Module 6: Adolescent HIV Services

Session 1: Burden of HIV Disease Among Adolescents

Total Session Time: 10 minutes

Learning Objectives

At the end of this session, the participants will be able to:
- Describe adolescent period
- Explain the prevalence of HIV infection among young people globally and in Tanzania

Adolescent Period

Adolescent Means:
The WHO defines adolescents as young people aged 10-19 years; Adolescence is a critical period in a person's life in which rapid changes in physical, emotional, cognitive, and social characteristics take place.

Young people refer to individuals aged 10-24 years. Adolescent population represents a significant proportion of HIV infected individuals In the following:
- Many HIV-positive adolescents are long-term survivors from MTCT
- Newly infected adolescents acquire HIV from unprotected sex, sexual abuse, unsafe medical practices (use of unsterile instruments, needle sharing, blood transfusion), and/or unsterile procedure (scarification, IV drug users by sharing needles)
- Comprehensive, effective, integrated HIV and AIDS prevention, care, treatment and support programmes are urgently needed for the care of HIV-infected adolescents and young people

Prevalence of HIV Infection among Young People Globally and in Tanzania

HIV burden in Adolescents
Globally, it's estimated that 1.2 billion adolescents are in the world today (2014); this is the largest generation in history. AIDS is the number one killer of adolescents in Africa and number 2 worldwide. About 2.1 million adolescents (10–19 years) were living with HIV in 2013, more than 80% of who live in sub Saharan Africa, and many of whom still do not know their HIV status. Which 64% of the 250,000 new HIV infections among older adolescents (15–19 years) in 2013 were among girls

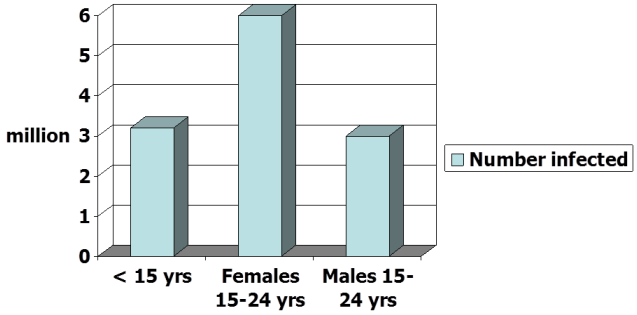
Globally, AIDS-related deaths fell by almost 40% between 2005 and 2013 for all age groups except adolescents (aged 10–19 years), where estimates indicate that AIDS-related deaths are increasing. Gaps in available empirical data make it difficult to explain this with confidence, but there is concern that a lack of access to testing, treatment and care could explain, in part,

why AIDS-related deaths among adolescents are not decreasing along the same trajectory as all other age groups.

An estimated 190,000 children (aged 0–14) died of AIDS-related causes in 2013 due to lack of treatment. This equates to more than 520 children dying of AIDS-related illnesses per day.

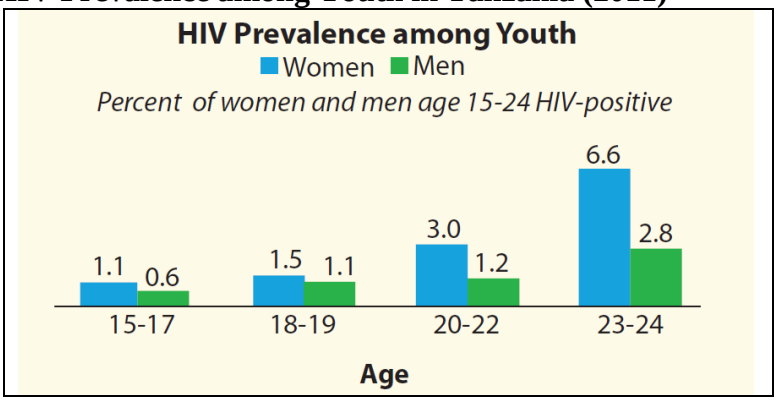
Lack of access to antiretroviral treatment could explain, in part, why adolescents are the only age group where AIDS-related deaths do not seem to be decreasing. But experience shows access to treatment will not be enough; Prevention efforts also need to be intensified and more targeted, especially for adolescent girls in sub-Saharan Africa, and for adolescent key populations most at risk and vulnerable to HIV.

Number of Young People Living With HIV Globally



The number of young women infected with HIV is much higher than the number of young men infected with HIV. 30% of the people living with HIV world-wide are <25years.

HIV Prevalence among Youth in Tanzania (2011)



An overall, 2% of young women age 15-24 are HIV-positive. HIV prevalence is higher among women than men. Women age 23-24 are twice as likely as men to have HIV.

Key Points

- WHO defines adolescents as young people aged 10-19 years
- It is estimated that 30% of people living with HIV worldwide are under the age of 25 years
- In most of Africa and in Tanzania, HIV infection is more prevalent in young women as compared to young men

Session 2: Stages of Adolescent Growth and Development

Total Session Time: 30 minutes

Learning Objectives

At the end of this session, participants will be able to:
- Describe developments during adolescence
- Explain risk factors for HIV infection in adolescents

Developments During Adolescence

Categories of Adolescent Development

Adolescence is one of the most complex and intense stages in the life of every individual - an identity building stage. During adolescence, people undergo important physical, moral, cognitive, social and emotional changes. Adolescence is a time of transformation, vulnerability and opportunity within the life cycle.

The development of adolescents occurs in each of these categories. During adolescence, children develop the ability to:
- Comprehend abstract content, such as higher mathematic concepts, and develop moral philosophies, including rights and privileges
- Question old values without a sense of dread or loss of identity
- Move gradually towards a more mature sense of identity and purpose
- Establish and maintain satisfying personal relationships by learning to share intimacy without inhibition or dread.

Development in the following categories impact how adolescents relate to the opposite sex, peers, family, authority figures and their environment:
- Physical development and sexual maturation
- Emotional development
- Cognitive development

Activity on the developments that occur during adolescence in the following categories

*Refer to **Handout 6.2.1: Physical, Emotional and Cognitive Development of Adolescents** on **page 243** for the developments that occur during adolescence in the physical, cognitive and emotional categories.*

Development Stages in Adolescents

Stage	Girls Physical Development and Sexual Maturation	Boys Physical Development and Sexual Maturation
Early (10-13 years)	• Breast bud • Downy pubic hair near labia • Peak growth velocity	• Darkening and enlarging scrotal sac • Testicular growth • Downy pubic hair
Mid (14-16 years)	• Further growth of breasts • Increased pigmentation of pubic hair • Menarche	• Further increase in size of testes • Enlargement of penis • Growth
Late (≥ 17 years)	• Mature physical development	• Mature physical development

Stage	Development in Relation to Family	Development in Relation to Peers
Early Adolescence 10-13 years	• Estranged • Need for privacy	• Increased importance and intensity of same sex relationships
Mid-Adolescence 14-16 years	• Peak of parental conflict • Rejection of parental values	• Increased importance and intensity of same sex relationships
Late Adolescence > 17 years	• Improved communication • Acceptance of parental values	• Peers decrease in importance • Begin to develop mutually supportive, mature, intimate relationships

Stage	Cognitive development	Emotional development
Early (10-13 years)	• Concrete thinking • Little ability to anticipate long term consequences of their action • Literal interpretation of ideas	• Wide mood swings • Intense feelings • Low impulse control
Mid (14-16 years)	• Able to conceptualize abstract ideas such as love, justice, truth and spirituality	• Sense of invulnerability • Risk taking behaviour peaks
Late (> 17 years)	• Formal operational thought • Ability to understand and set limits • Understands others thoughts and feelings	• Sense of responsibility for one's health • Increasing sense of vulnerability • Able to think of others and suppress ones needs • Less risk taking

Sexually active adolescent girls may have little power in sexual decision making. Some girls may have sex to please their boyfriends even when they themselves do not enjoy it; however, this is not true for all young women.

Parents have an important role in sexual education:

- Adolescents have limited knowledge about HIV and AIDS – limited access to health information and care.
- Adolescents would prefer to receive information on sexuality from their parents.
- Parents have many barriers to communicating about sexuality to their children including lack of information and lack of confidence with their own sexuality.

Adolescent Development and Risk of STI's

"STI" stands for "Sexually Transmitted Infection." Young people are at higher risk of STIs including HIV infection than any other age group mainly because of risky sexual behaviours which is common among adolescents.

Immature female genital tract is more vulnerable to STI's and HIV due to insufficient mucous protection and thickness of vaginal wall. Sexual maturation is completed well before emotional and cognitive development. Early maturing adolescents may be at greater risk of peer pressure to engage in high risk behaviour.

Risk Factors for HIV Infection in Adolescents

Risk Factors for HIV among Adolescents

Risk-Taking:

Risk-taking is typical of adolescents all over the world and is characterized by:

- Drug use – cigarette smoking is often the entry point into other substance abuse
- Violence
- Unprotected and/or casual sex

Many youths practice multi-partner sexual activity without consistent condom-use and, therefore, are at a risk of HIV and AIDS, and other sexually transmitted infections. In addition, many youths involve in substance abuse including those which are significantly associated with risky sexual practices. This may be contributed by the feeling of hopelessness due to lack of jobs and adequate recreational facilities.

Self-Esteem:

Self-esteem is a term in psychology to reflect a person's overall evaluation or appraisal of his or her own worth. Self-esteem encompasses beliefs (for example, "I am competent", "I am worthy") and emotions such as triumph, despair, pride and shame: some would distinguish how 'the self-concept is *what we think* about the self; self-esteem, the positive or negative evaluation of the self, is *how we feel* about it'.

A person's attitude influences the choices they make. Adolescents with a high sense of self-esteem and strong goal orientation are more likely to delay sexual activity and use contraceptives when they do have sex.

Environmental Influences:
Social and cultural environments are strong determinants of sexual risk taking. Poverty and isolation may increase an adolescent's likelihood of becoming sexually active. This is the results of influence of globalization and social networks.

Social Status of Girls and Women:
In many African societies a girl's status is only recognized when she marries and demonstrates the ability to have a baby. Older men seek younger sexual partners; in such a relationship the girl is vulnerable because she is not able to negotiate safe sex. Young girls, especially those lacking social support, are at risk of sexual coercion and abuse.

Risk Factors for HIV Infection among Young Women
Possible risk factors for HIV infection among young women aged 15 – 24yrs include:

- Number of life-time sexual partners
- Sex in exchange for money
- Married (in high HIV prevalence regions)
- Older spouse (in low HIV prevalence regions)
- HIV positive spouse
- Lack of male circumcision
- Herpes simplex type 2 infection
- Hormonal contraception: Hormonal contraceptives increases genital shedding of HIV and therefore put the partner at higher risk of HIV infection. It increases the females' vulnerability to bacterial and viral STIs including HIV. Thus dual contraception is recommended.
- Age at sexual debut and number of years between sexual debut and marriage
- Large age difference between partners

Key Points

- Adolescence is a stage of rapid physical growth and mental development
- Although adolescents are physically and sexually mature, they lack cognitive maturation to make an informed decision about today's risk behaviors (e.g. smoking, alcohol, sex) that are directly related to tomorrow's consequences (e.g. STI or HIV infection, dependency to illicit drugs)

Handout 6.2.1: Physical, Emotional and Cognitive Development of Adolescents

Physical Development and Sexual Maturation

Stage	Girls	Boys
Early (10-13 years)	• Breast bud • Downy pubic hair near labia • Peak growth velocity	• Darkening and enlarging scrotal sac • Testicular growth • Downy pubic hair
Mid (14-16 years)	• Further growth of breasts • Increased pigmentation of pubic hair • Menarche	• Further increase in size of testes • Enlargement of penis • Growth
Late (≥ 17 years)	• Mature physical development	• Mature physical development

Emotional Development

Stage	Girls & Boys
Early (10-13 years)	• Wide mood swings • Intense feelings • Low impulse control
Mid (14-16 years)	• Sense of invulnerability • Risk taking behaviour peaks
Late (≥ 17 years)	• Sense of responsibility for one's health • Increasing sense of vulnerability • Able to think of others and suppress ones needs • Less risk taking

Cognitive Development

Stage	Girls & Boys
Early (10-13 years)	• Concrete thinking • Little ability to anticipate long term consequences of their action • Literal interpretation of ideas
Mid (14-16 years)	• Able to conceptualize abstract ideas such as love, justice, truth and spirituality
Late (≥ 17 years)	• Formal operational thought • Ability to understand and set limits • Understands others thoughts and feelings

Definitions:

1. **Physical development**; refer to normal ways in which bodies change, grow and develop throughout person's lifetime. It involves developing control over the body, particularly muscles and physical coordination.

2. **Cognitive development** refers to development in terms of information processing, conceptual resources, perceptual skill, language learning, and other aspects of brain development. It refers to the development of the ability to think and reason.

3. **Emotional development** refers to the ability to distinguish between and to express feelings in socially acceptable ways and to be able to understand the emotional content of other people's communication. This includes the emergence of a child's experience, expression, understanding, and regulation of emotions. It also comprises how growth and changes in these processes concerning emotions occur.

Session 3: Sexual and Reproductive Health Services for Adolescents

Total Session Time: 45 minutes

Learning Objectives

At the end of this session, the participants will be able to:
- Describe the sexual and reproductive health services that are needed for adolescents
- Outline goals for prevention of STIs and HIV infection in adolescents
- Describe family planning services for adolescents

Adolescent Reproductive and Sexual Health Services & Goals for Prevention of STIs and HIV Infection in Adolescents

Sexually Transmitted Infections in Adolescents

Sexually transmitted infections (STIs) in adolescents present are the same way as in adults. Globally, there is an epidemic of STIs among adolescents. Local research has shown that the high prevalence of genital herpes among young women is a risk factor for HIV infection.

Common STIs include:
- Gonorrhea
- Syphilis
- Chlamydia
- Chancroids (human genital ulcer disease)
- Genital Warts (*Condyloma acuminatum***,** Venereal Warts)

Adolescent Reproductive and Sexual Health Services

Should Include;
- Clinical evaluation
- Health education and counseling
- Appropriate family planning services based on HIV status
- STI prevention and care services

Clinical Evaluation

History taking should cover:
- Family
- School
- Peer group characteristics
- Sexual history
- Assessment of psychosocial status
- Other risk-taking behaviours (intravenous drug use, smoking, violence)
- Counseling: Use age-appropriate approach

A suggested way to gather information for history taking for sensitive information is to use a self-administered questionnaire. When providing treatment, care, support and prevention for adolescents, one should use appropriate language and attitudes basing on the 5 "A"s.

*Refer to **Handout 6.3.1: The 5 "A"s and the adolescent living with HIV** on **page 251** for more details.*

Physical Examination for Adolescents:

- Conduct a complete physical examination that includes a vaginal examination for sexually active adolescent girls; Many adolescents are too shy to complain of STI-related symptoms.
- Treatment of STIs should follow the syndromic approach; Wet preparations for bacterial vaginosis and trichomoniasis, and cultures for gonorrhoea should be done.

Health Education and Counseling

The adolescent has to be educated about sexual feelings, sexual physiology, sexual relations, STIs and family planning. Therefore, health education and counseling given to adolescent should:

- Address myths about STIs and HIV
- Identify types of sexual encounters
- Provide accurate information on:
  - Sexual feelings
  - Sexual physiology
  - Sexual relations
  - STIs
  - Family planning
- Provide individual counseling
- Offer VCT to sexually active adolescents

Goals for Prevention of STIs and HIV in Adolescents

Adolescents need to be aware of the problems they could face through too-early and unprotected sexual intercourse, and about what they could do to avoid unwanted pregnancies and sexually transmitted infections. In order to prevent STIs and HIV in adolescent these goals should be adhered:

- Prevent youths from getting infection
- Provide young people with the correct information about STIs and HIV transmission (including PMTCT)
- Promote use of condoms
- Active promotion and support for abstinence: Abstinence is an option for some adolescents, but all adolescents deserve complete, accurate information about sexual health and risk reduction. Even adolescents who intend to be abstinent may choose not to be abstinent in the future.
- Provide and promote HIV testing and counselling.
- Advocate for single HIV negative partner
- Avoid intergenerational sex
- Treatment of sexually transmitted infections

Counseling the Adolescent

Most adolescents have concerns about confidentiality, which will impact their willingness to discuss personal issues with the healthcare worker. Healthcare workers should always reassure adolescents, during one-to-one counselling sessions, that what is discussed in the counselling session will remain confidential. Thus, counseling adolescent is important in order to:

- Meet the adolescent at their point of need
- Ensure privacy
- First establish a trustful relationship
- Establish a youth-friendly atmosphere
- Ensure confidentiality

When face-to-face with a healthcare worker, many adolescents feel:

- Shy about being in a clinic and about needing to discuss personal matters.
- Embarrassed that they are seeking assistance on a taboo topic (HIV, sex, sexuality, wanting to have sex, wanting to have a baby).
- Worried that someone will see them and tell their parents.
- Inadequate at describing their concern and ill-informed about health matters in general.
- Anxious that they have a serious condition that has significant consequences.
- Afraid that they might die.
- Defensive about being the subject of the discussion or because they were referred against their will.
- Resistant to receiving help or engaging in care and treatment because of rebelliousness, a fear of the unknown, or another reason.
- Unsure about how to ask for help around living with a chronic condition.

Counseling Adolescents who want to Postpone Intercourse

Key messages:

- Sex should never be forced on anyone
- It is better to delay child bearing beyond adolescence
- It is possible and practical to abstain from sexual activity
- It is acceptable to abstain from sexual activity

The decision to start to have sexual intercourse is an important one. Adolescents should be encouraged to wait until they feel ready to do so. They should not start just because other people want you to do so. As far as possible, adolescents should avoid being with people or in places where they could be forced to have sex against their will. Even if one has had sexual intercourse in the past, he/she could still decide to stop doing so until they feel truly ready for it.

Sexually Active Adolescents

This includes married and single youths. They should receive health education on:

- Contraception
- Preventing sexually transmitted infections
- Where to access contraception and STI services

NOTE: Provide counselling (if possible together with partner)

All sexually active women and girls should be given the necessary information and the means to decide freely about contraception, HIV prevention and matters related to their sexuality. To help sexually active women and girls make an informed decision, health workers should provide them with counselling as well as accurate and complete information about their options, the benefits, risks and side effects of each method. Sexual partners of women and girls should also be provided with information on contraception and HIV prevention methods.

HIV-infected adolescents need to know that they can infect a sexual partner or their unborn child. Sexually active young people need to discuss options for sexual risk reduction, including condom use, dual protection, negotiating safer sex, and reducing number of concurrent sex partners; if an option, discuss abstinence. Secondary abstinence may be feasible for some

Family Planning Services for Adolescents

Family Planning for the HIV-Infected Adolescent

All methods of family planning can be used safely in HIV infected adolescents (although some are preferred over others in advanced disease). Sexually active adolescents should be encouraged to use dual methods – a condom plus an effective contraceptive method.

Hormonal Contraceptives

These are effective and safe.
Note that:

- Hormonal contraceptives increase genital shedding of HIV and may put the partner at higher risk of HIV infection
- Hormonal contraception increases the females' vulnerability to bacterial and viral STIs, including HIV

Dual contraception is recommended: Dual protection means taking steps to protect against unintended pregnancies and sexually transmitted infections (STIs) including HIV infection.

This can be achieved either by using condoms (male and female), or with a combination of methods—using both condoms plus another method of contraception, such as an intrauterine device (IUD), implants, the birth control pill or injectable. Condoms are the only proven contraceptive method that also protects against STI transmission including HIV. However, male and female condoms only protect if they are used consistently and correctly.

Hormonal contraception do not give HIV-infected women adequate protection against pregnancy:

- Frequently used anti-microbial agents (e.g. rifampicin, erythromycin) & anticonvulsants (e.g. barbiturates, carbamazepine) reduce efficacy of hormonal contraception by increasing the rate of liver metabolism
- Diarrhoea and vomiting interferes with absorption of oral contraceptives
- Some ARVs might influence the metabolism and efficacy of hormonal contraceptives making it ineffective.

Effect of Contraceptive Hormones on HIV Disease
These include:

- Physiologic effects on the vaginal epithelium; Progesterone implants increased risk of HIV acquisition due to thinning of vaginal epithelium.
- Hormonal effects on cell-surface; these increased levels of co-receptors needed by HIV to get into the cell.

However, some studies have shown that hormonal contraceptives likely have no impact on HIV disease progression. WHO continues to recommend use of hormonal contraceptives for women living with HIV without restriction.

*Refer to **Worksheet 6.3.1: Case Study** on **page 253** for the case study scenario.*

Key Points

- Adolescent reproductive and sexual health services should include:
  - Clinical evaluation
  - Health education and counseling
  - Appropriate family planning services based on HIV status

Sources/Bibliography

- *IMAI one-day orientation on adolescents living with HIV. World Health Organization 2010*

Handout 6.3.1: The 5 A's and the Adolescent Living with HIV

Notes:

- *With a minor, understand your legal obligations in terms of consent and confidentiality, bearing in mind the best interests of the adolescent and their evolving capacities.*
- *When providing treatment, care, support and prevention for adolescents, use appropriate language and attitudes.*

ASSES

- Physical and psychological status and support structures
- Current treatments and adherence
- Sexual activity (current and intended), pregnancy, health-related risk behaviours.

ADVICE

- Relationships, couple counselling, sexual activity, condom use, contraception
- Treatment plan: dose (use Tanner scale), simplest regimen, evaluate confidence and readiness
- Prevention plan: dual protection, consider mode of transmission and sexual activity.

AGREE

- Disclosure: Who? How? When? What support?
- Role of adolescents and others in treatment and prevention plans
- Goals: clear, measurable, realistic, under patient's control, limited in number.

ASSIST

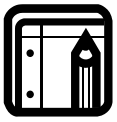
- Summary of plan, referrals, links
- Provide medication and contraceptives/condoms
- Skills and tools for self-management, adherence, safer sex.

ARRANGE

- Record visit and arrange next appointment date, including parents and partner (as appropriate)
- Activities/support between visits
- Referral as necessary links with peers.

Reference:

- *IMAI one-day orientation on adolescents living with HIV. World Health Organization 2010*



Worksheet6.3.1: Case Study

Instructions:

- In small groups, read the case study below and answer the questions.
- Be prepared to share and discuss your responses in plenary.

Scenario

Lisbeth is 19 years old. She tested positive for HIV when she was 16 years old. Lisbeth has been living with HIV for three years, has not been unwell during this time and has not begun ART. She did well in school and now has a good job. She lives at home.
Her family and a few close friends know that she is HIV-positive and she feels well supported.

She has had a few boyfriends over the years and she says they always used a condom during sexual intercourse. She has not told her boyfriends that she is living with HIV.
Lisbeth has come to the clinic today with a cold. The cold is not serious and it is clear to the health worker that Lisbeth's real reason for coming is that she wants to talk. Lisbeth says she wants to get married in the future and is afraid she will never be able to get married or have children because of her HIV status.

Questions:

What important issues need to be discussed with Lisbeth?

Session 4: Adolescent HIV Care and Setting up Adolescent-Friendly HIV Services

Total Session Time: 1 hour

Learning Objectives

By the end of this session, participants will be able to:

- Identify Categories of adolescents affected by HIV
- Describe key considerations and components for caring and treating adolescents living with HIV
- Describe barriers and challenges of providing services to adolescents
- Describe qualities and roles of the health provider in provision of adolescent services
- Explain standards of adolescent friendly clinic

Categories of Adolescents Affected by HIV, Key Considerations and Components for Caring and Treating Adolescents Living with HIV

Background

According to 2011 national estimates, 1.4 million people live with HIV and AIDS. The majority (1.2 million) are those aged 15 and older. AIDS has resulted in an estimated 1,300,000 orphans.

The adolescent population represents a significant proportion of infected individuals: Many HIV-positive adolescents are long-term survivors from MTCT. Newly infected adolescents acquire HIV from unprotected sex, sexual abuse, and/or unsafe medical practices (use of unsterile instruments, needle sharing, and blood transfusion).

Categories of adolescents Affected by HIV

Adolescents affected by HIV can be categorized into:

- Infected adolescents such as:
  - Long term survivors of MTCT of HIV
  - Adolescent infected during childhood, sexual abuse or engaged in high risk behaviors
- Non-infected Adolescents at risk include:
  - Youth in long-term sexual relationships
  - Orphaned & isolated adolescents

C**onsiderations for Caring and Treating Adolescents Living with HIV**

Adolescents affected by HIV can be anyone, in any kind of circumstance. They do not fit one specific description, but many. Places they are found:

- Living at home with parents
- Living with relatives
- At school
- Out of school employed or unemployed
- Married youth

- Orphaned adolescent heads of households
- Street adolescent

Natural history of HIV in Adolescents:
- HIV disease progression and ARV drug metabolism are different in children than adults
- Adolescents may be regarded as falling into a gray area somewhere in between the two
- Differences in pathogenesis and response to treatment have not been extensively studied

Adolescents who are infected through sexual behaviours or needle sharing experience a course of disease similar to adults. Less is known about the disease course in those who were infected perinatally – the long-term survivors.

Quality of life ultimately affects the choices they make, including seeking on-going healthcare and adhering to ARVs. Adolescence is a vulnerable stage in life in which the body is rapidly changing; lagging behind mental development. Social and individual acceptance is important, and sense of awareness of their ailment and their mortality.

All adolescents living with HIV need support to:
- Deal with their diagnosis
- Live positively and with dignity
- Understand the importance of positive prevention
- Understand the benefits of disclosing their HIV status to trusted people
- Link up to support in their family, with their peers and in the community.

Adolescents especially need this support because of their stage of development (no longer a child, not yet an adult).

Growth and Development in HIV-Infected Adolescents include:
- Physical growth and development is stunted in adolescents infected with HIV since early childhood.
- ARV treatment is characterized by growth spurt as well as sexual and cognitive maturation.

ARV Dosing Levels:
- Dosages for HIV and anti-Opportunistic Infection medications should follow body weight
- Close monitoring for those who are on ART to ensure that there is no overdosing on the treatment

Response to ARV Therapy; Pathogenesis and response to treatment among adolescents seem not to differ dramatically from those of adults, some differences include:
- Increased potential for immune reconstitution due to presence of thymic tissue
- Good prospects for sustaining a strong immune response following treatment

In addition to confronting issues (poverty, STI co-infection, abuse, mental health, substance abuse and school stress), HIV disease management becomes complicated for many teenagers and their providers.
Adolescents with HIV have the right to expect high-quality medical care provided with sensitivity to their needs that can support them as they transition into healthy adulthood.

Components of HIV Care for Adolescents

Services for adolescents must plan for:

- Youth-friendly providers
- HIV Prevention services
- Access to counseling and testing services
- Sexual and reproductive health services including STI care, pregnancy prevention and contraception
- Substance use prevention and counseling
- Mental health services
- Life skills

Barriers to Providing HIV Care to Adolescents

Barriers to HIV care for Infected Adolescents

These barriers include:

- Many HIV-infected adolescents are unaware of their status because they have not tested, or because their caregiver(s) have not informed them that they are HIV-positive
- Stigma can label HIV-positive adolescents as outsiders at a critical time whereby being accepted is most valuable to them
- Many HIV-positive adolescents experience denial about their HIV disease and postpone confronting the issue to the future
- Lack of psychosocial, financial and emotional support can adversely affect acceptance of their status, development of coping mechanisms, and adherence to medications
- Fear and mistrust of medical system prevent many adolescents from seeking care
- Adolescents experience difficulties with complex care associated with HIV
- Long-term survivors might be on treatment but never got adequate counseling

Challenges of Providing Services to Adolescents

Barriers to providing services to adolescents may include:

- Social, emotional and psychological development is incomplete
- Experimenting with risky behaviour including alcohol, and drug use
- Limited knowledge about HIV and AIDS
- Limited access to health information & care
- Lack of family support; For instance orphans most affected
- Limited schooling & education opportunity
- Unemployment
- Stigma; Social versus self-perceived discrimination. As the stigma of living with HIV lessens and the understanding of HIV increases, more adolescents will come for testing, treatment and care.
- Poverty & deprivation
    - Financial dependence on caregivers
    - Young people, esp. women, are at particular risk such as transactional sex ("sugar daddies" for gifts, school fees, etc.) or commercial sex work
    - Civil unrest, internally displaced people, refugees
- Discrimination and social intolerance
- Policies towards youth reflect adult views on what young people should and should not be doing, not what they really need (e.g. need for medical care); Confidentiality: informing parents about test results without the consent of young people.

Other challenges of providing services to adolescents may include relationship problems with parents and peers, challenges with academic performance, peer pressure regarding recreational activities and drug use.

Attributes that Enable Health Providers offer Adolescent & Friendly Health Services

Required Attributes of the Health Provider

Required attributes of the health provider in providing adolescent services include:

- Be comfortable with their own sexuality
- Be well informed on adolescent development and related health care needs
- Have familiarity with community norms on sexuality
- Approach sexuality in anticipatory manner right from the first paediatric visit – use correct terminologies to describe body parts
- Use culturally accepted language
- Create an atmosphere that encourages adolescents to consult you:
  - Initiate discussion on sexuality
  - Have sex education materials in the waiting room
  - Have education material about drug abuse available
  - Have separate consultation time for the adolescents
  - Ensure privacy and confidentiality
- Educate and guide parents/caregivers on how to discuss sexuality with their children and how to guide young people to make appropriate choices
- Provide health messages to adolescents that are appropriate for the developmental stage

Qualities of Adolescent Care Provider

All health workers working with adolescents should be taught the basic principles and practices of working with adolescents as part of their pre-service or in-service training. This is necessary because they will need additional knowledge and skills to enable them to manage and supervise adolescents.

Health workers:

- Should be aware of the basic principles and practices of working with adolescents
- Should be able to attract and engage adolescents into care
- Should be confident in dealing with adolescents who may be confronted by a range of adolescent's personal problems

Should show respect;

- Provide a non- judgmental, stigma-free, friendly atmosphere
- Uphold confidentiality: Confidentiality is a major issue that impacts client's adherence to care, particularly the stigma and discrimination that disclosure of HIV status may evoke.

Should be honest, and listen well;

- Address any questions
- Recognize challenges they face at home, school, peer pressure

Establishing good communication with clients builds trust and is essential to effective client care. It can assist in identifying client problems, needs and barriers to care.

Also health care provider should:

- Address the issue with all clients upon enrolment.
- Assure that HIV status will not be intentionally disclosed without consent.
- Counsel about the importance of discretion regarding other clients receiving HIV-related services.

Role of the Health Practitioner

- To educate yourself, and provide accurate, age-appropriate, comprehensive, and culturally-acceptable information regarding:
  - Sexual health, risk reduction, and safer sex
  - Sexually transmitted infections
  - Drug Use
  - Pregnancy
- To provide service

Standards and Qualities of Adolescent-Friendly Clinic

They adolescent require:

- Accessible, acceptable and appropriate: Adolescents need to know how to have access to the services without interruption.
- Should be in the right place, at the right time, and affordable
- Equitable, inclusive and should not discriminate
- Reach people who are vulnerable or lack services
- Comprehensive, delivering an essential package of services
- Equipment & supplies should be in place

Providers must ensure that adolescents understand where, when, and how to obtain medications.

Other standard and qualities of adolescent clinic include:

- Effective, and delivered by competent, motivated providers with good communication skills
- Include a system of quality improvement that supports and motivates staff
- Efficient and record information to monitor performance.
- Should involve adolescents in planning
- Acceptable to the community

Factors related to the health worker or the health services may encourage or discourage an adolescent from returning. It is important to consider how to encourage adolescents living with HIV to return to the health facility for treatment, care and sup.

Peer support at the clinic is important for adolescents living with HIV. Peers have experience in coping with HIV and can offer practical and appropriate help on how to live positively.

*Refer to **Handout 6.4.1 Characteristics of Adolescent-Friendly Health Services** on **page 261** for more information.*

Key Points

- Adolescents are physically more mature than children, but are less socially, emotionally and psychologically mature than adults
- There are many barriers and challenges to provision of sexual and reproductive health services to adolescents
- Adolescent-friendly services should be provided by health providers with required qualities and attributes
- Adhere to nationally agreed standards and qualities for adolescent-friendly-clinics

Sources/Bibliography

- *UNAIDS, 2013*
  http://www.unaids.org/en/regionscountries/countries/unitedrepublicoftanzania
- *WHO (2002), Adolescent Friendly Services*
- *National Training for Provider Initiated Testing and Counselling, MOHSW, 2007*

Handout 6.4.1: Characteristics of Adolescent-Friendly Health Services

Adolescent friendly health services need to be accessible, equitable, acceptable, appropriate, comprehensive, effective and efficient. These characteristics are based on the WHO Global Consultation in 2001 and discussions at a WHO expert advisory group in Geneva in 2002. They require:

1. **Adolescent-friendly policies** that:
   - Fulfill the rights of adolescents as outlined in the UN Convention on the Rights of the Child and other instruments and declarations.
   - Take into account the special needs of different sectors of the population, including vulnerable and under-served groups.
   - Do not restrict the provision of health services on grounds of gender, disability, ethnic origin, religion or (unless strictly appropriate) age.
   - Pay special attention to gender factors.
   - Guarantee privacy and confidentiality and promote autonomy so that adolescents can consent to their own treatment and care.
   - Ensure that services are either free or affordable by adolescents.

2. **Adolescent-friendly procedures** to facilitate:
   - Easy and confidential registration of patients, and retrieval and storage of records.
   - Short waiting times and (where necessary) swift referral.
   - Consultation with or without an appointment.

3. **Adolescent-friendly health care providers** who:
   - Are technically competent in adolescent specific areas, and offer health promotion, prevention, treatment and care relevant to each client's maturation and social circumstances.
   - Have interpersonal and communication skills.
   - Are motivated and supported.
   - Are non-judgmental and considerate, easy to relate to and trustworthy.
   - Devote adequate time to clients or patients.
   - Act in the best interests of their clients.
   - Treat all clients with equal care and respect.
   - Provide information and support to enable each adolescent to make the right free choices for his or her unique needs.

4. **Adolescent-friendly support staff** who are:
   - Understanding and considerate, treating each adolescent client with equal care and respect.
   - Competent, motivated and well supported.

5. **Adolescent-friendly health facilities** that:
   - Provide a safe environment at a convenient location with an appealing ambience.
   - Have convenient working hours.
   - Offer privacy and avoid stigma.
   - Provide information and education material.

6. **Adolescent involvement,** so that they are:
   - Well informed about services and their rights.
   - Encouraged to respect the rights of others.
   - Involved in service assessment and provision.

7. **Community involvement and dialogue** to:
   - Promote the value of health services.
   - Encourage parental and community support.

8. **Community based services, outreach, and peer-to-peer** services to increase coverage and accessibility.

9. **Appropriate and comprehensive services** that:
   - Address each adolescent's physical, social and psychological health and development needs.
   - Provide a comprehensive package of health care and referral to other relevant services.
   - Do not carry out unnecessary procedures.

10. **Effective health services for adolescents** that:
    - Are guided by evidence-based protocols and guidelines.
    - Have equipment, supplies and basic services necessary to deliver the essential care package,
    - Have a process of quality improvement to create and maintain a culture of staff support.

11. **Efficient services** which have:
    - A management information system including information on the cost of resources.
    - A system to make use of this information.

Reference: *World Health Organization, 2002.Adolescent Friendly Services.*

Session 5: Life Skills Required by Adolescents

Total Session Time: 45 minutes

Learning Objectives

By the end of this session, participants will be able to:

- Define life skills according to WHO
- Explain the need of life skills development by adolescent
- Identify the basic life skills required by the adolescent
- Describe ways to help adolescents develop life skills

Definition of Life Skills, and the Needed of Life Skills Development by Adolescent

WHO Definition of Life Skills

WHO defines life skills as the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.

The Need of life Skills Development by Adolescent

life skills provides adolescents with the ability for adaptive & positive behaviour that empowers one in making informed choices to deal effectively with demands & challenges of complex everyday life situations. Therefore, it helps adolescents to:

- Build knowledge, confidence, and take responsibility for their lives
- Become stronger, more aware, more caring and equipped to cope with demands and pressures
- Have faith in their talent and abilities, and to build on them
- Asses risk levels and to take only those risks which are likely to lead to a better life

Basic Life Skills Required by the Adolescent & Ways to Help Adolescents Develop Life Skills

Basic Life skills Required by the Adolescent

Important life skills adolescents include:

1. Developing self-awareness
2. Coping with emotions
3. Making informed decisions
4. Communicating effectively
5. Using assertiveness and negotiation
6. Using wisdom in problem solving

Life skills include among other things:

- Creative and critical thinking
- Interpersonal relationship
- Empathy
- Coping with stress

Helping Adolescents Develop Basic Life Skills

There are different ways that can help adolescents to develop basic life skills, some of these include:

- Provide information regarding their bodies and how they will grow
- Discuss how HIV may slow growth, and discuss expected changes with ARV use
- Help adolescents develop skills in building friendships and networks, which are important resources when family members die

*Refer to **Handout 6.5.1: Building Strong Friendships and Networks** on **page 267** for more information on building friendship and networks.*

Developing Self-Awareness

Supporting adolescents to develop self-awareness and self-esteem are very important to helping them develop as individuals. A positive self-image can help adolescents face difficult challenges and make good decisions such as:

- A better and unique person:
  - Encourage every adolescents to understand that she/he is a good person
  - Everyone has many unique good qualities
- Failure is not always a bad thing:
  - Even those who failed in other ways (e.g., in school) have many strengths
  - Sometimes failure can be an important lesson
- Self-esteem helps to look at challenges in a positive way and make positive solutions in life

Self-Awareness includes:

- Recognition of their own positives and negatives.
- Character
- Strength
- Weaknesses
- Desires
- Likes & Dislikes

Situations that Build Self Esteem

The following are examples of situations that might occur to adolescents, and they usually have a positive impact on self-esteem:

- I received a prize for winning the chicken race
- I got a job I applied for
- I was top of the class
- I joined the school team
- I was invited by friends
- I resisted peer pressure to do something that I know is bad for me

Situations that Adversely Affect Self Esteem

These are examples of situations that might occur to adolescents, and they usually have a negative impact on self-esteem:

- I was beaten by the school teacher
- I was not selected to join the secondary school
- My boy/girlfriend sent me a letter ending our relationship
- My parents often come home drunk
- My caregiver tells me I'm a burden

Coping with Emotions

Evidence-based approaches, such as cognitive behaviour therapy, multisystemic therapy, behavioural therapy, multidimensional family therapy and the community reinforcement approach will help people understand their emotions and help them to cope.

- Anger, stress, and fear are examples of emotions
- It is important to realize how emotions influence our decisions and behaviour
- If people understand their emotions it is easier to control and cope with them

Decision-Making

Adolescents need to have the ability to assess the different options/choices available regarding a particular situation & what consequences different decisions may have.

Decision-making skills are a key life skill. Therefore, adolescents should be encouraged to:

- Consider different options before making a decision which might affect life forever
- Identify pressure and temptations that might affect decision-making
- Get advice from people they trust, especially when they have to make difficult decisions

Encourage adolescents to look for quality information to guide decision-making:

- Institution such as library, clinics/hospitals
- Materials such as books, video, posters
- Relevant professionals e.g. doctors, teachers
- Community resource people (e.g. elders)
- Adults who are knowledgeable & sympathetic

Support them to stick to appropriate decisions

The steps to responsible decision making

- Define the problem
- Consider the consequences of each alternative
- Consider family & personal values
- Choose one alternative
- Implement the decision

Effective Communication

Effective communication includes:

- Listening carefully and trying to understand the message
- Speaking clearly and giving a clear message
- Communicating effectively in different situations
- Allowing time for questions for something not clear to the listener

In short effective communication includes

- Self-disclosure
- Clarity of expression
- Coping with feelings
- Self-concept
- Listening

Effective communication also include ability to express opinion & desires and the needs & fear by verbal & non –verbal means appropriate to our culture & situations.

*Refer to **Handout 6.5.2: Communication Skills** on **page 271** for more information on effective communication.*

Assertiveness and Negotiation
Encourage adolescents to:

- Be strong
- Stand for their rights
- Make sure they are clear and confident about their view/perspective
- Use compromise to solve disputes (i.e. give something in order to gain something)
- However do not compromise personal beliefs and values for the convenience of others

*Refer to **Handout 6.5.3: Negotiation Approaches** on **page 273** for more information about negotiation.*

Other Life Skills include:

- Spiritual development helps the adolescent build resilience to cope with difficult major life events
- Education and vocation training will help provide the adolescent with skills to earn a livelihood

Health care providers should talk with adolescents about the youth's spiritual and/or religious beliefs and practices. Adolescents should also be encouraged to continue their regular religious or spiritual practices. Spiritual and/or religious communities can be a further source of support and counselling to help adolescents living with HIV face issues related to mental health, disclosure, and positive living.

Key Points

- Life skills empower adolescents to become strong, aware and caring human beings equipped to cope with life's demands and pressures
- Basic life skills includes developing self-awareness, coping with emotions, making informed decisions, communication, negotiation and problem solving

Handout 6.5.1.: Building Friendships and Networks

I. Ways to Develop Strong Friendship

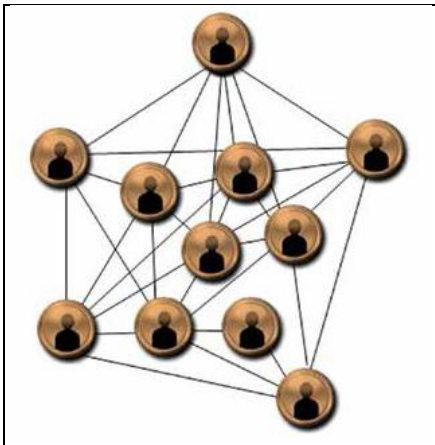
Friendships are incredibly important. At certain stages in our lives, friendships are everything to us – the most important thing in our lives. Friendships help define us and can influence our choices. Friendships grow and change as people come and grow. The following are 25 things to keep in mind to facilitate building stronger friendships.

1. **Choose friends wisely**. You do not have to be everyone's friend. Choose to be friends with people who build you up, not tear you down. Choose friends who inspire you and welcome you, not alienate and insult you.
2. **Listen**. Listen closely to what the other person is saying. Let that person know that you hear them. Ask clarifying questions. Summarize what you've heard. Though helpful, it does not always have to be through words. Eye contact and body language are also important ways of showing someone you are listening.
3. **Respond carefully**. Think before you speak – especially if you are angry. Sometimes, taking a moment to think about what you say before you start blurting things out will spare hurt feelings and bruised pride. Choose your words with care.
4. **Avoid consistently giving advice or trying to fix all of your friend's problems**. By all means, if a friend asks for your advice, give it. Don't wiggle your way into every aspect of your friend's life. Give them room to process things and make their own decisions.
5. **Play fair. Avoid trying to one-up your friends**. Eventually your friends won't want to play with you anymore.
6. **Be authentic**. Be yourself. Be honest. If someone can't accept you for who you are, it will be hard to develop relationship with them. Don't shortchange yourself by denying your beliefs, values, and point of view, for the sake of fitting in. You won't be doing anyone any favors.
7. **Communicate openly and honestly**. Developing communication with a person can take time. Ask your friends what you can do for them. Don't be afraid to let people know what you need. Share what is necessary, but don't dominate conversation. When a problem arises, work through it together.
8. **Accept your friends for who they are**. On your search for friends who can accept your authentic self, keep in mind – other people are looking for the same thing. We all want people who love us for who we are.
9. **Respect their choices. It is okay to disagree**. If your friend decides to make a move when you think standing still is the right thing to do, let them do their thing. If you give your advice and your friend sees things differently, step aside. What your friend is doing might be right for their life but not yours.
10. **Be the kind of friend you want others to be for you**. You want friends who are honest, kind, compassionate, fair, not judgmental, authentic, and intelligent. Be that person first and you'll be more likely to attract that kind of friend into your life.
11. **Be empathetic**. Trying to understand things from your friend's point of view can help you communicate and understand each other better.
12. **Give compliments**. Show love for your friends by complimenting them on their good qualities or things they do well.
13. **Express your gratitude**. Let your friends know that you value your friendship. Tell them. Write them a note. Surprise your friend by taking him or her out for lunch or dinner at one of their favorite places.

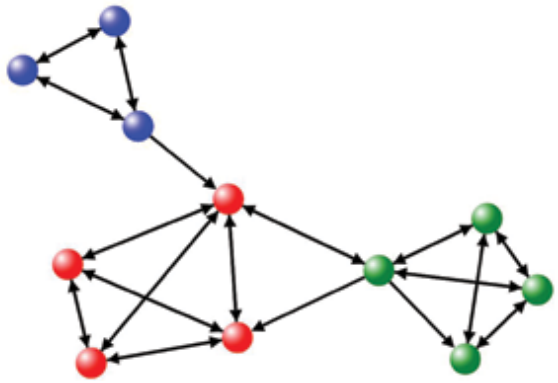
14. **Admit and apologize**. When you do something wrong, admit it. Learn to apologize. Sometimes a friend is upset, and all they want from you is to (genuinely) say "sorry." It shows that you realize your misstep, and that you will hopefully not make the same mistake again.
15. **Let go**. Did a friend do something that hurt you? Have you talked it through? Were apologies made? Let go and move on! If you don't, you'll hang on to the transgression and it will taint the relationship going forward. Don't trudge up a prickly patch of your past. Try your best to make a fresh start.
16. **Make time for your friends**. Spend time with your friends and show that you want to be around them. If your friend far away, write them an email, chat with them, call them on the phone, plan a get together. Making time for your friends sends the message that they are an important part of your life.
17. **Keep your promises**. If you know you can't deliver something, don't promise that you will. If you make a promise, do your best to keep it. It is better to say "I don't think I can make it, than saying you will make it, and then you cancel at the last minute.
18. **Celebrate what you have in common**. Most friendships are started because of some common thread e.g. a favorite sport, a love of books, or other things. Keep that jointly.
19. **Try new things together**. What new experiences can you share with your friend? It could be as simple as checking out the new local coffee shop, or as adventurous things.
20. **Have fun together**. Friendships, like any other relationship, can fall into a rut sometimes – especially if all you do with your friends is share your latest complaints every time you see each other. Shake up the routine. Go out and do something fun you both enjoy.
21. **Seek balance in your friendship**. Entering a relationship with selfish motives and being a person who takes and takes and takes until the well runs dry, is likely to lead a lonely life. Serve and support your friends. What can you add to their life to make it a little bit better?
22. **Take equal responsibility for the friendship**. Take turns making plans or driving across town to see each other. If there is a problem, acknowledge your part in it and figure out, together, how to make it right.
23. **Be a cheerleader**. Be encouraging. Motivate your friends. Affirmation goes a long way.
24. **Keep personal information confidential**. As relationships grow, it is common for friends to share confidential information with you. If a friend tells you a secret it is because they trust you and believe that you will keep what they told you in the strictest of confidence. Do not betray your friend by sharing their secret stories with others.
25. **Unclench your fist. Friendships grow and change. Sometimes they end**. You can change a lot in a year. As you grow up you change your mind about things. Your friends will do the same. A friend might stay in your life, but might have less impact on and influence in it. That's okay. If a person is bringing you down, hurting you, or starts to go down a dangerous path, it is completely acceptable to end the relationship.

II. Tips for Developing Networking

1. **Generosity**: Generosity with your own network, no matter how small. The first question to ask when building relationships is not "how can you help *me?"* but in fact "how can I help *you?"* Real networking is about "finding ways to make other people more successful.
2. **"Build it before you need it"**: The "great myth" of networking is that you start reaching out to other people when you need something. This approach is doomed to fail. To create a network of real relationships, you need to reach out to people "before you need anything at all." If you are an entrepreneurs try to know potential clients as friends first, not as customers.
3. **Know your mission**: The more precise you are about your goals and objectives, the easier it is to develop a strategy to reach those goals. An important component of a strategy is "establishing relationships with the people in your universe who can help you get where you're going." Create a *Relationship Action Plan* that starts with goals and focuses on identifying key individuals that will help you reach your goals.
4. **Build and broadcast your personal brand**: Note that "To be in business today, our most important job is to be head marketer for the brand called You." It's not enough to build a distinct brand; one must broadcast it too.
5. **Vulnerability**: One of the most profound insights and underappreciated assets in business today is vulnerability in creating strong, meaningful relationships. Power today comes from sharing information, not withholding it. By being honest, open and vulnerable, we allow others into our lives so that they can be vulnerable in return.



Dense Network



Network within and between groups
(three groups are denoted by color)

Reference:

- http://www.lifeoptimizer.org/2008/08/29/build-stronger-friendships/ (*Alaia Williams)*
- http://www.wamda.com/2013/03/5-tips-for-building-real-connections

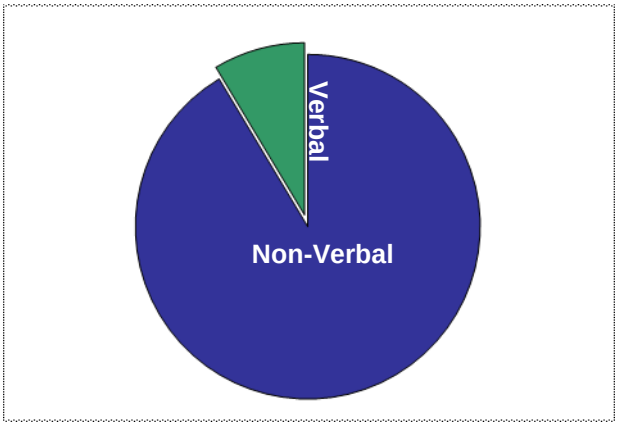
Handout 6.5.2: Communication Skills

Communication

The definition of communication is the process by which information, meaning and feelings are shared by persons through the exchange of verbal or non-verbal messages. It is the transfer of information from one person to another for the purpose of sharing the idea or information. Communication is the process of exchanging information, thoughts, feelings, ideas, instructions, and knowledge. Communication is necessary to share knowledge and experiences, build relationships, motivate, inform, teach, persuade, entertain, inspire, and give or receive directions.

Types of Communication

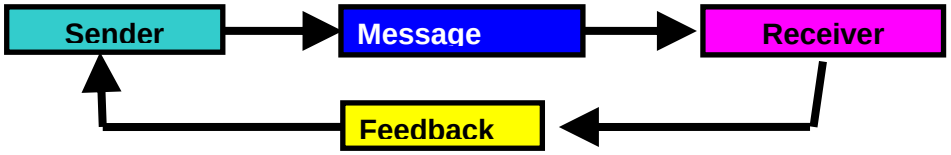
Communication can either be verbal: through spoken words, or non-verbal 89-93% through gestures (smiling, leaning forward, and nodding). Other forms of non-verbal communication include the way we stand, the way we sit, facial expressions, silence, and eye contact. Only 7 to 11% of all communication is verbal, and the rest is non-verbal. Non-verbal gestures may not always match a verbal message. Differences in how messages are perceived can lead to confusion. Common channels of communication include speaking, writing, body language, sign language, telephone, and media (television, newspapers and radios). Others might include talking, speaking, pictures, symbols, diagrams and charts, drumming, dancing, visual images, hand signals, drawings and pictures.



Communication Flow/Process

The communication has five components: Sender, Message, Channel, Receiver and Feedback.

- A SENDER creates a MESSAGE for the RECEIVER
- The SENDER uses a CHANNEL to relay the MESSAGE
- The RECEIVER and the SENDER use FEEDBACK to ask for more information, get answers and find out whether the message is understood



The SENDER initiates the communication to transmit a message The SENDER uses some kind of channel (way to communicate).The RECEIVER is the person receiving the message and translating it into meaning. The FEEDBACK is essential part of communication; the Receiver has to respond to show that he/she understood the message or not. Also, the Sender has to find out whether he/she has been understood by the Receiver. Feedback can be verbal or non-verbal responses. Effective communication means that the correct message goes from the Sender to the Receiver successfully.

Effective Communication Skills

Effective communication requires the ability of both the sender and the receiver to:
Listen, pay attention, and perceive what the other is trying to communicate, and respond verbally or non-verbally i.e. use feedback. Effective communication is more than just providing information or giving advice. It involves asking questions, listening carefully, trying to understand another person's concerns or needs, demonstrating a caring attitude, and helping to solve problems. Some effective communication skills are listed below:

Attending:

- Listening while observing
- Communicating attentiveness
- Verbal follow-up (saying "um-hmm")
- Eye contact
- Non-verbal cues

Paraphrasing:

- Restating patient's previous statement
- Determining the basic message of the patient's statement and then rephrasing it in your own words

Reflection of Feeling:

- Focusing on emotional content of patient's message
- Empathizing with the patient
- Identifying feelings of patient and formulating a response based on feelings identified

Summarizing:

- Reviewing the main points discussed
- Ensuring continuity and emphasizing main points
- Selecting main points and bringing them together in a complete statement

Asking checking questions to check for understanding:

- Identifying a subject or topic that needs further discussion or clarification
- Using open-ended questions to help counsellor and the patient to examine the situation in greater depth

Self-Disclosure:

- Sharing (appropriately) personal feelings, attitudes, opinions and experiences for patient's benefit
- Can increase intimacy of the communication

Interpreting:

- Adding ideas to patient's ideas to present alternative ways of looking at circumstances
- Determining patient's basic message and adding additional ideas

Avoiding Confrontation:

- Using questions/statements to encourage patients to face issues
- Not accusing, judging, devaluing patient's beliefs
- Pointing out contradictions in the patient's behaviour and/or statements, or guiding the patient to face an issue that you feel is being avoided

Source: National Training for Provider Initiated Testing and Counselling, MOHSW, 2007

Handout 6.5.3: Negotiation Approaches

Negotiation Approaches

Process used by two or more parties to reach mutually agreeable arrangements. The choice of appropriate approach for negotiation considers:

- What are alternatives to the specific negotiation?
- How important is the long term relationship in the context of negotiation?

Negotiation Approach	Features

Win- win (interdependence)	• Beneficial to all parties
	• A belief in a third alternative – a *better way*
	• Focuses on good communication to develop more value, and hence the interests of both parties can be satisfied
	• Cooperation is more likely than confrontation to achieve a successful outcome
	• For a successful win-win negotiation:
	  ○ Establish ground rules- agree upon ground rules for how the negotiation may proceed e.g. timelines and rules for conducting proceedings.
	  ○ Needs and interests of both negotiating parties must be addressed if there is to be long term solution
	  ○ Be willing to compromise or adjust viewpoints- both parts will benefit by having open mind, being flexible and willing to consider new ideas.

Win-win or no deal	• None of the parties can find a mutually beneficial solution, therefore agree to disagree • Often happens at the early stages of negotiating a deal
Win (independence)	• Win at all costs, other people don't matter • One party wins without regard to the cost to, or the feelings of the other parties
Win-lose	• One party uses its power, resources or authority in an attempt to win at the expense of the other parties. • Result when only one side perceives the outcome as positive • The won/lose mentality is dysfunctional to interdependence
Lose-win (dependence)	• It is the opposite to win-lose • One party gain the other loose • Lose/win people are quick to please or appease. • Giving up/giving in • All part parties compete to get the most value from the negotiation
Lose-lose	• All parties end up being worse off • May result if the parties involved are each playing a win-lose game • Can be the philosophy of highly dependent people • An example of this would be a budget-cutting negotiation in which all parties lose money

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- Covey, Stephen. (1989). *7 Habits of Highly Effective People.* New York: Fireside.
- *Winning and Losing*, Retrieved from http://www.alchemyformanagers.co.uk/topics/KTG2pNtDmtzWKKAk.html on 8 December 2010.