

2. What are some of the major signs and symptoms of labour?

Labour and delivery care is care provided to adolescent girls and young women during childbirth by trained health-care workers, in order to give the best health conditions for both mother and baby.

- Every adolescent’s labour is different, however,
- Understanding the usual signs and symptoms of labour will help you know what to expect as your due date of delivery approaches.

Some signs and symptoms of going into true early labour may include:

- **Period – like cramps.**
- **Lower abdominal pains.**
- **Backache.**
- **Loose stools or diarrhea.**
- **A slimy thick mucus or discharge from the vagina (the show).**

- **“Real contractions”** – the earlier false ones now become real strong, painful and regular – like every 10 minutes
- **Breaking of the water.** You may notice a gush or trickle of water from the vagina, which is referred to as **the breaking of the membranes**. Make sure you have enough padding material.

When you get several of these signs and symptoms of labour; go to the nearest clinic or hospital for further care.

3. Stages of labour & delivery

There are 3 stages of labour:

First stage: the duration of active first stage should not last beyond 12 hours if its first pregnancy, and usually does not go beyond 10 hours in the next pregnancies.

Second stage: This is the period for pushing and birth of your baby.

- It varies from one woman to another.
- It can be as fast as 20 minutes or can last up to 1 hour.
- It's a time during which you can have an uncontrolled strong desire to deliver as a result of strong contractions.
- It is important that you listen to the nurse's instructions so that the baby comes out well.

Third stage: This is the time for delivering the placenta after the birth of the baby and can last up to 30 minutes.

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Note: know that the trained health worker at the clinic or hospital will explain this to you when you go for delivery of your baby.



5. Danger signs during labour and delivery.



If you get the following signs during labour and delivery; please report to the health facility as soon as possible or if you are already at the clinic tell the health care worker without delay.



For you the mother:

- Bleeding a lot during labour and/or after delivery.
- Poor or no progress of labour (obstructed labour).
- Signs and symptoms of infection such as:
 - Prolonged rupture of membranes (over 24 hours since the breaking of the water).
 - Prolonged labour for over 18 hours.
 - Foul smelling/offensive vaginal discharge.
 - Fever.
- Fits/convulsions during labour and delivery or immediately after (up to 24 hours after delivery)
- Signs of pregnancy or labour induced high blood pressure –called pre-eclampsia and eclampsia.

Should you experience any of the following, the health provider may transfer you to the next level of care.



Note: It is important to also be aware of dangers of traditional practices such as use of labour enhancement herbs/agents.



For your unborn baby:

- No movement of baby in the womb.
- Excessive baby movements of baby in the womb.
- A slow or a very fast baby's heart rate as noticed by the health care worker.

6. What are some of the ways/modes of giving birth (delivery)?

Depending on your condition, or that of your baby, delivery can be in the following ways:

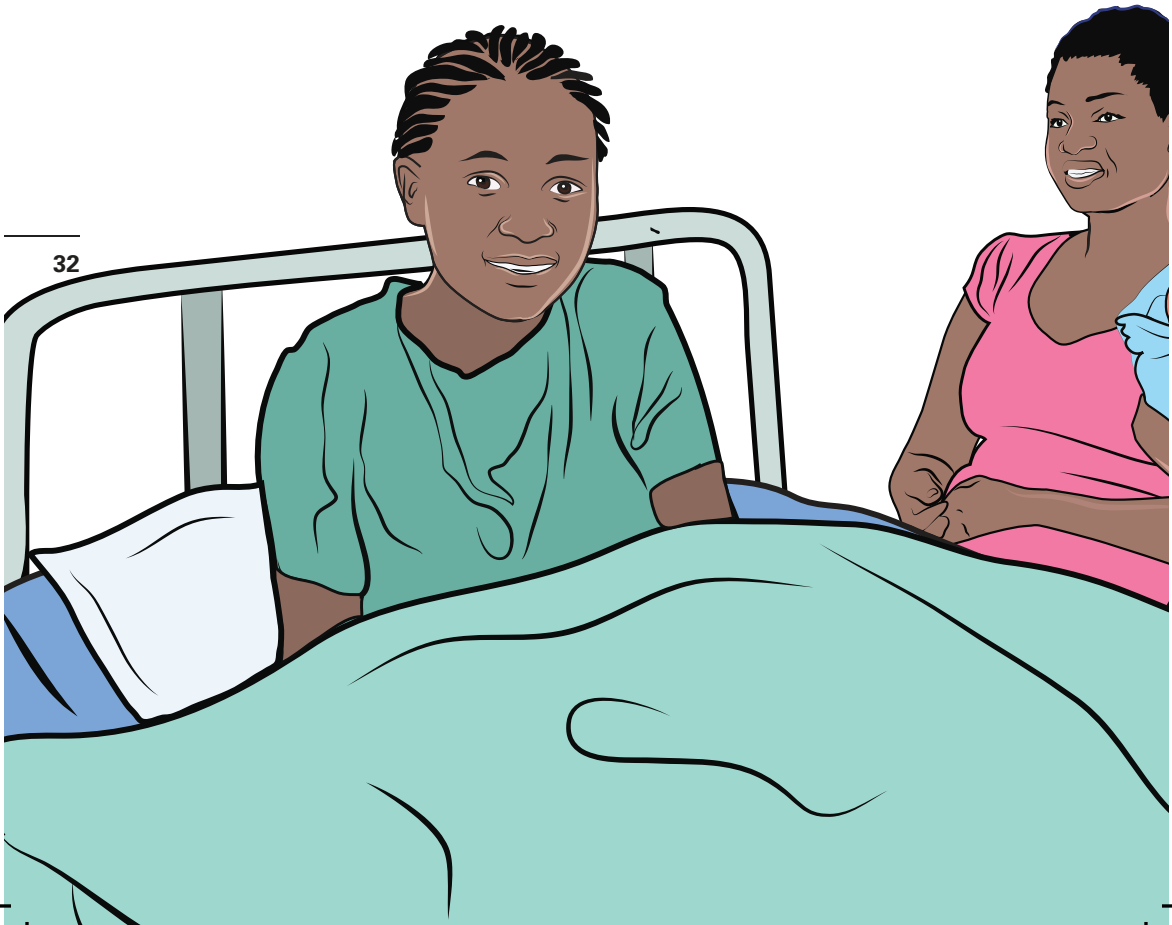
- **Normal vaginal delivery:** when all is well, the health care worker will help you deliver your baby normally.
 - The contractions will become stronger and more often. You'll get an urge to

push and the health care worker will be telling you what to do.

- **A small vaginal cut (episiotomy) – Many young mothers worry about a vaginal cut, therefore it is important you know about it.**
 - Sometimes your vagina opening is too narrow for the size of the baby’s head.
 - A small vaginal cut is made to make the opening bigger for the baby’s head to pass through and quicken the delivery.
 - After delivery the cut will be repaired with stitches.

The challenges are:

- If you are not cut; the vagina may tear on its own as the baby is delivered; giving you a rough tear that is difficult to repair and to heal.
- If you take herbs to “avoid being cut;” some of the herbs disturb your vagina skin and muscle texture, so that the cut or tear cannot be easily repaired.



- **You are operated on to remove the baby (called caesarean section):**
 - Sometimes operation may be the only way to save you and your baby when difficulties in pregnancy and delivery come up.
 - These include: bleeding through the vagina when still far off from second stage; baby's life is in danger because of lack of oxygen.



After birth post natal care [PNC]



KEY MESSAGE

Adolescent mother

It is important that you return to the health facility with your newborn baby for routine health checks or if any danger signs are present.

Caregivers/partner

Your partner or other family members should ensure that you eat enough and avoid hard physical work.

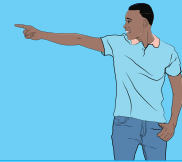
1. After childbirth (postnatal care)

First-time adolescent mothers deal with challenges that place extra demands not only on their stage of adolescent development but also on their ability to adapt to their new role as a parent. After delivery care - postnatal care is care provided to adolescent girls, young women and their babies up to six weeks following childbirth, by trained health-care providers; in order to give the best health conditions for both mother and baby.

- Your baby will be examined by a nurse or doctor (postnatal check) everyday until discharged from the clinic or hospital, then on day 3 and day 7. If the baby was small (less than 2,500g) it will be seen again at day 14.
- When you deliver in a clinic or hospital, you have a much better chance of getting a postnatal health check within 3 days of delivery than if you gave birth at home!



Note: In case you deliver your baby at home; you still need to report to the nearest clinic or hospital as soon as possible, preferably within 24 hours for further care.



2. The post natal care for you the mother

- In case you deliver your baby at home, you still need to report to the nearest clinic or hospital as soon as possible, preferably within 24 hours for further care.

At your postnatal care check, you will receive the following services:

- **Counseling and observation of breastfeeding** starting within 1 hour of delivery.
- **Checking of your sanitary pad for excessive bleeding.**
- **Psychosocial support**, including addressing concerns of postnatal blues/ depression.



Note: If you feel that you are “being caught between two worlds” or you “feel alone and desperate” and “unprepared to be a mother”, ask for extra guidance, instruction, and support from health-care providers, primary counselor, peer support groups and educators.



- **HIV testing services**, including couple or partner testing. Testing for HIV, will be done every 6 months thereafter until six weeks after child stops breastfeeding.

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- **If as a young mother you are found HIV negative in the postnatal period**, HIV prevention approaches will be offered to you, such as: risk reduction action plans, information on correct and consistent condom use and use of pre exposure prophylaxis (PrEP);

- **Again, it is important to remain HIV negative so that you do not pass the HIV infection to your baby through breastfeeding.**

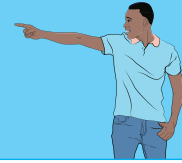
- **If you are newly diagnosed HIV positive in the postnatal period:**

- You will still be counselled and started on ART on same day; feel free to express your feelings and fears to the nurse.
- Your treatment situation will also be assessed - what kind of support you have for adherence.
- You will be helped to identify treatment buddies to help you cope.





Note: It is important that you adhere to ART & be retained in care all your life time! It is important that you adhere to your treatment so that you do not pass on the HIV virus to your baby.



- It is important that you adhere to ART and be retained in care all your life time!
- It is important that you adhere to your treatment so that you do not pass on HIV to your baby.
- Family planning counselling and services to delay next pregnancy, **will be offered, including dual protection (condom plus another contraceptive method)**
- Feel free to ask for more information about family planning methods.
- You should eat a greater amount and variety of healthy foods, such as meat, fish, oils, nuts, seeds, cereals, beans, vegetables, cheese and milk to help you feel strong and well. You can eat any normal foods - these will not harm the breastfeeding baby. Discuss any taboos that exist about foods which are nutritionally healthy.

3. The post natal care services for your newborn baby

You should receive these services as soon as possible after birth because many newborn deaths occur within 48 hours of life.

During the newborn postnatal check, the following are done:

- Umbilical cord examination and cleaning.
- Temperature measurement.
- Weight measurement.
- Assessment for any disability.
- Counselling on newborn danger signs.
- Counselling on breastfeeding and observing the baby breastfeeding.
- Immunization with BCG and Polio; among others.

If your newborn is a preterm or has any other complications or disability:

- You will be helped by the health care worker on what to do regarding care of newborn complications and you may stay longer in the clinic or hospital.
- You need to keep the baby warm to avoid low temperature.

If you are newly diagnosed HIV positive in the postnatal period:

- **Your HIV exposed baby** will be given preventive medicines as the health care worker will explain to you.
- **At the same time, baby will be tested for HIV at 6 weeks or even at birth if the birth testing machines are available.**
- **It is important that you get the results of the baby** as early as possible..
- **If baby is negative** she/he will continue with HIV preventive medicines for 6 or 12 weeks, as guided by the health care worker.
- **If the baby is positive**, she/he will be started on ARVs immediately and you will be counseled on adherence to the ARVs, and on infant and young child feeding in the postnatal period.

If you had syphilis when pregnant

- Your new born baby will be treated for syphilis as guided by the health care worker.

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4. Bathing and other immediate care of the newborn

Delay to bath your baby until 24 hours after birth. Wipe down the baby for the first ten days.

- If this is not possible due to cultural reasons, bathing should be delayed for at least six hours.

Why delaying your newborn's first bath?

- **Reduces risk of infection:** The white substance, babies are born covered in, contains proteins that prevent common infections. It is a natural anti-germ barrier against infections.
- **Stabilizes baby's blood sugar:** Bathing a baby too soon after birth can cause low blood sugar.
- **Improves temperature control:** Giving a baby a bath too soon can cause low body temperature.

- Inside mom's womb it was very warm, but most babies are born in rooms that are cold.
- If a baby gets too cold, he or she can drop their blood sugar or have other complications.
- **Improves maternal-infant bonding:** New babies need to snuggle skin-to-skin with their mom and be given a chance to try to breastfeed. The bath can wait.
- **No baby lotion required:** If you delay the bath, there is no need for artificial baby lotion. Instead, you enjoy that new-baby smell.
- **Delayed bathing may not be a practice at some clinics & hospitals, but you can still request for it.**
 - Be sure to include your desire for delayed bathing in your birth plan.
- **Dress the baby properly as per the room temperature.**
 - This means put on one to two layers of clothes more than adults, and use of hats/caps.
- **You and your baby (in clinic or hospital) should not be separated and if possible should stay in the same room or bed 24 hours a day.**
 - **For better mother-newborn bonding (affection) and continued breastfeeding.**
- **On return home, sleep with your baby in the same room or bed (whichever is possible) to keep him/her near you.**

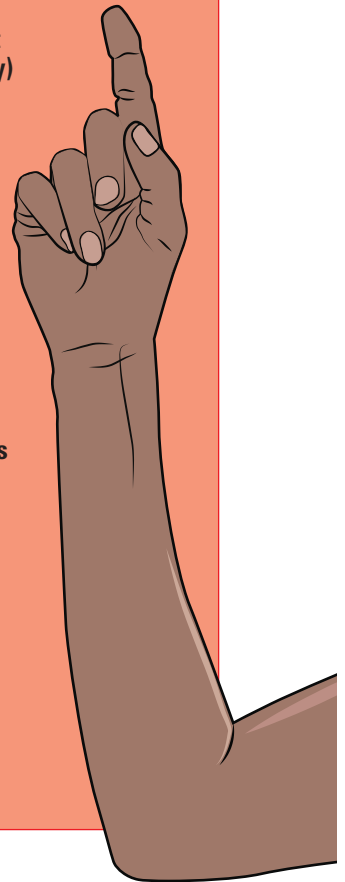
5. Danger signs for the new born

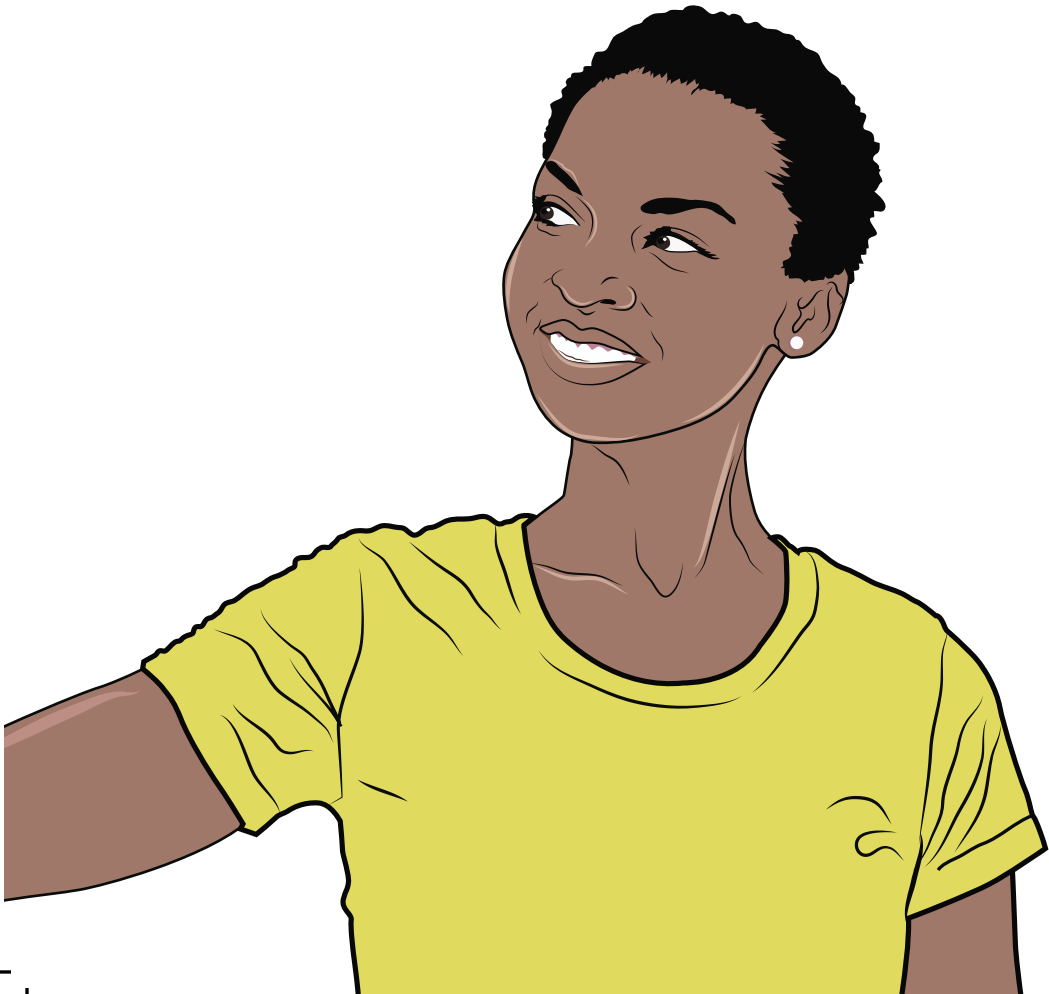
Newborn babies often present with non-specific symptoms and signs that indicate severe illness.



If your newborn baby gets any of the following signs, please report to nearby clinic or hospital as soon as possible, or if already at the clinic, notify the health care worker without delay:

- » Not feeding well since birth or stopped feeding
- » Fits
- » Drowsy or unconscious
- » Only moves when stimulated or no movement at all even when stimulated (weakness or lethargy)
- » Breathing fast or a bluish skin coloring that doesn't go away
- » Pulling in of the ribs when taking a breath (retractions) - severe chest in-drawing or difficulty in breathing
- » Hot body
- » Cold body
- » Yellow eyes and/or hands and feet (sign of jaundice)
- » Redness of the bellybutton or draining pus, skin boils, or eyes draining pus (signs of local infection)
- » No bowel movement (no defecation) for 48 hours
- » Not urinating.





Breastfeeding and infant and young child feeding practices



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KEY MESSAGE

Adolescent Mother

Regardless of your HIV status, breast milk is the best food for your baby, it has all the food and drink your baby needs; is easy to digest; helps your baby grow and contains antibodies to protect against infections and diseases

1. Infant and young child feeding (IYCF)

Mother needs support from the partner and family during the the breastfeeding period. Support can be be through helping with household chores as she breastfeeds, taking over cooking duties, fetching water or firewood, cup feeding the baby expressed breast milk. This helps the mother rest and relax so that she has adequate milk for the baby.

Good quality infant and young child feeding (IYCF) during the first 2 years of life lowers sickness and deaths among children and reduces the risk of chronic disease. Apply the following practices, which promote good quality baby's nutrition:

1. Start Breastfeeding your newborn immediately or within 1 hour after birth.

- Do not give anything else to the baby before breast milk.
- This helps quicken the production of regular breast milk.
- Reduces your risk of excess bleeding after delivery.
- Encourages bonding between you and your newborn.
- The first breast milk, called colostrum (yellowish fluid), is highly nutritious and contains "soldiers" that protect the newborn from illnesses.

2. Give only breast milk to your child for the first 6 months of life (also known as exclusive breastfeeding).

- Breast milk contains all the nutrients that an infant needs in the first 6 months of their life.
 - Therefore, it is not necessary to give other liquids (including water) or solids to the baby.
- It has a protective effect against diarrhoea.
- In the context of HIV, if HIV positive mom is adherent to ART, she should exclusively breastfeed her baby, because the risk of passing on HIV through exclusive breastfeeding is very low.
- For you the mother, exclusive breastfeeding can also delay conceiving of the next pregnancy by delaying return of your menstrual period.
- Nutrition for the breastfeeding mother:
 - Support mothers to eat healthily to get all nutrients they and the babies need, by helping them take at least 3 meals per day, to eat snacks in between meals, and to drink sufficient water every day (8 glasses or 1.5 liters).

2. Infant and young child feeding practices - What is complementary feeding

- Complementary feeding is the gradual move from exclusive breastfeeding to family foods while still breastfeeding your baby.
- This is the most critical period for the child because during this transition, children are most vulnerable to becoming underfed.
- At 6 months of age, the infant's nutrition needs begin to exceed what is provided by breast milk, and complementary foods are necessary to meet those needs.
- At 6 months, add other foods and liquids into your baby's diet alongside breastfeeding.
- Introduce nutritionally adequate, safe, semisolid and solid foods.
- slowly increase the amount of food given and frequency of feeding as the child gets older together with continued breastfeeding.

From 6 up to 9 months:

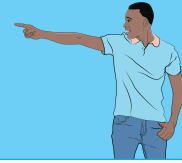
- Feed your baby with a variety of foods at each meal, 3 times a day in addition to breast milk.
- Feed the child a variety of foods (4-star diet) to ensure that needs for different food groups are met.
 1. Animal source foods (meat, fish, liver, poultry, eggs, milk and other dairy products).
 2. Staples (grains, roots and tubers like sweet potatoes, cassava).
 3. Legumes and seeds (nuts, peas, beans, round nuts).
 4. Fruits and vegetables (vitamin A rich foods- carrots, cucumber, pumpkins, butter nut, covo, oranges, wild fruits).

From 9 up to 12 months

- Feed your baby with the 4 star diet at each meal 4 times a day in addition to breast milk.
- Continue giving 4-star diet to the infant, with breastfeeding into the second year of child's life.



Note: In case you become pregnant when you are still breastfeeding your baby, **DO NOT STOP**. Continue breastfeeding until just before you deliver or when you feel uncomfortable.



Foods to avoid for your baby (junky foods)

Sweets, fizzy drinks, diluted cordials, eg mazowe drink, biscuits, crisps, freezits, corn snax, eg potato crisps, jiggies, things, etc).

All these foods have low nutritional value for the baby and can contribute to poor health later in life.



06

Parenting



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KEY MESSAGE

Adolescent Mother

Good parental support helps children to be confident, healthy and become a life-long learner

Parents can play an important role in helping their children grow healthy and become successful learners. Parents are the child's first teacher and role model. Children behave, react and imitate the same as their parents. Parents play important role in encouraging and motivating their children to learn.

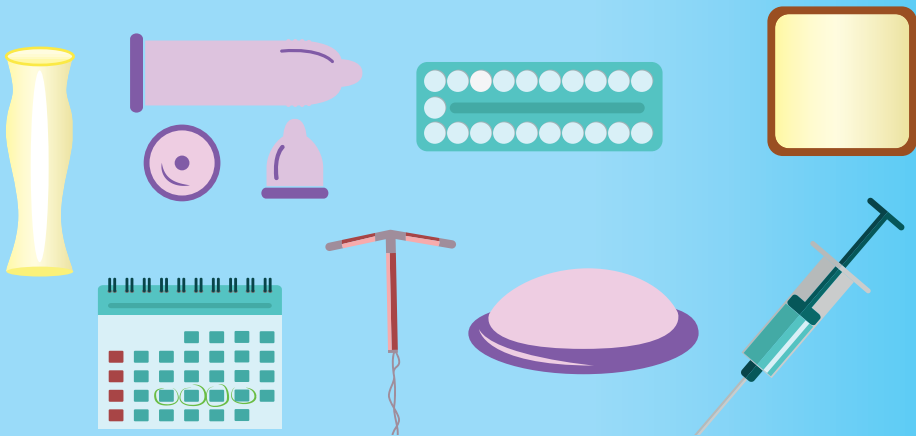
Through proper care and regular interactions, you as parents can:

- Help your children's brain grow healthy through giving them good food and through talking, singing and playing with them.
- Protect your children from harm by setting and enforcing boundaries to ensure children's safety.
- Make sure your children are immunized early to prevent childhood diseases.
- Help your children develop good reading skills by helping them to develop good listening skills. This can be achieved through singing, telling and reading stories to them from infancy. Showing the pictures in the book and talking about them helps their visual literacy.



Family planning: Delaying of next pregnancy through contraception and the importance of condom use

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KEY MESSAGE

Waiting to become pregnant at least 18-24 months after birth can lead to health benefits for you and your baby.

Contraception or family planning is the intentional prevention of pregnancy by human-made or natural methods.

- It helps you to get your desired number of children and to determine the spacing of pregnancies by delaying or preventing getting pregnant.
- Many family planning methods exist. With different durations of time they can be used (long-acting, permanent, short-term, emergency) and different modes of action (hormonal, non-hormonal, barrier, fertility, awareness-based among others). Pregnancy can occur at any time of the month and that it's important to use both a condom and another form of birth control every time you have sex to reduce the risk of pregnancy and STIs. Sexual intercourse should be avoided until the perineal wound heals.

Some contraception methods available

The health care worker will counsel you on effective family planning to help you space your births well, for at least one and a half years.

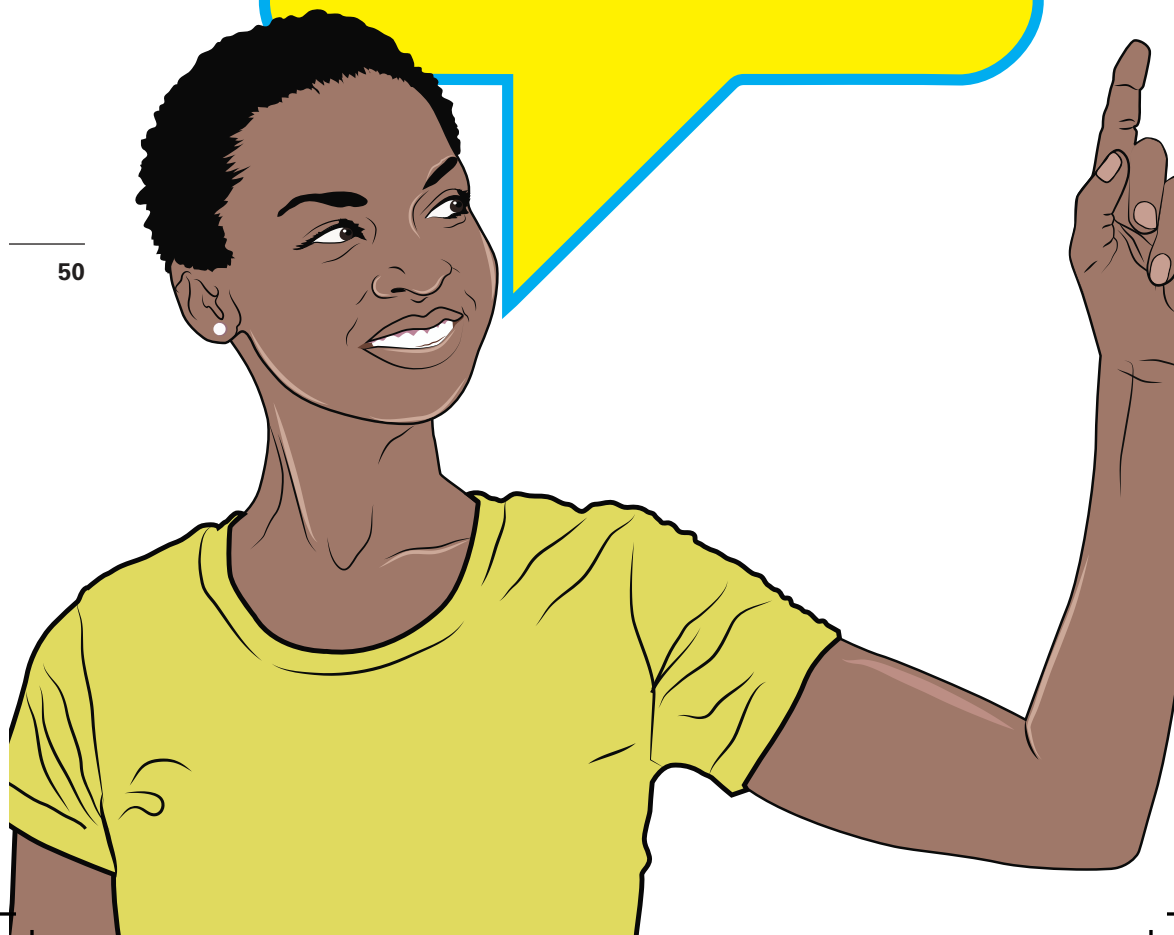
They will assist you to choose one of the available family planning methods, to help you to delay the next pregnancy, such as:

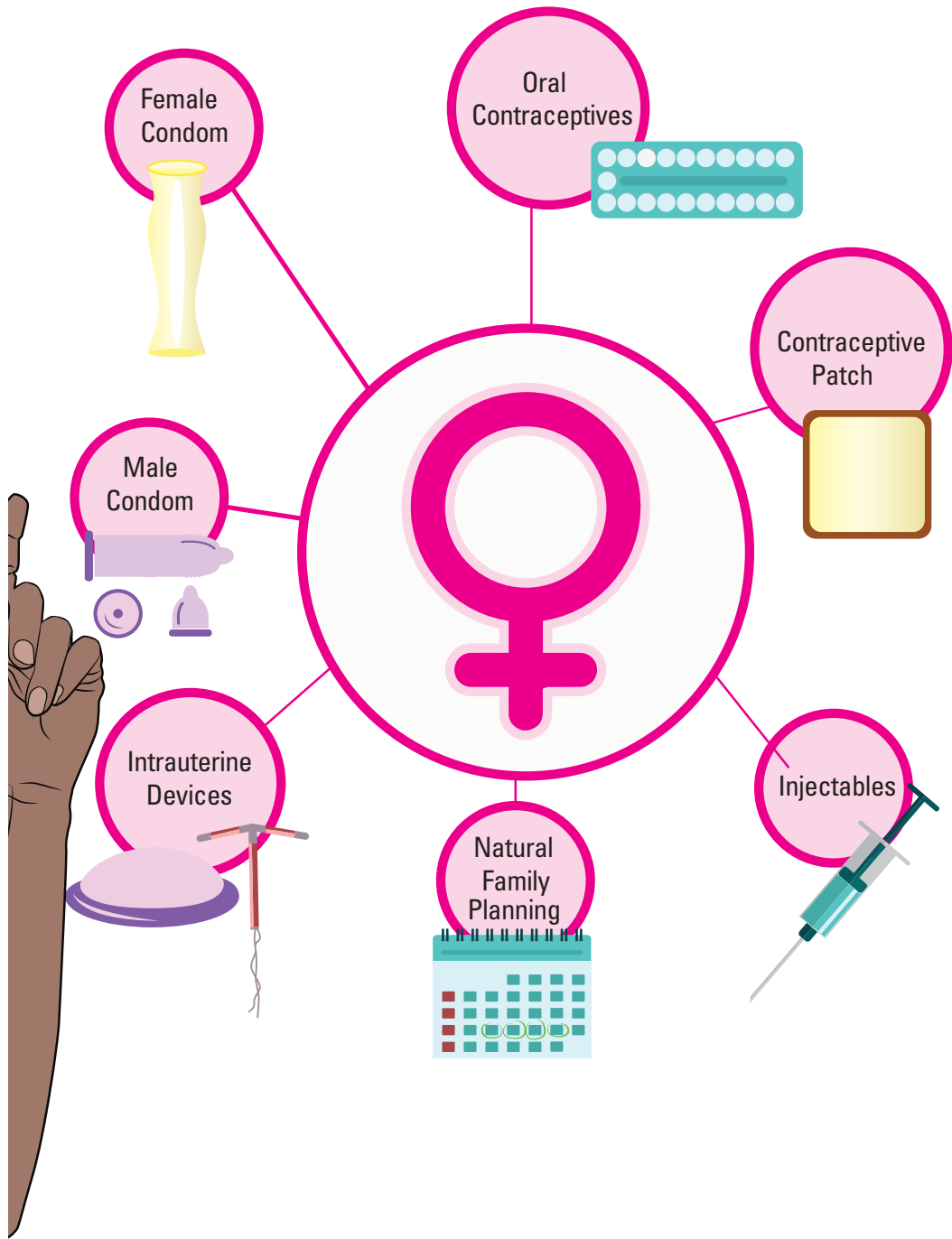
- Lactation amenorrhea.
- Oral hormonal contraception pills.
- Injectable (Depro – Provera).
- Jadelle.
- Intra-uterine contraceptive device (IUCD) also known as Loop, among others.
- You will have follow up visits for the health care worker to monitor how you are doing with the family planning method you chose to use.
- You will also be screened or referred for screening for cancer of the cervix and breast.
- Correct and consistent use of condoms with another family planning method for every sexual encounter is the best way to ensure dual protection against unwanted pregnancy and HIV/AIDS transmission.



Condoms can also be distributed by community health workers, peer educators etc. Feel free to ask your nearest service provider where you can get some condoms.

Contraception or family planning is the intentional prevention of pregnancy by human-made or natural methods.





Gender based violence including intimate partner violence

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KEY MESSAGE

If you are experiencing any form of abuse including physical assault, do not suffer in silence but report to the nurses or doctor at health facility or to community workers.

During your antenatal and post natal care visit, the health care provider, may ask you about the possibility of any violent happenings mainly by your partner or other people.

- **Gender based violence** includes sexual assault, intimate partner violence, child sexual abuse, physical and psychological abuse, threats, coercion, arbitrary deprivation of liberty, and economic deprivation.
- **Any form of gender based violence including intimate partner violence may influence your pregnancy and follow up care.**
- **Feel free to discuss the matter for your own benefit and safety.**
- **Be assured that the health care provider is able to provide a supportive response (including referral where appropriate).** They have been trained in how to discuss partner violence with you, how to provide the needed response and support, in a private and confidential approach.
- **They are able to give you time for appropriate disclosure and to advise on your safety.**
- **You will also be counselled and advised on how to access justice in the event of being subjected to more emotional, sexual or physical violence.**
- **If you are raped during pregnancy or after birth, please report to the clinic or hospital within 72 hours so that you can be given medication called post exposure prophylaxis (PEP) to prevent transmission of HIV, pregnancy and other STIs.**



Note: Call Childline free phone on 116, reachable from any phone or any network or send a WhatsApp message on +263 716 116 116/+263 732 116 116 or use the live chat feature to talk to the counselor (anonymously) between 8am-4.30pm



Taking of alcohol and substance abuse during pregnancy and after birth



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KEY MESSAGE

Adolescent mother

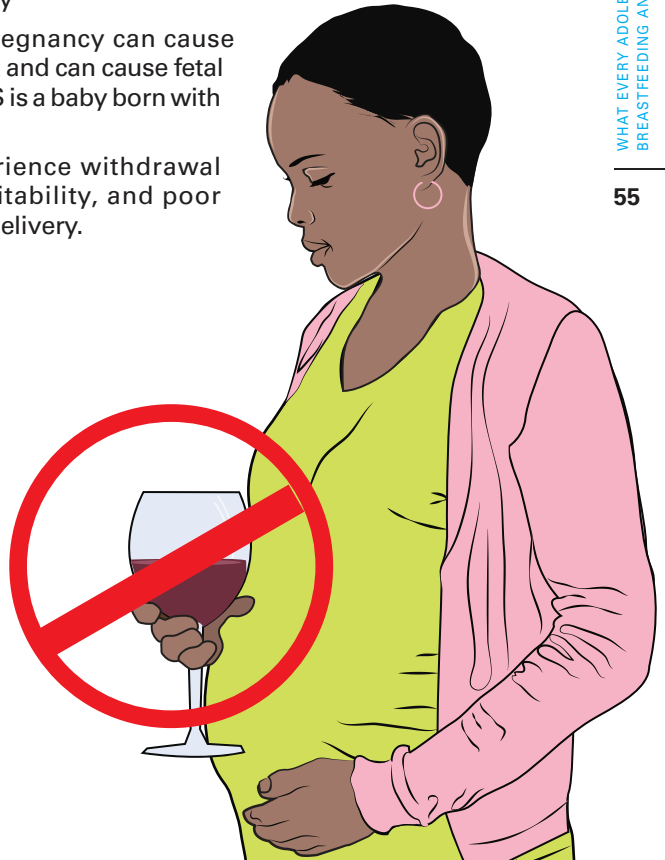
Remember that most of what you eat, or drink or smoke is passed along to your growing baby during pregnancy and breast milk. Any amount of these substances is considered unsafe during pregnancy.

A pregnant or breastfeeding mother should avoid alcohol or drugs altogether while pregnant and breast feeding. Quitting before getting pregnant is ideal but stopping drug or alcohol use at any point during pregnancy will benefit your baby.

Using drugs during pregnancy can result in the following:

- Miscarriage
- Stillbirth
- Small size
- Low birth weight
- Premature birth
- Birth defects
- Sudden infant death syndrome
- Drug dependency in the baby
- Drinking alcohol during pregnancy can cause abnormal fetal development and can cause fetal alcohol syndrome (FAS). FAS is a baby born with mental and physical defects.

Infants with FAS may experience withdrawal symptoms of jitteriness, irritability, and poor feeding within 12 hours after delivery.



Referral to other services and linking with the community



KEY MESSAGE

U-Report

To join U-Report text the word “join” to 33500 from any network, all SMSs are FREE.

You can make a difference today.

Referral to hospital

- When you book at clinic with your first pregnancy, you will be referred to a nearest hospital in your area. This is done to all pregnant adolescents to make sure they are cared for at a hospital where there are specialized equipment eg a theatre in case you need to have a caesarian. There are trained specialists who provide care to you and baby in case of complications.
- If you stay very far from the hospital, you can be accommodated in the waiting mothers home (WMH) at the hospital, awaiting delivery. Mothers are admitted to the WMH at 37-38 weeks.
- While in a waiting mothers home, nurses will regularly check on the mothers until labour pains start or if they identify any danger warning signs on the mother or baby.
- Your partner or relatives are free to visit you any time in the WMH but when you go to the wards, the visiting times are restricted.
- After delivery, you are referred to your local clinic for continued postnatal care and other services

Referral to social services

- You can be referred to the Ministry of Labour and Social Services in your area, in case you need financial, food, other materials support and protection from abuse and violence.
- The nurse can also refer you to NGOs that provide such services in your area.

Back to school

- If you had dropped out of school and you want to go back after delivery, your district education office and some NGOs in your area can help you to re-enroll back to school.
- The nurses and education officers can counsel you to ensure you adjust and cope at school as there could be stigma by other pupils.
- It's your right to go back to school and the Ministry of Education has a policy that allows adolescents mothers to go back to school after giving birth, if they are interested.

Referral to GBV assistance

- You can be referred to the One Stop Centre or Childline for furthermore assistance.

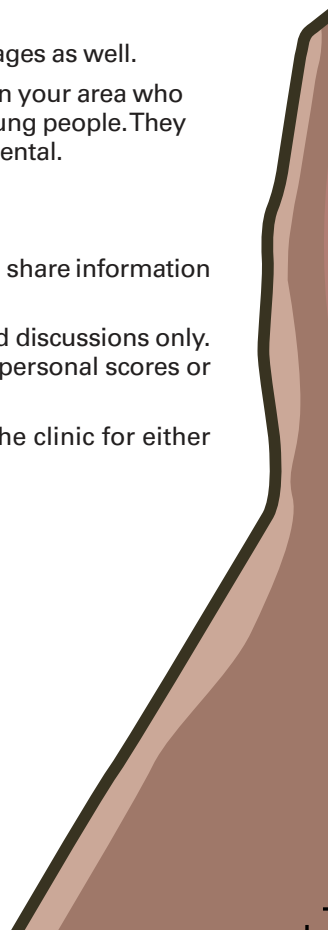
Linking with peer support groups

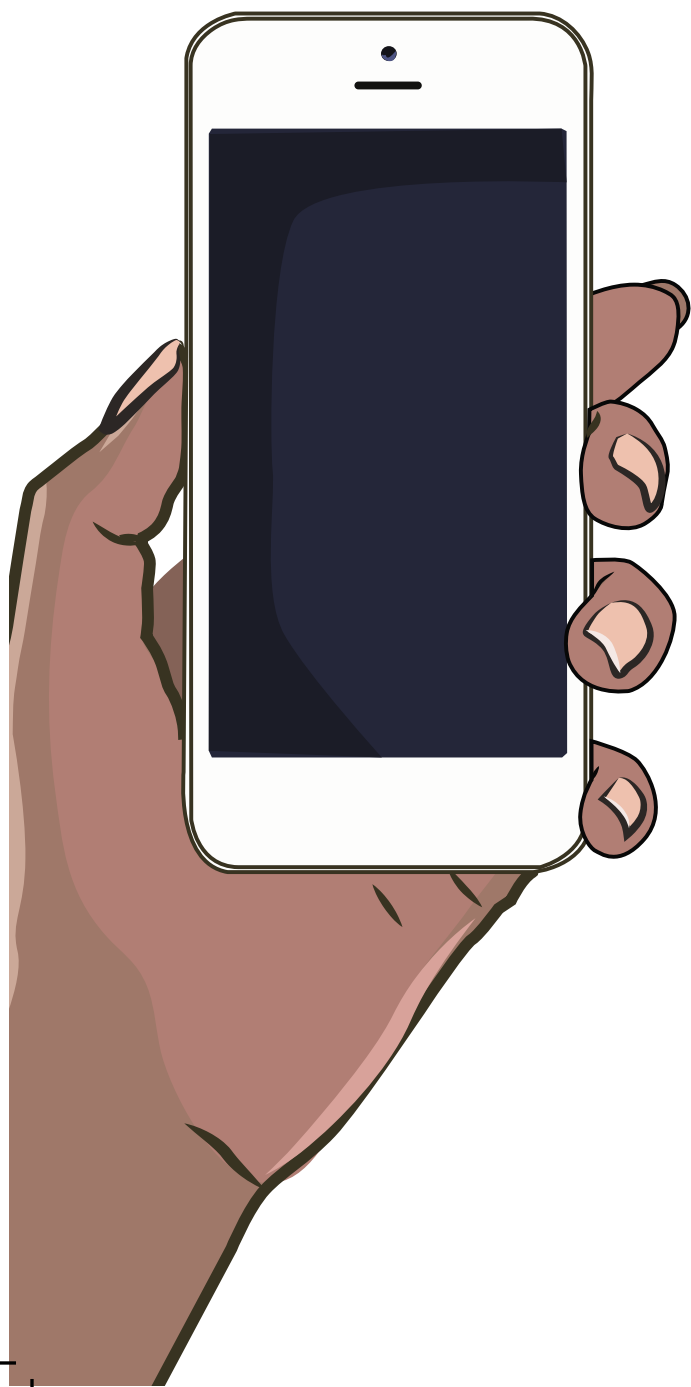
- Peer support is important to share information and experiences with people of your age.
- As a young mother you are encouraged to join peer support groups in your community if they do exist. The support groups are called by different names such as breastfeeding clubs, Mbereko groups, nutrition clubs, health clubs and many other.
- Support groups meet in the villages, at community halls, schools or clinics wherever its convenient for the group.
- You can also be referred to a young mentor mother who can support you during pregnancy and after delivery to remain HIV negative or adhere to ART if you test positive and initiated on ART. These young mentor mothers have been trained on how to support other young mothers in a confidential and respectful way so free to talk to them and get help.
- The young mentor mothers operate at a clinic and in the villages as well.
- The nurses can also link you up with a village health worker in your area who has also been trained on how to support adolescents and young people. They also know how to maintain confidentiality and are not judgmental.

Social Media

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- The nurses can invite you to join Whatsapp groups where you share information and get health advice if needed.
- It is important to keep the Whatsapp groups for health-related discussions only. Some young people tend to misuse such platforms to settle personal scores or use abusive language
- Nurses can also use Whatsapp to remind you of a visit to the clinic for either review, medical tests of for you to collect results.





STOP THE SPREAD OF COVID-19. It's also your responsibility!



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KEY MESSAGE

With some simple tips and guidance, you can stay healthy and empowered to support yourself, family and friends.

What is COVID-19? COVID-19 is an infectious disease caused by new type of coronavirus. Coronaviruses are a large family of viruses which cause respiratory infections ranging from the common cold to more severe disease.

How does COVID-19 spread? It spreads through small droplets produced when an infected person coughs or sneezes and you are in close contact with them. Droplets can also land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. Currently there is no evidence that COVID-19 can be transmitted sexually but activities such as kissing and other forms of intimate sexual contact with infected persons increase the risk of contracting the disease.

Signs and symptoms of COVID-19: The main signs and symptoms are fever, a dry persistent cough and shortness of breath. Some people may have aches and pains, tiredness, nasal congestion, runny nose, sore throat and diarrhoea while others don't develop any symptoms and don't feel unwell.

Who can get infected with COVID-19? Everyone is equally at risk of contracting COVID-19 regardless of age. Some adolescents think that COVID-19 is a disease for the elderly. As a young person you can get COVID-19 just like anyone else if you are exposed to it. This is why it is important for you to follow all the prevention advice and get help if you develop symptoms or suspect you have COVID-19.

COVID-19 and HIV Status: If you are living with HIV and have a high viral load or you have low CD4 cell count or not taking your ARVs, you may be at a higher risk for severe COVID-19 disease. So it is important for you to continue to take your ARVs to make sure your immune system is strong. Without ARVs, HIV attacks and weakens the immune system thereby exposing you to the risk of severe COVID-19 disease.

If you suspect you have COVID-19, call the Ministry of Health and Child Care toll free hotline number "2019" or the Youth Advocates **Helpline Forum toll free line "393" for help**. The lines operate 24 hours a day everyday.



Note: You can send the word 'Hi' to the following numbers on WhatsApp for more information on COVID-19: Official Zimbabwe COVID-19 Information Hub: +263 714734593 or SMS to "2019"



What you can do to protect yourself

“The Big 5”

1. Always wear a cloth face mask or face coverings in public places.
2. Avoid touching your eyes, nose and mouth with unwashed hands.
3. Cough or sneeze into a flexed elbow or tissue and throw the tissue into a bin that can be closed.
4. Wash your hands frequently and thoroughly with soap and water for at least 20 seconds. Use alcohol-based hand sanitizer if soap and water aren't available.
5. Maintain at least 1 metre distance between yourself and others in public places.

Stay at home!


- Do not socialise with friends in person but keep in touch with them through email, phone calls and making use of social media platforms.
- Remember to respect others and their privacy in online spaces.
- If you are experiencing any abuse or bullying online, immediately report to your parent/caregiver or a trusted relative or call “393” Youth Helpline.

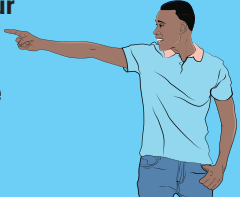
- If you are taking ARVs, do so as prescribed. Try to have at least a 30 months supply and contact your healthcare provider if you need a refill. If others in your household attend the clinic and know your status, ask them to collect ARVs for you.
- If you have to collect your ARVs from the clinic, follow the prevention advice.

- Only travel for essentials such as food shopping, collecting your ARVs or access to services such as post exposure prophylaxis, contraceptives, antenatal care, safe delivery, other essential health services.

- If you are pregnant or breastfeeding and living with HIV, you should continue to take your daily ARVs, continue to breastfeed your baby(s) if you wish and take the same precautions as the general population. Remember to contact your health facility for your routine care appointments.

<p>Be smart and stay safe! Physical distancing is key, but if you consider having sex, protect yourself and your partner from HIV, STIs and unintended pregnancies, using a male or female condom.</p>	<p>Do not stigmatize or tease anyone about being sick with COVID-19; remember the virus does not follow geographical boundaries, ethnicity, age, ability or gender.</p>
<p>Stay healthy!</p> <ul style="list-style-type: none">• Read a book, listen to music, eat well and exercise safely.• Reach out and encourage your peers to do the same.• If you feel overwhelmed, talk to your family or friends, youth network leader, peer-educator, community health worker or community leader by phone or WhatsApp or SMS.• Avoid the use of tobacco, alcohol or other drugs to cope with your emotions.	<ul style="list-style-type: none">• Use and share information on COVID-19 from reputable and trusted sources (such as MoHCC and UN agencies)

 **Note: If you experience sexual and gender-based violence during this time. Remember is not your fault! Help is still available from government clinics and organisations such as the Musasa Project (Toll free number 08080074) Adult Rape Clinic (0775 672 770) or Zimbabwe Women Lawyers Association (08080131). Call them!**



Annexes



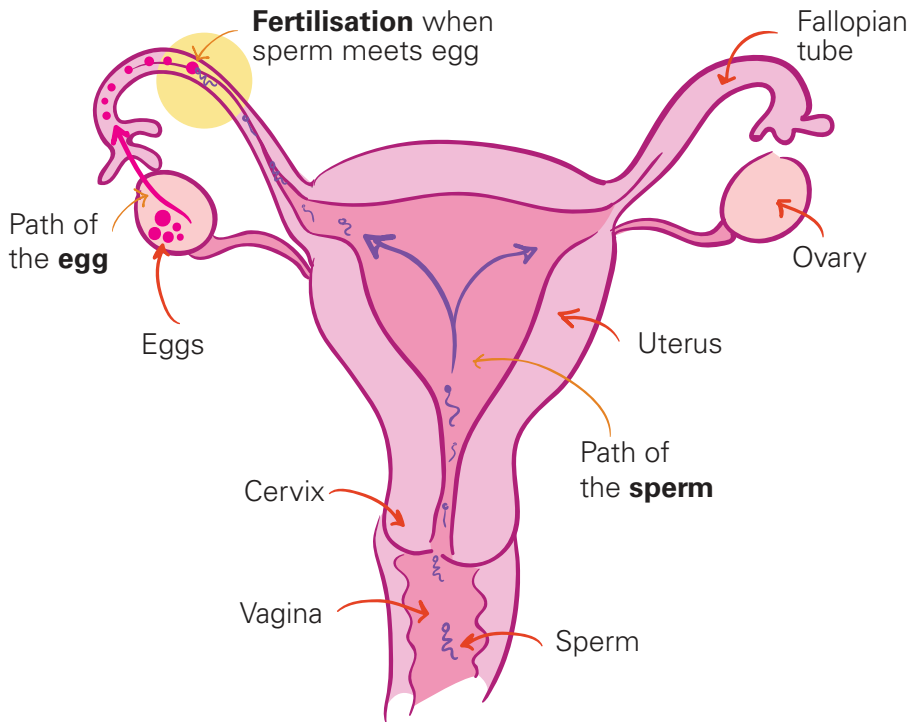
i) How pregnancy happens

How does pregnancy happen?

- In order for pregnancy to happen, sperm needs to meet up with an egg. Pregnancy starts when a fertilized egg implants in the lining of the uterus. It takes up to 2-3 weeks after sex for pregnancy to happen.

How do people get pregnant?

- Pregnancy is actually a pretty complicated process that has several steps. It all starts with sperm cells and an egg.
- Sperm are microscopic cells that are made in testicles. Sperm mixes with other fluids to make semen (cum), which comes out of the penis during ejaculation. Millions and millions of sperm come out every time you ejaculate — but it only takes 1 sperm cell to meet with an egg for pregnancy to happen.
- Eggs live in ovaries, and the hormones that control your menstrual cycle cause a few eggs to mature every month. When your egg is mature, it means it's ready to be fertilized by a sperm cell. These hormones also make the lining of your uterus thick and spongy, which gets your body ready for pregnancy.
- About halfway through your menstrual cycle, one mature egg leaves the ovary — called ovulation — and travels through the fallopian tube towards your uterus.
- The egg hangs out for about 12-24 hours, slowly moving through the fallopian tube, to see if any sperm are around.
- If semen gets in the vagina, the sperm cells can swim up through the cervix and uterus and into the fallopian tubes, looking for an egg. They have up to 6 days to find an egg before they die.
- When a sperm cell joins with an egg, it's called fertilization. Fertilization doesn't happen right away. Since sperm can hang out in your uterus and fallopian tube for up to 6 days after sex, there's up to 6 days between sex and fertilization.
- If a sperm cell does join up with your egg, the fertilized egg moves down the fallopian tube toward the uterus. It begins to divide into more and more cells, forming a ball as it grows. The ball of cells (called a blastocyst) gets to the uterus about 3–4 days after fertilization.
- The ball of cells floats in the uterus for another 2–3 days. If the ball of cells attaches to the lining of your uterus, it's called implantation — when pregnancy officially begins.
- Implantation usually starts about 6 days after fertilization and takes about 3-4 days to complete. The embryo develops from cells on the inside of the ball. The placenta develops from the cells on the outside of the ball.



- When a fertilized egg implants in the uterus, it releases pregnancy hormones that prevent the lining of your uterus from shedding — that’s why people don’t get periods when they’re pregnant. If your egg doesn’t meet up with sperm, or a fertilized egg doesn’t implant in your uterus, the thick lining of your uterus isn’t needed, and it leaves your body during your period. Up to half of all fertilized eggs naturally don’t implant in the uterus — they pass out of your body during your period.

How do people get pregnant with twins?

There are 2 ways that twins can happen:

1. Identical twins are made when 1 already-fertilized egg splits into 2 separate embryos. Because identical twins come from the same sperm and egg, they have the same genetic material (DNA) and look exactly alike.
2. Non-identical twins (also called “fraternal” twins), are made when two separate eggs are fertilized by two separate sperm, and both fertilized eggs implant in the uterus. This can happen if your ovaries release more than one egg, or during certain kinds of fertility treatments. Non-identical twins have completely different genetic material (DNA), and usually don’t look alike. They’re the most common type of twin.

ii) What is HIV infection?

HIV stands for human immunodeficiency virus.

- HIV attacks the body's immune system, specifically the CD4 cells (the body's soldiers), which help the body fight off infections.
- Over time, HIV kills so many of these "soldier" cells that the body can't fight infections; making the person more likely to get many infections or infection-related cancers.
- If not treated, HIV can become acquired immunodeficiency syndrome (AIDS), the last stage of HIV infection.

The human body cannot get rid of HIV completely, even with treatment. So once you get HIV, you have it for life. Therefore ARVs should be taken for life.

Three major facts about HIV

1. A healthy-looking person can have HIV infection.
2. An HIV positive woman can give birth to an HIV negative baby.
3. HIV cannot be spread through mosquito bites, sharing food or cups, plates with one who has HIV.

How is HIV spread?

The two major ways in which HIV is spread:

1. Through unprotected sexual intercourse with an HIV infected partner.
2. From mother to child during pregnancy, labour and delivery and through breastfeeding.

The spread from mother to child is more likely to happen:

- Where the mother has been recently infected with HIV and not on antiretrovirals (ARVs) medicines or
- When an HIV positive mother is not taking her ARVs regularly as guided by the health care worker.
- When there is a high level of HIV in mother's blood (high viral load) there is a higher chance of it spreading to her child.

Four major ways to prevent HIV spread through sexual intercourse

Know that a person can reduce the spread of HIV infection by:

- Abstaining from sexual intercourse.
- It is important to know that you have the ability to say NO to unwanted/ unplanned sex.

- Having sex only with one faithful uninfected partner (therefore, you have to know both your partner's HIV results and yours).
- Use of condoms (male or female condoms) correctly and consistently.
- Taking pre-exposure prophylaxis medicine called PrEP.
- This medication is given to HIV negative people at high risk of getting infected.
 - When you use PrEP, you must commit to taking it every day and seeing your health care worker for follow-up every 3 months.
 - It is ineffective if it is not taken consistently!

It is important to know that taking PrEP medication will only protect you from HIV. Unprotected sex while taking PrEP medication leaves you exposed to other STIs and pregnancy. Therefore, you need to combine it with other safer sex practices such as correct and consistent condom use (dual protection). Talk about it with the health care worker for more advice.



iii) Sexually transmitted infection (STI)

Do you know the major symptoms of STIs?

A **sexually transmitted infection**, is contracted through having unprotected sex with someone who is infected.

If you have an STI, you may present with

- An unusual vaginal discharge or your partner gets an unusual urethral (in terms of quantity, colour, how it looks or smells).
- Genital ulcers.
- Lower abdominal pain.

The health care worker will explain to you what type of STI it is.

What can be the effects of a mismanaged STI?

- If you get an STI and it is not managed well this may result in blockage of tubes leading to infertility (not able to get pregnant when you want to).
- If abortion is mismanaged – it can lead to severe post abortion infection; which can lead to uterus removal or death.

What is syphilis?

Syphilis is a sexually transmitted infection (STI), contracted from having unprotected sex or intimate physical contact with someone who is infected.

- Syphilis sores are found usually on the external genitals or in the vagina. They also can be on a person's lips and in the mouth.
- Signs and symptoms of syphilis depend on how long you've been infected and when you get treatment.
 - Even if signs and symptoms of syphilis go away without treatment, you remain infected and it will get worse.
- If you don't get treated right away, you can pass syphilis infection to your baby.
- Untreated syphilis during pregnancy can cause problems for you and your baby, such as: miscarriage, premature birth, stillbirth or baby's death after delivery.
- About 2 out of 5 babies born to women with untreated syphilis die from the infection.
- When a baby gets syphilis from the mother during pregnancy and is born with it, it's called **congenital syphilis**. "**congenital**" means it's present at birth.



The picture shows multiple discrete tense blisters seen over normal looking skin as signs of syphilis in the newborn baby. The pus-like fluid inside will test positive for syphilis.

- **Syphilis infection in the newborn and infants** is a severe, disabling, and often life-threatening infection which can cause deformities, delays in development, fits/convulsions along with many other problems such as rash, fever, low blood levels, and yellow eyes and skin (jaundice) among others.

Do you know that there are similarities between HIV and syphilis?

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- Have similar ways of being spread
- Share same high risk groups and need similar services.

Therefore, to avoid new cases of HIV and syphilis, prevention services provided in ANC include:

- **Adoption of safer sex practices** such as correct and consistent condom use.
- **Early diagnosis** (through testing you and your partner for HIV and syphilis).
- **Treatment** for you both if found infected.
- Use of pre-exposure prophylaxis medicine the HIV negative partner in a discordant couple; and

If both found uninfected, markedly reduces risk of getting these infections.

Where to get condoms

Always use a reliable source to get male or female condoms:

- **Your nearest health facility** is one of the reliable sources of both male and female condoms.

iv) Menstrual hygiene management

What is menstruation?

Menstruation is a very normal process for girls in which blood is lost through the vagina and is necessary for normal reproductive health. Menstruation begins between the ages of 9 and 19 years and ends in the late forties and mid-fifties. The end of menstruation/ reproductive cycle is known as menopause.

What is a menstrual cycle?

A menstrual cycle usually lasts around 28 days but can vary from 21 to 35 days. Each cycle involves the release of an egg (ovulation) which moves into the uterus through the fallopian tubes. Tissue starts to line the walls of the uterus for fertilisation of the egg. If the egg is not fertilised, the lining of the uterus is shed through the vagina along with blood. The bleeding may be lighter on first days and it can be heavier on subsequent days. The cycle is often irregular for the first year or two after menstruation begins.

How do I manage my menses?

Menstrual hygiene management refers to the use of clean sanitary wear and its safe reuse or disposal. It also includes changing sanitary wear every 3 to 4 hours., using soap/ash and water for washing the body as required, and washing hands before and after changing used pads/sanitary wear. Another important piece of menstrual hygiene management is having access to sanitation facilities and having access to disposal facilities.

What is normal?

Irregular cycles, heavy and lengthy bleeding, short cycles, absence of a cycle, cramps, headaches, infrequent periods, slight bleeding between periods—these can all be normal! If you have any worries, visit the clinic for support. General recommendations are to eat a balanced diet rich in iron, protein, and vitamin C, drink lots of fluids, and maintain personal hygiene.

Manage your menses — Use your senses.

- If you hear a classmate being bullied about her period, step in to help her.
- Be sure to bath frequently and wash your hands with soap before and after changing sanitary wear in order to avoid smells.
- If you see you have started menstruating, talk to your mother, father, or a trusted adult—they will help guide you.
- Enjoy the taste of cow's milk, greens, and other foods rich in iron and protein.
- Don't worry if a boy touches you, it does not cause pregnancy, but sexual intercourse will.

v) who global standards for quality health-care services for adolescents

Eight global standards define the required level of quality in the delivery of services as shown in the table below. Each standard reflects an important facet of quality services, and to meet the needs of adolescents all standards need to be met. This section presents each of these standards and its criteria, categorized as input, process and output criteria.

adolescents health literacy

The health facility implements systems to ensure that adolescents are knowledgeable about their own health, and they know where and when to obtain health services.

Community support

The health facility implements systems to ensure that parents, guardians and other community members and community organizations recognize the value of providing health services to adolescents and support such provision and the utilization of services by adolescents.

Appropriate package of services

The health facility provides a package of information, counselling, diagnostic, treatment and care services that fulfils the needs of all adolescents. Services are provided in the facility and through referral linkages and outreach.

Providers' competencies

Health-care providers demonstrate the technical competence required to provide effective health services to adolescents. Both healthcare providers and support staff respect, protect and fulfil adolescents' rights to information, privacy, confidentiality, non-discrimination, non-judgmental attitude and respect.

Facility characteristics

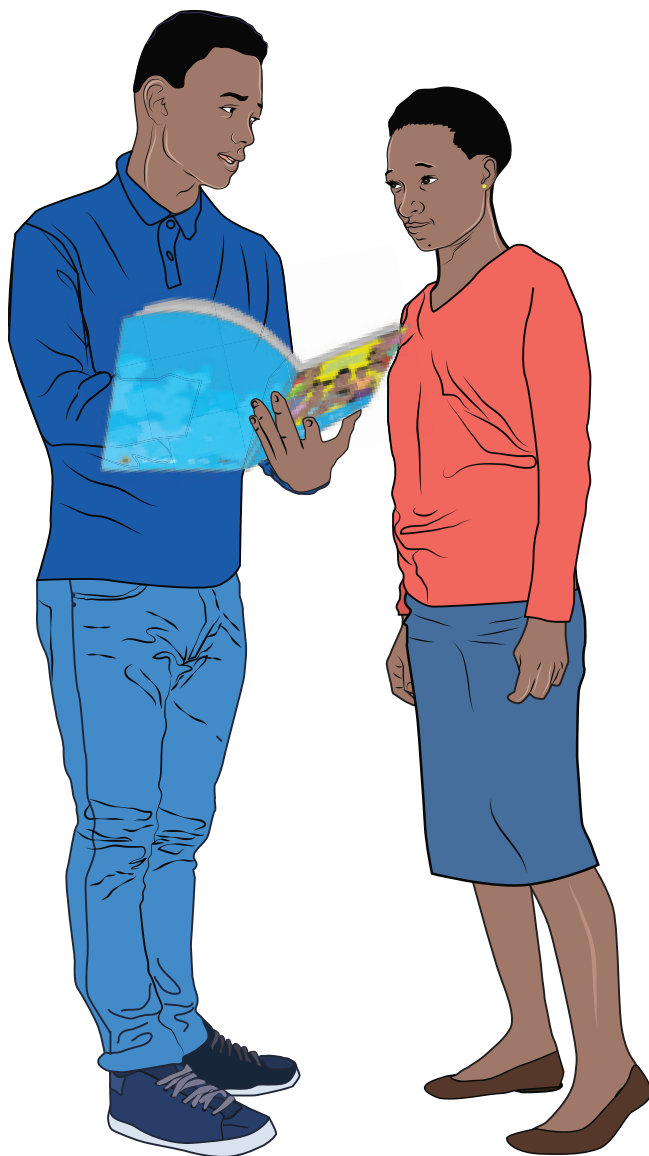
The health facility has convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents.

Equity and nondiscrimination

The health facility provides quality services to all adolescents irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, sexual orientation or other characteristics.

Data and quality improvement

The health facility collects, analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff is supported to participate in continuous quality improvement.



Adolescents' participation

adolescents are involved in the planning, monitoring and evaluation of health services and in decisions regarding their own care, as well as in certain appropriate aspects of service provision.

vi) Essential hygiene actions

- Handwashing with soap and water prevents most illnesses like diarrhea and pneumonia.
- Wash your hands with soap and water at the following critical times.
 - After visiting the toilet.
 - After changing the baby's diapers.
 - Before eating or breast feeding.
 - Before cooking.
 - Before and after handling a sick person.
- Use of latrines and proper disposal of faeces.
- Ensure minimal contamination of complementary food items.
 - Good hygiene (cleanliness) is important to avoid diarrhea and other illnesses.
 - Cover food while cooking.
 - Wash utensils.
 - Cook meat, fish and eggs until they are well cooked.
 - Wash vegetables, cook immediately for a short time and eat immediately to preserve nutrients.
 - Dry utensils in a clean dish rack.
 - Prepare baby's food in a clean surface.
 - Use clean utensils and store foods in a clean place.
 - Wash raw fruits and vegetables before eating.
 - Treat drinking water with either boiling, or use of chlorine, so that it's safe and does not cause diarrhoea.
 - Wait for 30 minutes after water chemical treatment before drinking the water.



Remember... hand washing is very important for prevention of diseases!



1. Wet Hands



2. Rub soap or ash on the palms



3. Rub palms together



4. Rub outside of hands and between the fingers



5. Rub inside of hands and between the fingers



6. Rub the tips and back of fingers



7. Rub between the index and thumb



8. Rub the fingernails



9. Rinse hands under clean water



10. Shake hands to dry



Wash Your Hands

Here is how you can wash hands thoroughly to make sure that they are clean!

Remember! Handwashing is **very** important for prevention of **diseases**



**It's your future.
You can protect it!**







