# SUPPORTING THE SEXUAL AND REPRODUCTIVE HEALTH OF YOUR PEERS

The information in this section is for your work with clients between 10 -24 years. As your client develops so will their need for different SRH information and services.

# Your role as a CATS in supporting your clients sexual and reproductive health:

- Give information on Sexual and Reproductive Health in a way they can understand
- Make sure your client has the understanding they need to make safe and healthy decisions
- Facilitate access to SRH services including how and where to access services
- Advocate for their SRH rights
- Share your own experience of relationships and SRH, if appropriate and safe to do so
- Work with clinic staff to support further SRH assessment and services
- Flag challenges that need referral
- Make referrals and actively link them to enhanced support and services
- Participate in case conferences
- Support the enhanced support plan

Remember shared confidentiality. It is important to inform your client that you will protect their confidentiality but you also need to protect their health and safety.



### **SRH Information, Counselling And Referral**







#### When:

Three Monthly SRH Check In Six monthly SRH information and counselling



- Puberty
  - · What body changes to expect
- Menstruation cycle and changes
- Relationship status
- HIV status of partner
- Disclosure to partner. See disclosure section
- Testing for partner
- Sexual activity
  - Current or previous experiences
  - Signs of STIs
  - Condom use and supply
  - Other contraception use or needs
  - Prevention services available (eg VMMC, PMTCT, PrEP, PEP)
  - Planning for a family
- Safety
  - Age of consent for sex or services
  - Current or previous unwanted or forced sex
  - Multiple sexual partners
  - · Age difference with partner
  - Receiving money or goods in exchange for sex
- Any questions or worries
- · Any red flags for referrals

# Questions to help you start talking about sexual activity

- Do you have a boyfriend or girlfriend?
- How do you show that you love/ like each other?
- Are your friends having sex?
- What do you think about having
- Have you ever had sex?
  - If yes, did you want to have sex?
  - Were you able to use protection?

## **SRH Check-In**

- Any changes in your period?
- Do you think you may be pregnant?
- · Any sores, spots, discharge, discomfort, or swelling?
- Any unwanted sex? Or situations that make you feel unsafe?

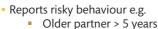


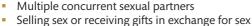




#### **RED FLAG**

- Any client who
  - · Is non-adherent and sexually active
  - Is thinking about disclosure to a partner
- Is experiencing negative outcomes of disclosure
- Is having trouble accessing contraception
- · Is thinking about starting a family
- · Is pregnant or miscarried
- · Needs further assessment and management of STIs
- Is over 16, female and sexually active (for cervical screening)
- · Has a partner that needs HIV testing
- Has a partner who has not yet been tested for HIV
- · Needs further assessment and management of STIs









#### **Urgent**

Make sure your client is seen by clinic staff before they leave the clinic if they report:

- · Change in their period or pregnancy
- · Any sores, spots, discharge, discomfort, or swelling
- Having unwanted sex or feel unsafe
- Sexual activity under the age of 16 years

If helpful for your client, join the discussion with the clinic staff.

If your client reports feeling unsafe, it is not for you to fix this.

• Contact social protection services and your ZM by phone. If you cannot get hold of them, contact other community workers or the clinic.



#### **Disclosure to Others**

# Who How When & Where?

Issues to address when supporting an adolescent to disclose their HIV status to others

