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Mothers of the Future:
A Parenting Curriculum Designed for Mothers Who Are Sex Workers
in Cape Town, South Africa

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2012

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Abstract

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By: Kate Morgan Nelson

Background: Sex workers are more vulnerable to HIV infection than persons in other occupations, but their professional work also carries additional health risks that are less commonly addressed. Violence, stigma, discrimination, substance abuse, mental health disorders, and lack of self-efficacy burden sex workers, especially in societies where the buying and selling of sex is criminalized. Most women report entering the sex work industry to meet pressing financial needs, but are faced with human rights violations that belittle, batter, and break their capability to thrive as women, professionals, and mothers.

Purpose: The purpose of this special studies project was twofold. First, it aimed to explore the needs, resources, barriers, and facilitators that sex workers living in Cape Town, South Africa experience in their role as mothers. The Sex Workers Education & Advocacy Taskforce (SWEAT) then implemented a social support program (“Mothers of the Future”) aimed at reducing barriers female sex workers face as parents. To provide additional group structure, facilitator guidance, and session activities, a parenting curriculum was also developed to specifically address topics relevant to sex workers’ daily lives.

Methods: A community needs assessment framework was utilized to interview key informants and SWEAT service users. This qualitative data was then thematically analyzed, and the results shaped the development of both the Mothers of the Future program and a nine module parenting curriculum.

Results: The community needs assessment revealed eight themes sex workers who are mothers identified as salient to their performance as parents: identity as a sex worker and mother, reproductive health, child care and safety, social support and education, social development, legal support, healthcare, and parental needs. A curriculum was created to educate and support sex workers who are mothers around these themes.

Discussion: Mothers of the Future aims to address the vulnerabilities of sex workers who are mothers via technical communication, and challenge barriers they face via transformative communication that is developed, led, and sustained by the sex workers themselves. After the program is piloted, adapted by sex workers, and evaluated, modifications can be made by peer educators and sex workers to better suit their needs and context.

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Chapter 1: Introduction and Background

Introduction and Rationale

A 2008 study of the sex work industry in Cape Town, South Africa estimated just over 1,200 sex workers work within a 54 kilometer radius from central Cape Town [1]. A more recent 2013 study found an increase in Cape Town's sex worker population, estimating that 8,350 female sex workers now are working in Cape Town [2]. People of diverse gender, age, ethnicities, backgrounds, socio-economic status, and educational levels comprise this growing sex work industry. However, according to the aforementioned 2008 study, the average sex worker in Cape Town is a black South African woman between the ages of 24 and 28 [1].

Approximately 84% of indoor-based sex workers in the 2008 study had previous formal employment, such as retail/sales (35%), administrative/secretarial (19%), waitressing (15%), security (4%), massage and beauty (4%), teaching (4%), professional (3%), and other jobs (15%) [1]. Yet, these jobs were remunerated with an average monthly salary of R4,026, compared to an average sex worker's monthly salary of R11,869 [1]. Although employable in other professions, most women report entering the sex work industry to meet their immediate and pressing financial needs, which can include food, shelter, and a number of dependents [1, 3]. Sex work offers an opportunity to bring home immediate cash, earn three to five times more than they could in any other job commensurate with their skills, and work without any academic or technical qualifications [1]. Thus, the economic benefits of sex work frequently outweigh many women's moral resistance to selling sex and the considerable stigma they may face from being labeled a sex worker [1].

However, the sex work industry also presents numerous adversities that are harder to overcome. Current South African laws negatively affect the professional and personal lives of sex workers. Although organizations like the Sex Workers Education and Advocacy Taskforce (SWEAT) advocate for the decriminalization of sex worker, women sex workers, particularly those who are mothers, are especially vulnerable to economic and sociocultural ramifications of the current legal status of sex work.

Current Criminalization of Sex Work. Under the Sexual Offences Act of 1957, which was amended in 2007 with the Criminal Law (Sexual Offences and related Matters) Amendment Act 32, sex work is fully criminalized in South Africa [4]. These laws directly prohibit the selling of sexual services for money or goods, the solicitation of sex, living off of the earnings of sex work, brothel-keeping, and/or procuring sexual services [4, 5]. Since it is difficult to enforce the Sexual Offences Act, many sex workers are instead frequently prosecuted for administrative, municipal by-law offenses such as: loitering, vagrancy, soliciting, and impeding the flow of traffic [5]. The overwhelming burden of criminal sanctions fall disproportionately on sex workers, as only 11 clients have been prosecuted for engaging the services of a sex worker since the 2007 Sexual Offences amendment [1].

Despite these legal restrictions, the sex work industry is currently thriving in South Africa. The prevalence of female sex workers in sub-Saharan Africa is estimated to range from 0.7% to 4.3% of the total female adult population in urban areas, and this estimate is no different in South Africa [3]. However, the criminalization of sex work reduces these women's ability to negotiate condom use with clients, organize for fair treatment, publicly advocate for their rights, and access the justice system [1, 5]. As a result, the sex work industry is pushed underground, providing a space for employers (i.e. pimps, brothel owners, etc.) to engage in practices that

would be considered unacceptable under South African labor laws [1]. These unregulated work environments expose female sex workers to exploitation, violence, extortion, and health risks [5].

Push for the Decriminalization of Sex Work. For the past several years there has been a push in the human rights community to protect sex workers' rights through the decriminalization of sex work [6-8]. The decriminalization of sex work would remove all criminal and administrative laws regulating sex work, including prohibitions and penalties targeting sex workers, their clients, and brothel owners [5]. Removing all criminal prosecutions would enable sex work to be recognized as legal work. Sex workers could then negotiate the employee rights and safety standards they deserve as laborers struggling to secure a livelihood. With increased agency and control over their lives, decriminalization would reduce the stigma, social exclusion, and fear of violence sex workers face under the current criminalized system [7, 9].

Sex Workers as a Key Population in South Africa's HIV Epidemic. In the past, most advocates who pushed for the decriminalization of sex work primarily focused on the health benefits associated with sex worker empowerment, with a particular emphasis placed on reducing HIV transmission [3]. South Africa has the highest number of HIV infections in the world, with over 5.6 million people living with HIV [10]. Although South Africa unquestionably has a generalized HIV epidemic, recent research has shown that certain "key populations" are especially vulnerable to infection, including sex workers [11-13]. HIV prevalence rates have been estimated close to 50% among female sex workers in urban areas, compared to 12-20% in the general population [13, 14].

These noteworthy vulnerabilities have led to an increased interest in sex workers from major HIV/AIDS international donors, including the President's Emergency Plan for AIDS

Relief (PEPFAR) [12]. This increase in public health funding, interventions, and programs that equate sex workers with HIV has led to a saturation of HIV interventions in the sex work industry. However, public health as a whole has generally failed to address other occupational dimensions of sex workers' health and vulnerability [13].

Sex Workers Professional Lives. South African sex workers are significantly more vulnerable to HIV than persons in other occupations, but their work also carries additional health risks that are less commonly addressed [13]. In this vein, advocates for the decriminalization of sex work have begun to incorporate human rights into the “decrim” movement. Under the belief that sex work is work, sex workers should enjoy certain rights, privileges, and protections just like any other worker. These include the right to free choice of work, as well as just and favorable work conditions. Yet, sex workers frequently experience police extortion, arbitrary detention, violence, discrimination, and numerous other human rights violations [3, 12, 14-20].

Currently, sex workers commonly face physical and sexual violence from clients, partners, employers, and police, and the risk of murder is very real [13, 15, 17, 18]. Rather than protecting sex workers from harassment and abuse, the South African government and police force often tolerates or even promotes such behavior [1]. A survey of street-based sex workers living in metro-Cape Town reported 47% of participants had been threatened with violence by police, 28% had been asked for sex by a police officer in exchange for release from custody, and 12% had been raped by police officers [1]. Unsurprisingly, sex workers normally do not feel comfortable or confident reporting human rights abuses to the very police sometimes perpetrating the violations [13].

Furthermore, police commonly confiscate and destroy sex workers' condoms and cite condom possession as justification for unlawful detainment or arrest on charges related to sex work [20]. The aforementioned survey of street-based sex workers found 19% of respondents reported having been arrested due to sex work, and the majority were arrested three times [1]. Beyond the legal ramifications of being jailed, sex workers are also unable to meet their pressing financial and social responsibilities while behind bars. For example, another demographic survey of 200 sex workers in Cape Town found an individual female sex worker supports an average of two other people on her income [1]. These children and adult dependents need to be cared for whether a sex worker is in jail or not. Thus, frequent detention and arrests of sex workers does not deter the industry, but rather results in women working additional hours or accepting more clients to make up the income lost through paying fines and/or spending time in jail [1].

Sex Workers Personal Lives. The abuses and human rights violations sex workers suffer at the hands of police, clients, and partners put them at greater risk for contracting HIV/AIDS, battling substance abuse, practicing unsafe sexual behaviors, experiencing poor mental health, and other equally serious health outcomes [3, 11, 17-19, 21, 22]. Sex workers face high levels of stigma and discrimination in their lives, including fear of organized vigilantes and rejection by their families, communities, and religious societies [13, 23]. Sex workers encounter many different external forms of said discrimination, including avoidance, rejection, moral judgment, stigma by association, gossip, unwillingness to employ, abuse, and/or victimization [23]. As a result, this discrimination can be internalized causing self-exclusion from services or opportunities, negative perceptions of self, social withdrawal, mental health issues, substance abuse, and/or suicide [23]. These side-effects of discrimination are detrimental to female sex

workers' mental health, causing them to experience higher rates of mental disorders compared to the general population [15, 24].

Discrimination can also affect sex workers ability to access health, religious, social, financial, and/or recreational services. Structural factors (i.e. “factors outside the control of individuals which influence their perceptions, their behavior and their health, including features of the social, cultural, economic, political, and physical environment”) place sex workers at a higher risk for poor health outcomes [25]. As a result, sex workers are at greater risk of practicing high-risk behaviors, such as unprotected sex, substance abuse, etc. [23, 25]. The stigma associated with such behaviors can also lead to abuse and refusal of service when sex workers attempt to seek healthcare services [23, 26].

Sex Workers Education & Advocacy Taskforce. One of the major human rights organizations in South Africa advocating for the decriminalization of sex work is the Sex Worker Education & Advocacy Taskforce (SWEAT). Shane Petzer, a male sex worker, developed ASET (AIDS Support, Education and Training) in 1994, which then scaled up to become a registered nonprofit organization titled SWEAT in 1996 [27]. Today, SWEAT's headquarters are in Cape Town, South Africa, with 9 offices located across the rest of the country. The organization prides itself at staying on the “cutting edge of sex worker advocacy, human rights defense, and mobilization in South Africa” [27].

SWEAT's mission is implemented via three main programs: advocacy and networking, research and knowledge management, and outreach and development [27]. The advocacy and networking program aims to reform national and local legislature, as well as challenge human rights violations. Governmental support and the mobilization of sex workers is largely achieved

through media and public awareness campaigns propelled by the advocacy and networking department. In addition, this program works closely with the research and knowledge management program to compile a credible database of information/studies salient to sex work and improved health/human rights interventions. Lastly, SWEAT implements an outreach and development program that focuses on empowering “sex workers with skills so as to enhance their capacity to speak on their own behalf, feel more confident to address human rights concerns and make informed choices, including the addressing of health and occupational concerns” [27]. The outreach and development program is largely run by former and current sex workers, who function as peer educators. Health education and psychosocial support groups are implemented by the outreach and development program, in addition to operating a mobile HIV testing and treatment clinic funded by PEPFAR.

SWEAT Service Users who are Mothers. While SWEAT’s services are open to all sex workers, there is a clear programmatic gap in services specifically directed towards sex workers who are mothers. The overwhelming majority of the female sex workers who access SWEAT’s service are also mothers, and this population faces a unique set of professional and personal vulnerabilities. A 2013 survey conducted by SWEAT examined the vulnerability issues surrounding pregnancy and motherhood within a sample of 76 mothers who were sex workers living either in South Africa’s Western Cape, Eastern Cape (e.g. East London), or Gauteng (e.g. Johannesburg) [28]. Survey results showed that 46% of all respondents indicated they had sex without condoms for more money at times [28]. This practice was especially frequent in East London (58 %) and Western Cape (52%), reinforcing sex workers’ risk of HIV infection [28]. However, other reasons sex workers performed services without condoms included forced sexual interaction (16%) and being too drunk/high/not thinking about it (14%) [28]. Such barriers

exacerbate the range of abuse and poor health outcomes female sex workers are commonly faced with.

SWEAT's 2013 survey also found 61% of sex workers across all three provinces indicated doing at least some sex work during pregnancy [28]. Sex during pregnancy is not uncommon in the sex work industry, as other studies have found some clients commonly request sex with a pregnant woman [1]. While having sex during all stages of a "normal pregnancy" is believed to be safe by most medical professionals, having high-risk sex (i.e. sex with a partner whose sexual history is unknown to you, anal sex, oral sex in which the partner blows air into your vagina, rough sex, etc.) may put many sex workers at risk for serious birthing complications [29, 30]. While, 80% of respondents reported attending a clinic during pregnancy at least once, the frequency and timing of these visits is unknown [8]. Thus, pregnant female sex workers might not be receiving the antenatal care necessary for improved maternal and child health outcomes.

Of the women in SWEAT's 2013 survey, 79% were impregnated by their boyfriend, husband, or intimate partner [28]. However, only 18% of respondents indicated these relationships were supportive during their pregnancy [28]. When making decisions surrounding termination of pregnancy, all respondents mentioned considering the support available to them and most felt non-supportive partners heavily influenced their decision to terminate the pregnancy [28]. Those who decided to carry the baby to full term noted the extra financial, time-related, and emotional toll they faced as a single parent. For example, at least 40% of respondents in all three provinces reported sleeping outside at some point during their pregnancy [28]. This lack of basic necessities was common within the surveyed women, impacting both the women and their children.

SWEAT's Mothers of the Future Program. In light of the vulnerabilities specific to mothers who are sex workers, SWEAT recently launched a "Mothers of the Future" program to support this target population (Appendix I). Through this 12 week, bi-monthly, 2 hour program, sex workers are provided with education, social support, and financial/material assistance to help them thrive as mothers. Mothers of the Future was developed in July 2014, as the community needs assessment was being conducted, and the program was iteratively revised to reflect the findings of the needs assessment. Mothers of the Future was then piloted from July to December 2014 (Appendix II). Like all of SWEAT's services, Mothers of the Future also has an on-going outreach and advocacy component. The current outreach campaign aims to promote female sex workers' right to access legal, safe abortions via stickers posted around Cape Town (Appendix III).

The program was well-received by participants and stakeholders, including donors, facilitation leaders, peer educators, upper SWEAT management, and government officials in the Department of Health. Thus, Mothers of the Future recently received funding from the Western Cape Department of Health and SWEAT is in the process of expanding the program to its 9 offices nation-wide. However, the pilot phase of Mothers of the Future revealed a need for additional educational structure, facilitator instruction, and curriculum development. Thus, this special studies project aims to meet these needs as the Mothers of the Future program continues to move forward.

Problem Statement

Female sex workers are often faced with cultural, socio-economic, and political barriers that prevent them from thriving as individuals, professionals, and mothers. Their population-

specific vulnerabilities and exposure to abuse create poor health outcomes both for female sex workers who are mothers and their children. While the public health field is adept at implementing HIV interventions within sex worker populations, these generally fail to consider sex workers holistically as individuals with additional health needs, such as parenting skills. Many women cite their children both as a significant motivators for and barriers to their sex work. Studies have found improved parental education, particularly of mothers, has been linked to improved child survival, health, nutrition, cognition, and education; enabling more children to fulfil their developmental potential [31-35].

Yet, there are very few, if any, programs or academic literature sources that promote positive parenting skills to nurture childhood development and health within sex worker populations. Research and information on parenting skills and childhood development has been published and made widely available to the public in South Africa, yet very little academic and educational materials frame these subjects within the context of a sex worker's life. Female sex workers who are mothers face unique barriers, including time management, discrimination, access to healthcare, physical and emotional demands of the job, etc. Therefore, there is a clear gap in interventions that promote positive childhood development and parenting skills that are fully compatible with sex workers' daily lives.

Purpose Statement

The purpose of this special studies project was to assess programmatic gaps within SWEAT's maternal services and design a curriculum to address these gaps and the needs of sex workers who are mothers living in Cape Town, South Africa. This curriculum will be part of a larger nation-wide Mothers of the Future program SWEAT developed to address the needs of

mothers who are sex workers. In performing the community needs assessment and developing the resulting curriculum, several key objectives were met:

Objective 1: Perform a community needs assessment to identify the needs, resources, barriers, and facilitators that sex workers living in Cape Town, South Africa experience in their role as mothers.

Objective 2: Implement a formal support program (e.g. Mothers of the Future) for sex workers who are mothers to meet gaps in SWEAT's services identified through the community needs assessment.

Objective 3: Create an effective and context-specific curriculum for sex workers who are mothers living in Cape Town, South Africa that addresses their parenting needs identified during the community needs assessment.

Significance Statement

Developing a curriculum for sex workers to strengthen their skills as mothers will facilitate the creation and adoption of safe, healthy, and nurturing parenting practices. Empowering sex workers who are mothers to develop and utilize positive parenting practices will promote self-efficacy and enable group members to redefine their current group identity from sex workers who are inadequate mothers, to good mothers who are sex workers.

Definitions of Terms

Brothel: A venue/place, typically a house or business, where clients come to engage in sexual activity with a sex worker [25, 36].

Clients: People who pay with cash or other resources for sexual services either explicitly or within an agreed package that includes other services such as entertainment or domestic service [37].

Human Trafficking: Recruitment, transportation, transfer, harboring, or receipt of persons, by means of the threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation [38].

Indoor Based Sex Work: Sex workers who engage in sex work “behind closed doors”, primarily in brothels or independently from houses or apartments [1, 39].

Outdoor Based Sex Work: Sex workers who engage clients on the streets and perform sexual services either on said streets or at other outdoor venues, such as truck stops or clients’ cars [1].

Service User: A sex worker who accesses the services and/or programming SWEAT provides.

Sex Work: The voluntary provision of sexual services by a consenting adult for money or goods [37].

Sex Worker: Women, men, and transgendered people who receive money or goods in exchange for sexual services, and who consciously define those activities as income generating even if they do not consider sex work as their occupation [37].

Sex Work Industry: The branch of economic and commercial enterprises that is related to the sale and/or purchase of sex-related services [36].

Acronyms

PEPFAR: President's Emergency Plan for AIDS Relief

SWEAT: Sex Workers Education & Advocacy Taskforce

ARVs: Antiretrovirals

ART: Antiretrovirals Therapy

Chapter 2: Review of Literature

In order to create a relevant curriculum that successfully targets the unique characteristics of sex workers who are mothers, five key concepts were explored: sex worker identity, transformative collective action, health communication, adult learning, and parenting curriculums.

Sex Worker Identity

Development of the Sex Work Concept. Often defined as the world's oldest profession, prostitution has existed in society since biblical times. However, the concept of "sex work" did not emerge until the 1970s prostitutes' rights movement in the United States and Europe [40]. Carol Leigh, a feminist activist, coined the term "sex worker" at a conference in 1978 as a counterpoint to other derogatory names for those who sell sexual services [40]. Several pro-sex worker feminist groups were also quick to reject the term "prostitute" due to connotations of shame, wrongdoing, exploitation, and victimization [40, 41]. Instead, the term "sex worker" intended to give agency and choice to women who engage in sexual labor [40]. Utilizing the word "work" reinforced sex work as an income-generating activity and sex workers as legal-judicial subjects worthy of laborer rights [40].

Value of Identity. Research has suggested that "the most successful examples of combating stigma are those in which stigmatized communities themselves mobilize for social change" [42, p. 294]. Although seemingly only semantic, the adoption of the term sex worker constructed sex workers' identities in relation to, and in resistance to, experiences of stigmatization. Since identity frames how "a person responds to one's living context," it has been hypothesized as an important determinant of participation in social movements [43, p. 107].

Social identity theory, developed by psychologist Henri Tajfel, “refers to the ways in which people perceive themselves as being part of a group” [42, p. 294]. The theory states that an individual who is aware she belongs to an “inferior” group will attempt to improve her status through “social mobility” and “social change” [42, p. 294]. Social mobility is a strategy employed by individuals to move from one group to another, while social change is utilized by groups to modify the definition upon which their group identity is based [42].

In the context of female sex work, social identity theory has been used to “highlight the difficulties sex workers face in constructing positive identities” [42, p. 295]. Structural constraints, like sex workers’ social role, may influence “the extent to which people can construct positive identities and employ healthy behaviors” [42, p. 294]. In turn, these structural constraints not only limit the ability of sex workers to belong to other groups/identities, but might even restrict the existence of other groups with whom they could aspire to identify (i.e. sex workers who are good mothers). In these cases, social change may be the only way for sex workers to construct identities that “facilitate full and equal engagement in their communities” [42, p. 295].

Social Identity of Sex Workers Who Are Mothers. In the current political, legal, social, and cultural context of South Africa, it seems that social change is indeed needed to redefine the group identity assigned to sex workers who are mothers. Mainstream South African assumptions label sex workers who are mothers as amoral, irresponsible, and fallen women incapable of taking care of children [43]. Film, media, legal, and academic discourse platforms frequently label sex workers as victims, thereby framing an identity in which sex workers are disempowered and helpless [43, 44]. Since a sex worker’s identity is not solely a function of choice, but rather a reflection of their social identity within their community and South Africa as

a whole, these social narratives suppress sex workers' ability to negotiate positive social identities and healthy behaviors [42, 43].

Self-Assigned Identity of Sex Workers Who Are Mothers. While these conditions of marginality and stigmatization influence how sex workers frame themselves, relate to one another, and make sense of their immediate context, such social identities can also inspire social change as sex workers engage with and change those conditions that marginalize them [42, 43]. Through a communicative process, marginalized groups can “communicate about health, access health resources, and participate in reframing the mainstream health discourse” [43, p. 295]. There are examples of sex workers who are mothers utilizing a social change strategy to communicatively redefine their group identity and challenge the mainstream social identity assigned to them [42, 43].

For example, a 2011 qualitative study of 23 active sex workers in Kolkata, India by Basu et al. found participants considered themselves to be dutiful mothers and idealized the responsibilities associated with this identity [43]. Cultural norms in India dictate that the onus is on the mother to take care of the children, and sex workers constructed their identities with respect to these localized understandings of culture and structure. Participants expressed that, like any other mother, it is their duty to prioritize the well-being of their children above everything else [43]. Therefore, the choice of entering the sex work industry was often driven by such economic commitments to their children, who were the locus of their lives [43].

However, “given their cultural representation as fallen women by Bengali middle-class society, sex workers were kept to the peripheries of society and denied access to resources that could help them provide for their children” [43, p. 118]. This social identity created structural constraints that suppressed sex workers' articulation and enactment of motherhood [42, 43].

Motherhood to them encompassed a daily struggle to provide basic necessities for their children. However, it was this very struggle that allowed the sex workers to identify as “mothers first”, and oppose the dominant discourse that labeled sex workers as irresponsible and inadequate mothers [43, p. 118]. “The sex worker’s self-construal as a dutiful mother punctures the largely prevalent projection of her as an uncaring and incapable one, and thus undeserving of resources, dignity, or the right to hope and dream; identity is hence an enactment of sex worker agency that materializes at the cusp of local culture and structures” [43, p. 118].

Another qualitative study by Zalwango et al. of 96 Ugandan urban sex workers found these women often equate womanhood with motherhood, as is the cultural norm for Ugandan women [45]. However, unlike many other Ugandan women, many participants separated from their husbands after episodes of domestic violence to keep themselves and their children safe [45]. The majority of these women then entered the sex work industry to remain autonomous, independent mothers capable of keeping their child physically safe and financially cared for [45]. These Ugandan sex workers “made conscious efforts to portray themselves as mothers, wives, partners, friends, and workers with self-esteem and prospects for improving their lives” [45, p. 89].

Transformative Collective Action

Pedagogy of the Oppressed. It is important to note such positive deviants’ ability to develop alternative, positive understandings of their identity, as this tactic to challenge stigmatization can be leveraged into collective action [46]. Social Theorist Paulo Freire’s *Pedagogy of the Oppressed* provides a philosophical basis for such a social movement [47]. According to Freire, “material oppression which denies people opportunities for agency, and symbolic oppression which denies them positive or active definitions of self, lead to fatalism”

[46, p. 5]. When such oppression is exerted with sufficient force or duration, marginalized groups come to view their hardships as unconquerable and, thus, adapt to social order rather than resist [46, 48].

Under such oppressive context, Freire suggests “conscientization”, or becoming self-aware of an oppressive situation, is the critical first step towards positive social change [42, p. 298]. Once an actor become conscientized, they can begin to conceive of alternative social arrangements to those that currently exist. Social order becomes “problematized” when actors are not only conscious of oppression, but believe things could be different [46, p. 6]. Thus, transformative collective action can only occur when subjects not only question oppressive ideology, but also demand and expect better [46].

Health Communication

Transformative Communication. This process of transformative collective action can be explored in a sex workers’ context through the Sonagachi Project, a highly-successful HIV intervention program in Calcutta, India [49]. Sonagachi, founded in 1992, was initially established to reduce HIV transmission through peer education and the promotion of sexual health clinics [49, 50]. It was based in “technical communication”, which involves the transfer of factual knowledge (i.e. how HIV is transmitted) and technical skills (i.e. condom use) [50, p. 848].

However, as the project developed, so did its philosophy and members [50]. Sex workers began to take on more leadership roles within the project, and an increase in conscientization led to a demand for wider social change [42, 47, 50]. With this politicization, the objective of Sonagachi soon shifted to “challenge the stigma of sex work and to promote sex workers’ social

and political awareness as the basis of a collective action movement” [46, p. 8]. In 1996 a parallel sex worker’s organization was formed to unite sex workers and sustainably expand the Sonagachi Project to incorporate a range of social interventions. The project led to increased condom use, decreases in sexually transmitted infections, and the empowerment of sex workers in redefining their social identities [50].

Thus, the Sonagachi Project ultimately used the concept “transformative communication” to conceptualize sex workers’ pathway to social change and complement Freire’s transformative action [50, p. 848]. Transformative communication aims to empower sex workers to demand greater access to the political and economic power that would enable them to improve their lives [50]. This is achieved by facilitating the capacity of sex workers to effectively communicate their needs, and by simultaneously promoting a receptive social environment that is open to hearing what sex workers have to say [50]. Through this process, sex workers develop a deep understanding of the roots of their vulnerabilities, and the “confidence and strategies for tackling them” [50, p. 848]. While the Sonagachi Project did not de-value the importance of technical communication, it viewed it as a stepping stone towards a more sustainable transformative communication model [50].

Culture-Centered Approach to Health Communication. Perhaps yet another reason Sonagachi was so successful was its use of the culture-centered approach (CCA) to health communication. Central to CCA is the understanding that health communication is intrinsically connected to identities, and thus must be presented in a manner that acknowledges the context of these identities [51]. The CCA utilizes a communication process that echoes transformative communication by co-constructing dialogue with participants [51]. By foregrounding the voices of sex workers themselves, communication is naturally contextually embedded [51]. This

empowers marginalized groups, such as sex workers, to voice how they understand and experience health within the culture of sex work [51]. Thus, the culture-centered approach allows sex workers to discuss issues and develop solutions in a familiar and comfortable cultural context [51].

Adult Learning

Adult Learning. Another vital aspect of sex worker empowerment projects such as Sonagachi was the ability to integrate adult learning as a core of transformative and CCA communication efforts. Under their mission statement, SWEAT aims to “determine the discussions on a legal *adult* sex work industry where sex worker is acknowledged as work, and where sex workers have a strong voice, which informs and influences wider social debates” [27]. In compliance with South Africa’s Children’s Act 38 2005, SWEAT defines adult as “any person over 18” years of age [52]. This age denotes “a person who is fully grown or developed” [36].

Compared to children, this sense of biological and psychological maturity means adults have special characteristics as learners. “The major differences in adult learners are in the degree of motivation, the amount of previous experience, the level of engagement in the learning process, and how the learning is applied” [53, p. 349]. Most adults enter learning experiences to create change through a “process of self-directed inquiry” [53, p. 349].

Andragogy, or “the art and science of helping adults learn”, was popularized in 1970 by American Malcolm Knowles [55]. This theory advocates for problem-based and collaborative learning situations, rather than didactic, “technical communication” [55, 56]. Specifically, Knowles identified six principles of adult learning that effective educators of adults should apply: [54, 55]

1. Adults are autonomous and self-directed.
2. Adults have accumulated a foundation of experiences and knowledge.
3. Adults are goal orientated.
4. Adults are relevancy oriented.
5. Adults are practical.
6. Adults need to be shown respect. [54]

Andragogy also emphasizes teachers capitalizing on adult motivation sources, which include social relationships, external expectations, social welfare, personal advancement, escape/stimulation, and cognitive interest [57]. Adults have many responsibilities to balance against the demands of learning, therefore it is important to discover their reason for enrolling and link these to outcomes of the learning process [57]. Thus, the best way to engage adult learners is to enhance their motivators and decrease barriers to learning [57].

Parenting Interventions

Evidence-Based Parenting Programs. Parenting programs are designed to provide information and support to help parents manage a range of social, emotional, behavior, and health-related problems in children [58, 59]. Such maternal education has been closely related to child health, whether measured by nutritional status or infant and child mortality [33]. In turn, the quality of parenting a child receives is a major influence on that child's development [60]. Since parenting programs have the potential to impact “the mental health and well-being of children, improve family relationships, and benefit the community at large”, reports from both the American Psychological Association Task Force and the World Health Organization recommend a wider implementation of evidence-based parenting programs [58 – 60, p. 506].

One such evidence-based program is the Triple P-Positive Parenting Program, developed at the University of Queensland in Australia. Triple P is a multilevel parenting intervention designed to enhance the knowledge, skills, and confidence of parents at a population level and, ultimately, reduce the prevalence rates of behavioral and emotional problems in children [60]. Multiple meta-analyses have found one central principle associated with the success of Triple P and parenting interventions as a whole: the ability to develop an individual's capacity for self-regulation [60-62], "a process whereby individuals are taught skills to change their own behavior and become independent problem solvers" [60, p. 507]. Self-regulated parents are autonomous and able to set their own contextually-appropriate goals, develop parenting strategies to meet said goals, and evaluate their parenting practices [58, 60]. This concept of self-regulation is operationalized through the promotion of five aspects: self-sufficiency, parental self-efficacy, self-management tools, personal agency, and problem solving [58, 60]. Driven by these concepts, evidence-based parenting programs centered on self-regulation, like Triple P, have been found to promote children's developmental capabilities throughout their lives [62].

Conclusion

This review of the literature seeks to provide an evidence-based foundation for creating a parenting curriculum relevant to sex workers. Key concepts from sex workers' identity, transformative collective action, health communication, and adult learning both contextualized the community needs assessment findings, and informed the development of Mothers of the Future curriculum.

Chapter 3: Methods

Community Needs Assessment

After SWEAT identified a gap in services, a community needs assessment was conducted to explore the needs, resources, barriers, and facilitators that sex workers experience in their role as mothers. Thus, qualitative, semi-structured, in-depth interviews were conducted from June to August 2014 with key informants and SWEAT service users.

Key Informant Interviews

Key informant interviews are crucial to any community needs assessment, as they provide insight into the views and opinions of stakeholders involved in the program. In addition, key informant interviews uncover operational and logistical information that can be utilized to fill gaps in service identified by SWEAT service users.

Population and Sample. After spending roughly two weeks learning staff roles and responsibilities, key informants were identified based on their involvement with (1) SWEAT, Sisonke, and/or TB/HIV Care and (2) sex workers who are mothers. In addition, snowball sampling was utilized by asking interviewees to recommend additional key informants. A purposive sample of three SWEAT staff members and two TB/HIV Care staff members was selected. All key informants were told the perspectives and experiences they shared would remain anonymous to promote an open and honest interview environment.

Instruments and Procedures. A semi-structured, key informant interview guide was developed, piloted, and modified accordingly to elicit each key informant's unique insight (Appendix IV). This guide allowed for open-ended responses and asked key informants to

explain the organization they work for, their role within said organization, and their perspective based on this role. The main topics of discussion that followed were framed around sex work and parenting, and included social development, family planning, legal support, childcare and safety, healthcare, education and outreach, and parental service/programs. I conducted all interviews in-person on the premises of SWEAT and TB/HIV Care. Each interview lasted approximately 45 to 60 minutes and was audio recorded with the participant's consent.

Data Analysis. Although key informant interviews were not transcribed due to time constraints and anonymity requests, detailed notes were taken. Key informant data was analyzed by identifying recurrent themes throughout the interviews. The themes were then assessed for agreement or disagreement among key informants and the results were reported accordingly. Where appropriate, verbatim quotes were included to illustrate key themes and concepts.

In-Depth Interviews

In-depth interviews allowed service users to express their experiences as mothers who are sex workers and the needs, resources, barriers, and facilitators they perceive as salient in fulfilling these identities. These one-on-one interviews collected detailed qualitative data from an emic perspective to provide a rich understanding of “why” and “how” these two roles affect one another.

Population and Sample. Eight in-depth interviewees were purposively selected based on demographics and life experiences (Table 1). Program Coordinator for Mothers of the Future, Ms. Dudu Dlamini, utilized her social network to identify and recruit a diverse sample. All in-depth interviewees were (1) over the age of 18, (2) a SWEAT service user, and (3) a mother who is a sex worker.

	Approximate Age	Approximate Time in the Industry	Mean Number of Children	Mean Age of Children	Who is the child living with?
Mean	35 years	17 years	2.75 children	13 years*	Mother - 8 Grandmother - 6 Auntie - 1 Foster Care - 1 Independent - 3
Range	20 – 50 years	3 - 30 years	1 – 4 children	5 months - 30 years* *Not including 3 children that were reported as deceased	

Table 1 – Sample demographics of the eight in-depth interviewees.

Instruments and Procedures. A semi-structured, in-depth interview guide was developed, piloted, and revised iteratively to interview mothers who are sex workers (Appendix V). The final tool closely resembled the key informant guide, and focused on social development, family planning, legal support, childcare and safety, healthcare, education and outreach, and parental service/programs. In-depth interviewees were also asked to describe aspects of their life as a way of exploring these themes.

I conducted all interviews in-person, with the help of a note-taker/videographer (Ms. Anneke Demmink) and a translator (Ms. Dlamini). Each interview’s location was selected based on accessibility and proximity to the participant. The first six interviews were conducted in an informal settlement community in Barcelona, Gugulethu (a township in Cape Town) where the participants resided. The remaining two in-depth interviews were conducted on the premises of SWEAT.

Each interview lasted approximately 30 to 45 minutes. With permission, the interview was audio recorded and video recorded. In one case where the participant did not wish to be audio or video recorded, Ms. Demmink took detailed notes.

Data Analysis. Seven of the in-depth interviews were transcribed verbatim and the eighth interview utilized detailed notes. With thematic analysis, these transcriptions/notes were segmented and labeled with eight deductive codes: identity as a sex worker and a mother, reproductive health, child care and safety, social support, social development and education, legal support, healthcare, and parental needs. This qualitative data was then analyzed to distill important concepts, patterns, and illustrative verbatim quotes.

Community Needs Assessment

Ethical Considerations. Approval from the Emory Institutional Review Board (IRB) or South Africa's Human Sciences Research Council (HSRC) was not sought for this community needs assessment, as the project was deemed a Quality Improvement (QI) project by Emory's IRB. It was not designed to develop generalizable knowledge, but rather focused on an evaluation of a particular process (i.e. programming aimed towards sex workers who are mothers) at a particular institution (i.e. SWEAT).

However, ethical guidelines were created and followed throughout the community needs assessment. Interviewees were verbally told their participation was completely voluntary, they could refuse to answer any questions that made them uncomfortable, and they could end the interview at any time. The participant was asked to provide verbal consent in order to avoid linking their name to an interview regarding illegal activity (i.e. sex work). All participants were given a copy of the consent form (Appendix VI) for their personal records and a copy was kept for SWEAT's records

In-depth interviewees were also asked to complete an internal SWEAT media interview consent form (Appendix VII). With this form, each participant again voluntarily consented to be interviewed and selected one of four exclusion options: (1) No exclusions (can use real name, surname and photograph), (2) Don't use my real name and surname (if ticked, participants were asked to write preferred names), (3) Don't use my photograph, or (4) Other (if ticked, participants were asked to specify). Copies of this form were kept for SWEAT's records.

Limitations and Delimitations. This community needs assessment had several limitations and delimitations worthy of note. In-depth interviewees were purposively selected by Ms. Dlamini based on their demographics, life experiences, and interest in participating in the Mothers of the Future program. While the selected in-depth interviewees provided a diverse range of opinions/experiences, the purposive sample decreases the generalizability of the community needs assessment's findings. Furthermore, participants' difficulties keeping interview appointments, poor weather, and dangerous protests limited the in-depth interview sample size to eight. As a result, saturation was not reached and valuable information may have been missed.

Since findings are presented as a community needs assessment, as opposed to research, these limitations and delimitations are of less concern. However, they should still be taken into account when interpreting results.

Curriculum Development

The curriculum was developed for sex workers who are mothers living in Cape Town, South Africa with the help of several public health professors/experts on: curriculum development, sex workers, and South Africa. The process of curriculum development was also guided by Morrison et. al's 2010 *Designing Effective Instruction* [63].

This nine module curriculum targets sex workers who are mothers and attending SWEAT's Mothers of the Future program. This social support group will be conducted in English with a group of typically 15-20 women participants. Each session will last two or two and a half hours and will be primarily facilitated by a peer educator. Since this population is particularly transient and sex workers' schedules are very fluid, each module was designed to stand alone. While general ideas and themes will build off of one another, each session will not be completely dependent on the previous session(s). Thus, sex work participants will be able to attend the group if they miss a session the week(s) before, without feeling lost.

Chapter 4: Results

Key Informant Interviews

Key Informant Interview Themes. Through analysis of the detailed notes taken during key informant interviews, seven overlapping, fluid and multifaceted themes were identified: reproductive health, child care and safety, social support, social development, legal support, health, and programmatic expectations. In the interest of confidentiality, no identifying information for interviewees is provided.

Reproductive Health. The key informants unanimously agreed the majority of sex workers become pregnant unintentionally. These unplanned pregnancies were commonly the result of “condom bursts”, rape, condom confiscation, and/or being offered more money for unprotected sex. When asked to elaborate on sex workers engaging in unprotected sex with their clients, one key informant stated, *“They’re playing Russian roulette with their lives”* referring to the large proportion of sex workers who experienced unwanted pregnancies and resulting hardships.

Abortion was a major sub-theme discussed by all key informants. While key informants praised South Africa’s progressive abortion act, they also acknowledged the significant gaps between the way the act is written, implemented, and understood. As a result, many key informants stated that sex workers frequently seek illegal, back alley abortions because they are not aware of other safe options, discover their pregnancy after legal clinics’ 12 week cut off, and/or want to avoid the stigma they might face in government or municipal hospitals.

For those mothers who choose to carry their pregnancy to full term, the possibility of fetus mortality in-utero (e.g. miscarriages or stillbirths) was commonly discussed by key

informants. This loss was typically linked to drug/alcohol abuse, rough sex, violence, and/or homelessness. Multiple key informants also noted clients would pay more money to have sex with pregnant women. This potential increase in profit was associated with sex workers continuing to work late into their pregnancy (up to eight months was mentioned), and consequent risk to both mother and child's health.

Child Care and Safety. Many key informants noted a lack of essential child care materials (i.e. clothing, bottles, nappies, etc.) and time to spend with their children as common child care issues among sex workers who are mothers. No key informants reported ever seeing sex workers bring their children “to the road”, thus it was assumed they were being tended to elsewhere. Interviews revealed a perception that sex workers who are mothers struggle to spend “quality time” with their children, primarily due to their working schedule. Key informants believed sex workers' children were frequently left in the care of others, noting that adequate child care was often sacrificed for affordability. Key informants indicated that sex workers almost always turned to formal/informal crèches, family members, or friends to provide child care during their working hours. However, these options were dichotomized as either expensive or dangerous. Difficulties with child care was believed to drive demand for more permanent guardianship options, such as foster care or adoption.

Another prevalent sub-theme of child care and safety was the stigmatization of sex workers and their children. Discrimination against sex workers was viewed as an emotional and physical threat to both sex workers and their children, preventing many mothers from disclosing their profession to their children or their children's caregivers. This need for secrecy was viewed as an additional barrier to finding appropriate and safe child care. Furthermore, key informants

noted gender-based violence and substance abuse as other potential sources of child endangerment in child care settings.

Social Support. Key informants interviews revealed stigmatization was also a dominant sub-theme associated with social support. Almost all key informants discussed the frequent practice of community members outing mothers as sex workers to the rest of the community, including the sex workers' own children. Key informants noticed this "gossip" created an environment of shame and misunderstanding: *"When these people telling our children, it's telling like a bad, bad, bad, bad thing. Ya, they don't like saying like, your mother is working hard for you."*

When community members told sex workers' children about their mothers' profession, key informants did not believe it was done in a positive or truthful manner. Thus, the majority of key informants expressed the opinion that it was better for sex workers to hide their profession from the community and avoid any potential discrimination.

Echoing key informants' discussion of stigmatization, social support was only mentioned in terms of deficits. This absence of social support was again mentioned when key informants were asked to describe the partners/spouses of sex workers. All key informants noted most sex workers who are mothers function as single parents, and their children lack parental support. They felt this compounded the mothers' stress level and hindered her ability to raise a child.

Social Development and Development. In South Africa, as key informants explained, the term "social development" is equated with reducing poverty and promoting social integration. South Africa's Department of Social Development is tasked with social transformation through providing social welfare services and engendering self-reliance [64]. Key

informants' mention of human services that fall under the jurisdiction of the Department of Social Development were therefore included in this theme.

Education was the main sub-theme of social development. Almost every key informant labeled education as an issue of concern for sex workers' children, due to multifaceted barriers these children face. For example, transportation, or a lack thereof, prevented many children of sex workers from accessing educational facilities. In addition, institutional barriers (i.e. school fees, uniforms, and stationary) and situational barriers (i.e. sickness, lack of parental involvement, and weather) were believed to impede education.

Another sub-theme was shelter. According to many key informants, the majority of sex workers who are mothers live in informal settlements. It was believed each settlement, or "shack" as they were described, commonly houses numerous extended family members and lacks privacy. Such accommodations were considered overcrowded and insufficient by key informants.

Lastly, two key informants mentioned child custody was an issue for some mothers who are sex workers. Cases were cited in which a mother lost custody of her children because the mother was a known sex worker. In these cases, key informants observed the sex worker's desire to reclaim custody of the child. However, key informants felt this was often a difficult, lengthy, and potentially expensive process.

Underlying all of these social development sub-themes was the issue of money. Most key informants felt the majority of mothers who are sex workers are currently receiving financial grants from the Department of Social Development. Key informants who were unsure if mothers who are sex workers are receiving governmental grants, strongly believed that they should be.

However, all key informants described social development grants as “hard to get” due to long lines at governmental offices, lack of proper documentation (i.e. birth certificate and/or ID card), and/or not knowing the identity of the child’s father (whose name is required for paperwork).

Legal Support. Most key informants’ discussion of legal support focused on the working conditions of sex workers who are mothers. Key informants repeatedly stated that sex workers encounter violence, rape, and other human rights violations in their line of work. Sometimes sex workers themselves are labeled as criminals, arrested, and may be sentenced to spend time in jail. Incarceration was believed to create huge problems for sex workers who are pregnant and/or have dependents in their care. Thus, key informants felt court and legal support was a necessity for this population.

In addition, many key informants pointed out that sex workers do not have access to an adequate maternity leave, as defined by the South African constitution. Some reported witnessing sex workers “going to the road” eight months into their pregnancy and returning to work one month after giving birth. Key informants felt this both endangered the mother’s and child’s health, and violated the sex worker’s rights as an employee.

Health. Key informants most commonly reported HIV and sexually transmitted infections (STIs) as the main health issues affecting sex workers who are mothers. In addition, two key informants mentioned tuberculosis (TB) and miscarriages as health topics of concern for this population. Key informants reported interacting with sex workers who faced these health issues both on-site at SWEAT and TB/HIV Care or during outreach.

Key informants explained that when a sex worker needs a healthcare service beyond those offered by SWEAT or TB/HIV Care, they are referred to an outside clinic. Key informants

believed most of the sex workers followed through with this referral and were able to access the healthcare service. However, stigma was again brought up as a potential barrier and, thus, was a concern to many key informants. All key informants emphasized the value of healthcare to sex workers, for reasons summed up in this quote: *“Their body is their business. And if their body isn’t healthy, they can’t do their job as a sex worker.”*

Expectations for Mothers of the Future. When key informants were asked what they expected from Mothers of the Future, most envisioned a program that enables sex workers who are mothers to eventually become self-sufficient. This included distributing baby/child supplies and/or financial donations to help mothers who are sex workers “get on their feet.” As noted by a key informant, this would create an environment of empowerment and pride:

“As sex workers there is lots of things need to be done to become like, I’m not saying normal people. I don’t want to use that. But I can say like they get all the things as, like, everyone else. They get to feel themselves proud. And feel themselves that they are respected and their dignity, that they are protected.”

In addition, many key informants discussed the importance of providing a space for sex workers who are mothers to share their stories and have them heard. Recording and sharing the experience of this population was believed to provide a sense of solidarity and legitimize their voices. One key informant summarized this wish for the Mothers of the Future program as follows:

“Full connected support group who are mothers and stand and not to be shy to say ‘I’m a mother. I’m proud of myself and sex work is not affecting my life, as you do think it’s affecting my life. Everything it’s doing, it’s helping my life to grow up.”

In-Depth Interviews

In-Depth Interview Themes. Thematic analysis of the in-depth interviews identified eight major themes: identity as a sex worker and a mother, reproductive health, child care and safety, social support, social development and education, legal support, healthcare, and parental needs. As with key informant interviews, data segments were categorized into a single theme for synthesis purposes. However, there was considerable fluidity between and complexity within these themes.

Identity as a Sex Worker and a Mother. While every participant's story of becoming a sex worker was unique, almost all referenced a person that introduced them to the sex work industry. This person was typically described as both an enabler and mentor to the participant, first influencing her to become a sex worker and then familiarizing her with the line of work. Once participants had an entry point to the industry, they were often motivated by the prospect of opportunity. As described by one participant who entered the industry after working as a hotel maid, sex work offered an opportunity for a better life:

“So, after work instead of going, I had ran to that room, his room, and he was there. So he said, uh, do you want to have a little bit of fun? So I said, ya. But I never sleep with the guys. So, we have fun. I slept with him. For the first time I had made love, that was white guy...And then, then after that, I knew that I was, um, I was a sex worker. Because those money involved. Gave me money and he used to buy me little presents every day.”

After recounting this story of her first client, the participant was asked if she was happy with her decision to become a sex worker, *“Yes! Yes, I was. I could get money quick. I could buy my cars. Took care of a beautiful house.”*

In other cases, sex work was an opportunity to merely survive. Participants with this outlook commonly reported dependents, poverty, homelessness, lack of employment, and hunger as precursors to entering the sex work industry. With Ms. Dlamini translating, one participant explained her more desperate and deliberate reason for becoming a sex worker: *“She choose to be a sex worker because her father was not working, but he was getting grant. And then they were surviving around that money only. And then she choosed to go to the, to do sex worker.”* Another participant reiterated this woman’s sentiments by stating: *“If ever I was having like a nice job, I didn’t have to do this. But I have to do this because I just need the money because I don’t have something that I can put on the table.”*

Lastly, one participant also found herself in the sex work industry after seeking both an opportunity for a better life and an exit from poverty. She was promised a job in Cape Town, but upon her arrival she was drugged, abused, and forced to sell sex. The participant felt she had been trafficked, but was fortunate enough to escape what she described as a horrible situation.

While the circumstances surrounding participants’ entry into the sex work industry differed, participants were still linked by two shared identities: sex worker and mother. Each and every participant expressed a deep love for their children, regardless of any life difficulties that might accompany the birth of a child. This balance of love and struggle was best expressed by a participant’s description of how life changed after giving birth:

“It changed because I, I was not only thinking about me anymore. And I know that before, I know that my priority is my children now. So if I, if, no matter I don’t have a shirt, but my children must have a shirt. So before I buy myself a shirt, I must start with my children.”

Thus, if supporting their children was not the reason they entered sex work, it was often the reason they continued. As this participant continued to explain, sex work helped her raise her children: *“When I’m coming back, no matter I come with 2 cent or whatever, how much I come with. But I know that they will have bread to eat. Ya, so it’s, it’s, its helped me.”* Regardless of how they felt about being a sex worker, almost all participants agreed that sex work empowered them to raise their children. As a result, they felt little shame for supporting their children through sex work, and generally did not feel their profession influenced their character as a mother. One participant (translated by Ms. Dlamini) summarized how her role as a sex worker did not affect her role as a mother:

“She don’t feel affected any way because she’s trying to, she working for them. So she don’t feel like, like, like, like, she don’t feel like painful or whatever. Or like, she feel like embarrassed or shy, but she feel, she don’t have a problem for that because she working for them.”

Reproductive Health. Reproductive health, in particular family planning, seemed to be a complex topic for sex workers who are mothers. Contraception was frequently brought up in stories of successful and failed pregnancy prevention. The contraceptive injection, also commonly referred to as Depo, was the most commonly discussed contraceptive method. Half of the participants reported using this method to prevent pregnancies at some point in their life, and most seemed content with this decision. However, women’s level of satisfaction using Depo varied, with one participant, for example, reporting an unwanted pregnancy while using the injectable contraceptive.

Another participant only used Depo after being denied her preferred choice of family planning: sterilization. Recounting her request to be sterilized at a hospital, she described the following experience (as translated by Ms. Dlamini):

“She try at the hospital, the last hospital where she gave birth to ask them that she’s, like, she don’t want to get, she didn’t want to give birth anymore. She want to sterilization. But they said that, they respond, they responded, they say that she’s still young.”

Without any say in the matter, the participant was reportedly given the contraceptive injection instead. She admitted “defaulting” from this birth control method because she was too tired to travel to the clinic every third month. Barriers to contraception, such as the distance and time associated with clinic visits, were commonly cited as motivators to seek sterilization, which was the second most discussed contraceptive method. Participants also reported lack of contraception choice, access, and/or availability as factors influencing family planning.

Another reported obstacle to contraception use was the client. One participant reported clients sometimes offering more money for unprotected sex. While this is not a behavior she condoned, she admitted:

“Sometimes, maybe when, I don’t, maybe I don’t have a money. So, maybe the client say, ‘Hey. I’m going to give you 200 just for I. So, but I don’t want a condom’. So, I think there in my home, there no electric...So that’s why I say sometimes, but not, that is not my style.”

When further questioned about the possibility of a pregnancy as a result of unprotected sex, the participant did not appear concerned. As she explained it: *“But I know my body. When I don’t want a child, I won’t have a child.”* Her peers however did not appear to share this sense of personal control over conception in the absence of contraception, as at least three categorized their pregnancies as unintentional. Unplanned pregnancies were certainly a sub-theme of reproductive health summarized best by the following quote: *“I didn’t plan it, it just happened. Even this one, put there, it, it, it just happened. I didn’t plan it. Just something that just...just happened. I didn’t plan it...I didn’t prevent it.”*

One participant, in contrast, did report planning both of her pregnancies. Her youngest child was the result of a very close, intimate relationship, and her first pregnancy tactically planned:

“And my mother, she was very strict. So I was scared about my mother cause he was, eh, she was beat my sister very much. So I thought, hey, I think the first day that he, she can stop to beat me. She cannot even start. I must get pregnant. So it was not a mistake.”

In such cases of both planned and unplanned pregnancies, abortion was a very prominent sub-theme. Many participants acknowledged a desire to get an abortion, but listed as barriers to accessing such a service: a lack of experience/information, difficulties getting a referral letter, laziness, and discovering the pregnancy too late. One woman, as translated by Ms. Dlamini, exemplifies the normality of these barriers with a statement interrupted by laughter: *“But the thing it was that she want to do abortion, but she don’t know where to go [laughter] and she don’t have any information what she want to do, so she choose to keep it [laughter].”*

Although all participants were asked, only two participants disclosed that their friends sometimes access illegal, back-alley abortions to circumnavigate the barriers associated with legal, hospital-provided abortions. They reported that women who received back-alley abortions were given something to drink and, in one extreme case, had a procedure performed with a round pole. However, no participants admitted to receiving illegal abortions themselves, acknowledging that they are dangerous.

Many participants also opposed abortion for personal reasons. Some seemed to accept that once the child was conceived, it was “there to stay.” Others stated that if they were financially and emotionally able to raise the child, they did not believe in terminating the pregnancy. Although many of the women had strong personal feelings against aborting a pregnancy, most understood the termination of a pregnancy to be a personal choice. When asked if abortion was a good option for some sex workers, one participant responded:

“Maybe some of them, they see our difficulties. We are not the same, you see? We are not the same. Maybe they, they, they decide to do all those things. But me, I was not thinking nothing about those things.”

In cases where participants chose to carry their pregnancy full term, antenatal care did not appear to be a priority and/or possibility for most women. As with contraception, some of the women listed lack of time and/or energy as barriers to accessing antenatal care. In addition, many participants did not realize they were pregnant until three to four months into the pregnancy. This was commonly attributed to a lack of pregnancy tests, normal weight gain, and homelessness, as explained by one participant:

"...I found out late about the pregnancy. I didn't know right off cause my body and being outside, all of that. Lot of problems...so I wasn't able to take care of my body. So ya, I was just thinking, oh God was sending me a blessing not having my menstrual cycle. Being outside, it saved me from buying pads."

This participant continued to explain that, with the insistence of a friend, she took a pregnancy test and learned she was over three months pregnant. However, after learning she was pregnant, she only visited the hospital for antenatal care once. This visit occurred one month prior to giving birth. When asked to explain why she only sought antenatal care one time, the participant explained the pregnancy was both unplanned and unwanted. In fact, exemplifying many women in the sample, she had tried to seek an abortion, but her pregnancy timeline, self-proclaimed laziness, and lack of resources prevented her from accessing termination of pregnancy and other reproductive health services.

Child Care and Safety. Child care was a constant concern for all mothers, regardless of who was currently caring for their children. Even women whose children had grown up and moved out of the house still remembered struggling to provide adequate, safe child care for their children. In addition, all of the women whose children were now adults also reported transitioning to care for their grandchildren and, thus, were still sometimes burdened with finding child care.

The schedules of sex workers who are mothers resembled that of any mother, with the exception of working hours. As dictated by one participant:

"In the day, I'm here at home. I'm looking after my kids. When my kids is coming back home school, I must look after my kids. In the morning when my kids is going to school,

I must look after my kids. I must cook for my kids. And then my kids is going school. And then come back. Later, I'm going to work."

When probed about working hours, participants reported working all night and returning around six or seven o'clock in the morning. This nonstandard work schedule created a unique need for child care while participants were at work.

Some participants reported temporarily leaving their children with a (typically female) family member, friend, nanny, and/or babysitter. In return for their services, the participants were expected to pay the caregiver, provide their children and the caregiver with dinner, and/or buy an item(s) from the caregiver's shop (if applicable). Most of the sex workers complained the cost of child care was too high for their income, but stated these options were more affordable than formal crèches.

Half of the participants reported their children did not currently live with them for reasons both financial and circumstantial. Of the sample's 14 children under the age of 17 years (i.e. not yet considered independent), only 7 were cared for primarily by their mothers. The remaining 50% of the children were living with their grandmother, aunt, or foster parents. While most participants believed this living arrangements was best for the child, almost all wished they could serve as their child's primary caregiver. The conflicting emotions this engendered was summarized by Ms. Dlamini's translation of one participant's quote: *"Oh, she didn't... She, she don't feel alright, but she don't have a choice. She want to, she want to be with her children, but she don't have a choice."*

This feeling of helplessness was expressed by many of the interviewees. Lack of money, time, and shelter were the most commonly cited reasons why participants could not serve as full

time caregivers. Unsafe living conditions, specifically due to frequent flooding and water damage, were also noted by two of the women living in informal settlements in Barcelona. Yet, no matter how extreme their predicament, almost all still wished to reclaim their role as primary caregiver and be reunited with their children.

Only one participant expressed wanting to voluntarily transfer custody of her child and, thus, viewed foster care as a desirable option. After giving birth to her most recent, unplanned child, she began to feel pressed for time. She explained that her newborn baby was so attached and dependent on her attention/care, she did not have enough time to devote to the care of her other children, her sex work, or even herself. For these reasons, she felt placing her child in a foster care home that would lead to adoption would fit her and her baby's needs best. She explained that she would not want to see her baby once he entered foster care because:

“You know, for, by me to put someone in foster care is a bit, uh, to get your own. Free time. Doing what you want to do. Even if other people see it as selfish. You know, it's late in life, but you want to become something, but now he's here and...ya.”

Regardless of where the child was living or who was the primary caregiver, the child's safety was a priority in most mothers' minds. Stories of gender-based violence and drug/alcohol abuse were frequently recalled. At least three women reported being abused/beaten by their boyfriend and/or intimate partner. They also reported this abuse was common in other women's households, some of whom were caring for their children. Such abuse and fear was often associated with substance abuse. As one participant elaborated:

“So, I think that is why also you will hear that people say sex workers are using drugs, are drinking. I think, uh, if you are not strong enough, you will fall. You will drink. You will smoke. To get over all those little incidents, or big incidents, that happened.”

Although many mothers admitted falling victim to these habits, they also expressed a concern for their children being affected by the negative consequences of such addictions. Overall, mothers were very conscious of their children’s wellbeing. They typically described this concern as the distinguishing characteristic of motherhood.

Social Support. Social support, or the lack thereof, was a constant theme in all participants’ lives. Boyfriends, fathers of their children, and/or other intimate partners were commonly labeled as emotionally and financially unsupportive, or even physically absent. As Ms. Dlamini translated for one participant:

“...she fell pregnant and then she been in the road since she was, she was pregnant without social support. Without any support. Without boyfriend. Without father for the child. And then she went to the road until she gave birth. And then after, after birth, she didn’t even stay, even 2 months. After a month she went back to the, to the road and she still supporting herself now.”

The father of the participants’ children were unsupportive for a variety of reasons. In the above participant’s case, she believed the father of her child denied her any support because:

“Um, it’ll just link them to a sex worker, I think. Cause ya, that’s how we engaged and there was no future discussed.” Death was another very commonly cited reason men were not able to offer social support to participants. Three participants reported the father of their children and/or boyfriends had passed away. Another stated that the father of her child was really sick and she

did not know his location. In all cases, these men were described as supportive at one point in their lives and, thus, their presence was sorely missed.

Friends were as described as participants' primary social support network. Some participants reported they only revealed being a sex worker to their friends. Commonly, it was a participant's friend(s) that got them into the sex work industry and continued to support their lifestyle. One participant described how she only felt comfortable disclosing her newly-discovered identity as a lesbian to her friends, citing them as her strongest source of social support.

As was highlighted in relation to child care, family members also served as a vital source of social support for participants. Many participants relied heavily on their family to help provide care and emotional support to their children. Some reported that their family members, specifically brothers and mothers, continued to support them after discovering they were sex workers. They explained this did not necessarily mean family members supported their profession, but rather that they were usually able to turn a blind eye and provide some source of social support.

Children also provided social support to some participants. One woman in particular explained that two of her children (one of whom is now deceased) were also sex workers. She mentored her children to become better, safer sex workers and steered them away from drug/alcohol abuse. They developed an open mother/child relationship that grew into friendship. She fondly recalled sitting with them like sisters and talking about the industry. This relationship was one she highly valued.

On the other hand, family, friends, and even children also often failed to provide the social support participants craved. One participant recalled that during the birth of her child, she had no social support whatsoever. No one came to see her in the hospital and, as a result, she remembered crying all day. Other participants wished that their loved ones would provide more than mere child care and yearned for social support and connection. When discussing what relationship she would like to have with her father, one participant stated: *“So for him to ask me, just once in his life, like [Participant’s name], what do you want to do?”*

This subject of participants discussing intimate details of their life with loved ones, specifically their profession as sex workers, was a sub-theme of social support. Participants were split between two sides of the argument: to tell or not to tell their loved ones that they were sex workers. One woman, who was with a client when we entered her home for the interview, stated that her current partner does not know she is a sex worker. Lots of the other women echoed this practice of hiding their identity for fear their boyfriend/husband/intimate partner might become angered and beat and/or leave them. This fear of abandonment was also noted when one participant was asked why she did not tell her parents she was a sex worker: *“Ya, I think it would give them more grounds to put me out actually. Cause now it’s like a shameful thing. You bring shame to the family.”*

On this topic of bringing shame to the family, some sex workers also avoided telling their children about their job for this very reason. The aforementioned participant who happily described her open conversations with her daughters about sex work, was also asked if she had the same openness with her son. She explained that such a conversation would bring dishonor and indignity to her and her children. In her own words: *“No, he’s a boy. He’s not like us. He’s*

not, ya. And I respect him very, very, very much, you see? Because I must give him respect because he's the man."

In addition, some interviewees believed openly discussing the sex work industry with their children might encourage them to become sex workers. They explained they did not want their children to live this lifestyle because:

"...I wouldn't put that out for anyone. Especially having to stand in the cold and wet and are you going to get a client? Or are you not? Maybe God is just coming. All the men are going to be happily married and then you are a sex worker, you know? And then you are a sex worker, you know? And then you're being stigmatized."

This stigmatization was certainly another sub-theme within social support. Almost all of the participants reported some form of discrimination or stigmatization from the community. Most commonly, these women experienced gossip, swearing, and/or mistrust from those who knew they were sex workers. Community members often identified participants as sex workers without their permission. This happened to a participant and, as translated by Ms. Dlamini, resulted in the following circumstances:

"She can't do anything that, that community can trust her as a mother. Actually, she want, she explain like that. She can't do anything, like, community, they don't trust her. She's a bitch, she's a...She can't stay with a, she can't stand with a man for other wife somewhere here because they will thinking that she's selling for sex."

Many women took extra precautions to avoid this judgment. One participant even discussed her strategy of hiding her personal belongings that could possibly identify her as a sex

worker (i.e. extra clothes, condoms, etc.) in a black plastic bag when she headed to the road.

While not all participants shared similar strategies, almost all of the women mentioned wanting to avoid the community's attention. They dreaded the stigma attached to being a sex worker, but were even more fearful of the effect this discrimination could have on their children. One participant shared a pertinent story, translated by Ms. Dlamini, which summarized this effect:

“And then he grow up in that, even the boyfriend swearing her. And everything, like people they swearing her. So he knows, but he don't ask. He just like... She's, he's very quiet. He's thinking. I think, a little bit traumatized on that particular thing. He never survive, when you thinking about it. Now, just think, a young boy, since was 16 years old, he grow up in the community where people, they swearing her mother as a sex worker, as a bad person, as a bitch, as a, as a hungry woman, as a, I don't know all these bad things in your mother's name. And then you grow up in that particular place, and then people from that community, or from that particular place, they always telling you when you playing with another children.”

On the other hand, some women voluntarily told their children they were sex workers to take power out of the community's hands. They wanted to choose when and how their children discovered their profession. They felt this allowed them to explain their motivation and justification for becoming a sex worker. This was demonstrated by how one participant explained her profession to her daughter:

“I explain to her that, listen. Your father, he's staying there in Eastern Cape. He knows that you are at school, but he doesn't give a damn about that. He doesn't even send the money just for tickets. Without the food, because it doesn't matter if food. When I, I, I, I

put a [food item] there, you eat a [food item]. Ne? When I put a millet there, you eat it. But just even, if money for tickets, for bus fare. So, I do this for you. Because I don't want you to be like me. Because me, I don't have the school. Ne? So, I want to provide for you so that you can have the...and you have the school. So he, she did understand because she's old enough."

All of the mothers who discussed being a sex worker with their children reported positive results, as demonstrated by the conclusion of the above story:

"My daughter knows, but she doesn't treat me differently. She knows that I'm her mother. Ya, the first time, the time she start know she was, she was desperate. Why mamma, why? But I talk to her. But now she's fine. She know that, no. This is my mother. When she goes there, she goes there because of me."

Another participant corroborated the positive outcome associated with telling children about sex work. She explained:

"Because once my son finished metric, I told him that, uh, while I used to say to him I was working the, at the hotels or going there. I told him I wasn't. Because someone else was going to tell him. So, it was the best that it comes from me. But he never hated me for that. He, he, he's cry and he hugged me. He said, mommy I understand and I love you very much. And we still have that, uh, relationship."

Whether mothers received positive social support or negative social shaming in their personal relationships and community, they all were willing and eager to discuss the effect this had on their lives.

Social Development and Education. Money is certainly a sub-theme of social development. Many participants cited money as the driving force behind their sex work and a large source of stress. Participants reported income dependent on the weather, the date's proximity to payday, and pure chance. Their nightly income could range from 50 to 500 Rand, but normally was much closer to 50 than 500. One participant elaborated on the consequences of a low-income night: *"I ask for someone must pay for me a taxi. Then I come back or...without money. And I'm worried. I stress because of my kids is gonna put what food? I don't have nothing. I stressed."* Two participants described supplementing their income with other jobs to help make ends meet. For example, one participant occasionally washed the clothes of other women living in her community. Another woman was an artist who only turned to sex work when desperate for money. In both cases, these women felt sex work alone did not provide enough money to survive on.

In order to fill these financial gaps, many participants applied for social development grants. These grants are distributed through the South African Social Security Agency, or SASSA. Most women applied for child support or disability grants. However, if eligible, recipients of child support grants reportedly only received 310 Rand per child per month. Participants explained this amount is not enough to raise a child. One participant reported having to carefully choose which child care item she could afford to buy that month with her grant from SASSA:

"....when you get the Sassa you only get to buy once. Cause they don't do, buy clothes cause he's grown up out in his other clothes. So you can't buy porridge when you know this is for every week till we get Sassa again."

Another participant revealed that she was not even able to receive a SASSA grant due to discrimination. As she recounts:

“...So one day I was at home and the social workers knocked at my house. And they say...wanted to know if I was my son’s mother and all this. So I said yes. So they said, oh no. Because, uh, we are just coming to inform you that you are not getting grant for the child no more. So I said, why? They said no, because we find out that you are a sex worker. So I said, oh, is that the only reason? So they said yes. So I said, uh, who informed you about this? So they said, uh, oh no, the other girls on the road. So I said, oh. Ok then. If you feel like keeping the grant money, then keep it.”

Although this woman pursued the matter further and eventually received an apology from the social workers handling her case, she still did not accept the SASSA grant when it was finally offered. Her story exemplified the stigma sex workers can face when trying to access grants from SASSA.

Another concern of sex workers who are mothers was shelter. Although some participants did report being homeless at one point in time, all participants stated they currently lived in a home of some sort. However, most of their homes were described as sub-par. Two participants that lived in Barcelona’s informal settlements described frequent floods that caused severe water damage to their homes and created unsafe living conditions. One particular incident was recalled:

*“Yes, even the water is here. My kids, hey, my kids say, mommy! Look, my shoes!
[laughter] My shoes...[Participant makes a floating motion with her hands to show how*

her children's' shoes were floating on the flood water inside her house.] [laughter] I was crying."

These floods were experienced by most Barcelona residents every time it rained. One resident explained that if she had the funds, she could pay four men to lift her house and pack the ground with sand and cement. Then, when her house is rebuilt on this foundation, the floods will not be able to enter her house during a rain. However, she did not have the funds to pay for such construction.

All of the mothers that recalled stories of financial struggle also touched upon how they want a better future for their children. They stressed the importance of education, which was also a major sub-theme of social development. As explained by one participant, with Ms. Dlamini's translation:

"What she wants, she want to see her children going to school. And she want to see her children getting more education because she knows she didn't even go to school because they had situation. Her mother was disabled and they didn't, she didn't get a chance...So she want her children to be, to see her children growing up, going to school, get enough education, getting success to education, and become better people and best in the future and see them to make themselves. And it's her wishes. Ya. What she wants actually...She don't want to see her children to the industry."

With such an emphasis on education, participants openly discussed their frustration with the many barriers that stood between their children and education. For example, as Ms. Dlamini again translated for the above participant who was sobbing with emotion:

“The school, it’s, eh, far. And she’s the one who taking them to school. And if it’s raining, they get, she go with them, like using something to cover. And then the school, the way it’s far, the school. And they get there wet. And then when she left them there, she come back with stress, because it’s cold. And can’t stay that, the children will be sitting with the children that, and it’s wet. You know, you can’t sit in the class. It’s wet.”

Due to these common financial, shelter, and educational concerns, one mother reported voluntarily signing a contract that gave social development custody of her youngest child. In her understanding, this agreement was only temporary until she could “get back on her feet.” However, now that she is stable, she cannot regain custody of her child. The child has been in the foster care system for three years. Although the mother has tried numerous times to reach the social worker in charge of her case, it is very difficult to schedule an appointment with either the social worker and/or the child. She, like all of the mothers facing social development issues, expressed extreme frustration and a desire to learn more about potential solutions to her problems.

Legal Support. Participants reported a wide range of legal support needs, including pursuing maternity leave violations. On average, participants reported they stopped performing sex work when they were five to six months pregnant. At that stage in their pregnancy, they had sore feet, were very tired, and felt too out of shape to continue working. After giving birth, participants reported re-entering the sex work industry within two to six months. During this “maternity leave”, women typically did not have any other forms of financial support and recalled it was a period of great stress.

These financial struggles were common throughout participants' pregnancy, birth, and rearing of the child. Many women reported very little financial support from the father of the child, either because he did not care and/or could not afford it. In other cases, as one participant explained (with Ms. Dlamini's translation) some women simply did not know who the father of their child was and, thus, were not able to seek maintenance fees: *"That the truth that is coming out today. That she's like, it's from the road. The child is from the road. From the pregnant, did that from...she don't know, but it's a condom bust."*

However, at least two participants reported a somewhat supportive father of their child. One father paid for the child's school fees, clothing, bicycles, etc. Another mother explained the father of her child fulfilled his financial duties in another way:

"Oh, this one is don't give her money, but he buys something that he think that is short here. It's like if there no onion, he buy onion. If that she shout there's no milk, and then he buy milk. If there is something like electricity, he buy, but he don't give money."

Legal issues surrounding money was also brought up within the context of clients. For example, two participant recalled having sex with a client who then refused to pay. Since the clients were stealing a service from them, they viewed this as an act of robbery that should have legal ramifications.

Another sub-theme of legal support was violence, which was mentioned in the majority of interviews. Perpetrators of violence included clients, boyfriends, police officers, and taxi drivers. One participant recalled a taxi driver who threatened to kill her and her colleague while transporting them from the road. They were forced to jump from the moving vehicle to escape. Another participant also faced a death threat when she found herself in a remote location with a

client (later discovered to be a serial killer of sex workers). While wielding an ax, he said he planned to kill her. However, she too managed to escape by reminding him she was expected home and the police would be contacted if she went missing.

Rape was also mentioned in the majority of interviews, some in more detail than others. One particular rape survivor explained that she was raped after returning home late at night and very intoxicated. A man from the community broke into her home and attacked her, forcing her to have sex with him as her six month old daughter lay next to them. As Ms. Dlamini translated, the participant believed she was infected with HIV as the result of rape, not sex work:

“She was negative in the industry. But she met a guy where, in the last minute after she getting a certificate from Desmond Tutu where she was not, she was negative, for almost years. And then, she didn’t get eh, eh affect from the industry. But she get affected in the community.”

In almost all of the stories of violation and violence, sex workers portrayed themselves as resilient and willing to fight back. They seemed to believe income generated from sex work outweighed the potential risks:

“I don’t feel safe darling, but I, I, I can’t do other thing because I don’t have work. I don’t have nothing to support my kids because I’m a single parent and I’ve got 3 kids. I don’t have anyone can support me. Even my mother. She don’t have nothing. Even sometime my mother, he wants to me, something to eat, at home. So I must be a sex worker.”

Healthcare. Most sex workers reported experiencing “common” health issues such as high blood pressure, baby rash, and diabetes. HIV was also often mentioned, as was defaulting from antiretroviral therapy (ART). One woman explained she did not have any food to take her antiretrovirals (ARVs) with, so did not even fetch her ARVs from the clinic anymore. Other women reported they missed clinic appointments because they were tired.

Death was also a major sub-theme within the theme of healthcare. Nearly half of participants reported the death of their significant other and/or the father of their children. In addition, the death of a child was also experienced by at least two participants. Only one woman went into detail about her child’s death (as translated by Ms. Dlamini):

“In 2003, what happened, she, she wake up. It was in the morning, ya, it was in the morning and then when she wake up her child, eh, what she call it? It’s a brain, or, but this part of the child goes down [points to top of her head]. Like an opening a hole, ya. It goes down like this. And when he took her to, took him to [name of hospital] and then she passed there. But she don’t know what is the reason. By culture, she saying that it’s a something, something by the culture, their beliefs...demon.”

This confusion, frustration, and pain was apparent in all interviews that discussed death.

Parental Needs and Expectations. Participants expressed a range of needs for themselves and their children. They also touched upon what they expected from the Mothers of the Future program. These needs and expectations are summarized below:

Reproductive Health – Some of the women shared a desire to learn more about planned/unplanned pregnancy, abortion, and sterilization. One woman also requested assistance in accessing sterilization services.

Child Care and Safety – Many of the interviewees expected to receive basic child necessities from the Mothers of the Future program. Supplies specifically included food parcels/porridge, nappies, lotions, clothes, and blankets.

Social Support – Social support was directly requested by a few of the women. They wanted Mothers of the Future to support them so they would not have to “go to the road” all of the time, but did not go into detail surrounding what this support would look like. One woman indicated that she expected to chat with fellow social support group members about how they “got to this point in their lives.”

Social Development and Education– Social development was the most frequently mentioned need. Many of the women, especially those living in informal settlements in Barcelona, wanted help fixing their houses (to repair water damage and prevent future flooding). Others wanted Mothers of the Future to help them buy a home, so their children could move in with them. Lastly, children’s education was the most commonly expressed need and expectation for Mothers of the Future. The majority of mothers wanted the program to support their children’s education, whether this was in the form of transportation, uniforms, and/or school fees.

Legal Support – The woman whose child was in foster care requested legal support to regain custody of her child. Another woman also mentioned wanting to learn about human rights.

Healthcare – Mothers expressed two healthcare needs: re-starting antiretroviral therapy and learning about children’s illnesses (e.g. measles and chicken pox). One woman also expected Mothers of the Future to provide an ambulance and/or nurse that specifically serves program participants.

Chapter 5: Discussion

All too often public health practitioners approach sex work from an epidemiological perspective, where sex work is synonymous with HIV and sex workers are no more than harbingers of disease. Not only is this outlook dehumanizing, but it also fails to recognize sex workers as individuals with typical human needs, desires, and dreams. As South Africa moves to embrace decriminalization and sex workers' rights, the sex work industry hopes this more holistic view of sex workers will be brought to the forefront. During this transition, it is important for sex work advocates, such as SWEAT, to not only support this changing environment, but also lead an evidence-based expansion of programs for sex workers by example.

To the best of my knowledge, a parenting curriculum for sex workers who are mothers does not currently exist in South Africa or elsewhere in the world. Thus, with the intention to fill this service gap and pave the way for further culture-centered approaches to follow, I conducted a community needs assessment, developed the Mothers of the Future program, and created a corresponding programmatic curriculum targeting sex workers who are mothers [51]. This process and resulting deliverables were responsive to priority requests from SWEAT and the sex workers they serve. It is SWEAT's belief that effectively advancing sex worker health is impossible without addressing the larger social context of social persecution and legal prosecution that currently amplifies the health risks sex workers face on the job and hinders effective public health interventions [13].

Thus, the Mothers of the Future program and curriculum embraces the WHO's comprehensive view of health as "a state of complete physical, mental, and social well-being,

and not merely the absence of disease or infirmity” [65]. In the spirit of empowerment, the program promotes a base of culture-centered health information aligned with SWEAT’s ethos of transformative collective action [49, 50]. As seen in other successful sex worker empowerment programs, most notably in Sonagachi, when sex workers can challenge stigmatization, they are more than capable of developing alternative, positive understandings of their identity [49, 50]. In the context of sex workers who are mothers, the ability to construct positive identities is correspondingly linked to the ability to practice healthy behaviors, such as positive parenting [42]. Thus, Mothers of the Future aims to challenge health-related vulnerabilities of sex workers who are mothers and their children by providing health information via transformative communication that is developed, led, and sustained by the sex workers themselves [50].

For example, in a country with relatively high under five mortality rates (44 per 1,000 in 2013), the majority of which are preventable deaths, maternal education has the potential to improve child health and nutritional status, and/or decrease infant and child mortality [33, 66, 67]. While no sex worker specific statistics exist, it can be assumed these mortality rates are similar, if not higher, within this population due to the unique set of barriers sex workers face. Thus, health communication around such topics must take this culture of sex work into account by creating contextually-adapted health education materials [51]. By engaging participants in interactive discussions, sex workers can discuss issues surrounding children’s health, develop solutions, and tell their narratives in a familiar, comfortable, and realistic cultural context [51].

For this very reason, Mothers of the Future will be facilitated by both subject matter experts and peer educators in tandem. This combination of technical and transformative communication will provide participants with the skills and knowledge needed for self-efficacy. To best support such change, the program is designed to evolve with local needs and peer

educators are encouraged to adapt any aspects of the curriculum to better suit the target population.

Thus, it is recommended that the Mothers of the Future curriculum be pilot tested, evaluated, and iteratively modified at SWEAT's headquarter office in Cape Town, South Africa. As a continuation of this process, the 2015 Emory Global Health Team funded to work with SWEAT this summer under the theme of sex worker stigmatization has committed to pilot test the curriculum and provide an evaluation report. It is my hope that peer educators will then take this feedback and their own personal experiences into consideration to revise the curriculum accordingly, and add additional modules as they see fit.

As Mothers of the Future is expanded nationwide, this process should be repeated at each implementation site. While the underlying concepts of the curriculum hold true, it might not be completely generalizable to other sex worker populations with varying sociodemographic characteristics (i.e. income, urban/rural location, number/age of children, context-specific barriers, etc.) across the country. Through piloting, monitoring, evaluating, and customizing Mothers of the Future, SWEAT's staff, peer educators, and service users will be able to claim this curriculum as their own, and utilize it as another tool to help sex workers who are mothers thrive.

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Appendices

Appendix I: Mothers of the Future Pamphlet

Mothers of the Future

Many sex workers who are pregnant and/or mothers find they have very little support.

This program aims to help by:

- ❖ Supporting contraception, fertility, and reproductive health
- ❖ Providing basic healthcare services, referrals, and educational materials
- ❖ Providing legal support & referrals
- ❖ Discussing child care and parenting skills/responsibilities
- ❖ Assisting with social development grants and financial/material aid
- ❖ Increasing social support



Join us today as we unite for

Sex workers and their children!

If you would like to join Mothers of the Future or have questions about the program, please call:

SWEAT Helpline: 0800 60 60 60

or text "Please Call Me" to:

071 357 7632



Sisonke

sweat

19 Anson Street
Observatory, 7925
Cape Town, South Africa
www.sweat.co.za



Mothers of the Future

Raise our mothers to raise our future.

Why should I join Mothers of the Future?

By joining Mothers of the Future, you will learn how to keep yourself and children as healthy, safe, and happy as possible! The program supports your right to choose to become a mother and teaches you what to expect before, during, and after an abortion or childbirth. We know you work hard to support yourself and/or your children, so we'll work hard to help you!



How we can help:

REPRODUCTIVE HEALTH

- Contraception & fertility
- Abortion
- Emergency contraception
- Pregnancy tests
- Woman's health issues: cervical cancer, breast cancer, STIs, etc.

CHILD CARE & SAFETY

- Parenting skills
- Adoption, foster care, and guardianship
- Crèche/child care options
- Enrolling children in school
- Counseling: gender-based violence, substance abuse, etc.

HEALTHCARE

- Health screenings & tests
- Maternal & child health services, referrals, and education
- Unique healthcare needs: prevention of mother to child HIV transmission, miscarriages, etc.
- Medicine/healthcare appointment

SOCIAL DEVELOPMENT

- Governmental assistance: Sassa grants, disability grants, etc.
- Emergency shelter
- Food/milk for mothers & children
- Child care materials: clothing, nappies, blankets, bottles, etc.

LEGAL SUPPORT

- Maternal & child rights
- Sexual rights/maternity leave
- Child removal & visitation rights
- Maintenance
- Legal documents: IDs, birth certificates, etc.

SOCIAL SUPPORT & EDUCATION

- Social support among mothers
- Community sensitization, education, and outreach
- Speaking with loved ones about sex work to decrease stigma

Eligibility

To join Mothers of the Future, you must be:

- ❖ Over 18 years old
- ❖ Current sex worker
- ❖ Pregnant or mother of children 0 – 6 years old
- ❖ Willing to participate in home-visits

Appendix II: Pilot Mothers of the Future 2014 Schedule

MOTHERS OF THE FUTURE 2014 Schedule

SESSION FOCUS	TOPICS	FACILITATOR	DATE
Introduction	- Introductions - Sharing stories - Expectations	Dudu Dlamini Kate Nelson	Wednesday July 16 14:00 – 16:00
Advocacy Gender-Based Violence	- Advocacy - Feminism - Gender-Based Violence - Rape	Ishtar Lakhani	Wednesday July 30 14:00 – 16:00
Reproductive Health Sexual Rights	- Fertility - Contraception - Emergency Contraception - Abortion - Sexual Rights	Marion Stevens TB/HIV Care	Friday August 15 11:00 – 13:00
Maternal Health	- Pre-natal care - Ante-natal care - Miscarriage - Stillborns - Birthing process - Post-natal care	Ruth Ehrhardt	Friday August 29 11:00 – 13:00
Women's Health	- Cervical Cancer - Breast Cancer - STIs	Lynette Denny	Friday September 12 11:00 – 13:00
Drugs & Alcohol	- Drug & alcohol abuse - Addiction - Drivers of addiction - Fetal Alcohol Syndrome	Montrose Foundation	Wednesday September 17 10:00 – 12:00
Midpoint Check-In	- Feedback from the group - Group discussion and social support - Relaxation & bonding activity/event	Dudu Dlamini	Friday September 26 11:00 – 13:00
Child Development	- Infant care - Toddler care	Department of Health	Friday October 10 11:00 – 13:00
Child Development	- Pre-teen care - Teenager/young adult care -Speaking with child about sex work and safe sex	Department of Health	Friday October 24 11:00 – 13:00
Social Development	- Foster care, adoption, guardianship - Removal of children and visitation rights	Social Development	Friday November 7

	<ul style="list-style-type: none"> - Child support grants - IDs and birth certificates - Children's education/schooling 		11:00 – 13:00
HIV Prevention TB	<ul style="list-style-type: none"> - Voluntary HIV counselling and testing - PMPCT - Living HIV+ for mothers and children - TB treatment 	TB/HIV Care	Friday November 21 11:00 – 13:00
Human Rights Maternal Rights Safety	<ul style="list-style-type: none"> - Sex worker rights - Maternal rights: <ul style="list-style-type: none"> - Maintenance - Arrested while pregnant - Maternity leave - Children rights 	Cherith Sanger	Friday December 5 11:00 – 13:00
Graduation	<ul style="list-style-type: none"> - Children's party - Educational games/entertainment - Survey 	Dudu Dlamini	Friday December 19 11:00 – 13:00

Appendix III: Mothers of the Future Abortion Campaign Sticker

Sex workers of South Africa...

STOP DYING from abortions from illegal providers!

Here are the **FACTS**:

- Abortions are **legal**.
- Many state hospitals offer **free** abortions. The **earlier** you can visit a hospital, the better.
- **Any woman**, regardless of age, can get an abortion without parental or partner's consent.

If you're a **sex worker** who is pregnant & needs help call our:

24/7 Helpline: **0800 60 60 60** or text "Please Call Me" to **071 357 7632**



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

sweat

Sex Workers Education & Advocacy Taskforce



Appendix IV: Key Informant Interview Guide

Date:

Time Start:

Time End:

Interviewer:

Note Taker:

Name of Person Interviewed:

Title and Function:

Agency/Organization:

Contact Info:

A. BACKGROUND

Introduction:

Hello my name is Kate and I am a Master of Public Health student at the Rollins School of Public Health at Emory University. During the next ten weeks, I will be working with the Sex Worker Education and Advocacy Taskforce organization (SWEAT) to conduct a community needs assessment. The general purpose of this community needs assessment (CNA) is to provide structural insights as to how SWEAT can better serve its clients regarding parenting support. Specifically, I hope to identify any gaps in services and programs that can be improved upon.

The recommendations made at the conclusion of the CNA will help increase parental support for SWEAT's clients through the implementation of appropriate services and programs to address any of the identified gaps in care. Since you are associated with SWEAT, I have a few questions to ask you as a way to glean from your insight, perspective, and experience, which will assist us in completing this community needs assessment.

B. SWEAT Affiliation and Clients

First, I'd like to ask a few questions in order to get a better understanding of your affiliation with SWEAT and the clients SWEAT serves.

1. Could you describe your association with SWEAT?
 Probe: Tell me about the SWEAT programs and services you are, or have been, involved with?
 Probe: How long have you been affiliated with SWEAT?
2. Could you describe the typical SWEAT client?
 Probe: demographics, socioeconomic status, income level, other characteristics...
3. Could you describe the typical SWEAT client who is a parent?
 Probe: demographics, socioeconomic status, income level, other characteristics...

B. Children

Let's now transition to talking about sex workers' children.

4. Can you describe what happens when a sex worker becomes pregnant?
Probe: Can you describe any pre-natal care they may receive while pregnant?
5. Tell me about an average sex workers' delivery of their child.
Probe: location, conditions, etc.
6. What is normally the role of a sex worker's partner or spouse?
Probe: What is the sex worker's relationship with them like?
Probe: What is the child's relationship with them like?
7. Who typically takes care of the child?
Probe: Who takes care of the child when the sex worker is away from home?
8. Where do most sex workers live?
Probe: Can you describe that living situation?
9. What happens if their child needs medical care?
10. What do most children of sex workers think their parents do for a living?
Probe [*if child knows parent is a sex worker*]: How do their children discover their parent is a sex worker?
11. What are most children of sex workers taught about sex?
Probe: Who teaches them about sex?

C. Sex workers as parents

Next let's continue talking about sex workers as parents.

12. Tell me what a typical work day looks like for a sex worker who is also a parent.
13. How does being a sex worker affect their role as a mother?
14. How does being a mother affect their job as a sex worker?
15. What do they do when they don't want to become pregnant?

D. Parental Services/Programs

Now I'd like to ask a few questions that are specific to SWEAT offering services and programs to support sex workers who are parents.

16. What are the needs of sex workers who are also parents?
17. How does SWEAT currently support sex workers who are parents?
18. How do you think the decriminalization of sex work would change conditions for sex workers who are parents?
19. What recommendations would you give to SWEAT about supporting sex workers who are parents?
20. What types of resources does SWEAT have access to implement these recommendations?

D. Wrap-up

Great, I am now going to collect some of your last thoughts and suggests.

21. Of all the issues we discussed today, which do you feel are most important to improving the lives of sex workers who are parents?
22. Is there anyone you can think of that would be useful for me to speak with about sex workers who are parents?

In closing, I'd like to thank you for taking the time to talk with me about your experience at SWEAT. Do you have any last comments or questions?

I greatly appreciate the insights, expertise, and perspectives you have shared during our interview today as they are invaluable to informing the community needs assessment. You have my contact information from our correspondence prior to this interview, please feel free to reach out to me if you think of anything else or have additional questions or concerns. Thank you again for speaking with me today!

Appendix V: In-Depth Interview Guide

Date: _____ Time Start: _____ Time End: _____
Interviewer: _____
Note Taker: _____
Name of Person Interviewed: _____
Title and Function: _____
Agency/Organization: _____
Contact Info: _____

A. BACKGROUND

Introduction:

Hello my name is Kate and I am a Master of Public Health student at the Rollins School of Public Health at Emory University. During the next ten weeks, I will be working with the Sex Worker Education and Advocacy Taskforce organization (SWEAT) to conduct a community needs assessment. The general purpose of this community needs assessment (CNA) is to provide structural insights as to how SWEAT can better serve its clients regarding parenting support. Specifically, I hope to identify any gaps in services and programs that can be improved upon.

The recommendations made at the conclusion of the CNA will help increase parental support for SWEAT's clients through the implementation of appropriate services and programs to address any of the identified gaps in care. Since you are associated with SWEAT, I have a few questions to ask you as a way to glean from your insight, perspective, and experience, which will assist us in completing this community needs assessment.

E. SWEAT Affiliation and Clients

First, I'd like to ask a few questions in order to get a better understanding of your affiliation with SWEAT and the clients SWEAT serves.

1. Could you describe your association with SWEAT?
 Probe: Tell me about the SWEAT programs and services you are, or have been, involved with?
 Probe: How long have you been using SWEAT's services?
2. Could you describe the typical SWEAT client?
 Probe: demographics, socioeconomic status, income level, other characteristics...
3. Could you describe the typical SWEAT client who is a parent?
 Probe: demographics, socioeconomic status, income level, other characteristics...

B. Children

Let's now transition to talking about your children.

4. Can you describe your children?
Probe: Age, how often they see the children, etc.
5. Can you describe your pregnancy?
Probe: What did you feel like when you discovered you were pregnant?
Probe: Can you describe any pre-natal care you received while pregnant?
6. Tell me about the delivery of your child
Probe: location, conditions, etc.
7. Can you describe your current partner/spouse?
Probe: Is this the child's biological parent?
Probe: What is your relationship with them?
Probe: What is your child's relationship with them?
8. Who typically takes care of your child?
Probe: Who takes care of your child when you're away from home?
9. Where do you currently live?
Probe: Can you describe your house?
10. What happens when your child needs medical care?
11. How would your child describe what you do for a living?
Probe [*if child knows parent is a sex worker*]: How did your child discover that you are a sex worker?
12. What does your child know about sex?
Probe: Who taught your child about sex?
13. What dreams do you have for your children?

F. Sex workers as parents

Next let's continue talking about sex workers as parents.

14. Tell me what a typical work day looks like for a sex worker who is also a parent.
15. How does being a sex worker affect your role as a mother?
16. How does being a mother affect your job as a sex worker?

17. What do you do when you don't want to become pregnant?

G. Parental Services/Programs

Now I'd like to ask a few questions that are specific to SWEAT offering services and programs to support sex workers who are parents.

18. What are your needs as a sex worker who is a parent?
19. How does SWEAT currently support sex workers who are parents?
20. How do you think the decriminalization of sex work would change conditions for sex workers who are parents?
21. What recommendations would you give to SWEAT about supporting sex workers who are parents?
22. What types of resources does SWEAT have access to implement these recommendations?

D. Wrap-up

Great, I am now going to collect some of your last thoughts and suggests.

23. Of all the issues we discussed today, which do you feel are most important to improving the lives of sex workers who are parents?
24. Is there anyone you can think of that would be useful for me to speak with about sex workers who are parents?

In closing, I'd like to thank you for taking the time to talk with me about your experience at SWEAT. Do you have any last comments or questions?

I greatly appreciate the insights, expertise, and perspectives you have shared during our interview today as they are invaluable to informing the community needs assessment. You have my contact information from our correspondence prior to this interview, please feel free to reach out to me if you think of anything else or have additional questions or concerns. Thank you again for speaking with me today!

Appendix VI: Interview Consent Discussion Form

Emory University

Consent to be a Research Subject

Title: Moving Towards Legitimacy: Sex Worker Advocacy in Cape Town, South Africa

Principal Investigator:

Kristin L. Dunkle, BA MPH PhD

Emory University, Rollins School of Public Health

Department of Behavioral Sciences and Health Education & Center for AIDS Research

Funding Source: Emory Global Health Institute

Introduction

You are being asked to be in a research study. This form is designed to tell you everything you need to think about before you decide to consent (agree) to be in the study or not to be in the study. **It is entirely your choice. If you decide to take part, you can change your mind later on and withdraw from the research study. You can skip any questions that you do not wish to answer.**

Before making your decision:

- Please carefully read this form or have it read to you
- Please ask questions about anything that is not clear

You can take a copy of this consent form, to keep. Feel free to take your time thinking about whether you would like to participate. By signing this form you will not give up any legal rights.

Study Overview

You are being asked to volunteer as an interview participant. You are being asked to take part because you are an employee or service user of SWEAT (Sex Workers Education & Advocacy Taskforce). The primary goal of this project is to conduct a community needs assessment to develop recommendations for programming that supports sex workers as mothers. The information you provide will enable a smooth transition of SWEAT services as the organization expands and South Africa moves towards the decriminalization of sex work.

Procedures

If you agree to take part in this project, you will complete a 30-45 minute interview today. The questions will focus around sex workers as mothers.

Risks and Discomforts

Your participation is voluntary. The interview may cover areas of a personal nature and may require you to think back and remember certain events relating to your history. You do not have to answer any questions that make you feel uncomfortable.

Benefits

This study is not designed to benefit you directly. This study is designed to learn more about sex workers' parenting needs. The study results may be used to help SWEAT expand their services offered to sex workers.

Compensation

You will not be offered payment for being in this study.

Confidentiality

Certain people other than the researchers may look at study records. Emory employees overseeing proper study conduct may look at your study records to ensure the study is being conducted properly and safely. A study number rather than your name will be used on study records wherever possible. Your name and other facts that might point to you will not appear when we present this study or publish its results.

Voluntary Participation and Withdrawal from the Study

You have the right to leave a study at any time without penalty. You may refuse to do any procedures you do not feel comfortable with, or answer any questions that you do not wish to answer.

Contact Information

Contact Kristin Dunkle at +1 404-712-4702 or kdunkle@emory.edu

- if you have any questions about this study or your part in it,
- if you have comments, questions, concerns or complaints about the research

Contact Kate Nelson at +27 079-062-5146 or kmnels2@emory.edu:

- if you have questions about your rights as a research participant.
- if you have comments, questions, concerns, or complaints about the research.

Consent

Do you have any questions about anything I just said? Were there any parts that seemed unclear?

Do you agree to take part in the study?

Participant agrees to participate: Yes No

If Yes:

Signature of Person Conducting Informed Consent Discussion

Date Time

Name of Person Conducting Informed Consent Discussion

Appendix VII: SWEAT Media Consent Form

I (interviewee) _____ hereby give permission to
 (name of journalist/interviewer) _____ of (name of
 media company) _____ to
 interview/record/film me.

I request that the following terms apply (tick next to preferred exclusion):

No exclusions (can use real name, surname and photograph)	
Don't use my real name and surname <i>If ticked, please write preferred names here:</i> _____	
Don't use my photograph	
Other <i>If ticked, please specify:</i> _____	

The terms of this agreement have been explained to me, and I understand them fully.

Agreed on this date: _____ in _____ (area/city)

Signed by interviewee: _____

Signed by journalist/interviewer: _____

Signed by SWEAT/Sisonke representative present during the interview: _____

Physical address: 19 Anson rd, Observatory, 7925, Cape Town, South Africa

Postal Address: P O Box 373, Woodstock, 7925, Cape Town, South Africa

Tel: +27 448 7875 **Fax:** +27 21 448 7857 **Email:** info@sweat.org.za **Web:** www.sweat.org.za **Help Line:** 0800 60 60 60

SMS sweat to 32759 for our contacts or Sms tips to 32759 to subscribe to our human rights tips service

NPO Number: 005-104



Goals

- ❖ To increase understanding among mothers who are sex workers of the physical, intellectual, social, and emotional developmental milestones of children
- ❖ To strengthen parenting skills to nurture and support childhood development within the context of maternal sex work
- ❖ To increase mothers who are sex workers' ability to prevent, recognize, and mitigate common maternal and child health risks
- ❖ To increase sex workers' sense of empowerment and confidence in their ability to be good mothers, supporting them to thrive both as mothers and sex workers

Learning Objectives

By the end of this session group members will be able to:

- ❖ Describe traits that make a good mother and identify which of these qualities they possess
- ❖ List and explain the human and children's rights in the South African Constitution
- ❖ Identify specific challenges mothers who are sex workers face
- ❖ Identify solutions to overcoming some of the challenges mothers who are sex workers face

Session Preview

- ❖ Introduce group members to each other and the Mothers of the Future social support group
- ❖ Help group members describe traits of a good mother and identify these traits within themselves
- ❖ Introduce the concept of human and children's rights in the South African Constitution
- ❖ Assist group members in exploring and sharing challenges sex workers face as good mothers
- ❖ Help group members think of ways to overcome these challenges mothers who are sex workers face

- ❖ Help group members build self-esteem through sharing and receiving compliments about their parenting abilities

Materials Needed

- ❖ Flip chart paper
- ❖ Marker for facilitator
- ❖ 1 marker for each group member
- ❖ Tape
- ❖ Flip Charts:
 - Flip Chart 1 - Children's Rights

Preparation Needed

- ❖ Arrange chairs in a circle
- ❖ Write out the following materials before the session begins:
 - Flip Chart 1 - Children's Rights

Possible Facilitators

- ❖ Peer educators

Instructional Time

120 minutes (2 hours)

Activity	Minutes Needed
A. Introduction.....	25 minutes
B. Traits of a Good Mother.....	30 minutes
C. Children's Rights.....	20 minutes
D. Challenges of a Good Mother.....	25 minutes
E. Solutions and Closing.....	20 minutes

Activity A

Introduction

Preparing for the Activity

Purpose

To welcome group members to the group, set ground rules, and get to know one another.

Materials

- ✓ Flip chart paper
- ✓ Marker for facilitator
- ✓ Tape

Time

20 minutes

Procedure-----

- ❖ After all the group members are in the room, start to sing a song. Have everyone stand up and sing/dance with you. Do not let this go on for more than **3 minutes**. Then, welcome the mothers to the group by saying:

Welcome to our first group meeting of Mothers of the Future! We are very excited you are here. This social support group is meant to be a safe space for mothers who are sex workers to talk about how we can be the best parents we can be. We will be able to discuss what being a mother who is a sex worker is like and how we can support our children to be healthy and happy and to become healthy and happy adults.

Parenting a child is one of the most difficult things we can do, but it is also one of the most rewarding. Although being a mother can be hard at times, it is important to remember that we will make mistakes. Everyone does. We want to learn from these mistakes and continue improving as mothers. I hope we will all share our experiences as mothers and sex workers with the class as much as we feel comfortable. We will be discussing the time span from pregnancy until a child is 5 years old. A lot of the skills and knowledge we will learn together will continue to be important throughout our children's lives. If we are all honest with ourselves and each other, we can add to the things we already know about raising happy and healthy children.

We will meet as a group for the next 9 weeks and each group meeting will last two hours. Since we are all parents, we understand that we are all very busy! However, I hope you will try your hardest to make it to our group so we can all work towards becoming even better mothers.

Does anyone have any questions about our Mothers of the Future group?

- ❖ Answer any questions the group may have.

Let's start by getting to know each other a little more. Can we each say our name, the gender of our children, and our children's age? I can start. *[Facilitator says their name, the gender of their children, and their children's age].*

- ❖ Go around the circle and ask each group member to introduce themselves. After they have all finished, say:

Great! Thank you all for sharing. Before we go any further, let's make some ground rules. What rules do you think we should have for the group to make sure this is a safe space where we can all grow as mothers and sex workers? We will follow these rules every time we meet.

- ❖ Allow group members to suggest ground rules and write these on the flip chart paper. Do not let this go on for more than **5 minutes**. If someone suggests an inappropriate ground rule, ask the rest of the group how they feel about that rule. Let the group talk about the rule until they can all agree on the rule.
- ✓ Answers **could** include:
 - Only one person talks at a time
 - Everyone should be involved
 - No sleeping
 - You can disagree with one another, but you must be respectful
 - Do not judge others
 - Turn off cell phones
 - Arrive on time

I would also like to add “stick to each activity’s time limit” as a ground rule if the group agrees. We have a lot to cover as a group, so we must be careful of time. If it ever seems like I am trying to move on to the next activity, it’s not because I don’t want to hear what you have to say, I just want to make sure we have time to talk about everything. We know everyone is busy and wants to leave on time! If you have something important to say and we don’t have time, please tell me after class and we’ll fit it into next week or discuss it between the two of us.

These ground rules look great. Can we all agree to follow these ground rules?

- ❖ Wait for group to say yes or no. If someone says no, ask them why and try to fix the problem. Then tape the group rules to the wall.

If you think of any other rules that should be added later, just let the group know.

Now let’s play a game to find out more about each other. I’m going to call out something about people in the group, like “I’m a sex worker”. If what I said is true for you, please stand up. Since we are all sex workers, we would all stand up. After we all look around, everyone will sit back down and I will say something else. Does anyone have any questions about the game?

- ❖ Answer any questions the group may have.

Let's get started with our game! Remember, stand up if what I say is true for you.

- ❖ The facilitator should also play this game with the group members. The first question is to see if everyone understands the game. Everyone should be standing up because everyone in the group is a sex worker. After a few seconds, ask everyone to sit back down, then read the next statement. Remind group members to only stand up if what you read is true for them.

Let's get started with our game! Remember, stand up if what I say is true for you.

1. I am a sex worker.
2. I like being a sex worker most of the time.
3. I'm from Cape Town.
4. I sometimes wish I had help raising my children.
5. I am in a relationship or married.
6. I sometimes make mistakes as a mother.
7. All of my children currently live with me.
8. I have been a sex worker for longer than a year.
9. I have been a sex worker for longer than ten years.
10. I sometimes think being a mother is hard and stressful.
11. I want to have more children one day.
12. I am a good mother.

Thank you for all sharing more about your lives and feelings. It is important to remember that even though we are all sex workers, we have very different lives and different ways of raising our children. There is no such thing as a perfect parent. We all have different strengths and weakness as mothers, and can learn a lot from each other.

Activity B

Traits of a Good Mother

Preparing for the Activity

Purpose

To talk about what being a good mother means and list strengths of mothers in the group.

Materials

- ✓ 3 pieces of flip chart paper
- ✓ 1 marker for each group member
- ✓ Tape

Time

30 minutes

Procedure-----

- ❖ Start the activity by saying:

As we just learned, we all have very different backgrounds. However, we are here today because we are all mothers. Each one of us has strengths as a mother. As a group, we want to build on our strengths so we can become the best mothers we can be.

Before we can start growing as parents, we have to first think about what it means to be a “good mother”. Let’s break into three groups so we can talk about what being a good mother means.

- ❖ Help the group members break into three groups. Provide each team with a piece of flip chart paper and each group member with a marker.

Let’s start talking about what a good mother does that makes her a good mother. Is she always home with her kids, or is she out working to earn money? Does she breastfeed or bottle feed her baby? Is she free spirited or does she have a lot of rules? Think of what a good mother acts like and how she raises her children.

It may help you to think about someone that you think is a good mother. This can be your own mother, sister, friend, aunt, or yourself! Talk about what makes them a good mother with your group.

As a group, use the piece of paper to draw and/or write what you think makes a good mother, good. Each group will present their poster of a good mother to everyone else, so draw or write whatever you want.

Does anyone have any questions about our activity?

- ❖ Answer any questions the group may have.

Let me know if you have any questions. You have 10 minutes to draw and/or write what a good mother means to you.

- ❖ Let the groups start talking and working. Move between each group to make sure they understand the activity and help them think deeper about the question. After **9 minutes**, or sooner if the groups seem to be done, tell the groups they have 1 minute left to finish up their poster. After the last minute has passed, say:

These posters all look great! Who would like to talk about their poster first?

- ❖ Select a group to present their poster first. Then say:

Thanks for volunteering. Can you please tell us about your poster and describe what it means to be a good mother?

- ❖ Let each group present their posters for no longer than **3 minutes**. After each group has presented, ask them to hang up their posters.

Thanks for talking about what it means to be a good mother. All of us in this room have some, if not all, of these strengths. Would anyone like to share an example of something that makes them a good mother?

- ❖ Allow one group member at a time to share an example of what makes them a good mother. Provide feedback and highlight any good parenting skills they mention. Relate their examples to things that are written or drawn on the posters. Do not let this go on for more than **10 minutes**.

It sounds like we have a lot of really great parenting strengths in our group. As mothers, it is our responsibility to care for and nurture our children. With all of our life experience, we can learn from and help each other to become even better mothers than we already are.

Activity C

Children's Rights

Preparing for the Activity

Purpose

To talk about children's rights and list children's rights written in the South African Constitution.

Materials

- ✓ Flip Chart 1 - Children's Rights

Time

25 minutes

Procedure-----

- ❖ Start by saying:

In order to grow as mothers, it is also important to understand our legal role as parents. All humans, including mothers, children, and sex workers, have certain rights under the South African Constitution. The things which you should have simply because you are human are called human rights.

Can anyone list some of our human rights? In other words, what rights do all people, including sex workers, deserve?

- ❖ Let group members list human rights for no more than **5 minutes**.

- ✓ Answers **could** include:

- Equality
- Human Dignity
- Freedom and security of the person
- Right to privacy
- Freedom of expression
- Freedom of association
- Freedom of movement and residence
- Freedom of trade, occupation, and profession
- Labor relations
- Environment
- Right to housing
- Right to healthcare, food, water, and social security
- Right to education
- Access to information
- Just administrative action

Children also have all of these human rights. In South Africa, a child is anyone who is under the age of 18. Because they are children, they still need their parents, families, or the government to care for and protect them. To make sure this happens, children also have a few rights just for children that are written in the South African Constitution. Let's talk about some of the children's rights.

- ❖ Hang up Flip Chart 1: Children's Rights. Point to this as you explain the following part:

Every child has the right to the things listed on this page. Let's talk about each of these rights and what they mean.

1. First is the right to a name and a nationality. This means that when a child is born they should be given a name and become a citizen of a country, like South Africa.
2. Every child also has the right to some form of care. Can some explain what it means to care for a child?

- ❖ Let **1 group member** explain what it means to care for a child. Then say:

Caring for a child means you look after and provide for the needs of that child. Under the Constitution, a child's parents or family must take care of that child. In cases where no one in the family is able or wants to care for the child, the child will be taken away from the family and placed under someone else's care. This is called foster care or adoption. We will talk about this in a few weeks.

3. All children have the right to enough healthy food. They also should have a place to live, basic health care services, and social services.
4. Children have the right to be protected from neglect, abuse, and disrespect. Can someone explain what it means to abuse a child?

- ❖ Let **1** group member explain what it means to abuse a child. Then say:

Abusing a child means to treat them with cruelty or violence. Abuse can mean hurting a child's body *on purpose*. For example, if you hit, kick, slap, shake, burn, choke, or hurt a child in any other way on purpose, this is abuse. Abuse can also mean hurting a child's feelings. Emotional abuse includes yelling, screaming, name-calling, shaming, or telling a child they are "bad, no good, worthless, or a mistake". Abuse can also be a sexual act between an adult and a child. This means having sex with a child, making a child watch you have sex, forcing a child to be a sex worker, or any other kind of sexual act between an adult and a child. All South African children have the right to be protected from physical, emotional, or sexual abuse. They also have the right to not be neglected. Neglecting a child means to not take care of it. Neglect includes not giving a child food, water, clothes, a place to live, or health care. Lastly, a child has the right to be protected from disrespect. Disrespect is like emotional abuse. It means to insult a child or treat them very rudely.

I realize abuse, neglect, and disrespect can be confusing. A lot of parents in South Africa are very strict and may punish their children by hitting, slapping, or hurting them in some other way. However we don't have to hurt our children to teach them. Just like adults, children have the right to not be hurt. In a few weeks we will learn ways to teach or discipline our children without hurting them or violating their rights.

Does anyone have any questions about what we have talked about so far?

❖ Answer any questions the group may have, then continue by saying:

6. Our next children's right deals with working. Children cannot be made to perform work if they are too young to work. Any child under the age of 15 is not legally allowed to work in South Africa. Children cannot be made to do work that could harm the child. This means children cannot do work that could hurt their education, health, or development. Can anyone give examples of work that could potentially harm a child?

❖ Let group members talk about this for no longer than **2 minutes**.

✓ Answers **could** include:

- Agriculture/farms
- Domestic work
- Food service
- Street vending
- Begging

Although it is a child's right to not work, we know that sometimes children need to work to help their family survive in South Africa. Even if we need our children to work and help earn money, we should try to protect their rights as much as possible. We should make sure our children stay in school and are not hurt in their job. If our children do have to work, does anyone have any ideas on how we can keep them safe and in school?

- ❖ Let group members share ideas for no more than **3 minutes**. Also ask the group about why it is important for children to stay in school.

- ✓ Answers **could** include:
 - Children could go to work before or after school, or on the weekends.
 - Children should have a job that doesn't hurt or scare them.
 - Children should be old enough to work, like 14 or 15 at least.

We may not be able to protect all of our children's rights at the moment, but now that we know what they are we can work towards making sure our children are safe, healthy, and well cared for. As mothers, it is also our job to always do what is best for our child. To make sure we are like the good mothers we drew on our posters, we should continue to work towards making sure all of our children's rights are being met.

Does anyone have any questions about human or children's rights?

- ❖ Answer any questions the group may have.

Flip Chart 1 - Children's Rights-----

[Instructions: Write this on a flip chart before the session begins.]

Children's Rights

Every child has the right to:

- ❖ *A name and citizenship*
- ❖ *Some form of care*
- ❖ *Enough healthy food, a place to live, health care services, and social services*
- ❖ *Be protected from abuse, neglect, and disrespect*
- ❖ *Not to work if the child is under 15 years old or if that work would hurt the child*

Activity D

Challenges of a Good Mother

Preparing for the Activity

Purpose

To list challenges sex workers face as good mothers.

Materials

- ✓ “Good Mother Posters” made in the last activity
- ✓ 1 marker for each group member

Time

25 minutes

Procedure-----

- ❖ Move onto the next activity by saying:

Besides all being mothers, another thing that brings us together is being sex workers. As we learned, being a sex worker does not mean we can't be good mothers. We all love our children very much and work hard to support them.

However, some of us may have experienced stigma and discrimination because we are mothers who are sex workers. This can be painful, but we must not let other people's judgments affect how we live our lives. We all know that we're able to raise children, just like any other parent. We too have human rights and deserve respect as mothers and sex workers.

Just like any working professional, trying to manage a job and raise children can be hard. However, as sex workers we do face certain challenges that other mothers might not. This does not make us any less capable of being good mothers, it just means that we need to develop ways to get around these challenges. We can talk about and work together to overcome some of the biggest challenges we face as mothers who are sex workers.

Would anyone feel comfortable sharing a challenge they face as a mother who is a sex worker?

- ❖ Let **1 group member** talk about a challenge they face as a sex worker who is a mother. If more women want to share challenges, remind them we're about to talk about more challenges in our small groups.

Thank you for sharing. That does sound hard and was a good example. Now let's start to think of other challenges mothers who are sex workers face.

First, let's get back into the groups we were in earlier. Can everyone please go sit by the good mother poster you helped make?

- ❖ Help group members get into their groups.

Let's look back at the posters we made of what good mothers look like. As a group, please talk about and circle what things good mothers do that might be more difficult for a sex worker. What is hard about being a mother who is a sex worker?

- ❖ Try to use something on one of the group's poster as an example. If you can't find a good example, explain the activity by saying this: For example, pretend a group wrote good mothers sing their child to sleep every night. However, after talking about it, the group decided that it is difficult for sex workers to sing their child to sleep every night because sex workers are normally working at night. The group would then circle "sing their child to sleep every night" on their poster. This does not mean that a sex worker wouldn't want to sing their child to sleep – it just means that it might be difficult for a sex worker to sing their child to sleep because they are working.

If your group thinks of other challenges that mothers who are sex workers face that aren't on your good mothers poster, feel free to write or draw these on the bottom or sides of your poster. It might be helpful to look at the list of Children's Rights we just discussed and think about any challenges mothers who are sex workers might have in making sure their children have these rights. For example, is it harder for mothers who are sex workers to get their children basic health care because of stigma? If a group thought this was a challenge mothers who are sex workers face, they would write or draw it at the bottom of their sheet.

Does anyone have any questions before we begin?

- ❖ Answer any questions the group may have.

Let me know if you have any questions. You have 10 minutes to circle, write, and/or draw what is hard about being a mother who is a sex worker. Afterwards, we'll talk what challenges we face as mothers who are sex workers and start to think about solutions.

- ❖ Let the groups start talking/working. Move between each group to make sure they understand the activity and help them think deeper about the question. After **9 minutes**, or sooner if the groups seem to be done, remind the groups they have **1 minute** left to finish up their poster. After the last minute has passed, say:

Thank you all for your thoughts, I heard some really good discussions about challenges mothers who are sex workers face. Who would like to present their group's work first?

- ❖ Select a group to present their poster first. Then say:

Thanks for volunteering. Can you please tell us what your group decided is hard about being a mother that is also a sex workers?

- ❖ Give each group **3 minutes** to present their poster. Ask them to explain why the challenges they choose are hard specifically for sex workers and not just mothers in general. After the three teams have presented, summarize the activity by saying:

Thanks for sharing your thoughts about the challenges mothers who are sex workers face. Being a sex worker doesn't make us any less of a mother. It just means we need to be aware of *if* and *how* being a sex worker affects our role as mothers. If we know what the challenges we face are, we can think of ways to overcome them. We have to think about parenting in a sex worker's world.

Activity E

Solutions and Closing

Preparing for the Activity

Purpose

To identify solutions to some of the challenges mothers who are sex workers face and wrap-up the meeting.

Materials

- ✓ “Good Mother Posters” made in the last activity

Time

20 minutes

Procedure-----

- ❖ Introduce the activity by saying:

Each time we meet, we will talk about a parenting topic from the viewpoint of a sex worker. We will leave the posters we created up to remind us of our strengths and challenges as mothers who are sex worker. Over the next 8 weeks, we will think of ways to overcome the challenges we just talked about. However, many of us have been mothers for a long time and probably already have solutions to some of these problems.

Before we wrap-up, let's start sharing some of these solutions. I want you to think back to all the challenges we listed that mothers who are sex workers face. Which of these challenges do you have solutions or answers to? For example, can anyone think of a good way to deal with *[insert a challenge one of the groups listed]*.

- ❖ Let the group members share solutions they have to some of the challenges they listed on their posters. Keep asking for solutions to the challenges they listed and write these down as they are said. Do not let group members talk for more than **10 minutes**.

Great. It seems like people already have a lot of great tips on how to be a mother who is a sex worker. I look forward to hearing all of your solutions to overcoming challenges mothers who are sex workers face at all of our future meetings!

Before we end our meeting today, let's do one last quick activity. Everyone turn to the person next to you and say something you learned about them that makes them a good mother. This can be something they said, an idea they shared with the group, or just something you noticed that you thought was great.

- ❖ Let the pairs talk between themselves for **5 minutes**. Make sure each person gets to tell their partner something that makes them a good mother and hear what their partner has to say about them.

Thanks for sharing today! I hope you all realize how many strengths you already have as mothers and how we can all continue to become even better mothers and sex workers together.

We are now coming to the end of our meeting. Today we learned about human and children's rights, what we think makes a good mother, and challenges and solutions to being a good mother who is a sex worker. We will continue to talk about these topics over the next 8 weeks and learn more even more solutions to any problems mothers who are sex workers face along the way.

Thank you all for coming today! Remember, our next meeting is on *[date]* at *[time]*. We'll be talking about planning to become pregnant and safe sex. It's going to be an interesting and informative session, so I hope to see you all again on *[date]* at *[time]*!

Appendix 1 - Resources-----

1. Manock, S.-L. and K. Manock, *Know Your Rights: A Simplified Guide to Sex Work and Your Rights*, ed. J. Williams and P. Sykes. 2012: Women's Legal Centre.
2. Women's Legal Centre. *Women's Legal Centre*. 2013. Available from: <http://www.wlce.co.za/>.
3. International HIV/AIDS Alliance, *Tools Together Now!* 2006. 251.
4. Constitutional Court of South Africa. *Children's Rights*. Available from: <http://www.constitutionalcourt.org.za/text/rights/know/children.html>.



Goals

- ❖ To increase understanding among mothers who are sex workers of the physical, intellectual, social, and emotional developmental milestones of children
- ❖ To strengthen parenting skills to nurture and support childhood development within the context of maternal sex work
- ❖ To increase mothers who are sex workers' ability to prevent, recognize, and mitigate common maternal and child health risks
- ❖ To increase sex workers' sense of empowerment and confidence in their ability to be good mothers, supporting them to thrive both as mothers and sex workers

Learning Objectives

By the end of this session group members will be able to:

- ❖ Define what it means to have a planned pregnancy
- ❖ Identify forms of birth control commonly used in South Africa
- ❖ Explain how these birth control methods are properly used and the methods' effectiveness
- ❖ Explain key facts about HIV and preventing transmission through safe sex
- ❖ Demonstrate how to properly use a male and female condom
- ❖ Develop and apply strategies to overcome barriers to condom use

Session Preview

- ❖ Introduce the concept of planned and unplanned pregnancy
- ❖ Introduce the concept of birth control
- ❖ Introduce popular forms of birth control in South Africa, how to use these methods, and their effectiveness
- ❖ Assist group members in thinking of ways to use birth control properly and safely
- ❖ Introduce how to use a female condom properly
- ❖ Introduce the concept of sexually transmitted diseases and HIV
- ❖ Help group members understand how to protect themselves from sexually transmitted diseases and HIV

- ❖ Assist group members in practicing to use a male condom
- ❖ Assist group members in identifying actions to overcome barriers to condom use

Materials Needed

- ❖ Stick
- ❖ Flip chart paper
- ❖ Marker for facilitator
- ❖ Packet of birth control pills
- ❖ 3 condom balloons
- ❖ Music (Either on a cell phone, radio, or computer. You can also sing if this is easier.)
- ❖ Tape
- ❖ Vaseline
- ❖ 1 Women's Legal Centre pamphlet for every group member
- ❖ 1 packet of SWEAT water-based lube for every group member
- ❖ 1 female condom for every group member
- ❖ 3 male condoms for every group member
- ❖ 1 banana for every group member
- ❖ 1 banana for the facilitator
- ❖ 1 condom for the facilitator
- ❖ 1 packet of SWEAT water-based lube for the facilitator
- ❖ 2 extra female condoms
- ❖ 5 extra male condoms
- ❖ Flip Charts
 - Flip Chart 1 - Birth Control
 - Flip Chart 2 - Signs of STDs
 - Flip Chart 3 - Condom/HIV Facts: True or False?
- ❖ Game Sheets
 - Game Sheet 1 - Condom/HIV Facts

Preparation Needed

- ❖ Arrange chairs in a circle
- ❖ Hang Ground Rules from Session 1 in the room
- ❖ Write/draw out the following materials before the session begins:
 - Flip Chart 1 - Birth Control
 - Flip Chart 2 - Signs of STDs
 - Flip Chart 3 - Condom/HIV Facts: True or False?
 - Game Sheet 1 - Condom/HIV Facts
- ❖ Make 3 condom balloons

Possible Facilitators

- ❖ Peer Educators
- ❖ TB/HIV Care staff/nurses
- ❖ Sexual and reproductive health nurses
- ❖ Porn star or adult entertainer
- ❖ Women's Legal Center staff

Instructional Time

150 minutes (2.5 hours)

Activity

Minutes Needed

A. Choosing to Parent.....	10 minutes
B. Contraception.....	25 minutes
C. STDs & HIV.....	35 minutes
D. Protected Sex.....	25 minutes
E. Overcoming Barriers to Safe Sex.....	50 minutes
F. Closing.....	5 minutes

The following pages contain material that was taken verbatim or adapted from Soul City's *HIV and AIDS Treatment* booklet with permission [5]:

120 – 123, 128 – 130

Activity A

Introduction

Preparing for the Activity

Purpose

To welcome the participants and talk about planning pregnancy.

Materials

- ✓ Stick (“Magic Wand”)

Time

10 minutes

Procedure-----

- ❖ After all the group members are in the room, start to sing a song. Have everyone stand up and sing/dance with you. Do not let this go on for more than **3 minutes**, then welcome the group members by saying:

Welcome to our second group meeting of Mothers of the Future! I'm glad to see you could make it today. In the last session we talked about what it means to be a good mother and our strengths as mothers who are sex workers. As we learned, sex workers can be good mothers just like anyone else! We might have different challenges to overcome, but we are strong women who are used to working hard for our children.

Today we're going to take a step back and talk about planning our lives. How many of you have plans for the future?

- ❖ Let group members raise their hands.

Most people have plans or goals for the future. Now let's pretend I have a magic wand that will help us reach these goals.

- ❖ Pull out the stick, which will serve as the "magic wand".

If I tap you, tell the group your plans or goals for the future and let's pretend my magic wand will help these come true. For example, do you want to go to school, get a different job, move out of Cape Town, or something else?

What are your plans or goals for the future?

- ❖ Gently tap **1 group member** on the head with the "magic wand". Let that group member answer.
- ❖ Then tap **1 more group member** with the "magic wand". Let them also share their plans for the future.

Those are great plans and goals. Now my magic wand needs a little more help. In order to make your future plans happen, it needs someone to give it instructions. If I tap you on the head, tell me how *[insert group member's name who you tapped on the head first]* can make her plan to *[insert her future plans]* happen.

- ❖ Tap a new group member with the “magic wand” and let them tell the group how the other group member can accomplish her plan.

That is a good idea and, with the help my magic wand, I bet she can make her plans come true. What about *[insert group member's name who you tapped on the head second]*? How can she make her plan to *[insert her future plans]* happen?

- ❖ Tap a new group member with the magic wand and let them tell the group how the other group member can accomplish her plans.

That's another good idea that will help her accomplish her future plans. Now let's pretend it's my turn and I tell the group my future plan is to not get pregnant. I have 2 children already and I do not want to have anymore. Can anyone tell my magic wand how I can make my future plans happen? How can I avoid getting pregnant?

- ❖ Tap **3 new group member** with the magic wand and let them tell the group how I can accomplish my plan to not have any more children.

Good ideas everyone! Just like we make plans to go to school or move to a new community, we can also make plans to not get pregnant. Again, just like making plans to go to school or move to a new community, there are certain steps we can take to make sure we do not get pregnant unless we want to. This is called a planned pregnancy.

Lots of women in South Africa and around the world do not make plans and get pregnant when they do not want to. Being a mother is a wonderful experience, but sometimes we are not ready to become mothers or to have another child. When a woman has a mistimed or unwanted pregnancy, this is called an unplanned pregnancy.

Like we just learned, if we don't want to become pregnant right now, we need to include this in our future plans. We can't just hope we won't get pregnant, we must take steps to avoid it. As sex workers, we know our bodies are our business. This means choosing to have a baby with our bodies is also our business. Today we're going to talk about ways to plan when we become pregnant and keep ourselves safe during sex.

Activity B

Contraception

Preparing for the Activity

Purpose

To talk about the main forms of contraception in South Africa, along with proper use and effectiveness.

Materials

- ✓ Flip chart paper
- ✓ Marker for facilitator
- ✓ Tape
- ✓ Packet of birth control pills
- ✓ Female Condom
- ✓ Male Condom

Time

25 minutes

Procedure-----

- ❖ Continue the session by saying:

Every woman has the right to choose to become pregnant or not. She can also use certain tools to help her choose when she wants to become pregnant. These tools are called contraception, and they stop you from becoming pregnant until you are ready. You might have also heard contraception called birth control. Birth control is the term we use for things that stop us from becoming pregnant, like condoms.

Can anyone else think of other birth control methods or things women can use to not become pregnant?

- ❖ Let group members list birth control methods for no more than **2 minutes**.

- ✓ Answers **could** include:

- | | |
|---|-------------------------|
| ○ Injections / Depo / Shot | ○ Diaphragm |
| ○ Birth control pills | ○ Abstinence / no sex |
| ○ Female sterilization / surgery | ○ Vaginal ring |
| ○ Male condom | ○ Breastfeeding |
| ○ Female condom | ○ Birth control implant |
| ○ Vasectomy / surgery /
male sterilization | ○ Withdrawal / pull out |
| ○ IUD | ○ Spermicide |

Great. We don't have time to talk about every one of these, so we are going to talk about 5 that are used a lot in South Africa. We are just going to talk about the very basics, so you can start to think about what might be right for you. You can then talk about birth control more with a health worker or SWEAT nurse to explore which method would be best for your life and body.

Before we get started, it's important to know that while all of these items can be used to prevent pregnancy, they aren't all equally effective. We will talk about how effective each birth control method is, meaning how well it works to stop a woman from getting pregnant. Some birth control methods work better than other. For example, withdrawal, which is when a man pulls his penis out of you before he cums, and spermicide are not effective forms of birth control. They do not work very well to stop a woman from getting pregnant.

No birth control method is perfect, but they are all more effective than not using any birth control. On average, if 100 women have unprotected sex without using birth control for a year, 85-90 of them will get pregnant. This is why it's important to use birth control if you do not want to have a baby!

- ❖ Hang up Flip Chart 1 – Birth Control. When you talk about a type of birth control, point to it on Flip Chart 1 – Birth Control.

First let's talk about the birth control shot, which is also called Depo. This is what most women in South Africa use to not get pregnant. To use this you must get a shot in the arm every 3 months. Lots of women like this option because they only have to worry about going to the clinic once every 3 months to get a shot. However, it is very important not to miss your appointments or you can get pregnant if you have unprotected sex! If you use the Depo shot correctly, it is very effective.

The second birth control method we'll talk about is birth control pills. I'm going to pass a packet of birth control pills around the group for everyone to look at. Can someone tell the group how to use birth control pills correctly?

- ❖ Pass the packet of birth control pills around the group. Let **1 group member** answer the question.

To not get pregnant, you must take 1 pill every day. You should try to take this pill around the same time every day. Many women like birth control pills because they are easy to use and can be carried around. However, you must remember to take 1 pill every day. If you forget to take a pill and have unprotected sex, you could possibly get pregnant. If you use birth control pills correctly, they are also very effective.

Another option is female sterilization. This is a surgery women can get that prevents pregnancy. It works very well and is a permanent birth control method. This means once you have the surgery and are sterilized, you cannot become pregnant ever again. Some women like this because they do not have to worry about birth control after they get sterilized, but some women are afraid they might change their mind and want more children in the future. If you are not sure, this is probably not the option for you. Sterilization is one of the most effective forms of birth control, which means it is really good at preventing pregnancy.

What do you think about these birth control options? Would anyone like to share with the group what method they would use and why?

- ❖ Let group members talk about this for no longer than more than **3 minutes**.

Can anyone think of issues with these birth control options? For example, do you think it would be hard to remember to take your birth control pill every day at the same time?

- ❖ Let group members talk about this for no longer than **5 minutes**. Once an issue is raised, ask the other group members if they have any ideas or solutions for how that problem can

be solved. For example, setting an alarm in your phone might help you remember to take your pill every day.

Those are all great ideas. We should continue to share tips about birth control within this groups so we all feel able to plan when and with whom we get pregnant.

Let's continue talking about other popular forms of birth control in South Africa, like condoms. Condoms prevent pregnancy by stopping sperm, or men's cum, from getting into a woman's vagina. Can everyone show where your vagina is?

- ❖ The facilitator should motion to where her vagina is and make sure everyone else is doing the same. This is to make sure everyone knows what the word vagina means.

Good job – it's very important we know how to keep our vaginas clean and safe, so we can make lots of money as sex workers!

Condoms are great because they can prevent pregnancy and keep us safe from sexually transmitted diseases, like HIV. Male and female condoms are an effective method of birth control, but they can also be used with other forms of birth control, like Depo or birth control pills. Using condoms with other forms of birth control gives us protection against pregnancy and sexually transmitted diseases.

First let's talk about female condoms. I'm going to pass a female condom around the group for everyone to look at while I talk.

- ❖ Pass the female condom around the group.

Female condoms can be put in a woman's vagina or butt, so they can be used for vaginal or anal sex. Some people prefer female condoms because they are thinner, so they feel better during sex. They also have a lot of lube inside of them, so it feels very good and natural for you and your sex partner.

You can put in a female condom before heading out to the street, so you are ready to have sex right away. However, you must remember to change your female condom every time you have sex. Otherwise, you and your clients will not be protected from disease. SWEAT gives these condoms out for free, so many sex workers use them.

We want to make sure that we all use female condoms correctly so we are protected from sexually transmitted diseases and we do not become pregnant by accident. Can I have a volunteer please come sit by me so we can talk about using a female condom?

- ❖ Pick a volunteer from the group and have her sit by you.

Thanks for volunteering! Let's walk through how to use a female condom now. *[Name of volunteer]*, can you please an "O" shape with your hand?

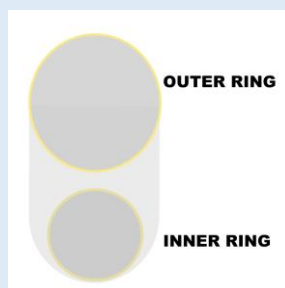
- ❖ Make an "O" shape with your hand, like the picture below, to show the volunteer what you mean.



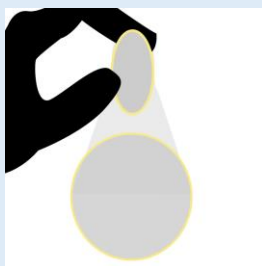
Great! We're going to pretend this is a vagina. The first step is to open the female condom package very carefully. We must make sure there are not tears in the female condom and the expiry date hasn't passed.

- ❖ Show group members where the expiry data is and make sure the female condom is still good. Then open the female condom package very carefully.

There are two different rings in a female condom. The outer ring, which is open and larger, stays outside of you so the man can put his penis in here. The inner ring, which is closed and smaller, goes inside of you to help hold the condom in place during sex.



To put the condom inside of your vagina, squeeze the inner ring. Once the ring looks long and narrow, it's ready to be put inside of your vagina.



Find a comfortable position and, still squeezing the inner ring, insert it into your vagina.

- ❖ Demonstrate this using the volunteer's hand as a vagina.

You can use your finger to push it inside of you and make sure it isn't twisted. If you add a little lube, this might help the condom go inside of you easier. Some men might even want to put the condom inside of you. This can be sexy and exciting for them and you! The outer ring should stay outside of your vagina, since this is where the man will put his penis.

Now you're ready to have sex! Guide your partner's penis into the condom to make sure he doesn't miss.

- ❖ Use your fingers as a penis, and insert your fingers into the female condom which is now in the volunteer's hand.

When you're finished, twist the outer ring a couple of times to make sure nothing leaks out, and then pull the condom out of you gently. Just like with male condoms, make sure you throw it away in a garbage can and use a new condom every time you have sex. You can also use the steps we just talked about to put a female condom inside of your butt if you want to have anal sex. If you use the female condom for anal sex, it may be more comfortable to take out the inner ring before you insert it into your butt.

Does anyone have questions or tips about how to use a female condom?

- ❖ Answer any questions group members have and let them share tips about using female condoms. Do not let this go on for more than **3 minutes**.

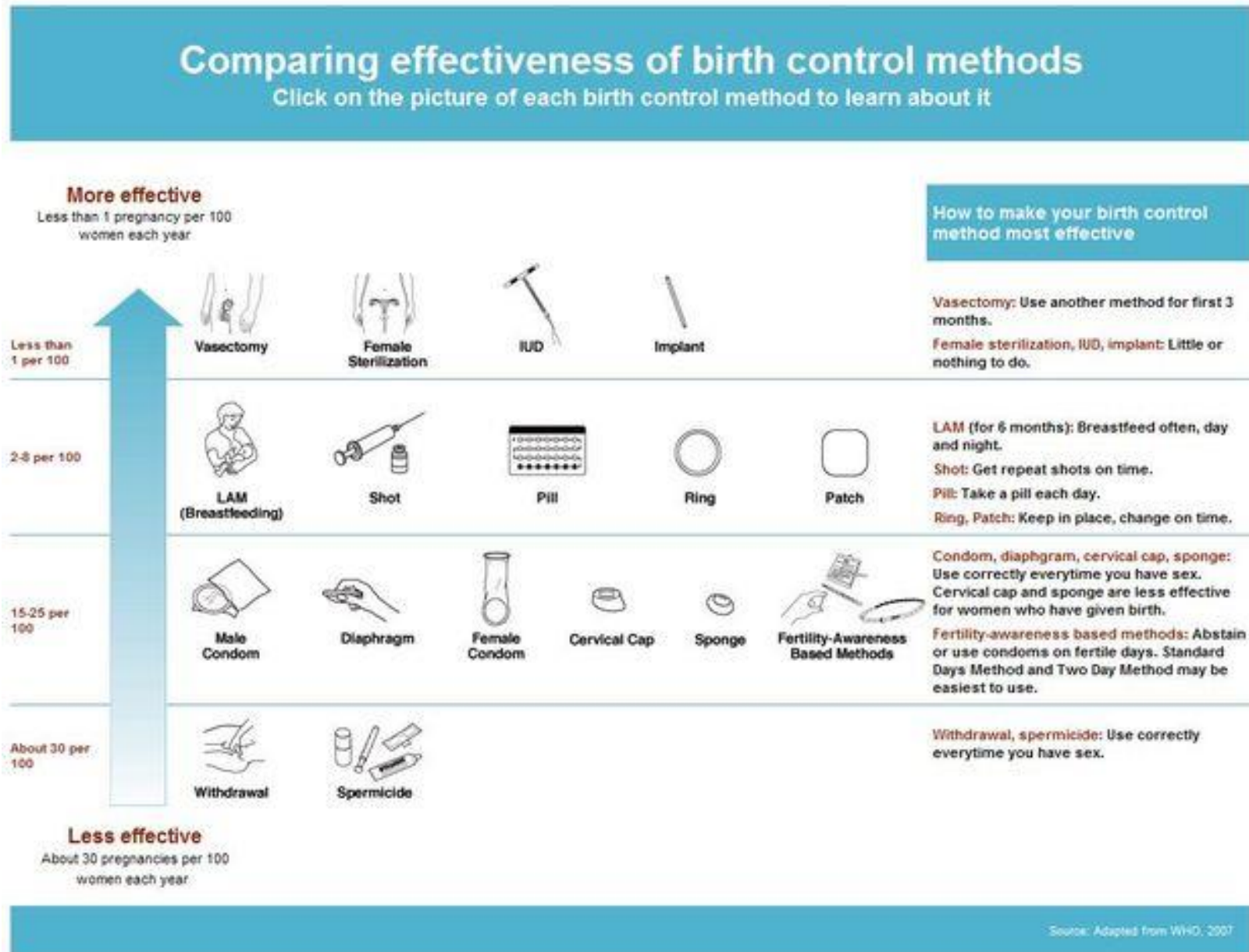
Let's talk about male condoms now. I'm going to pass a male condom around the group for everyone to look at while I talk.

- ❖ Pass a male condom around the group.

Male condoms go on a man's penis and protect you from pregnancy and sexually transmitted diseases, like HIV. We can use condoms with other forms of birth control, like Depo or birth control pills, to keep us safe from sexually transmitted diseases and unplanned pregnancy. SWEAT gives male condoms out for free, so many sex workers use them. Condoms can be colored or flavored to make them sexy and fun for you and your sexual partners. We're going to learn how to use condoms correctly later today, and get ideas from all of you about using condoms with our partners!

Flip Chart 1 – Birth Control-----

[Instructions: Write/draw this chart on a flip chart before the session begins.]



Activity C

STDs & HIV

Preparing for the Activity

Purpose

To talk about how STDs and HIV are spread and prevented.

Materials

- ✓ Flip Chart 2 - Signs of STDs
- ✓ Flip Chart 3 – Condom/HIV Facts: True or False?
- ✓ Game Sheet 1 - Condom/HIV Facts
- ✓ 2 condom balloons
- ✓ Music (Either on a cell phone, radio, or computer. You can also sing if this is easier.)
- ✓ Tape
- ✓ Vaseline

Time

35 minutes

Procedure-----

- ❖ Start the activity by saying:

Besides preventing pregnancy, what is another reason women use condoms?

- ❖ Let **1 group member** answer.

Women use condoms to protect themselves from STDs. STDs are sexually transmitted diseases. This means a disease that is spread through unprotected sex, which means sex without a condom. Most people get STDs from unprotected vaginal, anal, or oral sex. Anyone can get STDs, not just sex workers. You can't tell who has an STD just from looking at them!

Some STDs you might have heard of include chlamydia, gonorrhea, syphilis, and herpes. All of these STDs are different, but many of them have the same symptoms. A symptom is something that hurts or feels different about your body. You should be aware of certain symptoms because they can be a sign that you might have an STD.

- ❖ Hang up Flip Chart 2 - Signs of STDs.

- ❖ Soreness of the vagina – You have pain in or around your vagina.
- ❖ Lumps or sores on the vagina – You have bumps or sores on, in, or around your vagina.
- ❖ Itchy vagina – Your vagina itches.
- ❖ Strange vaginal juices – You have weird liquids coming out of your vagina. This liquid could be a strange color and smell very bad.
- ❖ Pain when peeing – If it hurts or burns when you try to pee.
- ❖ No signs at all! – STDs often don't have any signs or symptoms. You could have a sexually transmitted disease and not even know it. This happens more commonly with women than men, which is why STDs are so dangerous. It is important to protect yourself and your partner by wearing a condom during sex.

If a woman has any of these symptoms and thinks she has an STD, what should she do?

- ❖ Let **1 group member** answer.

If a woman ever thinks she has an STD, she should go to the clinic right away. There she can tell the health worker what is wrong with her body. The health worker might take some tests, like have the woman pee in a cup or take some of her blood. The health worker might also be able to tell what the STD is just from listening to the woman's symptoms.

The health worker can then give the woman some medicine and tell her what to do to make her body healthy again. Most STDs can be cured! However, if a woman doesn't cure her STD with help and medicine from a health worker, she will continue to suffer from the STD and can spread the STD to her sexual partners if she has unprotected sex. Untreated STDs can also make women infertile, meaning their body is unable to have babies again. This is another reason why it is important to protect our bodies with condoms during sex!

Sometimes we might not have enough time or money to go to the clinic every time we think we have a sign of an STD, like an itchy or sore vagina. As sex workers, we have a lot of sex and our vaginas might hurt often! Even though we should try to go to the clinic every time we think we have an STD, this might not always be possible. How can we tell when a symptom is bad enough that we might really have an STD and we should go to the clinic?

- ❖ Let group members talk about this for no longer than **2 minutes**.
- ✓ Answers **should** include:
 - If you feel worse than normal. For example, even though our vaginas might be sore a lot because we are sex workers, if our vaginas suddenly get *really* sore and feel different than normal, we should go to a clinic.
 - If we have a symptom that is making us lose business. For example, if clients won't have sex with us because we have very smelly vaginal juices, we should go to a clinic.
 - If we have unprotected sex with someone who has an STD.
 - If we see sores on or around the penis or vagina of someone we have sex with. It is especially important we go to a clinic if we have unprotected sex with someone who has sores on their private parts.
 - If we are pregnant, we need to be extra careful. If we think we have an STD while we are pregnant, we should go to a clinic right away to get treated. Otherwise we can give the STD to our unborn child, which can be very bad and dangerous for the child. Some STDs can cause the baby to have physical or mental deformities. It is important to get tested for STDs throughout pregnancy.
 - If we are at the clinic for another reason and think we have an STD, we should tell the health worker. This will save us time and money.

Because we might not have enough time or money to go to clinic as much as we'd like to, it is very important we avoid getting STDs in the first place! Does anyone know which of the birth control methods we just talked about can also keep us safe from STDs?

- ❖ Let **1 group member** answer the question, then say:

Male or female condoms are the only birth control methods that protect our bodies from STDs. Condoms also protect us from one other STD we haven't talked about yet. This is also spread through unprotected sex and is very important in South Africa. If a person gets sick enough, this virus can cause AIDS. Does anyone know what I'm talking about?

- ❖ Let no more than **2 group member** guess the answer, then continue by saying:

HIV is a virus that can cause AIDS and can be spread through unprotected sex. HIV lives in blood, sperm, and vaginal juices. The most common way for HIV to be passed on is when a person has unprotected sex with someone who already has HIV. Unprotected sex means sex without a condom. A pregnant woman who is HIV positive can also pass HIV on to her baby when she is pregnant, gives birth, or breastfeeds. However, there are ways to help stop our children from getting HIV. We will talk about these during a later meeting.

Right now, let's talk a little bit more about HIV and how to protect ourselves. Like we said, male or female condoms are the best ways to stop the spread of HIV. As sex workers, we need to protect ourselves by using condoms correctly, every time, all the time. It is important we feel comfortable using condoms. Let's play a game to get more comfortable with using condoms and to learn about HIV.

- ❖ Hang up Flip Chart 3 - Condom/HIV Facts: True or False? Pull out a condom balloon.

I have a condom balloon, which is just a condom I blew up with air. I'm going to pass this condom balloon around the circle and play music. Everyone should keep passing the condom balloon around the circle until the music stops. Whoever is holding the condom balloon when the music stops gets to answer a question! I will read a fact and you will tell me if that fact is true [*point to the true side of Flip Chart 3*] or false [*point to the false side of Flip Chart 3*].

Does anyone have anyone questions about our game?

- ❖ Answer any questions the group has. Get the music ready to play.

Alright, let's get started. Remember, when the music stops playing, stop passing the condom balloon and whoever is holding the condom balloon should get ready to answer a question.

- ❖ Start the music and hand the condom balloon to the group member next to you. After 10-15 seconds, stop the music. Ask whoever is holding the balloon to answer following question from Game Sheet 1: Condom/HIV Facts.

❖ You can tell from the way a person looks if they have HIV. Do you think this is true or false?

- ❖ Let the group member say if they think this statement is true or false.

- False. You cannot tell if a person has HIV by looking at him or her. You can only know for sure if they have an HIV test. This is why it is so important for everyone to get HIV tests often. You can get HIV tests here at SWEAT for free, so make sure to ask the nurse for one if you'd like!

- ❖ Have the group member who guessed the answer tape the piece of paper that has the statement written on it under the "False" side of Flip Chart 3 - Condom/HIV Facts: True or False? As they tape the paper to the flip chart, re-read the statement and say again that this is not true.
- ❖ Start the music again and have the group members keep passing the balloon around the circle. After a few seconds, stop the music. Ask whoever is holding the balloon to answer 1 statement from Game Sheet 1 - Condom/HIV Facts. After they guess the answer, read the right answer below and have the group member who guessed the answer tape the question to Flip Chart 3 - Condom/HIV Facts: True or False? As they tape the question to the flip chart, re-read the statement and say again if it is true or false. Repeat this process until all the questions have been asked. Stop the music so a different group member gets to answer a question every time.

- ❖ You can use a condom more than 1 time.
 - False. Condoms should only be used once. They should never be reused. This can make the condom not work and you might not be protected from HIV, STDs, or pregnancy.
- ❖ HIV/AIDS does not have a cure, but you can take medicines to make you stronger and healthier.
 - True. HIV/AIDS does not have a cure, but there are medicines you can take to make your body stronger. These medicines can help you live a longer and healthier life if you take them every day for the rest of your life. These medicines are called antiretrovirals, or ARVs for short. If you are HIV positive you should talk to a health worker about how to take this medicine properly. We also have a support group here at SWEAT that you can join for people who are HIV positive.

- ❖ I cannot get HIV if I only have anal sex.
 - False. You can get HIV from any kind of sex. HIV lives in blood, sperm, and vaginal juices. If you have any kind of sex with someone who has HIV and you get their blood, sperm, or vaginal juices inside of your body, there is a chance you could get HIV. In fact, unprotected anal sex is way more dangerous than unprotected vaginal or oral sex. The inside of the butt can be damaged more easily than the inside of the vagina, which can cause small tears and bleeding during sex. If you have unprotected anal sex with someone who is HIV positive, HIV can enter your body through these small tears. This is why it's so important to wear condoms, even during blowjobs, and especially during anal sex.
- ❖ Petroleum jelly, Vaseline, or lotion is good to use as lube with a condom.
 - False. It is not safe to use any petroleum jelly or Vaseline as lube with a condom. These can cause the condom to break and you will no longer be protected from HIV, STDs, or pregnancy. The only lube you should use with condoms is water-based lube, like the kind we give out at SWEAT.

- ❖ Explain this by doing a brief demonstration: Rub one of the condom balloons with Vaseline and watch the condom burst. Then rub the other condom balloon with water-based lube from SWEAT and talk about how it is safe to use with condoms.

- This is why you should only use water-based lubes with a condom. If you use water-based lube, like the kind SWEAT gives out, it will make the condom and sex feel better for your clients and yourself. It can also stop you from feeling sore after sex.

- ❖ People who are HIV positive are people just like you and me.
 - True. Anyone can get HIV. Like we talked about last week, everyone has certain human rights under the South African Constitution. HIV positive people also have these human rights and deserve respect, the same as HIV negative people. It does not matter if someone has HIV or not, we should support and love all people. Just how we do not want to be treated differently because we are sex workers, people with HIV do not want to be treated differently either. SWEAT has support groups for people that are HIV positive and people that are HIV negative, so they can get emotional support and more information about living a healthy life. Talk to me after our meeting if you'd like to join either of these group.

- ❖ It is safer to wear two condoms instead of just one. This will give you double the protection.
 - False. It is not safe to use two condoms at the same time. If you use two condoms, they will rub together and it is more likely they will break. Also, using two condoms can be so uncomfortable that your partner may not want to ever use condoms again. Never have a partner put on two male condoms and never use a male condom and a female condom at the same time. It is important to only use one or the other during sex to protect yourself against HIV, STDs, and pregnancy.

- ❖ All sex workers have HIV or will eventually get it.
 - False. This is absolutely not true. Yes, some sex workers are HIV positive, but some people who aren't sex workers are also HIV positive. Some sex workers are HIV negative, just like some people who aren't sex workers are HIV negative. While it is true HIV is more common among sex workers, this does not mean that all sex workers have HIV or will eventually get HIV. It just means we need to continue to respect our bodies and use condoms for safe, protected sex whether we are HIV positive or negative.

- ❖ If I'm already HIV positive, I can get re-infected with HIV.
 - True. Just because you are HIV positive, does not mean you can stop protecting yourself. First, you want to make sure that you don't give HIV to any of your sexual partners or clients. Also, you can get re-infected with HIV. This means you can get another, different kind of HIV. Having two different kinds of HIV at once can make you very sick. All people should use condoms, even if they are HIV positive or negative!

- ❖ If you are HIV positive, it is important to take your HIV medicines every day.
 - True. If you are HIV positive, it is very important to take your HIV medicines, which are called ARVs, every day. If you take your HIV medicines every day, you will be able to live a healthy life. However, if you don't take your HIV medicines every day, the medicines may stop working for you. You can become resistant to the medicines, which means the medicines will no longer be able to fight your HIV and keep you as healthy as possible. This can be very, very dangerous for your health. It is very important if you are HIV positive to take your medicines every day so it continues to work.

- ❖ SWEAT has condoms and water-based lube that you can get for free. The South African government also gives out free condoms.
 - True. You can always get free condoms and water-based lube from SWEAT. We normally have flavored and colored condoms and lube, which clients love. The South African government also gives away free condoms at clinics, health departments, and other public places.

Flip Chart 2 - Signs of STDs-----

[Instructions: Write/draw this on a flip chart before the session begins.]

Signs of STDs

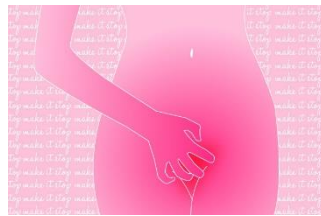
- ❖ Soreness of the vagina



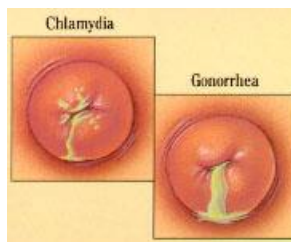
- ❖ Lumps or sores on the vagina



- ❖ Itchy vagina



- ❖ Strange vaginal juices



- ❖ Pain when peeing



- ❖ No signs at all!

Flip Chart 3 - Condom/HIV Facts: True or False?-----

[Instructions: Write this on a flip chart before the session begins]

True

False

Game Sheet 1 - Condom/HIV Facts-----

[Instructions: Write each one of these facts on a separate little piece of paper. 1 little piece of paper should have 1 fact.]

- ❖ You can tell from the way a person looks if they have HIV.
- ❖ You can use a male condom more than 1 time.
- ❖ HIV does not have a cure, but you can take medicines to make you stronger and healthier.
- ❖ Petroleum jelly, Vaseline, or lotion is good to use as lube with a condom.
- ❖ I cannot get HIV if I only have anal sex.
- ❖ People who are HIV positive are just like you and me.
- ❖ It is safer to wear two condoms instead of just one. This will give you double the protection.
- ❖ If I'm already HIV positive, I can get re-infected with HIV.
- ❖ If you are HIV positive, it is important to take your HIV medicines every day.
- ❖ SWEAT has condoms and water-based lube that you can get for free. The South African government also gives out free condoms.

Activity D

Protected Sex

Preparing for the Activity

Purpose

To learn more about protected sex and practice putting on a male condom.

Materials

- ✓ Banana for every group member
- ✓ Condom for every group member
- ✓ 1 banana for the facilitator
- ✓ 1 condom for the facilitator
- ✓ 1 packet of SWEAT water-based lube for the facilitator

Time

10 minutes

Procedure-----

Now that we've learned about why it's important to use condoms to protect ourselves from HIV, other STDs, and pregnancy, let's practice actually using them! I'm going to give everyone a banana and a condom. Do not eat the banana or open the condom please.

- ❖ Give every group member one banana and one condom.

We're going to pretend that our banana is our client's penis. He just picked us up and we talked business. We agree to have sex with him, so what do we need use every time we have sex to protect ourselves from STDs and HIV?

- ❖ Let 1 **group member** answer.

We should always use a condom when we have sex, but we have to make sure we're using it correctly. Let's all practice using a condom together now. Can I get a volunteer to help lead us as we learn how to put a condom on correctly?

- ❖ Pick one of the group members as a volunteer and have her move by you.

Great – thanks for volunteering. Let's walk through the steps of how to use a male condom. We'll all be practicing together, so no one should feel embarrassed. If you get confused or don't know what to do, just look at our expert volunteer. Ok, let's get started.

First we need to check the condom. Look at your condom packet to make sure it doesn't have any holes. Then check the expiry date on the packet. Old condoms are not safe to use because they are likely to break. If it is past the date printed on the packet, you need to get a new condom.

However, sometimes we can't see the expiry date because it's dark outside. In situations like this, here is another tip to check if a condom is still good to use. If you squeeze the condom inside the condom wrapper, you should feel an air and be able to slide the condom around easily. Gently squeeze the package and feel for the air bubble. If there is no air bubble, the wrapper will go flat when you squeeze it. This means there is a hole or some type of damage to the wrapper and the condom should not be used. You should also be able to easily slide the condom around inside the wrapper, which means the condom still has water-based lube on it.

Everyone check your condom's expiry date. Then make sure you can feel an air bubble and are able to move the condom around inside of the wrapper.

Does everyone's condom look good to use? Great. Can someone remind me – If we have sex with the same client twice, can we use the same condom both times?

- ❖ Let 1 **group member** answer.

No. We must use a new condom every time we have sex, no matter what. Condoms only work 1 time, so we cannot re-use them ever. Even if we have sex with the same client twice, we should use a new condom both times.

We are ready to start putting the condom on our partner's penis. Push the condom to one side of the wrapper. This will make sure you don't damage the condom when you open the wrapper.

Everyone can open their condom packet now on the side the condom is not on. Make sure to do this carefully and slowly, so you do not accidentally tear or poke a hole in the condom. Condoms only work if they are not damaged. Be extra careful if you have long nails.

- ❖ Have the group members use their bananas and condoms to practice with you as you say the following instructions. Make sure you help the volunteer that is leading the demonstration to make sure she is showing the group how to put on a condom correctly.

Before you touch the condom to your partner's penis, make sure the penis is hard. This will make it is easier to put on the condom.

Next, you have to make sure the condom is going on the right way. The condom should be able to roll down. To check if you're about to put on the condom correctly, you can place the condom on your fingertip. The condom should look like a little hat with a brim:



When men get turned on, a little bit of pre-cum can come out of their penis. This pre-cum is just like semen. It can make you pregnant or give you STDs or HIV if the man is infected. If you try to put the condom on the wrong way and you can't roll it down, you could get this pre-cum on the condom. When you flip the condom over the right way, the pre-cum will be on the outside of the condom and will be able to get into your body. This pre-cum could put you at risk for pregnancy, STDs, and HIV. This is why it is important to not touch the condom to the penis until you are sure it is facing the right direction.

- ❖ It may be helpful to have the volunteer show the group how pre-cum can get on the outside of the condom if you try to put the condom on the wrong way.

After you make sure the condom is going on the right way, begin to put it on. If you want to make sex feel even better for your client, put a few drops of water-based lube inside the condom. This will also help the condom to not break. Just be careful to only put a few drops of water-based lube inside of the tip of the condom. Too much lube, or lube on the shaft of the penis can cause the condom to slip off.

As you begin to put the condom on the penis, pinch the tip of the condom so that you push any air out of the tip. This makes room for the semen once that man cums.

Now roll the condom down over your partner's penis so that the whole penis is covered with the condom.

Good job putting on a condom everyone! Let's pretend you just finished having protected sex with your partner. It was really good sex and you felt very safe using a condom and turned on that you were taking charge of your health!

As your partner takes his penis out of you, either you or he should hold the condom so it does not fall off. You must take his penis out of your body before it gets soft.

Now have your partner take the condom off his penis. Remind him to be careful and not let any semen spill or leak from the condom. He should then wrap the used condom in paper and throw it in the dustbin where children will not find it.

Nice job putting condoms on everyone, and thanks to our volunteer!

Sometimes condoms can feel boring or unsexy to clients, so it's important to think of exciting ways to use condoms. I have a tip about a sexy way to put on a condom that your clients might enjoy.

Once you check to make sure the condom is still good, carefully open the package, make sure the condom is going to roll down in the right direction, you can put a few drops of water-based lube inside the condom to make sex feel even better for your client.

- ❖ Put a few drops of water-based lube inside the condom. Then read and demonstrate the next part using a banana and a condom.

Now I'm going to show you another sexy way to put on a condom and leave space in the tip of the condom for the man's cum.

Once you're ready to put the condom, roll the condom over the entire penis. You do not need to pinch the tip of the condom to make room for the man's cum when using this technique. Instead, just roll the condom over the entire penis.

Now, hold the condom at the base of the penis with one hand. Don't squeeze too hard and hurt the man, but make sure you do not let go of the condom or it will come off. With your other hand, grab the base of the penis and slide your hand up the entire penis. This motion will create a space in the tip of the condom where the man's cum will go. Since your hands are on his penis, it will feel really good for the man and he will be exciting by this new technique.

Does anyone have any questions about male condoms?

❖ Answer any questions group members may have.

Nice job putting condoms on everyone! We're going to keep learning from your experience, since you guys are the real sex experts. We'll use the bananas again, so keep yours close by and don't eat it yet!

Activity E

Overcoming Barriers to Safe Sex

Preparing for the Activity

Purpose

To develop solutions to barriers that commonly prevent sex workers from using condoms.

Materials

- ✓ Flip chart paper
- ✓ Marker for facilitator
- ✓ 2 male condoms for every group member
- ✓ 1 female condom for every group member
- ✓ 1 packet of lube for every group member
- ✓ Condom balloon
- ✓ 1 Women's Legal Centre pamphlet for every group member
- ✓ Bananas from the last activity
- ✓ 4 extra male condoms

Time

50 minutes

Procedure-----

- ❖ Start the activity by saying:

So now we know about the importance of using condoms to protect ourselves from STDs, HIV, and pregnancy, and we practiced how to use a male condom. However, we know that sometimes it isn't always easy to use condoms. Our clients might not want to use condoms, we might run out of condoms, or the police might take our condoms from us. This game gives us a chance to share solutions to some of these problems.

First let's break into 4 teams.

- ❖ Help the group members divide into 4 even teams.

Before we get started, each team must pick a team name! Talk as a team and raise your hand when you've picked a team name.

- ❖ Let the teams talk amongst themselves for no longer than **1 minute**. Draw 4 squares on the flip chart. When the groups tell you their team name, write one team name in each square.

Great team names. Now let me tell you about the game. I will read you a little story, and each team will get 2 minutes to talk and figure out on how to best respond to that story. For example, I may read you an excuse that a client gives for not wanting to use a condom. You will then have 2 minutes to discuss what you would say to that client. Each team will share their answers with the group, but only the best answer will score a point. The team with the most points at the end will win a prize! Many teams may have a good response, but I am looking for the best response that you could use in real life. Try to think of things you or a friend have done in the past to use a condom every time.

Does anyone have any questions before we begin?

- ❖ Answer any questions the group members have.

Let's start our game! Remember, you are trying to come up with the best solution to the problem.

Here is our first story: A client picks you up one night and asks to have sex with you. You say yes and pull out a condom to put on him. However, he tells you that he won't cum inside of you, so you don't need to use a condom. He says that he'll be careful not to get you pregnant, so there is no need to wear a condom. What would you say to that client?

- ❖ Give the groups **2 minutes** to talk about their answer. Then say:

Alright, it's time to share your answers with the group so we can pick the best response! Would *[insert team name]* like to start?

- ❖ Let each team explain their response to the group. Do not let each team talk for more than **1 minute**. Afterwards say:

Those were all great answers! Even if a client says he doesn't want to wear a condom because he won't get you pregnant, remember that condoms also keep you both safe from STDs and HIV. Pre-cum can come out of the man's penis during sex. This pre-cum can make you pregnant, or give you STDs or HIV if the man is infected and you don't use a condom. It is important to always have protected sex with a condom.

You all had really good things that you would tell the client, but I think the best response was from *[insert name of the winning team]*.

- ❖ Mark a point under that team's name on the flip chart.

Let's keep playing the game so everyone has a chance to earn more points.

Here is our next story: You're standing on the street one night when a police man comes up to you. He is very rude and calls you a prostitute. He asks you to give him all of your condoms. When you say no, he pushes you down and takes your condoms anyways. What would you do after this happens?

- ❖ Give the groups **2 minutes** to talk about their answer. Then say:

Ok, time for the teams to share their answers with the group! Would *[insert team name]* please go first?

- ❖ Let each team explain their response to the group. Do not let each team talk for more than **1 minute**. Afterwards say:

Great answers everyone! The police do not have the right to abuse us or take our condoms. We are sex workers and we have the same human rights as everyone else. Sex work is still illegal in South Africa, but carrying condoms is not. If you ever feel like someone has done something that is not right, like in this story, contact the Women's Legal Centre. They will help you with any legal issues or human rights abuse. Talk to me after class if you'd like more information about the Women's Legal Centre.

Even though everyone gave really good answers, I think the best response was from *[insert name of the winning team]*.

- ❖ Pass out pamphlets for the Women's Legal Centre. Mark a point for the team with the best response on the flip chart.

Let's play again. A few nights later a different man picks you up. He asks to have anal sex with you and you agree. However, when you ask him to put a condom on he says his penis is much too big. He tells you that condoms don't fit him and if you try to squeeze one on his penis, the condom will just break. What would you say or do?

- ❖ Give the groups **2 minutes** to talk about their answer. Then say:

Time's up! Would *[insert team name]* please tell us your response to this client?

- ❖ Let each team explain their response to the group. Do not let each team talk for more than **1 minute**. Get a condom balloon ready to demonstrate the next part of this activity.

Great job teams! It's important to remember how large a condom is.

Remember our condom balloon? Look how large it has stretched! Condoms can stretch up to very large sizes to fit any penis. They are also very strong. Let's test how strong it is – would someone like to try to break this condom?

- ❖ Let a group member try to break the condom.

As you can see, it is hard to break a condom. You can tell the client that condoms are made to be tough and fit any penis. However, if a client still says the condom won't fit him, you can suggest using a female condom instead. This will keep you safe and not be as tight on his penis. Maybe you could even convince him to buy bigger condoms for the next time you have sex by talking about how much you like his big dick afterward!

Every team had good ideas, but I think the best response was from *[insert name of the winning team]*.

- ❖ Mark a point under that team's name on the flip chart.

Let's play one more round of our game. You're about to have sex with your boyfriend one night and you ask him to put on a condom. He tells you that condoms aren't sexy. He doesn't want to wear a condom because it doesn't put him in the mood. How can you make male condoms sexy? After you discuss and practice this, pick one member from your team to act out how to make condoms sexy using a pretend penis. I'll pass out extra condoms to practice with and you can use the bananas from our earlier activity to practice on.

- ❖ Pass out 1 male condoms to every group member and make sure they still have their bananas. Give the groups **4 minutes** to practice making condoms sexy. Then say:

Time to perform! Can *[insert team name]* start this time please?

- ❖ Let each selected team member demonstrate how to make male condoms sexy with their banana. Provide 1 male condoms to this person to use. Do not let each team take more than **1 minute**. Afterwards say:

You all have very creative ideas on how to make condoms sexy. You could also try staring him in the eyes as you put the condom on his penis, putting the condom on with your mouth, talking dirty to him as you put the condom on, or putting a few drops of water-based lube inside the condom.

Good job to all the teams – you really made condoms sexy! However, I think the team that made condom's the sexiest was *[insert name of the winning team]*.

- ❖ Mark a point under that team's name on the flip chart.

We have a winner! Team *[insert name of the team with the most points]* has the most points. However, all the teams did a great job! Using condoms isn't always easy. Sometimes things can get in the way, but if we want to remain safe and protect ourselves, we must find ways around these issues!

To make sure that we all keep using condoms, we are all going to get a prize!

- ❖ Pass out 1 male condom, 1 female condom, and packet of lube to every group member.

Activity E

Closing

Preparing for the Activity

Purpose

To review what was learned in this session.

Materials**Time**

5 minutes

Procedure-----

- ❖ Start the activity by saying:

Well this has been a great meeting everyone. We learned how to plan a pregnancy and keep ourselves safe during sex. Our bodies are our business, and it's important we keep them clean and healthy so we can earn lots of money! We can respect our bodies and our futures by taking steps to have safe sex and plan our pregnancies. Would a few people like to share something they learned today about respecting your body?

- ❖ Let group members share what they learned for longer than **4 minutes**.

Thanks for sharing. Those were all really good points. I hope we can remember these tips as we continue working as sex workers. We are all able to plan when and with whom we become pregnant.

Thank you all for coming today! Remember, our next meeting is on *[date]* at *[time]*. Even though we learned about ways to plan a pregnancy today, we all know accidents can happen. So at our next meeting we will talk about what your options are if you do have an unplanned and unwanted pregnancy. It's going to be a very important session, so I hope to see you all again on *[date]* at *[time]*!

Appendix 1 – Resources-----

1. Megan Andelloux. *Sexuality Educator and Sexologist*. in *Megan Andelloux's Study Sex College Tour: Super Sex!* 2015. Atlanta, Georgia.
2. Planned Parenthood. *Condom*. Available from: <http://www.plannedparenthood.org/health-info/birth-control/condom>.
2. Planned Parenthood. *STDs*. Available from: <http://www.plannedparenthood.org/health-info/stds-hiv-safer-sex>.
3. Planned Parenthood. *Birth Control*. Available from: <http://www.plannedparenthood.org/health-info/birth-control>.
4. The Female Health Company. *FC2 Female Condom*. March 2012. Available from: http://www.fc2femalecondom.com/training/pdfs/materials/Handouts/instructions_for_use_english_spanish.pdf.
5. Soul City. *HIV and AIDS and Treatment*.
6. Avert. *HIV Transmission Questions & Answers*. Available from: <http://www.avert.org/hiv-transmission-questions-answers.htm>.



Goals

- ❖ To increase understanding among mothers who are sex workers of the physical, intellectual, social, and emotional developmental milestones of children
- ❖ To strengthen parenting skills to nurture and support childhood development within the context of maternal sex work
- ❖ To increase mothers who are sex workers' ability to prevent, recognize, and mitigate common maternal and child health risks
- ❖ To increase sex workers' sense of empowerment and confidence in their ability to be good mothers, supporting them to thrive both as mothers and sex workers

Learning Objectives

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

- ❖ Explain the options a woman has if she becomes pregnant
- ❖ Express personal feelings about unplanned pregnancy and the options a woman has if she becomes pregnant
- ❖ Describe the process of choosing what to do when pregnant
- ❖ Explain the concept of abortion
- ❖ Explain the concept of foster care
- ❖ Identify ways to re-obtain custody of a child if that child is placed in foster care
- ❖ Explain the concept of adoption

Session Preview

- ❖ Introduce the concept of options counseling
- ❖ Help group members express their individual feelings about becoming pregnant and recognize that feelings/opinions differ between women
- ❖ Help group members think through the process of choosing what to do when pregnant
- ❖ Introduce the concept of abortion and help group members talk about this subject
- ❖ Introduce the concept of foster care and help group members identify strategies to re-obtain custody if desired

- ❖ Introduce the concept of adoption and help group members talk why a woman might choose this option
- ❖ Encourage group members to share personal stories related to options counseling and receive feedback/support from the group

Materials Needed

- ❖ Facial tissue
- ❖ Ground Rules from Session 1
- ❖ Flip Chart 1 – Birth Control from Session 2
- ❖ Flip chart paper
- ❖ Marker for facilitator
- ❖ Ball
- ❖ Tape
- ❖ Game Sheets:
 - Game Sheet 1: Hot Seat

Preparation Needed

- ❖ Arrange chairs in a circle
- ❖ Hang Ground Rules from Session 1 in the room
- ❖ This session may be emotional. Have facial tissue sitting around the circle of chairs for group members to use if they begin to cry.
- ❖ Prepare the following materials before the session begins:
 - Game 1 – Hot Seat
- ❖ Ask someone from Women’s Legal Centre to attend the session and answer questions the group members may have.

Possible Facilitators

- ❖ Options Counselor
- ❖ Nurse or doctor that can talk about abortion
- ❖ Social worker
- ❖ Adoption agency
- ❖ Foster care and/or adoption families
- ❖ Other women who have had an abortion and are willing to tell their stories
- ❖ Other women who have dealt with the foster care and/or adoption system and are willing to tell their stories
- ❖ Women’s Legal Centre staff

Instructional Time

120 minutes (2 hours)

Activity

Minutes Needed

A. Introduction.....	10 minutes
B. The Choice.....	10 minutes
C. Abortion.....	55 minutes
D. Foster Care.....	15 minutes
E. Adoption.....	10 minutes
F. Stories and Support.....	15 minutes
G. Closing.....	5 minutes

The following pages contain material that was taken verbatim or adapted from Soul City's
Grants for Children booklet with permission [1]:

Activity A

Introduction

Preparing for the Activity

Purpose

To welcome the participants and talk about the three options a woman has when she becomes pregnant.

Materials

- ✓ Ground Rules from Session 1
- ✓ Flip Chart 1 – Birth Control from Session 2

Time

10 minutes

Procedure-----

- ❖ After all the group members are in the room, start to sing a song. Have everyone stand up and sing/dance with you. Do not let this go on for more than **3 minutes**. Then, welcome the mothers to the group by saying:

Welcome to our third group meeting of Mothers of the Future! I'm glad to see you here today! In the last session we talked about planning to become pregnant and keeping ourselves safe during sex. Can someone describe what an unplanned pregnancy is?

- ❖ Let **1-2 group members** explain unplanned pregnancy.

Thank you for your responses. An unplanned pregnancy is when a woman becomes pregnant even though she didn't mean to get pregnant. She might not want to be pregnant. Last week we also talked about things women can use to not become pregnant, which is called birth control. Can anyone list a few birth control methods or things women can use to not become pregnant?

- ❖ Let group members list contraceptive methods for **1 minute**.

- ✓ Answers **could** include:

- Injections / Depo / Shot
- Pills
- Female sterilization / surgery
- Male condom
- Female condom
- Male sterilization / surgery / vasectomy
- IUD
- Diaphragm
- Abstinence / no sex
- Vaginal ring
- Breastfeeding
- Birth control implant
- Withdrawal / pull out
- Spermicide

- ❖ Hang up Flip Chart 1 – Birth Control from Session 2 and use this to explain the next part.

These are all options to help us plan when we want to have a baby. Remember, not all birth control methods are equally effective, meaning some methods are better at preventing pregnancy than others. No matter what method you use, make sure to make it as effective as possible by using it correctly.

Besides preventing pregnancy, we can also use two of these birth control methods to protect us from STDs and HIV. Does anyone remember what we can use to keep our bodies safe?

❖ Let **1 group member** answer the question, then say:

We can use male or female condoms to protect us from STDs and HIV. It's important to use condoms with clients every time we have sex.

However, no matter how careful we are, accidents can happen. Maybe the condom breaks while we're having sex, we get carried away in the heat of the moment with our partner, or our client forces us to not use protection. Whatever the reason is, sometimes women mean to get pregnant and sometimes they become pregnant by accident or force. This pregnancy could be wanted or unwanted. This could happen to any woman, not just sex workers, and it doesn't make us bad people. It just makes us human.

Being pregnant and not sure what to do can be scary, but we are all here today to support each other, no matter what we choose. Today we're going to be talking about options once we become pregnant, whether this pregnancy was planned or not.

When a woman becomes pregnant she has three choices she can make. She can choose to get an abortion, place the child for adoption or foster care, or raise the child herself. Today we will talk about choosing to get an abortion or placing the child for adoption or foster care. After today, the rest of our meetings will talk about choosing to become a mother.

Let's begin with a short activity. Can everyone please close your eyes?

Great. Now, with your eyes still closed, pretend you just found out you are pregnant. You didn't get your period this month, so you told a nurse at SWEAT. She gave you a pregnancy test, and you are pregnant. Think about how this would make you feel. Would you be happy? Sad? Nervous? Excited? Stressed? Or would you feel something else? I'm going to say 1, 2, 3, scream! When I say scream, start screaming everything you would feel if you just found out that you are pregnant. Scream everything you would feel until you can't think of any other emotions. Ready?

1...2...3...SCREAM!

❖ The facilitator should scream how she would feel along with the rest of the group. Let group members scream until it sounds like people are starting to run out of things to scream.

Thank you all for sharing your feelings. As sex workers, we all have a lot of things in common. However, it's also important to remember that we are all different people at different points in our lives. Finding out you are pregnant might make some of us feel happy and excited, while others might feel nervous, trapped, unsure, unemotional, or any other feeling. These feelings are all normal, and one is not better than the others. The important thing is to talk about how we feel. This will help us decide what the best choice is for each one of us.

This choice can be very hard, so as a family of sex workers we must try to support each other. Today we will talk about a lot of things that everyone might feel differently about. Please try to keep an open mind and don't judge others. Just because you choose to get an abortion, place your child for adoption or foster care, or parent your child doesn't mean everyone in Mothers of the Future has made or would make the same choice. We are all here to learn from each other. Please remember to follow the ground rules we made during our first meeting.

- ❖ Point to where the ground rules are hanging in the room. Read them out loud if you think this is needed.

Activity B

The Choice

Preparing for the Activity

Purpose

To talk about how women chose what to do once they are pregnant.

Materials

- ✓ Flip chart
- ✓ Marker for facilitator

Time

10 minutes

Procedure-----

- ❖ Continue the session by saying:

When a woman becomes pregnant, she might have to think about a lot of things before choosing what to do. This may be a difficult decision and she will probably ask herself a lot of questions. For example, she might think “Is this the right time for me to bring life into the world?”

What do you think are some of the other questions a pregnant woman might think about when she is trying to choose what to do?

- ❖ Let group members talk about this for no longer than **4 minutes**. Write these ideas on flip chart paper.
- ✓ Answers **could** include:
 - Do I want to have a baby?
 - How do I feel about being pregnant?
 - Do I have enough money to support myself, my other children, and any of my friends or family I take care of?
 - Is the man who got me pregnant the right man to father one of my children?
 - Will the father of the child help me with whatever option I choose? How will he help?
 - Can I raise a child by myself?
 - Who will support me if I choose to get an abortion, place my child for foster care or adoption, or raise my child?
 - What will happen to my goals, my hopes, and my life?
 - How will this affect my other children?
 - Do I have somewhere to live where I feel comfortable raising a child?
 - Am I safe? Would my child be safe?
 - Would the child be healthy?
 - Is my body and mind healthy enough to get an abortion, deal with the foster care or adoption process, or give birth and raise my child?

As you can see, choosing what to do once you become pregnant is not always easy for every woman. There are a lot of things we must think about and this can be a very hard decision.

What do you think a woman could do to help her make a decision?

- ❖ Let group members talk about this for no longer than **2 minutes**. Write these ideas on flip chart paper.
- ✓ Answers **could** include:
 - Talk with someone you trust, like a friend, family member, priest, mother, sister, boyfriend, husband, someone at SWEAT, one of us in this group, or anyone else you think could help.
 - Give yourself time and space to think.
 - Learn more about your options.
 - Pray for help and guidance.

Choosing to be a parent, get an abortion, or place the child for adoption or foster care can be a hard choice for women. Some women choose to make this decision by themselves without talking to anyone. They might believe since their body is pregnant, they should make the final decision. Or they could be too afraid to tell anyone else they are pregnant, and feel like they have to make the decision alone. Whatever the reason is, what do you all think are some good and bad things about making a decision without talking to anyone else?

- ❖ Let group members talk about this for no longer than **2 minutes**. Write these ideas on flip chart paper.

Those are all good points. On the other hand, some pregnant women choose to talk about their options with other people in their life. These people can include the woman's mother, boyfriend or girlfriend, friends, pimp, the father of the child, or others. Some pregnant women may want to listen to what important people in their lives have to say, and then make a decision with or without actually following other people's advice. What do you think are some good and bad things about talking to other people and then making a decision about your pregnancy?

- ❖ Let group members talk about this for no longer than **2 minutes**. Write these ideas on flip chart paper.

Those are also all good thoughts. Sometimes a pregnant woman may feel supported and helped by the important people in her life. Other times a pregnant woman may feel judged or even pressured to choose an option she does not want because other people in her life are telling her what to do. Every woman and every situation is different. Some women might want to talk to their friends and family about their options while pregnant, and other women may not. The important thing is to figure out what works best for you and how to get the support you need.

Activity C

Abortion

Preparing for the Activity

Purpose

To explain abortion and have group members talk about the subject.

Materials

- ✓ Game Sheet 1 - Hot Seat
- ✓ Ball
- ✓ Tape

Time

55 minutes

Procedure-----

- ❖ Start this section by saying:

Now that we have talked about what goes into a pregnant woman's choice, we are going to start talking about her options. One option is abortion. Before we have an activity, let's talk more about abortion.

An abortion is stopping a pregnancy. If you are pregnant and do not want to be pregnant, a doctor or nurse can give you a safe, legal abortion in a clinic. The doctor or nurse will either give you a pill that will stop the pregnancy or remove the pregnancy from your body with surgery. After an abortion, you will no longer be pregnant.

Abortion might be the right choice for some women, but not for other women. It is OK to feel confused or afraid about abortion, just like it is OK to feel confused or afraid about continuing the pregnancy. Let's do an activity to learn more about abortion and talk about our feelings on the topic. Can everyone please reach under their chair and grab the piece of paper that is taped there?

- ❖ Let group members grab the piece of paper taped under their chair.

On each of your pieces of paper there is a question about abortion. I'm going to toss one of you this ball. Whoever has the ball will read their question out loud to the group, and then I'll answer the question. If you don't want to read out loud for whatever reason, when you get the ball you can hand the paper to me and I'll read it for you.

After you read the question and I answer it, toss the ball to someone else. I will then ask that person a question about what we just learned, so everybody should pay attention!

Does anyone have any questions before we begin?

- ❖ Answer any questions the group members have, then toss the ball to a group member. Remind her she can read the question out loud, or she can pass the paper to you to read. Find the person's question below and then read the answer out loud. After the question and answer is read, ask her to toss the ball to another group member. Then ask this group member to answer the follow-up question. After they say their answer, read the follow-up answer. Ask the person holding the ball to toss it to someone else, then have that person read the next question on their paper. Repeat this until all the questions have been read.
- ❖ *Facilitator's Note:* If time is an issue, you can skip asking and answering the follow-up question.

Is an abortion safe?

- ❖ **Answer:** Abortion is very safe when it is done by a trained nurse or doctor in a health facility, hospital, or clinic. Researchers have found it is actually more dangerous to give birth than to have an abortion. The earlier in pregnancy you get an abortion, the safer it is. However, this is only true if you get an abortion from a safe, legal clinic. We have all seen lots of signs and stickers that say you can get an abortion for cheap or really late into the pregnancy from an untrained provider. These are called backstreet abortions and they are not legal or safe. Abortions are only safe when you get them from a trained nurse or doctor in a safe clinic or hospital.
- ❖ **Follow-Up Question:** You see a sticker in the metro that says you can get an abortion for 500 rand up until you are 8 months pregnant. Do you think this would be safe?
- ❖ **Follow-Up Answer:** No, this is not safe. Abortions are only safe when you get them from a trained nurse or doctor. The sooner you get an abortion, the safer it is. It is not safe to wait until you are 8 months pregnant to get an abortion. The people who hang up these stickers are not trained and can put you in great danger.

Is getting an abortion legal?

- ❖ **Answer:** Yes, getting an abortion from a trained doctor or nurse at a safe clinic is legal in South Africa. Any girl or woman can get an abortion during the first 12 weeks of pregnancy. The woman does not need permission from her parents or her partner. If she is 13 to 20 weeks pregnant, she can also get an abortion if being pregnant puts her health or her unborn child's health at risk, the pregnancy will cause her social or money issues, or if she is pregnant from rape or a family member. Women can also get an abortion after 20 weeks if their health or the unborn baby's health is at risk. No matter what, getting a backstreet abortion from someone that is not a nurse or doctor in a clinic is unsafe and illegal.
- ❖ **Follow-Up Question:** Who can get a legal abortion in South Africa?
- ❖ **Follow-Up Answer:** Any girl or woman can get a safe and legal abortion during the first 12 weeks of pregnancy. The woman does not need permission from her parents or her partner. If you are 13 to 20 weeks pregnant, you can also get an abortion if being pregnant is dangerous for you, will cause you major social or money issues, or if you are pregnant from rape or incest. Women who are over 20 weeks pregnant may be able to get an abortion if their health or the unborn baby's health is at risk.

How is a safe and legal abortion done?

- ❖ **Answer:** There are two main ways a safe and legal abortion is done. If you choose to get an abortion within the first 9 weeks of being pregnant, you can get an abortion pill from a trained nurse or doctor in a clinic. This pill will may make you bleed and have cramps for a few days, and then you will get rid of the pregnancy in your body. You can only use this pill during the first 9 weeks of pregnancy and it must come from a safe doctor or nurse in a clinic. You can also get a surgical abortion if you are 20 weeks pregnant or less. This means a trained doctor in a safe clinic will put a small tube inside of your vagina and up into your uterus where the pregnancy is. The doctor will then use the tube to gently empty the uterus and end your pregnancy.
- ❖ **Follow-Up Question:** What are the two ways an abortion is done?
- ❖ **Follow-Up Answer:** You can have a trained doctor in a safe clinic give you a pill or you can have a surgery to empty your uterus using a small tube.

Will a safe abortion hurt?

- ❖ **Answer:** We all have different experiences of pain. What hurts one person might not hurt another. Doctors have different ways to help us control the pain. Normally you will get some medication to help with the pain during the abortion. After an abortion you will probably have cramps, meaning your tummy will feel tight, like you're getting your period. It is normal to be afraid of pain, but fear of pain should not be the most important thing you think about when making that choice.
- ❖ **Follow-Up Question:** What will an abortion feel like?
- ❖ **Follow-Up Answer:** Everyone feels pain differently, so it is hard to say. It may hurt you or it may not. Most likely you will feel cramps afterwards, but the doctor can give you medicine to help with the pain during the actual abortion.

Can I give myself an abortion?

- ❖ **Answer:** It is safest to get an abortion from a trained doctor or nurse in a clinic. If you or someone else who is not trained tries to give you an abortion, it can hurt or kill you. We might know people who have given themselves an abortion and lived, but this does not mean giving yourself an abortion is safe. It is extremely dangerous. Why should you take this risk? Abortion is safe and free in South Africa if you visit your primary healthcare clinic. Please call a clinic or the SWEAT hotline if you need more information on where to get a safe abortion.
- ❖ **Follow-Up Question:** If a woman doesn't want to see a doctor because she is ashamed, should she give herself an abortion?
- ❖ **Follow-Up Answer:**

- ❖ Let the group member answer this question and allow the group to talk about it as a whole for no more than **4 minutes**.

How much does a safe abortion cost?

- ❖ **Answer:** Safe and legal abortions are free in South Africa during the first three months of pregnancy. You must visit your primary healthcare clinic where they will give you a pregnancy test and talk about your options with you. They will then give you a referral letter to take to a clinic that will give you an abortion. Not all health workers will give you an abortion, but every health worker must tell you where you can get a safe and legal abortion. This is the law. You can also get an abortion from Marie Stopes Clinics or a private hospital, but these places will charge you money.
- ❖ **Follow-Up Question:** How can you get a free, safe, and legal abortion?
- ❖ **Follow-Up Answer:** You can get a free, safe, and legal abortion if you visit your primary healthcare clinic during the first three months of pregnancy. They will give you a pregnancy test, talk with you, and then give you a referral letter to get a safe, free, and legal abortion. After three months, you still may be able to get a safe and legal abortion, but it might cost you money. Visit a clinic to find out more.

If I have a safe abortion, can I still have children later in life?

- ❖ **Answer:** Yes. Women who have a safe abortion or even more than one safe abortion can still have a healthy baby in the future. In fact, you can get pregnant again only 7 days after you've had an abortion. You need to make sure you keep using the condoms and the other birth control methods we talked about last week after getting a safe abortion or you can get pregnant again right away. However, if you have an illegal, back alley abortion, you may never be able to have children later in life. These are unsafe and they may hurt your body so you can never have children again.
- ❖ **Follow-Up Question:** Will having a safe abortion make it harder for you to have babies in the future?
- ❖ **Follow-Up Answer:** No, if you have a safe abortion, you will still be able to have children in the future. Women who have safe abortions can get pregnant again within a week after the abortion. You must make sure to protect yourself if you do not want children.

Is abortion the same thing as murder?

- ❖ **Answer:** You have probably heard some people say that abortion is murder. That's what the people who are against abortion sometimes say. However abortion is legal in South Africa, so the law does not think it is murder. The law says murder means you have to really want to hurt another human being. But that doesn't really answer the question of whether abortion is right or wrong for you. This is a question every woman must answer for herself. Abortion stops the pregnancy. Most people believe this is not the same as killing a born person.
- ❖ **Follow-Up Question:** Do you think abortion is the same thing as murder?
- ❖ **Follow-Up Answer:**

- ❖ Let the group member answer this question and allow the group to talk about it as a whole for no more than **4 minutes**.

Am I a bad person or good person for getting a safe abortion?

Answer: Different people have different answers to this question. Some believe that abortion is wrong or bad. Others believe abortion is the best option for them and is a good, responsible choice for their life. A person can still be good, even if she is making a very hard choice. Many women have chosen to get an abortion, and we cannot judge them. We can only think about our own choices and why we are making the choice to or not to get an abortion cannot judge them. We can only think about our own choices and why we are making the choice to or not to get an abortion

- ❖ **Follow-Up Question:** What good can come out of having an abortion?
- ❖ **Follow-Up Answer:** This depends on the woman. Everyone has a different reason for getting an abortion and everyone finds different good that can come out of this. For example, some women might have an abortion so they can keep going to school or take better care of the children they already have. What other good things can come out of having an abortion?

- ❖ Let the group member answer this question and allow the group to talk about it as a whole for no more than **2 minutes.**

Those are all really good points. Is there anything bad that can come out of having an abortion?

- ❖ Let the group member answer this question and allow the group to talk about it as a whole for no more than **2 minutes.**

Those were also really good points. The important point is that this is a decision for each woman to make.

How will I feel after I get an abortion?

- ❖ **Answer:** Everyone will feel different after getting an abortion. How you feel probably depends on how you felt about getting the abortion. Research shows that most women feel relieved and satisfied with their decision, but you may feel guilty, happy, ashamed, or something else. Women's bodies normally feel pretty good and they are no longer scared about the pain of getting an abortion. However, some women may feel very sad and depressed. This is natural. It is also natural to feel depressed after giving birth to a child or placing that child for adoption. No matter what option you choose and how you feel, it is important to allow your body and mind to heal.
- ❖ **Follow-Up Question:** What do you think are some ways a woman could deal with her emotions or the way she feels after an abortion?
- ❖ **Follow-Up Answer:** She could talk to friends or family members that understand, have a nice meal, sit in a quiet place, practice her religion, daydream, or do anything else that helps her be calm and process whatever she is feeling.

If I have an abortion, is this against my religion?

- ❖ **Answer:** Most people make some choices in life that do not agree with their religion. We can feel uncomfortable or guilty if we think we are living the wrong way. It might be helpful to know what your God thinks about abortion. The first step might be to pray or talk to God and share how you feel about getting an abortion. Does God know you are doing the best you can in this situation? Is your God loving and kind? Can God see into your heart? Some women believe God loves them and will be with them even in difficult times. Some women believe God thinks abortion is wrong, but he will forgive them. Some women believe God will punish them if they have an abortion. This is between a woman and her God.
- ❖ **Follow-Up Question:** If you are religious, what would it be like to pray to your God and listen to what He or She has to tell you?
- ❖ **Follow-Up Answer:**

- ❖ Let the group member answer this question and allow the group to talk about it as a whole for no more than **4 minutes**.

Game Sheet 1 - Hot Seat-----

[Instructions: Write each one of these questions on a separate piece of paper. Tape 1 question under each group member's chair before the session begins.]

Is an abortion safe?

Is an abortion legal?

How is an abortion done?

Will an abortion hurt?

Can I give myself an abortion?

How much does it cost?

If I get an abortion, can I still have children later in life?

Is abortion the same thing as murder?

Am I a bad person for choosing abortion?

How will I feel after I get an abortion?

Is having an abortion against my religion?

Activity D

Foster Care

Preparing for the Activity

Purpose

To explain foster care and develop ideas for how a mother can get her child back from foster care if wanted.

Materials**Time**

15 minutes

Procedure-----

- ❖ Start the activity by saying:

Thanks for learning more and talking about abortion. I know talking about these subjects can be hard, so I appreciate your participation.

Now let's talk about foster care and adoption. These are two other options South African women can consider if they become pregnant. Both of these options mean you would let someone else care for your child, but they are a little different.

Can anyone tell the group what foster care is?

- ❖ Let **1 group member** answer the question.

Foster care is when a child is legally placed in the care of an adult other than their birth parents. Children can be placed in foster care if the children are orphans, or if the state or a social worker thinks the children are being hurt, not properly cared for, or treated badly by a parent. When a child is in foster care, the child's birth mother and father must pay maintenance to the foster care family. This means the child's mother and father give the foster care family money to help take care of the child. The foster family can also get a Foster Child Grant through SASSA.

Every child that is in foster care has a social worker who helps make decisions for that child. Normally a child stays in foster care for up to two years, but they could stay longer. The social worker visits with the child, the foster family, and the child's birth parents to figure out what is best for the child. The social worker might say it is best for the child to stay with the foster parents for a longer time or it is best for the child to be adopted by another family. The social worker could also say it is best for the child to return to live with his or her birth parents, meaning the father and mother who gave birth to the child. Every foster care situation is different.

Sometimes children are placed in foster care because the social worker feels this is what's best for the child, but the parents still want raise to their own children. If a mother decides she wants to raise her child that is in foster care, what can she do to get her child back?

- ❖ Let group members talk about this for no longer than **5 minutes**.
- ✓ Answers **could** include:
 - Call the social worker and talk about what she needs to do to get her child back.
 - Most of the time, she has the right to visit with her child. She should try to not miss visits to show how important her child is to you.

- She can talk to the child's foster parents to see what she can do to get your child back.

However, we have all heard stories of children who are taken away and placed in foster care because their mother is a sex worker. As we all know, being a sex worker does not mean you cannot be a good mother. What do you think a mother could do if her child is taken away from her because the social worker says she cannot take care of the child if she is a sex worker?

- ❖ Let group members suggest steps a mother could take if her child is taken away from her because she is a sex worker for **5 minutes**.
- ✓ Answers **could** include:
 - Talk with Women's Legal Centre to see if anything can be done in court to help get her child back.
 - Talk to her social worker's boss and tell him or her that she is facing unfair discrimination and stigma.
 - Show the social worker that she can be a good mother who is also a sex worker.
 - Ask for her child to be sent to a foster family that she knows, like her sister or friend. This means she can hopefully continue to visit her child.

Having a child taken away from you and placed in foster care can be sad or it might feel like a relief to you. No matter how you feel, you should talk with the social worker before you sign any paperwork and make sure you understand what you are signing. Social workers in South Africa are very busy and sometimes are slow at returning phone calls, so make sure to ask them all the questions you have while you have them in front of you. It is your right to understand how foster care works.

Activity E

Adoption

Preparing for the Activity

Purpose

To explain adoption and talk about why women might choose this option.

Materials**Time**

10 minutes

Procedure-----

- ❖ Start the activity by saying:

The last option we are going to talk about is adoption. Does anyone know what adoption is?

- ✓ Let **1 group member** answer the question, then say:

Adoption means giving up your right to parent your child and giving someone else permission to take on the legal responsibility of parenting your child. This means you will no longer be responsible for raising your child because someone else will do that. Adoption is making a plan for someone else to take care of your child forever.

With the help of a social worker, you can choose whether to have an open or closed adoption for your child. In a closed adoption, you will not know who is adopting your child. Most likely, you will be asked to cut all ties with the child you are placing up for adoption. This may mean you will not see this child again.

You can also ask for an open adoption. In an open adoption, you will know who is adopting your child. You may talk with them and agree to still be involved in the child's life. This could mean the parent who adopts your child might send you photos of the child, letters, or even allow you to visit the child. This is something you must talk about with the parents who are adopting your child and decide what is best for the child.

You can talk with your social worker about placing your child for a closed or open adoption. What do you think are some reasons a woman might put her child up for adoption?

- ❖ Let group members talk about why a mother might choose adoption for **5 minutes**.
- ✓ Answers **could** include:
 - She is not ready to be a mother.
 - The pregnancy was unwanted.
 - She was raped or became pregnant by a family member.
 - She does not have the money, time, or resources to raise a child.
 - She is homeless and unable to raise a child.
 - She is in an unsafe situation and unable to raise a child.
 - She has no social support to help her raise a child.
 - She feels she is too young to become a mother.

These are all very good examples of why a mother might place her child for adoption. If this is something you are thinking about, you should go to a child protection organization that is legal and safe. In Western Cape, these include: ACW, Badisa, Cape Town Child Welfare, Child Welfare South Africa, AFM Abba Adoptions, and the Department of Social Development. You can go to any of these places and speak with a social worker about placing your child for adoption. Some places will ask you to pay some money when you place a child for adoption, so make sure you ask about this as well.

Activity F

Stories and Support

Preparing for the Activity

Purpose

To let group members share their personal stories and seek support if wanted.

Materials**Time**

15 minutes

Procedure-----

- ❖ Start the activity by saying:

Today we've talked about three choices a woman has once she becomes pregnant. She can choose to parent, get an abortion, or place her child in adoption. We also talked about dealing with the foster care process. Each of these options can be very hard and emotional for a woman and other people in her life.

We want to give everyone some time to talk about how today made you feel. We have about 15 minutes to talk about what you learned today, how you feel right now, or how you feel about the options we discussed. Please feel free to share a personal story or question with the group if you would like. The group can offer you advice or just give you the space to talk about parenting, abortion, foster care, or adoption. You do not have to say or share anything you are not comfortable talking about. This is a safe space for you to use as you wish.

We also have *[insert name]* here from Women's Legal Center so you can ask her any questions you may have about the foster care or the adoption process. You can also talk to her privately after our meeting.

- ❖ Let the group talk about the session for no more than **12 minutes.**

Thank you all for sharing. I know talking about and listening to these stories, questions, and feelings can be hard or upsetting, so I want to truly thank you all for being brave and having an open mind today.

Activity G

Closing

Preparing for the Activity

Purpose

To review what was learned in this session.

Materials**Time**

5 minutes

Procedure-----

- ❖ Wrap-up the session by saying:

Thank you all for a great session. I think we learned a lot about the choices we have if we become pregnant. As I said earlier, *[insert name of Women's Legal Centre representative]* will stick around for a few minutes to answer any questions you may have.

Remember, our next meeting is on *[date]* at *[time]*. We will talk about the health of our child and how to identify and treat common childhood diseases. It could be very important in saving your child's life, so I hope to see you all again on *[date]* at *[time]*!

Appendix 1 - Resources-----

1. Soul City, *Grants for Children*. Jacana.
2. Western Cape Government Department of Social Development, *Giving up a Child for Adoption*. 2013.
3. Western Cape Government Department of Social Development, *Fostering a Child*. 2013.
4. Western Cape Government Department of Social Development. *Adopting a Child*. 2014. Available from: <http://www.westerncape.gov.za/service/adopting-child>.
5. Mhlanga, R., *Abortion: developments and impact in South Africa*. British medical bulletin, 2003. **67**(1): p. 115-126.
6. Major, B., et al., *Psychological responses of women after first-trimester abortion*. Archives of general psychiatry, 2000. **57**(8): p. 777-784.
7. Marie Stopes. *Safe Abortion*. Available from: <http://www.mariestopes.org.za/safe-abortion/>.
8. Planned Parenthood. *Abortion*. Available from: <http://www.plannedparenthood.org/health-info/abortion>.
9. Western Cape Government Department of Health. *Termination of Pregnancy (TOP)*. 2015. Available from: <http://www.westerncape.gov.za/service/termination-pregnancy-top>.
10. Bradshaw, Z. and P. Slade, *The effects of induced abortion on emotional experiences and relationships: A critical review of the literature*. Clinical Psychology Review, 2003. **23**(7): p. 929-958.
11. Adler, N., et al., *Psychological responses after abortion*. Science, 1990. **248**(4951): p. 41-44.
12. Guttmacher Institute. *Resources*. Available from: <http://www.guttmacher.org/sections/abortion.php>.



Goals

- ❖ To increase understanding among mothers who are sex workers of the physical, intellectual, social, and emotional developmental milestones of children
- ❖ To strengthen parenting skills to nurture and support childhood development within the context of maternal sex work
- ❖ To increase mothers who are sex workers' ability to prevent, recognize, and mitigate common maternal and child health risks
- ❖ To increase sex workers' sense of empowerment and confidence in their ability to be good mothers, supporting them to thrive both as mothers and sex workers

Learning Objectives

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

- ❖ List possible signs of pregnancy and how to confirm a pregnancy
- ❖ Describe what antenatal care is, its importance and purpose
- ❖ List healthy and unhealthy behaviors during pregnancy, and the consequences of these behaviors
- ❖ List barriers to antenatal care and healthy pregnancy behaviors, and describe ways to overcome these barriers
- ❖ Describe how a woman's body changes during pregnancy and ways to lessen any discomfort as a result of these changes
- ❖ List potential complications of maternal and child health during pregnancy and appropriate action to take
- ❖ Describe the concept of PMTCT and the steps HIV positive woman can take to lessen the chance of transmission

Session Preview

- ❖ Help group members talk about common signs of pregnancy
- ❖ Introduce the concept of antenatal care and behaviors to promote a healthy pregnancy
- ❖ Apply tips on how to have a healthy pregnancy as a sex worker
- ❖ Discuss how a woman's body changes during pregnancy
- ❖ Apply ways to lessen any pain or discomfort during pregnancy

- ❖ Help group members identify potential complications of maternal and child health during pregnancy and when to seek medical care
- ❖ Introduce the concept of PMTCT
- ❖ Discuss the experience of delivery and post-delivery and ways to lessen common discomforts during these periods

Materials Needed

- ❖ Flip chart paper
- ❖ Marker for facilitator
- ❖ 1 yellow, 1 red, and 2 black markers
- ❖ Tape
- ❖ Flip chart paper taped together that is big enough to trace a human body
- ❖ White t-shirt
- ❖ Small pillow
- ❖ Empty beer can
- ❖ Flip Charts:
 - Flip Chart 1 - Extra Special Care
 - Flip Chart 2 - Warning Signs
 - Flip Chart 3 - After Birth
- ❖ Game Sheets:
 - Game Sheet 1 - Clinic and Thandi's House

Preparation Needed

- ❖ Arrange chairs in a circle
- ❖ Tape enough flip chart paper together so a human body can be traced on the paper
- ❖ Ask a nurse from TB/HIV Care to be present for this session.
- ❖ Write/draw out the following materials before the session begins:
 - Flip Chart 1 - Extra Special Care
 - Flip Chart 2 - Warning Signs
 - Flip Chart 3 - After Birth
 - Game Sheet 1 - Clinic and Thandi's House
- ❖ Tape Game Sheet 1 - Clinic (right side) and Thandi's House (left side) to the wall

Instructional Time

120 minutes (2 hours)

Activity

Minutes Needed

- | | |
|--------------------------------------|------------|
| A. Introduction..... | 10 minutes |
| B. Healthy Mother, Healthy Baby..... | 35 minutes |

C. Growing Belly and Baby.....	15 minutes
D. Pregnancy Complications.....	20 minutes
E. HIV and Pregnancy.....	20 minutes
F. Delivery and Post-delivery.....	15 minutes
G. Closing.....	5 minutes

The following pages contain material that was taken verbatim or adapted from Soul City's
Depression: You can beat it booklet with permission [1]:
208

The following pages contain material that was taken verbatim or adapted from Soul City's
Mother and Child Care booklet with permission [4]:
179-180, 189, 193, 196-197, 199, 201-204, 207

Activity A

Introduction

Preparing for the Activity

Purpose

To welcome group members and list signs of pregnancy.

Materials**Time**

10 minutes

Procedure-----

- ❖ Welcome the group members back by saying:

Welcome to our fourth meeting of Mothers of the Future! Last week we talked about abortion, foster care, and adoption. This might have been hard for some of us, so I'm glad to see those of you who were able to make it to today's session.

Today we're going to talk about being pregnant and choosing how to deliver the baby. Let's pretend that our friend Thandi thinks she might be pregnant. Thandi is 22 years old and has been a sex worker for 3 years. One day she's having sex with her boyfriend and the condom breaks. Thandi calls us to tell us what happened. She's thinks she might be pregnant, but isn't sure how she can tell. What would you tell Thandi are some signs that she could be pregnant? Let's go around in a circle and each say one sign Thandi could be pregnant. This can be something you or a friend experienced when pregnant. I'll start. One sign Thandi could be pregnant is if she starts feeling like she has to pee all of the time.

- ❖ Go around the circle and let each group members say a sign of pregnancy. End this activity after everyone gets a chance to talk. If someone cannot think of a sign of pregnancy, offer one of the answers listed below. If a group member says something that's wrong, correct her nicely and explain why that is not a sign of pregnancy.
- ✓ Answers **could** include:
 - Missed period, meaning her period stops
 - Slight bleeding, meaning she bleeds a little bit from her vagina even though she is not on her period
 - Cramping, meaning her belly feels tight
 - Dizziness
 - Constipation, meaning it is hard to poop
 - Craving or really wanting certain foods
 - Feeling really disgusted by certain foods
 - Headaches
 - Being bloated
 - Feeling tired for no reason
 - Upset stomach or vomiting
 - Mood swings (going from happy to sad very quickly)
 - Sore or swollen breasts

If Thandi has one of these signs, it certainly does not mean she is definitely pregnant, but it could be an early warning sign. For most women, missing a period is a common sign they are pregnant. However, women can sometimes also miss their period if they are sick, worried, or stressed. Missing a period or having any of the signs we just listed does not definitely mean Thandi is pregnant. The only way to be sure she is pregnant is to take a pregnancy test. A pregnancy test is a special stick that Thandi can pee on and it will tell her if she is pregnant or not. The clinic at SWEAT has pregnancy tests for free, so you could tell Thandi about this service. All of you can get free pregnancy tests from SWEAT too, so please tell me or one of the nurses if you ever want or need to take one.

Activity B

Healthy Mother, Healthy Baby

Preparing for the Activity

Purpose

To introduce the concept of antenatal care and other ways to have a healthy pregnancy.

Materials

- ✓ Flip chart paper
- ✓ 1 black, red, and yellow marker
- ✓ White t-shirt
- ✓ Small pillow
- ✓ Empty beer can

Time

30 minutes

Procedure-----

- ❖ Start the activity by saying:

Thandi took our advice and came to SWEAT to get a pregnancy test. She found out that she is pregnant and has decided to give birth to her child. Thandi is very excited, but also scared. This is her first child and she doesn't know much about having a healthy pregnancy or giving birth. She is still working as a sex worker and is very busy. She is going to need our help and advice!

After Thandi finds out she's pregnant, she calls us to tell us the great news! She wants to know when she should go to the clinic for a check-up. Can anyone tell us when Thandi should go to the clinic?

- ❖ Let **1 group member** answer the question. If the answer is wrong, start the next section by saying: "Actually..."

It is important to tell Thandi she should go to the clinic as early as possibly in her pregnancy. The health workers at the clinic will help her have a healthy pregnancy and a healthy baby. This is called antenatal care. When Thandi visits the clinic for antenatal care, they will ask her some questions, like her age, when she had her last period, if she has any diseases, and other things like that. It is important she answers all of these questions honestly so the health worker can make sure Thandi and her unborn baby are as healthy as possible.

What are some examples of things the clinic will do to make sure Thandi and her baby are as healthy as possible?

- ❖ Let group members talk about this for no longer than **4 minutes**.
- ✓ Answers **should** include :
 - Check that the baby is growing well inside of her.
 - Check that the baby is lying in the right place inside of her.
 - Check to see if there may be problems when she has the baby.
 - Teach her how to look after her new baby.
 - Look for any sickness that could damage her baby. They will treat Thandi for those sicknesses.

Thandi takes our advice, and goes to the clinic right away. The nurse gives her some tips about looking after her body while she is pregnant. What do you think are some things Thandi should do to stay healthy during her pregnancy?

- ❖ Let group members answer the question and write their answers down on a flip chart. Do not let this go on for more than **10 minutes**.

- ✓ Answers **should** include :
 - Get lots of rest, especially in the last few months of pregnancy
 - Eat healthy foods
 - Stay active
 - Having safer sex is a great way to get exercise while pregnant!
 - Do not drink alcohol
 - Do not smoke
 - Do not do drugs
 - Take an antenatal vitamin or multivitamin. It is very important to eat something called folic acid during pregnancy, which is in antenatal vitamins and multivitamins. If you don't eat enough folic acid while you are pregnant, your baby can be born with defects of the brain and spine. This can cause serious problems for the baby, including death. Ask the health worker which vitamin is best for you, and be sure to only take the medicine the health worker gives you or tells you to buy.
 - Go back to the clinic as often as the health worker tells her to or if you think something is wrong.

These are all really good tips for staying healthy during a pregnancy! Hopefully Thandi will remember that anything she eats, drinks, or smokes goes from her body into her baby. It's also a good idea to remind Thandi that if she or any of us have questions or don't understand something, we should ask the health workers at SWEAT or another clinic. They are here to help us be healthy mothers with healthy babies!

After Thandi's visit to the clinic, she calls us again. She tells us the health worker taught her it's important to book early at the clinic and go back as often as the health worker says; eat lots of vegetables, fruits, eggs, and milk; rest a lot; and stay away from alcohol, smoke, and drugs. Thandi agrees with everything the health worker says, but tells us she's a little worried about being able to stay healthy. Even though Thandi wants to visit the clinic again, it can cost a lot of money. Thandi works every night as a sex worker to make money, but she doesn't make enough to pay for clinic visits. On top of visiting the clinic, Thandi wants to start buying healthy foods, like fruits and vegetables, and baby items, like nappies. Thandi knows that eating healthy and supporting her baby will cost money that she doesn't have. What advice would you give Thandi about how she can get enough money to pay for antenatal clinic visits, healthy foods, and baby items?

- ❖ Let group members talk about this for no longer than **5 minutes**.
- ✓ Answers **should** include:
 - Tell clients that she pregnant, which makes her really horny. She can also tell clients being pregnant makes her vagina smell better. Thandi can charge clients a higher price because she can say the sex will be better with a pregnant woman. *[Facilitator's Note: Ask 2 group members to say what they could tell a client to convince him sex is better with a pregnant woman].*
 - Save any extra money in a bank account, so she will have money when the baby arrives.
 - Apply for social development grants.
 - Get a few more clients. However, it is important to remember that the health of the baby comes first. Thandi must rest more if she wants to have a healthy body and baby. If taking on more clients makes Thandi too tired, it might be best to earn or save money a different way.
 - Try to get an extra part-time job that doesn't make her very tired.
 - Borrow money from family or friends.
 - Talk to the health workers or people at SWEAT. They might have more ideas about how she can get the health care, food, and baby items she needs.

Those were really good ideas everybody. Thandi listened to everything we told her and was able to save enough money to start buying healthy foods and baby items every week! She also has enough money to visit the clinic again in 3 months, just like the health worker told her to. However, when it's time for her appointment, Thandi calls us again. She says she knows going to her appointment is important, but she just doesn't have the time. She is busy working extra hard as a sex worker at night, and she sleeps during the day when the clinic is open. Her appointment is at 10 in the morning. Do you have any ideas to tell Thandi about how she can make time to visit the clinic?

- ❖ Let group members talk about this for no longer than **5 minutes**.
- ✓ Answers **should** include:
 - Call the clinic and ask to move the appointment to a later time. Thandi could visit the clinic at 4 PM, instead of 10 AM. This would let her sleep in later and she could visit the clinic before she has to go to work at night.
 - If Thandi can save enough money with the ideas we gave her a few minutes ago, she can take one day off of work to visit the clinic. The health of her body and baby have to come first!
 - If the clinic is far away, Thandi could spend the night at a friend's house who lives closer. If she is closer to the clinic, Thandi can sleep for longer because it won't take her as much time to get to the clinic.
 - Thandi could do sex work into the morning and have her last client drop her off at the clinic. Then Thandi won't have to pay to get to the clinic and she will be on time. She can sleep after her visit.

Good thinking, group! Thandi was able to find the time to visit the clinic, but she just called us with another problem. The nurse told Thandi that she should try to get lots of rest when she is pregnant, especially during the last few months she is pregnant. Thandi has been so busy working to save enough money for her baby, she is finding it hard to rest. Do you have any ideas on how Thandi can make enough money, but also get the rest she needs?

- ✓ Answers **should** include:
 - Take as many breaks as possible
 - Sit with her feet up
 - Go to bed earlier or sleep in longer
 - Get extra rest on her days off work
 - Take naps in-between clients
 - If a client wants you to stay, offer to take a nap or spend the night with him
 - Pregnant women can continue to have protected sex throughout their entire pregnancy. However, you may find having sex makes you very tired, especially in the last few months of being pregnant. If this is the case, it may be best to plan ahead and not work during the last months of your pregnancy if possible.

Great ideas! Thandi has been resting more with our ideas, but she just called us with one last problem. Before she got pregnant, Thandi smoked cigarettes and weed every day. She also drank alcohol to make it easier to go to the streets. When she visited the clinic, Thandi learned that pregnant women should not smoke anything or drink any alcohol. She is trying to stop smoking and drinking, but it is really hard. She wants to know if you think smoking and drinking will hurt her baby. What do you think?

- ❖ Let group members talk about this for no longer than **3 minutes**.

Pregnant women should not smoke cigarettes, weed, hookah, or do any drugs. Pregnant women should also not drink any alcohol. We should remind Thandi that everything she eats, drinks, or smokes goes from her body into her baby. This means even one beer or joint could seriously hurt her baby.

Let's look at how drinking a beer can hurt a pregnant woman's baby. Can I get a volunteer who wants to pretend she is pregnant?

- ❖ Pick a volunteer from the group.

Thanks for volunteering. Now let's pretend you are pregnant so we can talk more about the effect that alcohol and drugs has on your baby.

- ❖ The facilitator should give the volunteer a white t-shirt to put on over her clothes. She should also put a small pillow under the t-shirt and explain this is her pregnant belly.

Now we can pretend you are pregnant. Can I get another volunteer who can draw a baby?

- ❖ Pick a volunteer from the group.

We're going to pretend we can see inside her pregnant belly and see her baby growing. Can you please draw a baby on her belly?

- ❖ Give the drawing volunteer a black marker and have her draw a baby on the other volunteer's "pregnant belly".

Thanks, her baby looks very cute. Let's talk a little bit about how a baby grows inside of you. When a woman is pregnant, her baby grows inside of her in a little sack called a uterus. A uterus can also be called a womb. The uterus keeps the baby safe as it grows. Can I have another volunteer please draw *[name of pregnant volunteer]*'s uterus around her baby?

- ❖ Pick another volunteer and give her a black marker. Ask her to draw a circle around the baby and explain this is the uterus.

The baby must eat and drink to grow big and strong. Since the baby is inside of *[name of pregnant volunteer]*, it must eat and drink everything that *[name of pregnant volunteer]* does. The baby cannot get food or drink from anywhere else. The baby has a little tube attached to its belly that is called an umbilical cord. This umbilical cord is attached to *[name of pregnant volunteer]*'s uterus. Can I have another volunteer draw her baby's umbilical cord?

- ❖ Have the volunteer draw an umbilical from the baby's belly to the edge of the uterus.

Every time *[name of pregnant volunteer]* eats, drinks, smokes, or does drugs, the food, drink, smoke, or drug mixes with *[pregnant volunteer's name]* blood. *[Name of pregnant volunteer]*'s blood then goes through the umbilical cord and into her baby. The umbilical cord is kind of like a straw that the baby uses to eat and drink whatever *[pregnant volunteer's name]* puts into her body.

Let's pretend *[pregnant volunteer's name]* goes out with a client one night and he offers her some beer. She decides a few beers can't hurt her baby, so she takes them and begins to drink.

- ❖ Offer the pregnant volunteer an empty beer can. Ask her to pretend to drink.

The beer enters *[pregnant volunteer's name]*'s body.

- ❖ The facilitator should draw a yellow stream of beer flowing from the top of the pregnant volunteer's t-shirt down to the volunteer's stomach.

The beer then mixes with *[pregnant volunteer's name]*'s blood.

- ❖ Draw little red blood cells in the beer.

This mixture of blood and beer then flows into her umbilical cord, uterus, and baby.

- ❖ Draw the mixture of beer and blood flowing into her umbilical cord, uterus, and then baby.

[Pregnant volunteer's name]'s blood is now inside her baby, which means the beer she drank is also now inside her baby too as it was mixed with *[name of pregnant volunteer]*'s blood!

The same thing happens if a pregnant woman smokes a cigarette, weed, hookah, or does any other kind of drug. Whatever she smokes, drinks, or eat will mix with her blood and flow into her baby through the umbilical cord. A mother and a baby are one. We should remind Thandi that everything she eats, drinks, or smokes goes from her body into her baby.

Does anyone have any questions about how this works?

- ❖ Answer any questions the group may have. Take the T-shirt and pillow back from the volunteer.

Thanks to our pretend pregnant volunteer and artists!

Babies are so little they cannot handle things that are bad for their body. If Thandi keeps smoking, doing drugs, or drinking alcohol, her baby could have very bad problems with its mind or body once it is born. For example, if a woman drinks alcohol while she is pregnant, this could cause her child to develop Fetal Alcohol Syndrome. Fetal Alcohol Syndrome can cause a child's body to not develop normally or even kill the child. A child who survives with Fetal Alcohol Syndrome will not grow and develop like a healthy child. He or she might be shorter or weigh less than a healthy child. A child with Fetal Alcohol Syndrome might also look different than a healthy child, and may have mental disabilities, or problems with their brain. A child born with Fetal Alcohol Syndrome still deserves the same rights and love as any other child. However, many women think raising a child with Fetal Alcohol Syndrome is difficult for both the mother and child. It is best to keep our children safe and avoid alcohol, smoke, and all other drugs if we are pregnant.

As sex workers, we know that sometimes smoking, doing drugs, or drinking can make us feel brave enough to go out onto the streets. It might make working easier and more fun.

However, as mothers it is our job to keep our babies safe. How would you try to persuade Thandi to stop smoking and drinking? Is there anything you would tell Thandi or do for her?

- ❖ Let group members discuss this for no longer than **5 minutes**.
- ✓ Answers **could** include:
 - Explain to Thandi what smoking, doing drugs, and drinking alcohol is doing to her baby. *[Facilitator's Note: Have group members explain what they would say to Thandi. This will help you see if they understand the dangers of smoking, doing drugs, and drinking alcohol while pregnant].*
 - Help her find places that can help her stop smoking, doing drugs, and/or drinking.
 - Tell her that SWEAT has a support group for drug users.

- Help Thandi think of other ways to make going to the street easier and more fun. *[Facilitator's Note: Ask group members for examples. Answers could include: listen to music on her phone, hang out with other sex workers that are her friends, and participate in SWEAT groups that help her feel proud to be a sex worker].*

You all give wonderful advice. The best choice is not to drink alcohol, smoke, or do drugs at all when you are pregnant or trying to get pregnant.

I hope if you ever run into problems like Thandi, you can think of this advice to overcome challenges with money, time, smoking, drinking alcohol, and doing drugs while pregnant. As sex workers, we're used to making sure our clients feel well cared for, but it is important we also take great care of ourselves!

Activity C

Growing Belly and Baby

Preparing for the Activity

Purpose

To discuss how a woman's body changes during pregnancy and ways to lessen any discomfort caused by these changes.

Materials

- ✓ Flip chart paper taped together that is big enough to trace a human body
- ✓ 2 markers

Time

20 minutes

Procedure-----

- ❖ Move into the next activity by saying:

Now that we've talked about how to have a healthy pregnancy, let's talk more about what a healthy pregnancy looks and feels like. First, will anyone volunteer to lay down on this piece of paper and let me trace their body?

- ❖ Pick a volunteer. It is easiest to pick someone who can lay down and get up easily. Also it helps if they are wearing pants. Lay the giant poster in the middle of the circle of chairs. Ask the volunteer group member to lay down on the paper. Trace her with a marker, and be careful not to get any marker on her body or clothes. The giant poster should now look something like this.



- ❖ After she has been traced, thank her and have her return to her chair. Continue the activity by saying:

Let's pretend that Thandi took our advice to heart and stopped smoking and drinking. She is following everything the health worker told her about how to have a healthy pregnancy. However, this is Thandi's first pregnancy and she doesn't know what it feels like to be pregnant or what will happen to her body. She calls us again for some tips.

Instead of trying to explain to Thandi what will happen to her body, let's just draw her a picture. Think back to when you or a friend was pregnant. What changes about a woman's body when she becomes pregnant? What does she look like? What does she feel like?

- ❖ Let participants call out answers. Once they say an answer, give them a marker to draw this on the traced body. For example, if a group member says "My breasts got bigger when I was pregnant", give that group member a marker and ask her to draw big breasts on the traced body. Do not let this activity go on for more than **5 minutes**.

- ✓ Answers **could** include:
 - Body Changes:
 - Her skin glows.
 - Her hair and nails grow faster and stronger.
 - Her breasts get bigger.
 - Her nipples get darker.
 - Her feet swell.
 - She gets more pimples.
 - Her belly gets bigger.
 - Other Changes:
 - She throws up (usually in the morning). This is called morning sickness.
 - She is constipated, which means she has a hard time pooping.
 - She has problems sleeping.
 - Her breasts get sore.
 - She has to pee more.
 - She has gas.

Our woman looks very pregnant. It's important to remember that every woman's body and pregnancy is different, so everyone might experience pregnancy differently.

All pregnant women experience at least some of the good and bad things about being pregnant that we drew. Does anyone have tips for how to deal with the things that cause us discomfort during pregnancy? For example, what did we draw that is hard about being pregnant and what can a pregnant woman do to make herself feel better?

- ❖ Let group members talk about this for no longer than **5 minutes**.

- ✓ Answer **could** include:

Things that Change with Pregnancy	Ways to Get Relief
Morning sickness (throwing up every morning)	Keep drinking water, try to eat small meals, don't eat spicy or heavy foods
Sore breasts	Wear a loose bra and clothing, take a hot shower, or use a hot water bottle on her breasts
Trouble pooping	Drink lots of water, eat lots of fruits and vegetables, try not to push very hard
Peeing more often	Use the bathroom as much as you need to

Thanks to everyone for talking about the good and bad things that come with being pregnant. We have good ideas about how to make ourselves feel better when being pregnant is hard. We should tell our friend Thandi these tips and remember them for ourselves if we're ever pregnant!

Activity D

Pregnancy Complications

Preparing for the Activity

Purpose

To list potential complications of maternal and child health during pregnancy and talk about the proper action to take.

Materials

- ✓ Flip chart paper
- ✓ Marker for facilitator
- ✓ Flip Chart 1 – Extra Special Care
- ✓ Game Sheet 1 – Clinic and Thandi's House
- ✓ Flip Chart 2 – Warning Signs

Time

20 minutes

Procedure-----

- ❖ Begin the next activity by saying:

So we've talked with Thandi about how to have a healthy pregnancy and what to expect, but now we need to talk to her about what not to expect. Sometimes things can happen that are out of Thandi's control. Raise your hand if you've ever made plans, but then something went wrong that you could not control.

- ❖ Let group members raise their hands.

This can also happen during pregnancy. However, some things about our past or our bodies make it even more likely that we could have problems during pregnancy. If we know about these things, we can get extra special care to make sure our babies stay healthy. Let's talk with Thandi about some of the things that mean we need extra care while pregnant.

Like we talked about, when Thandi first visits the clinic, the health worker will ask her some simple questions. Does anyone remember some of these questions?

- ❖ Let group members talk about this for no longer than **1 minute**.
- ✓ Answers **could** include:
 - Weight
 - Height
 - How long Thandi has been pregnant. The health worker will determine this by asking Thandi when her last period was.
 - If Thandi is sick
 - If Thandi knows her HIV status

Great. There are also some things that the health worker might not ask Thandi, but that Thandi should tell the health worker.

- ❖ Hang up Flip Chart 1 - Extra Special Care.

Let's go over the list of things Thandi and any pregnant woman should tell the health worker during her first appointment. I'm going to read this list out loud and I want you to think if any of these things are true for you. Don't say anything out loud or raise your hand. Some of these things might be painful or sad, but they are important to remember. If something on this list is true for you, you should tell a health worker right away if you are pregnant now or in the future. The health worker will help you get the extra care you need if...

- ✓ You are younger than 18 or older than 35
- ✓ You already have 4 or more children
- ✓ You have had other difficult births or operations (Caesars)
- ✓ You have had babies born too early, too small, or born dead
- ✓ You have lost a baby during pregnancy
- ✓ You have another child younger than 2 years old
- ✓ You are HIV positive or do not know your HIV status

Does anyone have any questions about anything on this list?

- ❖ Answer any questions the group has.

Remember that all pregnant women should tell the health worker if they have experienced any of the things we just listed. During Thandi's first visit to the clinic, she tells the health worker that she was pregnant a long time ago, but the baby died before it was born. The health worker thanks Thandi for sharing this painful memory and gives Thandi special care to make sure her baby stays healthy.

The health worker also tells Thandi about certain warning signs that mean something could be wrong with her pregnancy. What do you think Thandi should do if she thinks something is wrong with her body or the baby inside of her?

- ❖ Let group members answer for **1 minute**.

If Thandi thinks something is wrong with her body or the baby inside of her, she should go to the clinic right away. Let's play a game now to learn more about some of the signs that mean Thandi should go to the clinic immediately. This side of the room [*point to the right side of the room*] will be the clinic. This side of the room [*point to the left side of the room*] will be Thandi's house. Let's all pretend we're Thandi and we're relaxing at home. Can everyone please go stand by Thandi's home?

Great. Now remember we're all pretending to be Thandi who is almost 6 months pregnant. I'm going to say a few things that happen to Thandi. If you think what I say means something is wrong with Thandi or the baby inside of her, and she should go to the clinic, walk to the other side of the room. This means Thandi is going to the clinic because she needs help. If you think what I say probably doesn't mean something is wrong with Thandi or the baby inside of her, and she doesn't need to go to the clinic. Stay where you are. This means Thandi is staying home because she is fine. Does anyone have any questions?

- ❖ Answer any questions the group members may have.

Ok, let's begin. Thandi starts bleeding from her vagina. The blood coming out from between her legs has soaked into her underwear. It looks like she is having her period. Should Thandi go to the clinic? If you think she should go to the clinic, walk across the room. If you think it is normal Thandi is bleeding a lot from her private parts even though she is pregnant, stay at Thandi's home.

- ❖ Let group members walk to the "Clinic" side of the room or stay at "Thandi's Home". After group members have picked a side, continue by saying:

Thandi should go to the clinic if she is bleeding a lot from her vagina. Sometimes women can still bleed from their private parts a little, even though they are pregnant. However, this shouldn't happen past the first few months of pregnancy and it shouldn't be very much blood. Since Thandi is bleeding quite a lot and she is 6 months pregnant, she should go to the clinic right away to make sure everything is okay.

Alright, let's try another one. Can everyone return to Thandi's home please?

- ❖ Wait until everyone is standing on the left side of the wall again by the "Thandi's Home" sign before continuing.

Great, let's move one. Thandi wakes up one morning and doesn't feel well. She has a high fever, and she feels so cold she is shaking. It is the middle of summer, so it is very hot in South Africa, but Thandi still feels cold. She is also throwing up more than she usually does when she has morning sickness. Her body aches and hurts all over. Should Thandi go to the clinic or stay home?

- ❖ Let group members walk to the "Clinic" side of the room or stay at "Thandi's Home". After group members have picked a side, continue by saying:

If Thandi feels like she has a cold or the flu, she should go to the clinic. Signs include a fever, feeling too hot or too cold for no reason, throwing up, or body aches. This could mean she has an illness or something is wrong with her baby. Thandi gets some medicine from the clinic and returns home to rest.

- ❖ Motion to the group members to return home. Wait until everyone is standing on the left side of the wall again by the “Thandi’s Home” sign before continuing.

Thandi feels better now and is excited because she has been pregnant for 6 whole months. However, she starts to notice that she is gaining some weight. She has a bump in her tummy now and the bump is kind of hard when she pushes on it gently. Should Thandi go to the clinic?

- ❖ Let group members walk to the “Clinic” side of the room or stay at “Thandi’s Home”. After group members have picked a side, continue by saying:

Unless Thandi feels sick or like something is wrong, gaining weight during pregnancy is normal. She does not need to go to the clinic. Normally women gain between 11 to 16 kilograms during pregnancy. However, everyone’s body is different. Thin women might gain less weight and bigger women might gain more weight. During Thandi’s regular clinic visits, a health worker should weigh her to make sure she is not putting on too much or too little weight. Also, because a baby is growing inside of her, her tummy may feel a little bit hard when she pushes on it gently. This is normal as well. Thandi knows that gaining weight during pregnancy is normal and she stays at home.

- ❖ Motion to any group members that went to the clinic to return home. Wait until everyone is standing on the left side of the wall again by the “Thandi’s Home” sign before continuing.

Let’s play our game one last time. Thandi notices that her legs are swollen. They look puffy and bigger than usual, but the rest of her body does not. Her legs also hurt. Should Thandi go to the clinic or stay home?

- ❖ Let group members walk to the “Clinic” side of the room or stay at “Thandi’s Home”. After group members have picked a side, continue by saying:

If Thandi has swollen, puffy legs, she should go to the clinic. In fact, if Thandi ever notices that her legs or hands and feet are swollen, she should also go to the clinic. Sometimes when a pregnant woman's legs, hands, or feet swell, she can also get very dizzy, see spots in front of her eyes, and get a very bad headache. It is important Thandi goes to the doctor right away if her body ever swells or she feels like this.

Great job with the game everyone. Let's sit down and review what we just learned.

- ❖ Hang up Flip Chart 2 - Warning Signs. Point to this Flip Chart as you read the next part.

So we just learned that there some warning signs for pregnant women that mean they need to go to the clinic right away. These include:

- ✓ You are bleeding a lot from your vagina
- ✓ You have a high fever
- ✓ You throw up a lot
- ✓ Your legs swell up
- ✓ You have bad headaches or you feel dizzy

If you are pregnant, you should also go to the clinic right away if...

- ✓ You have a rash, meaning your skin gets red and itchy
- ✓ You have pain/cramps in your tummy
- ✓ You think you have an STD or HIV
- ✓ You have any other concerns about your health

It's important to remember that women's bodies naturally change during pregnancy like we talked about earlier. However, the things on this list are not part of a healthy pregnancy. If Thandi or you ever have any concerns or questions about your health now or when you are pregnant, you should visit a clinic right away. Remember, healthy mother means healthy baby!

Does anyone have questions about what we just talked about?

- ❖ Answer any questions the group may have.

Flip Chart 2 - Warning Signs-----

[Instructions: Write this on a flip chart before the session begins.]

Tell the health worker if you are pregnant and...

- ✓ You are younger than 18 or older than 35
- ✓ You already have 4 or more children
- ✓ You have had other difficult births or operations (Caesars)
- ✓ You have had babies born too early, too small, or born dead
- ✓ You have lost a baby during pregnancy
- ✓ You have another child younger than 2 years old
- ✓ You are HIV positive

Game Sheet 1 - Clinic and Thandi's House-----

[Instructions: Write/draw each of these signs on a separate flip chart before the session begins. Tape the "Clinic" sign to the wall on the right side of the room and the "Thandi's House" sign to the wall on the left side of the room]

Clinic



Thandi's House



Flip Chart 2 - Warning Signs-----

[Instructions: Write/Draw this on a flip chart before the session begins.]

If you are PREGNANT, you should go to the clinic RIGHT AWAY if...



✓ You are bleeding a lot from the vagina



✓ You have a high fever



✓ You throw up a lot



✓ Your legs swell up

✓ You have bad headaches or you feel dizzy



✓ You have a rash

✓ You have pain/cramps in you r tummy



✓ You think you have an STD or HIV

✓ You have any other concerns about your health

Activity E

HIV and Pregnancy

Preparing for the Activity

Purpose

To list steps all mothers should take to make sure their baby is not born with HIV and observe a HIV test/counselling.

Materials**Time**

15 minutes

Procedure-----

- ❖ Start the activity by saying:

Since we are talking about things that could possibly hurt pregnant women and their babies, we're going to discuss one more important topic. Let's pretend that Thandi stops by to see us one day. She seems very upset and after we talk for a little bit, she tells us she is scared she might have HIV. About 2 months ago, a client picked Thandi up and told Thandi he would pay her more money if she would have sex without a condom. Normally Thandi would say no, but she really needed the money to help pay for her baby. So Thandi agreed and had unprotected sex with her client. Last night Thandi found out the man she had sex with has HIV.

What would you tell Thandi to do?

- ❖ Let group members talk about this for no longer than **3 minutes**.
- ✓ Answers **could** include:
 - Get an HIV test right away.
 - Continue to use condoms with her clients.

These are all great ideas. A few weeks ago we learned about HIV and how to keep ourselves safe. However, if we are pregnant we have to also make sure we keep our baby safe.

If a mother is HIV positive, she can give HIV to her baby while she is pregnant, giving birth, or breastfeeding. However, if a pregnant woman is HIV positive, she can take steps to prevent her baby from being born HIV positive. Not all HIV positive mothers give birth to babies who are HIV positive. It is very important to know that a HIV positive woman can give birth to a child that does not have HIV, but she must take certain steps to protect her child.

This is called Preventing Mother to Child Transmission, or PMTCT for short. If we know our HIV status, we can know how to keep our baby HIV negative. The only way to know our status is to get a HIV test. Since Thandi doesn't know her HIV status, we should recommend Thandi gets an HIV test right away! It is more likely she can have a healthy, HIV negative baby if she learns her status at the beginning of her pregnancy.

Where can Thandi go to get an HIV test that will not stigmatize or shame her for being a sex worker?

- ❖ Let group members talk about this for no longer than **2 minutes**.

It is important to speak to a sex-worker friendly counsellor or health worker about having a HIV test. Thandi or any of us can also speak to a nurse at SWEAT or TB/HIV Care and they will give us a HIV test for free. They will answer any questions we may have about HIV and AIDS, and about the test.

Today I've invited Nurse *[insert name]* from TB/HIV Care to join our session. It is so important to get HIV tested during pregnancy, that we are going to walk through what an HIV test and counseling session is like. I will pretend to be pregnant Thandi who is getting tested for HIV, and Nurse *[insert name]* will get me the test and counseling. Please feel free to stop us and ask any questions you have at any point.

The first step of getting tested for HIV is pre-test counseling. Does anyone know what this is?

- ❖ Let **1 group member** answer.

When you get tested for HIV, the health worker knows that you may be afraid and worried. This is completely normal. They should give you support and help you prepare for the results of the test. This is called pre-test counselling. Some people may choose to take a friend or someone they trust with them. This person can give them support and care before, during, and after the test.

You will also need to talk to a counsellor or health worker after you get your test results. They will discuss the results with you, what this means, and how you can keep yourself and your baby as healthy as possible. This is called post-test counselling.

Nurse *[insert name]* will now give me pre-test counseling and a HIV test so you can see what this process is like in real life. Remember, you can stop us at any time if you have questions.

- ❖ Have the nurse from TB/HIV Care give you pre-test counseling, just like she would with any woman who came to get HIV tested. Answer her questions and respond like Thandi would. Make sure you mention that you are pregnant and have the nurse tell you important PMTCT information that she normally tells pregnant women during pre-test counselling.
- ❖ Then, have the nurse from TB/HIV Care give you a HIV test. She can just pretend to give you the HIV test if you do not feel comfortable disclosing your status in front of the group. Make she explains the steps of the test as she does it.

Now it is time for our pregnant friend Thandi to get her HIV test results. If her results come back negative, what do you think the health worker will tell her during post-test counselling? In other words, what advice would the health worker give a pregnant woman for staying HIV negative and healthy?

- ❖ Let the group members talk about this for no more than **5 minutes**.

Great examples of what a health worker might tell Thandi if her HIV test is negative. Is there anything that we forgot to mention Nurse *[insert name]*?

- ❖ Let the TB/HIV Care nurse tell the group what she would tell an HIV negative woman during post-test counselling.
- ✓ Her response **should** include:
 - You must continue to have protected sex by using a condom. Do this so that you do not get HIV later.
 - If you had unprotected sex recently, HIV might not show up in the first HIV test. Wait for three months and then get another HIV test. It is very important you continue to get tested, especially while you are pregnant. If you know your status, you can take steps to keep yourself and your baby healthy. The only way to know your status is to get HIV tested multiple times during your pregnancy.
 - Continue to learn about HIV and protected sex. SWEAT has a great group that supports people who are HIV negative to help them stay HIV negative.
 - Support those in your community who are HIV positive.

Thanks Nurse! What about if Thandi gets tested and learns she is HIV positive? What advice do you think the health worker will give our pregnant friend if she learns she is HIV positive?

- ❖ Let the group members talk about this for no more than **5 minutes**.

Would job explaining what a health worker might tell Thandi if her HIV test is positive. Is there anything that we forgot to mention Nurse *[insert name]*?

- ❖ Let the TB/HIV Care nurse tell the group what she would tell an HIV positive woman during post-test counselling.
- ✓ Her response **should** include:
 - You may feel afraid and shocked. You may not believe what you hear. This is normal. Find someone who can help you deal with how you feel.

- Remember, your child can be just as healthy as anyone else's child if you take certain steps. Let's talk about four important steps that will lessen the chance you give HIV to your baby.
 1. There are medicines available to help stop the spread of HIV to the baby. These medicines are called antiretrovirals, or ARVs for short. All pregnant and breastfeeding women who are HIV positive should take ARVs. This is the best way to make sure you do not transmit HIV to your child. To make sure the medicines work, you must take them every day with food and try to keep your body as healthy as possible. Talk with your health worker to learn more about how to take these medicines and stay healthy. You should also continue taking the medicines even if you are not pregnant. It will help you live a long, healthy life so you can watch your child grow into a healthy adult!
 2. Continue to use condoms when you have sex, even if you are HIV positive. Remember, you can get re-infected with a different type of HIV, even if you are already HIV positive. If you get re-infected, this makes it more likely your child will also be born with HIV. You must continue to have protected sex by using condoms so you do not get re-infected with HIV and do not infect your sex partners.
 3. HIV can also be passed from mother to child during childbirth. You should talk with a doctor to learn the safest way to give birth to your child so he/she will not be born with HIV. The doctor will probably give you extra medicines to prevent the transmission of HIV during childbirth. They might want you to have a cesarean delivery, which is also called a C-section or a Caesar. This is when the doctor helps you deliver the baby through surgery. You should talk about this with your doctor to learn more.
 4. After your baby is born, HIV can be passed on to the baby through breast milk if the mother is HIV positive. But not all breastfed babies will get HIV. We will talk about how to safely breastfeed our babies and keep them safe from HIV in a few weeks.

Great job talking about ways to keep our babies safe from HIV everyone. Remember, pregnant women who are HIV negative and positive can take steps to keep their baby safe. A child can be born HIV negative, even if their mother is HIV positive! We have to know our status and take action to keep our baby safe!

What questions do you have for Nurse *[insert name]* about HIV, pregnancy, and children?

- ❖ Let the nurse from TB/HIV Care answer any questions the group has.

Activity F

Delivery and Post- Delivery

Preparing for the Activity

Purpose

To discuss the experience of delivery and post-delivery, and list ways to lessen common discomforts during this time.

Materials

- ✓ Flip Chart 3 - After Birth
- ✓ Marker

Time

15 minutes

Procedure-----

- ❖ Start the activity by saying:

Good news! Thandi got her HIV test back from the health worker and she is HIV negative. She promises herself she will always use condoms in the future and continue to get tested.

Soon, it's time for Thandi to give birth! She is excited, but also scared. She doesn't know what to expect. Would anyone like to share their story of child birth with the group? This will help our friend Thandi get an idea of what it's like.

- ❖ Let the group members sharing birthing stories for no longer than **5 minutes**.

Thank you for sharing your stories. Many women, like Thandi, are afraid of giving birth because they think it will be painful. However, when we are afraid, it can make it harder to push the baby out. Luckily there are some things we can do to make our body feel better while we're giving birth. Did any of you do anything that made you feel better when you were giving birth?

- ❖ Let group member talk about this for no longer than **3 minutes**.

- ✓ Answers **could** include:

- Positive sayings - Pick a positive saying that makes you feel strong and brave. This could be something like "I can do this" or "I am strong". Every time you feel pain, say these words to yourself or have your partner, friend, or health worker say these words to you.
- Imagination – Whenever you feel in pain, you can imagine something that helps you to relax. Some women picture their bodies opening up like a flower to let to the baby out. You should picture whatever makes you feel at peace and accept the pain.
- Breathing – Some women like to take deep breaths while giving birth, while others breathe in just a little. You should breathe at a rate that feels comfortable.
- Heat and Cold – Sometimes heat or cold on parts of your body will feel good. It might help to put a hot water bottle on your back. Taking a hot or cold shower might also may you feel better.
- Medicine – The health worker might give you medication that can help with pain.

Our ideas made birthing easier for Thandi, and she just called to tell us she has a brand new baby girl named Nonceba! She's so happy and is headed home from the hospital today.

I think it's important we tell Thandi about the changes her body will go through now that she has given birth. I've written out some of the usual changes a woman's body goes through on this flip chart.

Let's talk through some of these changes.

- ❖ Hang up Flip Chart 3 – After Birth.

Soreness – Sometimes a woman's back or the area by or in her vagina can hurt after giving birth. Can anyone think of anything that might help with this pain?

- ❖ Let group members offer suggestions for **1 minute** and write these in the solution's column of Flip Chart 3 - After Birth.

Good ideas. She can also use pain medicine, or put clean, warm towels or water on the area that hurts.

Bleeding – It is normal for women to bleed for 2 to 8 weeks after childbirth. Normally this blood will be red, then turn pink, then brown, and then clear or yellowish. What are some things you can do if you are bleeding?

- ❖ Let group members offer suggestions for **1 minute** and write these in the solution's column of Flip Chart 3 - After Birth.

Great. She can also use pain medicine if she has cramps and wear pads until the bleeding stops.

Leaking Pee – It is normal to leak some pee when you cough, sneeze, or laugh after childbirth. For most women, this will get better after your body heals. What are some things you can do to deal with leaking pee until your body heals?

- ❖ Let group members offer suggestions for **1 minute** and write these in the solution's column of Flip Chart 3 - After Birth.

Super ideas. She can also wear pads until her body is able to stop leaking pee accidentally.

Sadness – Many women have Postpartum Depression after childbirth, which is also called the “baby blues”. This means they are very sad for no reason. What are some things mothers can do to help deal with being sad?

- ❖ Let group members offer suggestions for **1 minute** and write these in the solution’s column of Flip Chart 3 - After Birth.

Wonderful ideas. If a new mother is feel sad after giving birth, she must remember to be good to herself. It might help to eat healthy foods, exercise, share her feelings, get some rest, cry, and talk to friends or family.

I’m glad we were able to tell Thandi what to expect during and after childbirth!

Flip Chart 3 - After Birth-----

[Instructions: Write this on a Flip Chart before the session begins.]

<u>Problem</u>	<u>Solution</u>
Soreness	
Bleeding	
Leaking Pee	
Sadness	

Activity G

Closing

Preparing for the Activity

Purpose

To review key concepts group members learned about pregnancy.

Materials**Time**

5 minutes

Procedure-----

- ❖ Start the activity by saying:

This has been a great meeting everyone. We covered a lot of information about pregnancy. We helped our friend Thandi learn about the signs of pregnancy, how to have a healthy pregnancy as a sex worker, deal with HIV and pregnancy, and what to expect during pregnancy, childbirth, and afterwards. Would a few people like to share the most important thing they learned today?

- ❖ Let the group members talk about this for no longer than **4 minutes**.

Thanks for sharing. Those were all really good points. I hope we remember that everything we taught Thandi is also good for us to know. Having a healthy pregnancy is the first step to having a healthy baby!

Thank you all for coming today! Remember, our next meeting is on *[date]* at *[time]*. We'll be talking about the health of our children. It's going to be a very important session, so I hope to see you all again on *[date]* at *[time]*!

Appendix 1 - Resources-----

1. Soul City, *Depression: You can beat it*.
2. Centers for Disease Control and Prevention. *Pregnancy*. 2014. Available from: <http://www.cdc.gov/pregnancy/>.
3. Centers for Disease Control and Prevention. *Fetal Alcohol Spectrum Disorders (FASDs)*. 2014. Available from: <http://www.cdc.gov/ncbddd/fasd/>.
4. Soul City, *Mother and Child Care*.
5. World Health Organization, *Daily iron and folic acid supplementation in pregnant women*, 2012. p. 27.
6. Mayo Clinic. *Symptoms of pregnancy: What happens right away*. 2013. Available from: <http://www.mayoclinic.org/healthy-living/getting-pregnant/in-depth/symptoms-of-pregnancy/art-20043853>.
7. Avert. *Fact Sheet: HIV & Pregnancy*. 2014. Available from: <http://www.avert.org/fact-sheet-hiv-pregnancy.htm>.
8. Centers for Disease Control and Prevention. *Depression Among Women of Reproductive Age*. 2013. Available from: <http://www.cdc.gov/reproductivehealth/Depression/index.htm>.
9. International HIV/AIDS Alliance, *Tools Together Now!* 2006.



Goals

- ❖ To increase understanding among mothers who are sex workers of the physical, intellectual, social, and emotional developmental milestones of children
- ❖ To strengthen parenting skills to nurture and support childhood development within the context of maternal sex work
- ❖ To increase mothers who are sex workers' ability to prevent, recognize, and mitigate common maternal and child health risks
- ❖ To increase sex workers' sense of empowerment and confidence in their ability to be good mothers, supporting them to thrive both as mothers and sex workers

Learning Objectives

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

- ❖ Describe the concept behind, purpose of, and ways to get children's immunizations
- ❖ Identify severe symptoms of childhood illness that require medical care from a clinic
- ❖ Identify minor symptoms of childhood illness and describe ways to manage these symptoms from home
- ❖ Explain what dehydration is and why it is dangerous
- ❖ Apply methods to prevent, test for, and treat dehydration, diarrhea, and vomiting
- ❖ Explain symptoms, tests, and treatment methods for TB and HIV in children
- ❖ Apply ways to overcome common barriers sex workers face when trying to keep themselves and their children healthy

Session Preview

- ❖ Assist group members in sharing ways they keep their children healthy
- ❖ Introduce the concept of immunizations
- ❖ Help group members identify actions that can be taken to treat or manage a child's illness, depending on the severity
- ❖ Introduce the concept of dehydration and how to prevent, test for, and treat dehydration from diarrhea and vomiting
- ❖ Help group members identify actions that can be taken to treat or manage TB and HIV in children

- ❖ Help group members identify and practice actions that can be taken to overcome common health barriers

Materials Needed

- ❖ Plastic baby
- ❖ Flip chart paper
- ❖ Marker for facilitator
- ❖ Tape
- ❖ Small table in front of the facilitator's seat with the following materials:
 - Pitcher of warm water
 - Cup
 - Bowl of salt
 - Spoon
 - Piece of toilet paper
 - Small cloth
 - Small blanket
- ❖ 1 cup for every group member
- ❖ 1 spoon for every group member
- ❖ Bowl of sugar
- ❖ Teaspoon
- ❖ Activity Sheets:
 - Activity 1 - Immunization
- ❖ Handouts Sheets:
 - Handout 1 - Immunization Schedule
- ❖ Flip Charts:
 - Flip Chart 1 - Child Warning Signs
- ❖ Pictures:
 - Picture 1 - Belly Wrinkle Test
 - Picture 2 - Diarrhea and Vomiting Warning Signs

Preparation Needed

- ❖ Arrange chairs in a circle
- ❖ Set up the small table in front of the facilitator with the items listed above
- ❖ Write/draw out the following materials before the session begins:
 - Activity 1 - Immunization
 - Handout 1 - Immunization Schedule
 - Flip Chart 1 - Child Warning Signs

Suggested Facilitators

- ❖ Peer Educators
- ❖ SWEAT and/or TB/HIV Care nurses
- ❖ Pediatrician or doctor
- ❖ First Aid/CPR Instructor

Instructional Time

120 minutes (2 hours)

Activity

Minutes Needed

A. Introduction.....	10 minutes
B. Immunizations.....	10 minutes
C. Colds.....	20 minutes
D. Diarrhea and Vomiting.....	30 minutes
E. HIV and TB.....	15 minutes
F. Role Play.....	30 minutes
G. Closing.....	5 minutes

The following pages contain material that was taken verbatim or adapted from Soul City's *Take action to stop TB* booklet with permission [1]:

240-241

The following pages contain material that was taken verbatim or adapted from Soul City's *HIV and AIDS and Treatment* booklet with permission [2]:

242

The following pages contain material that was taken verbatim or adapted from Soul City's *Mother and Child Care* booklet with permission [3]:

222-223, 226-230, 232-236, 238

Activity A

Introduction

Preparing for the Activity

Purpose

To welcome the group members and begin talking about ways to keep children healthy.

Materials

- ✓ Plastic baby

Time

10 minutes

Procedure-----

- ❖ After all the group members are in the room, start to sing a song. Have everyone stand up and sing/dance with you. Do not let this go on for more than **3 minutes**. Then, welcome the mothers to the group by saying:

Thank you all for coming to the fifth meeting of Mothers of the Future! Last time we helped our friend Thandi learn more about pregnancy and giving birth. We must have given her very safe and good advice because she gave birth to a happy and healthy baby girl named Nonceba!

Recently, a client asked Thandi to come stay with him for a month and agreed to pay her good money. She decided her and Nonceba could use the money right now, so Thandi asked us to watch Nonceba for a month. We happily agreed!

Would everyone like to meet Nonceba?

- ❖ Show the group the plastic baby. This is Nonceba.

Today we're going to be talking about childhood disease and making sure our children stay as healthy as possible. Let's start talking about this topic and meet Nonceba. I'm going to pass our baby around the group so you can all see her. When it's your turn to hold Nonceba, share with the group 1 thing you do to help keep your child healthy. I'll go first. *[Facilitator says one thing they do to keep their child healthy]*.

- ❖ Let everyone in the group hold Nonceba and say 1 thing they do to keep their child healthy. Do not let this go on for more than **5 minutes**.

Those are all really good ideas for how we can keep Nonceba and our other children healthy!

Activity B

Immunizations

Preparing for the Activity

Purpose

To explain how immunizations work and their importance in keeping children healthy.

Materials

- ✓ Activity 1 - Immunization
- ✓ Tape
- ✓ Handout 1 - Immunization Schedule

Time

10 minutes

Procedure-----

- ❖ Start the activity by saying:

Like all people, children will get sick at some point in their lives. This is natural and part of growing up. However, like we just talked about, as mothers there are things we can do to help our children be as healthy as possible. One of the main things we can do is take our children to the clinic for immunization. Does anyone know what immunizations are?

- ❖ Let **1 group member** answer.

An immunization is a medicine or an injection that stops our children from getting certain sicknesses that can hurt or kill them. Immunizations are sometimes called vaccines. Would anyone like to volunteer to help me show the group how you can get sick if you don't get immunized?

- ❖ Pick a volunteer from the group.

Thanks for volunteering. We're going to talk about immunizations by learning more about measles. Measles is one of the leading causes of death among young children, even though there is a safe and effective immunization available. If we learn more about immunizations in general, we can learn how to keep our children safe from diseases such as measles.

Measles is easily spread from person to person through touching or through the air. A person can get measles if they breathe in the cough or sneeze of a person who has measles. Measles can cause a person to develop a high fever and red rash. This is especially dangerous in children under 5, who can become very sick and sometimes die from measles if they are not immunized.

Let's learn more about this by pretending I am a child who has measles and our volunteer, who is also a child, doesn't have measles. She was not immunized for measles. One day I walk past her and sneeze. I spread my measles into the air.

- ❖ Pretend to sneeze out the measles virus in Activity 1 - Immunizations.

She then breathes in the air where I just sneezed. This means she breathes in some of the virus that causes measles. The measles virus enters her body.

- ❖ Make a motion like the measles virus is going into the volunteer's nose, then entering her chest/lungs. Tape the measles virus in Activity 1 to the volunteer's chest.

The measles will eventually make her sick because she does not have an immunization to fight off the measles virus that is now inside of her body.

However, health workers could have given her an immunization for measles. This immunization is often called MMR and it helps protect children from getting measles, mumps, and rubella, which are three potentially dangerous diseases. Children should get their first MMR immunization when they are 12 – 15 months old, and their second MMR immunization when they are 4 – 6 years old.

Would someone new like to volunteer to help show the group how immunizations can keep us safe?

- ❖ Pick another volunteer from the group.

Thanks for volunteering. Let's pretend again I am a child who has measles and our new volunteer is a child who doesn't have measles. However, this volunteer did get the MMR immunization when she was 1 year old, and her second MMR immunization when she was 4. This means she was immunized for measles.

- ❖ Pretend to give the volunteer a shot in her arm. Then, tape the MMR Immunization from Activity 1 onto her chest.

One day I walk past her and sneeze. My measles virus goes into the air.

- ❖ Pretend to sneeze out the measles virus in Activity 1.

She then breathes in the air where I just sneezed. This means she breathes in some of the virus that causes measles. The measles virus enters her body.

- ❖ Make a motion like the measles is going into the volunteer's nose, then entering her chest/lungs. Tape the measles in Activity 1 to the volunteer's chest.

However, she has been immunized for measles! The medicine in her body from the MMR immunization fights off the measles.

- ❖ Use the MMR Immunization in Activity 1 that is already taped to the volunteer's chest to pull the measles off of the volunteer's chest.

She will not get sick with measles because she got her immunizations!

Does anyone have any questions about immunizations?

- ❖ Answer any questions group members may have.

When Nonceba was born, a health worker gave Nonceba her immunizations. However, she will need more immunizations in the future. We have to remember that after birth all children need to be taken back to the clinic 6 times to get more immunizations. Luckily, every mother is given a clinic card when her baby is born. The clinic card is one of the most important papers your child has. Take this card with you every time you go to the clinic. The card tells you what immunizations the child has had, and what immunizations the child still needs to have. This will help you remember to take your child back to the clinic for the rest of their immunizations.

I also made everyone a little card that you can keep with your child's immunization card or in another safe place. This reminds you of the 6 times you should take your child to the clinic to get more immunizations. There is also a recipe on the back for something we will talk about later. You can ignore that for now.

- ❖ Pass out Handout 1 - Immunization Schedule.

Can someone read the times you should take your child to the clinic to get immunizations?

- ❖ Pick a volunteer and let them read Handout 1 – Immunization Schedule out loud.

Thank you. It is very important to take your children to the clinic for their shots at these 6 times or whenever the health worker tells you to bring them in. If something happens and you can't bring your children to the clinic at these times, you should bring them in as soon as you can.

Immunizations are free in South Africa, so you do not have to pay any Rand for immunizations. Even if your child is sick, they can still get immunized. Unless the health worker tells you something different, it is better to immunize the child when they are sick than to wait until they are better. This will keep them safe.

Some children may get a little sick after immunization. Sometimes they cry, get a small rash, fever, or small sore. This sickness is usually not dangerous and your child will get better in about 3 days. If the child is under 6 months old and gets sick, carry on exclusively breastfeeding, meaning only give them breastmilk. The child does not need any other drinks or foods when they are 6 months or younger. The breastmilk will keep them healthy and strong.

If the child is over 6 months old, give them plenty to drink and eat, and continue to give them breastmilk the child if they are still breastfeeding. We will talk more about breastfeeding in a later session.

Handout 1 - Immunization Schedule-----

[Instructions: Write one of these boxes on the front of a small card and the other box on the back of the same small card. Make enough to give one card to each group member. If possible, laminate the cards so they will not be ruined if they get wet].

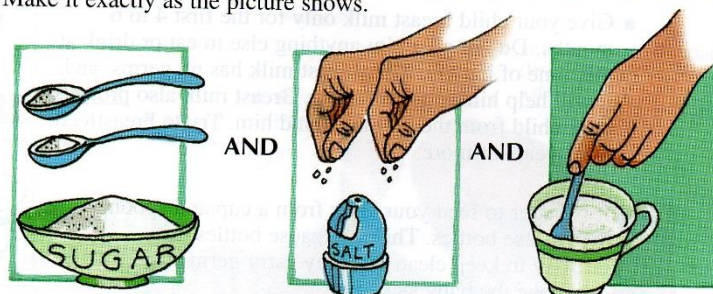
Remember to take your child to get their immunizations (shots) when they are:

- ✓ 6 weeks old
- ✓ 10 weeks old
- ✓ 14 weeks old
- ✓ 9 months old
- ✓ 18 months old
- ✓ 5 years old



* How to make a home mixture

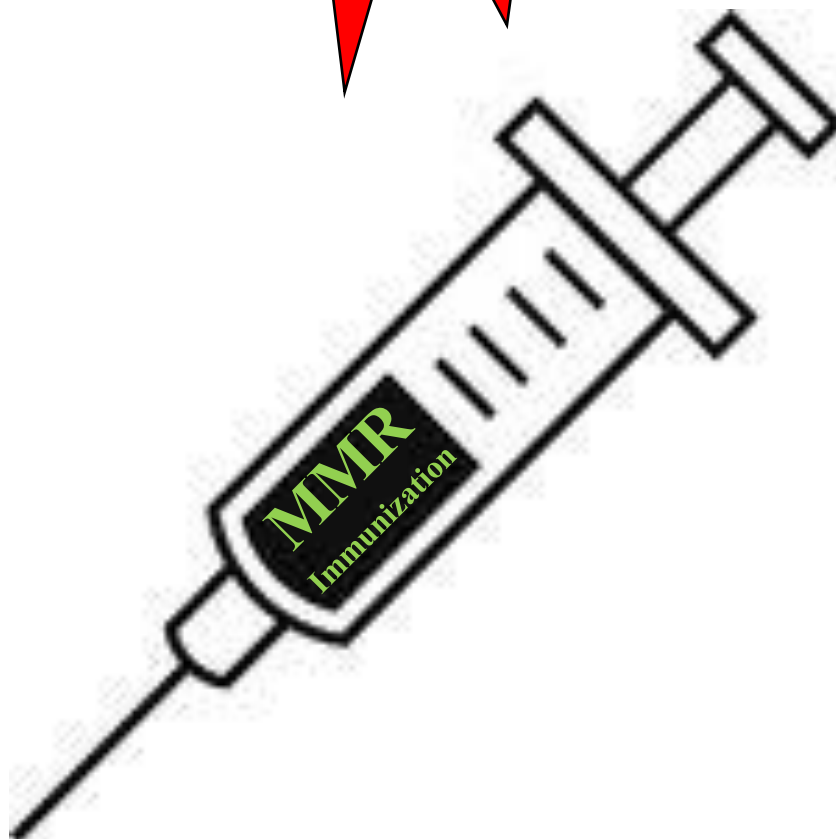
This is a mixture you make at home to help your child who has diarrhoea. Make it exactly as the picture shows.



Put 2 **level** teaspoons of sugar and 2 pinches of salt into a full cup of clean water. Stir this mixture well.

Activity 1 - Immunization-----

[Instructions: Draw 3 "Measles" and 1 "MMR Immunization" on a piece of paper, then cut them out.]



Activity C

Colds

Preparing for the Activity

Purpose

To talk about symptoms of childhood illness and ways to treat these symptoms.

Materials

- ✓ Plastic baby
- ✓ Tape
- ✓ Small table in front of the facilitator's seat with the following materials:
 - Pitcher of warm water
 - Cup
 - Salt
 - Piece of toilet paper
 - Small cloth
 - Small blanket

Time

20 minutes

Procedure-----

- ❖ Start the activity by saying:

I'm glad we can work together to make sure Nonceba gets all of her immunizations. However, just because she has gotten her immunizations, doesn't mean she can never get sick. Immunizations will keep her safe from very dangerous diseases, like measles, chickenpox, polio, and other very bad diseases, but Nonceba can still get colds, coughs, diarrhea, and other minor illnesses. However, sometimes these illnesses can also be dangerous. It is important to know when you should take your child to the clinic right away.

- ❖ Hang up Flip Chart 1 – Child Warning Signs. Point to this as you read the next section about when you should take a child to the clinic right away.

Like all children, we should take Nonceba to the clinic right away if:

- ❖ She is breathing too fast.

- ❖ Demonstrate what fast breathing sounds and looks like.

- ❖ We should also take her to the clinic right away if she has drawing-in of the chest. This means when she takes a breath in, her chest sinks inwards. Everyone put your hand on your chest and take a breath. Do you feel how your chest lifts slightly when you take a breath? This is normal. It is not normal if we notice Nonceba's chest sinks in when she takes a breath, like this:

- ❖ Push the chest in on the plastic doll slightly to show what a drawn-in chest would look like.

Other signs we should take Nonceba to the clinic right away include:

- ❖ You can see her ribs, or the bones in their chest, when she breaths in.
- ❖ She has a fever for more than one day.
- ❖ She refuses food and drink for a few days in a row. If our child is not hungry or thirsty, this can be a sign of something very bad. Children who do not drink can get even sicker.
- ❖ She has a bad cough. This could mean she has TB or some other disease in her chest, like pneumonia. A health worker at the clinic should look at her.

Does anyone have any questions or worries about these signs that we should take Nonceba to the clinic?

- ❖ Answer any questions the group may have.

If Nonceba doesn't have any of the issue we just talked about, she might just have a cold. Many coughs, colds, sore throats, and runny noses get better by themselves. However, there are some things we can do to help our children feel better while they heal. Let's pretend Nonceba just woke up with a blocked and stuffy nose. Does anyone have any ideas of how we could help unblock her nose and help her feel better?

- ❖ Let group members share ideas for no longer than **2 minutes**. Correct any dangerous or incorrect ideas.

Those were all good ideas. We can also use salt water to help unblock Nonceba's nose. Would anyone like to volunteer to show the group how we can do this?

- ❖ Pick a volunteer and bring them to the table set up in front of you.

Great. So first we need to make a little cup of salt water. Can you pour about half of a glass of clean, warm water into a cup?

- ❖ Show the volunteer the pitcher of warm water and the cup on the table. Let her pour no more than half a glass of water into a cup.

We need to make sure this water is clean, or it can make your child sicker. You can boil the water for 1 minutes to make sure it is clean. Just make sure to let the water cool down after you boil it, or it can burn the child

Once we have some clean water, we'll add the salt. Just put a little bit of salt into the cup and mix it up. Do not make it too salty.

- ❖ Let the volunteer put salt into the cup and mix it with a spoon.

You should taste the water and make sure it's not too salty. It should taste like tears. Check the water now to make sure it's not too salty.

- ❖ Let the volunteer taste the salt water. Help the volunteer fix the mixture if it is too salty or not salty enough.

Now we'll drop a few drops into Nonceba's nose. It might be easiest to dip toilet paper into our mixture, then use this to drop water into Nonceba's nose. We don't want to accidentally put too much water into her nose, just 2-3 drops.

- ❖ Let the volunteer drop water into Nonceba's nose using a corner of the toilet paper.

Great! Hopefully Nonceba will feel better now. We can also heat up this salt water and get Nonceba to breathe in the steam to unblock her nose. Just be careful you don't put her too close to the steam and burn her!

- ❖ Facilitator should demonstrate how close Nonceba should be to the steamy cup of salt water using the plastic baby.

Thanks to our volunteer! You did a great job unblocking Nonceba's nose. Now let's talk about how to help a child that has a fever. A fever is when our child is sick and her body or forehead feels very hot. However, the child might say she feels cold and start to shiver or shake. Does anyone have any ideas of how we could help Nonceba feel better if she has a fever?

- ❖ Let group members share ideas for no longer than **2 minutes**. Correct any dangerous or incorrect ideas.

Good ideas. Sometimes Nonceba can get a fever when she has a cough or cold. If she has a fever, it helps to make her feel cool. She could have fits if she gets too hot. Can I get another volunteer to help show the group how to cool Nonceba down without making her too cold?

- ❖ Pick a volunteer and bring them to the table set up in front of you.

Thanks for volunteering. To help Nonceba stay cool we could take off her clothes and put her in a bath or basin of warm water. It's important to not make the water too hot or too cold. Since we don't have a bath or basin, we can also wipe Nonceba's body with a warm, wet cloth. Can you help Nonceba cool her fever down?

- ❖ Let volunteer dip a small cloth into the pitcher of warm water and wipe Nonceba's body with a warm, wet cloth.

Good. It is important we don't let her get so cold that she shivers. Once she is cool, cover her with a light blanket so that she is warm, but not hot.

- ❖ Let volunteer wrap Nonceba's up in a very light blanket.

You can also get paracetamol syrup from a near-by clinic, supermarket, or chemist to help bring down the fever.

Thank you volunteer. Nonceba's fever is much better now. However, she has a little cough. Most children cough a little after a cold, and get better quickly without medicine. Breathing salt water steam like we talked about for unblocking Nonceba's nose can also help to make her cough better.

However, remember if Nonceba starts to cough a lot, breathe too fast, or has drawing-in of her chest, we should take her to the clinic right away.

Now I have a question for you guys. Do you think we should give food to Nonceba if she gets sick?

- ❖ Let group members share ideas for no longer than **2 minutes**. Correct any dangerous or incorrect ideas.

Yes, we should carry on feeding Nonceba. A sick child might need more food to help her body fight the sickness. Feed her often with small amounts of food if she does not feel like eating a lot. We should give Nonceba one extra meal every day for at least a week after her sickness. This will help her gain her strengths back. It is also very important to give her plenty to drink. Does anyone know why we must make sure Nonceba has plenty to drink

- ❖ Let group members talk about this for no longer than **1 minute**.

It can be very dangerous if Nonceba loses too much water from her body. If anyone loses too much water from their body they can become dehydrated. Nonceba could die if she becomes dehydrated, so we have to make sure this doesn't happen.

Flip Chart 1 – Child Warning Signs-----

[Instructions: Write this on a flip chart before the session begins.]

Take your child to the clinic right away if...

- ❖ She is breathing too fast.
- ❖ She has drawing-in of the chest.
- ❖ You can see her ribs when she breaths in.
- ❖ She has a fever for more than one day.
- ❖ She refuses food and drink for a few days in a row.
- ❖ She has a bad cough.

Activity D

Diarrhea and Vomiting

Preparing for the Activity

Purpose

To explain the dangers of dehydration and how to prevent, test for, and treat dehydration from diarrhea and vomiting.

Materials

- ✓ Picture 1 - Belly Wrinkle Test
- ✓ Picture 2 - Diarrhea and Vomiting Warning Signs
- ✓ Handout 1 - Immunization Schedule
- ✓ 1 cup for every group member
- ✓ 1 spoon for every group member
- ✓ Bowl of sugar
- ✓ Teaspoon
- ✓ Flip chart paper
- ✓ Marker for facilitator

Time

25 minutes

Procedure-----

- ❖ Continue the session by saying:

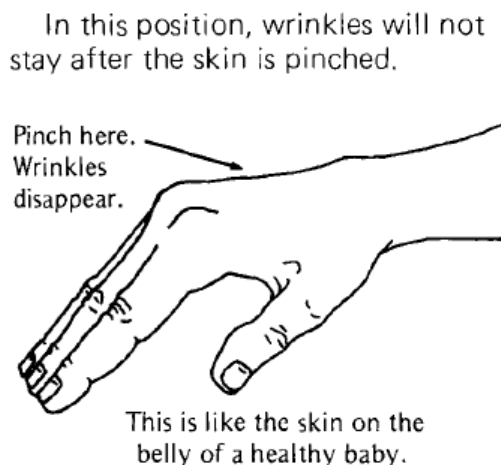
If Nonceba has diarrhea, which is also called runny tummy, or starts to vomit, she can lose too much water in her body and become dehydrated. Since it is dangerous if Nonceba becomes dehydrated, we have to be very careful if she has diarrhea or vomiting. We can tell if Nonceba is dehydrated by doing a belly wrinkle test.

- ❖ Show Picture 1 - Belly Wrinkle Test.

To do a belly wrinkle test, you gently pinch the skin on a baby's belly, then let go. If the wrinkle stays just for a moment, like in this drawing, the baby is dehydrated.

Let's practice doing the belly wrinkle test on ourselves. Hold your hand like this:

- ❖ Facilitator should show the group how to hold their hand like this:



We will pretend your hand is like the skin on the belly of a healthy baby. Now pinch the back of your hand.

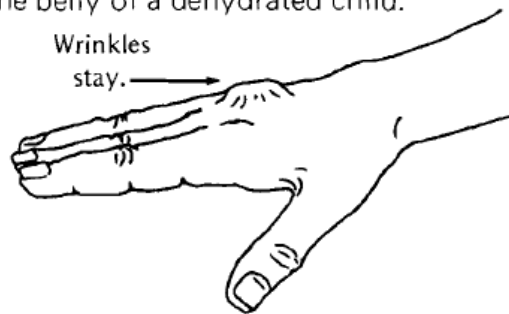
- ❖ Facilitator should show the group where and how to pinch their hand.

When you pinch your skin, the wrinkles will not stay. This is like the skin on the belly of a healthy baby who is not dehydrated. As soon as you pinch the skin on a healthy baby's belly, the wrinkle should not stay if the baby is not dehydrated.

Now put your hand like this:

- ❖ Facilitator should show the group how to hold their hand like this:

But in this position, the pinched skin stays wrinkled for a moment—just as on the belly of a dehydrated child.



This is like the skin on the belly of a dehydrated baby.

We are now pretending your hand is like the skin on the belly of a dehydrated baby. Now pinch the back of your hand.

- ❖ Facilitator should show the group where and how to pinch their hand.

When you pinch your skin, the pinched skin stays wrinkled for a moment – just like it would on the belly of a dehydrated child. When you pinch the skin on a dehydrated baby’s belly, the wrinkle will stay for a moment, instead of disappearing right away.

If Nonceba has diarrhea or vomiting, we need to make sure she does not get dehydrated. We can check to see if she is dehydrated using the belly wrinkle test. Just like we pinched the back of our hands, we would pinch Nonceba’s belly

- ❖ Using the plastic baby, point to the place on Nonceba’s belly where you would pinch.

Remember, if we pinch her belly and the wrinkle stays for a moment, Nonceba is dehydrated.

If our child gets diarrhea or begins to vomit, we must give her lots to drink to stop her body from getting very dry. Every time Nonceba has diarrhea or vomits we should give her at least a half a cup or 1 cup of liquids to drink. If we are still breast feeding our child, breast milk is best! We should continue breastfeeding. However, if our child is no longer breastfeeding, and they get diarrhea or start vomiting, we need to give them something else to drink. Can anyone think of other drinks we could give Nonceba if she gets sick and is no longer breastfeeding?

- ❖ Let group members share ideas for no longer than **2 minutes**.

✓ Answers **should** include:

- Clean water
- Fruit juice
- Weak, black tea with no sugar
- Thin soup or thin porridge
- Use plenty of water to cook rice or samp and give the left-over water to the child
- Home mixture – We will talk about this next.

There is also a special home mixture we can make at home that will help a child who has diarrhea. This mixture is very important – it can save our child’s life if they are losing too much water! Let’s practice making this mixture together.

- ❖ Take a cup and a spoon, and then pass out a cup and spoon to everyone.

First let’s fill a cup full of clean water. It is very important this water is clean, or it can make our child even sicker. I boiled this water for 1 minute earlier to make sure it is clean.

- ❖ Fill up your cup and then pass around a pitcher of water to let each group member fill her cup.

Next, we add 2 level teaspoons of sugar. It is very important we don’t use too much or too little sugar, so make sure the top of the sugar is flat. The teaspoon should be full, but the sugar should not stick out past the top of the teaspoon.

- ❖ Add 2 teaspoons to your cup and mix it with your spoon, then pass around a bowl of sugar and a teaspoon so the women can add sugar to their cups of water.

Last, we will add 2 pinches of salt and mix everything up with a spoon.

- ❖ Add 2 pinches of salt to your cup and mix it with your spoon, then pass around the bowl of salt so the other group members can do the same.

Now we’re all done. We can mix this up and give our child between a half of a cup to a full cup every time she has diarrhea or vomits. However, remember not to make her drink it all at one time or she may vomit if she drinks it too fast. It’s best to give your child a little drink, wait 5 minutes, and then give her some more to drink again.

You can all try our home mixture now so you know how it should taste.

- ❖ Let group members sip their drink.

As you can tell, it doesn't taste very good, but it is very good for a child who is losing a lot of water from diarrhea or vomiting. We will have to use all of the parenting skills we learn in this class to help convince our children to drink this special mixture that can save their life.

In about 3 to 5 days, the diarrhea should get better. However, there are certain things we need to be checking our child for. If our child has any of these things, we should take them to the clinic right away because the dehydration is not getting better.

- ❖ Show the class Picture 1 – Diarrhea and Vomiting Warning Signs. Read/explain the labels on the picture.

However, how do we stop Nonceba from getting sick again? Children often get diarrhea because of dirty water and food. If dirty water and food get into a child's stomach, she will vomit and get diarrhea to wash the bad things out of her body.

Nonceba could also get a stomach bug from someone else. This could also cause her to vomit and get diarrhea, and she might need treatment to help her get better. If she doesn't seem to be getting better on her own, it is always best to take her to a clinic.

If Nonceba's stomach begins to run, we have to make sure we keep giving her clean water so she does not get dehydrated. This is extremely important and will also help the child get better more quickly.

Once Nonceba is better, how can we stop her from getting sick again? What do you think is making Nonceba get diarrhea and vomit?

- ❖ Let group members talk about this for no longer than **3 minutes**. Write down the answers on a flip chart.

✓ Answers **should** include:

- Dirty water
- Dirty food that has had flies on it
- Dirty bottles that have not been sterilized or boiled
- Hands that have not been washed after we go to the toilet, change a baby's nappy, or before we prepare food.
- Diseases or stomach viruses

These are all good examples of problems that can cause Nonceba to get diarrhea or begin vomiting. What can we do to stop the things we listed from getting into Nonceba's body? How can we keep these things clean?

- ❖ Let group members talk about this for no longer than **5 minutes**. Write down their answers on the same flip chart. Next to each problem the group listed, write their solution.

- ✓ Answers **should** include:
 - Dirty water – Only drink clean water. If we are unsure if the water is clean or if the water does not come from a safe and clean tap, we should boil the water for at least 1 minute. This should kill all of the germs inside the water.
 - Dirty food that has had flies on it – Only eat clean, safe food. Flies carry lots of germs, so we do not want to eat food that has lots of flies on it. Cover food to keep flies off and don't eat food that has been standing for some time. Also, cook all meat well because cooking kills the germs inside the meat.
 - Dirty bottles that have not been sterilized or boiled – Boil baby bottles to make sure we kill all of the germs. It is better to feed our baby from a cup and spoon than to use bottles though. This is because bottles are difficult to keep clean and they carry germs that can make our baby sick.
 - Hands that have not been washed after we go to the toilet – Wash our hands with soap and clean water after every time we go to the toilet. Otherwise germs from the toilet can get on our hands and then get on Nonceba when we touch her. We should also wash our hands before and after we prepare food, and after we change Nonceba's nappy.
 - Diseases or stomach bugs – Getting sick is part of everyone's life. However, we can help Nonceba grow a strong body that can fight off disease by breastfeeding her until she is 6 months old, then starting to feed her a healthy diet. We should also use the other tips from Mothers of the Future to help Nonceba become as healthy as possible!

These are great ideas for keeping our homes and communities clean and free of germs!

Picture 1 - Belly Wrinkle Test-----



Picture 2 - Diarrhea and Vomiting Warning Signs-----



Go to the clinic immediately if ...

- he passes very little urine (less than 6 wet nappies a day) *
- there are no tears when he cries
- his eyes sink in
- the soft spot on his head sinks in
- his mouth is dry
- he vomits often
- he has bad diarrhoea which does not stop after 3 days
- there is blood or mucus in the diarrhoea

- urine**
- umchamo
 - umchamo
 - moroto
 - urine

- soft spot**
- ukhakhaye
 - ukhakha
 - phuaana
 - skedelputjie

- mucus**
- amafinyila
 - imifinya
 - mamina
 - slym

Activity E

HIV and TB

Preparing for the Activity

Purpose

To explain TB and HIV in children and the relationships between these two diseases.

Materials

- ✓ Flip chart paper
- ✓ Marker

Time

15 minutes

Procedure-----

- ❖ Move onto this section by saying:

Now let's talk about two other diseases that are important to recognize and know how to treat in South Africa. Let me read you a story so we can talk more about these diseases.

I dropped Nonceba off a crèche one day and noticed one of the child minders was still coughing a lot. She had been coughing for over two weeks, and now was starting to cough up a little blood. I was worried she would get Nonceba sick, but I had to go meet a client and I was already running late. So I kissed Nonceba goodbye and went to work. A few days later I had a night off and was playing with Nonceba on the floor. I noticed she seemed to have a flu or a cold, but she didn't seem too sick. I gave her lots of water and figured she would feel better in a few days. However, after a few more days Nonceba was still sick. She started to have a fever and strange swellings or lumps in her neck. When I took her to the clinic, the doctor also told me that Nonceba was not gaining weight in a normal way. As mothers, what questions would you ask the doctor?

- ❖ Let group members talk about this for no longer than **2 minutes**.

Good questions! After talking with the doctor, he took a little bit of spit, also called sputum, from Nonceba's mouth and tested it. He also asked me some questions about her symptoms, or what she has been sick with. The doctor tells me Nonceba has tuberculosis or TB. TB is a very dangerous disease – it causes more deaths in South Africa than any other infectious disease.

A few days later the child minder at the crèche I took Nonceba to told me she just found out she has TB. It is possible Nonceba got TB from her! The signs of TB in children are not always the same as the signs in adults.

I feel relieved I already took Nonceba to the clinic because I know if she is ever in contact with someone I know has TB, I should take her to the clinic right away. This is because children under the age of 5 can get very bad cases of TB that can be deadly if not treated. Her doctor gives me medicine and lets me know that Nonceba can be cured of the TB if I give her 1 pill every day for 6 months. This medicine is free for everyone in South Africa! However, Nonceba is just a baby. She can't swallow pills. Do you have any ideas how I could give the pills to Nonceba?

- ❖ Let group members talk about this for no longer than **2 minutes**.

The medicine for TB dissolves in water. The doctor tells me I can put Nonceba's pill in water or breast milk, then give her this to drink. He also reminds me I must give Nonceba 1 pill every day for 6 months. This is very important. I'm afraid I'll forget to give Nonceba her medicine. Do you have any ideas for how I can remember to give Nonceba her medicine?

- ❖ Let group members talk about this for no longer than **2 minutes.**
- ✓ Answers **should** include:
 - When adults have TB, they are normally get somebody to help them take their medicine. This person is called a DOTS supporter, and they are someone who holds onto your medicine and helps you remember to take it. A DOTS supporter can be a nurse or health worker, or even a local shop owner, schoolteacher, or neighbor. I could choose a DOTS supporter for Nonceba to help me keep her medicine safe and remind me to give it to her every day.
 - I could set an alarm on my phone.
 - I could ask other people I live with to remind me.
 - I can mark it on my calendar.

Thankfully I remembered to give Nonceba her pill every day and she is cured from TB! However, she can get infected with TB again if I'm not careful. How do you think I can stop Nonceba from catching TB again?

- ❖ Let group members talk about this for no longer than **2 minutes.**
- ✓ Answers **should** include:
 - If she is ever around someone I know has TB, I should take her to the clinic. There she can be tested to see if she has TB. If she does, the doctor can give me medicine to give her. If she doesn't have TB, the doctors can give her medicine called Isoniazid to prevent TB.
 - Make sure I get tested and treated for TB if needed! Since I'm around Nonceba so much, it's very important I stay healthy too.

Thankfully I remembered to give Nonceba her pill every day for 6 months and she is cured of TB! However, she can get infected with TB again. This is why it's important to keep Nonceba as healthy as possible.

It's also important to note that Nonceba could have been sick with pneumonia. Pneumonia is an infection of the lungs that is common in South Africa. Common signs of pneumonia include cough, fever, and difficulty breathing, similar to TB. This can be very dangerous and even deadly for young children. Just like TB, if we ever think Nonceba has pneumonia or any infection of the lungs, we should take her to the clinic right away to get her medicine! Also, similar to TB, we can prevent pneumonia and other lung infections by following good hygiene practices, like washing our hands regularly and keeping our homes clean.

One day I'm telling my friend Ngubane about my experience with TB. Her baby has also not been putting on weight, so I'm afraid she might have TB. Ngubane takes her baby to the clinic to get tested for TB. The baby's test for TB comes back negative, so the doctor asks Ngubane if she knows her HIV status. She doesn't, so the doctor asks if she would like to get herself and her baby tested. He explains that babies who are HIV positive tend to get sick more often than other babies. They also do not put on weight as they grow, which can be a sign that he or she has HIV.

Ngubane agrees to get herself and her baby tested. The doctor takes a little bit of blood from her baby to test. This test can only be done if a child is between 15 to 18 months. There is another HIV test for children who are younger than 15 months, but Ngubane's baby is about 17 months old. The doctor takes some blood from her baby.

Ngubane comes to my house after her doctor's visit. She is crying and seems really upset. She tells me that she and her baby are HIV positive. She thought she was HIV positive, but she did not know she could give her child HIV while she was pregnant. She is very scared for her child's future. What could I say to Ngubane to help comfort her?

- ❖ Let group members talk about this for no longer than **2 minutes.**

Those are good ideas. Ngubane calms down a little bit and starts planning for the future. She wants to know what she should do now. How can she keep her HIV positive baby as healthy as possible? Do you have any advice I should give her?

- ❖ Let group members talk about this for no longer than **2 minutes.**

That's all good to remember. Children who are HIV positive need love and care. Just like adults, children who are HIV positive can live a healthy life. Since Ngubane's child is HIV positive, the health worker will give the child anti-retroviral medicines to keep her as healthy as possible, just like an adult with HIV should take. Ngubane's should make sure her child takes these ARVs every day, eats healthy food, and visits the clinic for regular check-ups.

The health worker will also warn Ngubane that people who are HIV positive sometimes get sick easier than other people, because their body may be weak. This is why HIV positive people can get TB or other lung infections more easily than people who are not HIV positive. This does not mean that all HIV positive people have TB, or that all people with TB have HIV. It just means that a person with HIV can get TB more easily, so it is important Ngubane watches her child for signs of TB or other infections.

Does anyone have any questions about TB, lung infections, or HIV in children?

- ❖ Answer any questions the group members may have.

Activity F

Health in Action

Preparing for the Activity

Purpose

To come up with solutions to barriers sex workers commonly face when trying to keep themselves and their children healthy.

Materials**Time**

30 minutes

Procedure-----

- ❖ Start the activity by saying:

We learned a lot of information today about children's health, so let's play a game to review it all. This game will also help us think of ways to overcome difficulties we may face in making sure our children stay healthy.

The game is called role play and we'll be playing pretend, like we're making a movie. I'll need a volunteer to start the movie. Who would like to volunteer to role play with me?

- ❖ Pick a volunteer from the group.

Great, thanks. First I'll read you a little story, then you will get to act out a scene with me. You don't have to be a good actress, you just have to have a good response. The story I will read you could happen in real life, so try to act like you would if this was happening to you for real.

Here is our first pretend scene. You are a sex workers who works for a pimp. You have a 9 month old baby named Nonceba. You leave Nonceba with your neighbor when you go to work. I will pretend to be your neighbor. I have 4 kids of my own, so I don't mind watching Nonceba while you're at work. However, one day while you're at work, I call you. This is where our scene will begin. Remember, just pretend like this is real life.

- ❖ Do not let the volunteer see the script below. What the volunteer may say has been written out, just to give you an idea of how the scene should go. However, the volunteer could say something different. You must remain flexible and just say whatever makes sense. You do not have to follow the script – this is just to give you a general idea of what each scene should talk about. Try to make the scene feel as real as possible. Use the local way of talking and really pretend like the scene is real.
- ❖ Pull out your phone and pretend to call the volunteer. Tell the volunteer to pretend to pick up a phone and answer your call.

Facilitator: Hi, this is [*Facilitator's Name*], your neighbor who watches your baby Nonceba. I am so sorry to bother you. I know you're working, but I think something is wrong with Nonceba. She has had diarrhea all evening and will not drink anything. I know you said she also had diarrhea yesterday and I'm getting worried. She hasn't wet a nappy since you dropped her off at my house. Do you think she is dehydrated?

Volunteer: She could be dehydrated.

Facilitator: How can I tell if she is dehydrated?

Volunteer: You can do a belly wrinkle test.

Facilitator: How do I do a belly wrinkle test?

Volunteer: Pinch a little piece of skin on her belly. If the wrinkle stays there for a moment, she is dehydrated.

Facilitator: Ok, I just did the belly wrinkle test and the wrinkle did not go away right away. I think she is dehydrated. What should I do?

Volunteer: Since Nonceba isn't being breastfed anymore, you should give her something else to drink.

Facilitator: What can I give her to drink?

Volunteer: Clean water, fruit juice, weak black tea with no sugar, thick soup or porridge, left over water from cooking rice or samp, or a home mixture.

Facilitator: I've heard the home mixture is the best thing to give a child who is dehydrated. How do I make it?

Volunteer: Mix 2 level teaspoons of sugar and 2 pinches of salt into a full cup of clean water.

Facilitator: I can do that. How often should I give Nonceba the home mix?

Volunteer: You should give her ½ glass to 1 glass of a drink every time she has a diarrhea.

Facilitator: Do I give Nonceba the whole drink at once?

Volunteer: No, this could make her sick. Give her a little bit, wait 5 minutes, and then give her a little more.

Facilitator: I'll do that. Oh, I forgot to tell you. Nonceba is also breathing really fast and every time she takes a breath, her chest draws in. Do you think something is wrong with her?

Volunteer: Yes! I remember the health worker warned me that if Nonceba ever starts to breathe really fast and has a drawn in chest, I should take her into the clinic right away.

Facilitator: Oh no! Well I can't leave my kids at home to take Nonceba to the clinic. You'll have to come pick her up and take her yourself.

Volunteer: Ok, I'll be there in a few minutes.

Great job volunteer! Thanks for your help. How do you think *[name of volunteer]* did? Was there anything she could have said or did differently?

- ❖ Let group members talk about this for no longer than **5 minutes**. This is the facilitator's chance to question/correct anything the volunteer said that was unrealistic or wrong.

Great ideas. Now I need another volunteer help me act out the next part of this story.

❖ Pick a volunteer.

Thank you so much. Here is your scene: Your neighbor just called you and said Nonceba is very sick. Nonceba needs to go to the hospital. Your neighbor has other kids to watch and can't leave the house, so you must leave work to take Nonceba to the hospital. You are a sex worker who works for a pimp on the streets. I'll pretend to be your pimp in this scene. You can't leave work without telling me first, so you come to talk.

Facilitator: I hope business is good tonight. What do you want?

Volunteer: My baby is very sick and I need to leave work so I can take her to the hospital.

Facilitator: You're not leaving work and making me lose money.

Volunteer: But my baby might die if I don't take her to the hospital.

Facilitator: I don't care how sick your baby is. I care about my money. How did she even get diarrhea in the first place? How can babies get diarrhea?

Volunteer: Babies can get diarrhea from eating or drinking something that has germs, or from a stomach bug. This can make them very sick.

Facilitator: Gross. Well maybe you're the dirty one. Do you keep yourself clean?

Volunteer: Yes.

Facilitator: You better be keeping yourself clean, or clients will start to complain! How are you keeping yourself clean? I want my girls to look and smell sexy.

Volunteer: I wash my hands after using the toilet or cleaning a child's bottom and before making food. I also shower every day, and clean up with water and soap in between clients.

Facilitator: Good. Keep doing that. How can you make sure your baby doesn't get diarrhea again in the future? I don't want you leaving work all the time.

Volunteer: I can make sure to keep myself, my baby, and our water, food, and living area clean.

Facilitator: Fine. You can go if you figure out a way to pay me for all the money you're making me lose.

Volunteer: I can come back to work after I take my baby to the hospital. Plus, I can work extra-long tomorrow. I'll make up the money I owe you for leaving work now.

Facilitator: You better or I won't be so nice next time.

Great job volunteer! Thanks for your help. How do you think [*name of volunteer*] did? Was there anything she could have said or did differently?

- ❖ Let group members talk about this for no longer than **5 minutes**. This is the facilitator's chance to question/correct anything the volunteer said that was unrealistic or wrong.

Do you think a pimp or a brothel manager would actually let you leave work if your baby was sick? If not, what would you do to make sure Nonceba gets to a hospital?

- ❖ Let group members talk about this for no longer than **3 minutes**.

Great ideas. Now I need another volunteer help me act out the next part of this story.

- ❖ Pick a volunteer.

Thanks! Here is your scene: Your pimp lets you leave work, so you rush to your neighbor's house to pick up Nonceba. You and Nonceba go to the hospital and you tell them what's wrong with your baby. They take you to a room and tell you that a nurse will be in shortly to see you. I will pretend to be the nurse. Ready?

Facilitator: Good evening. My name is Nurse [*Facilitator's name*] and I'm here to help your baby feel better. I hear she has diarrhea and might be dehydrated. It also looks like she is breathing very fast and her chest is drawing-in. Is that what's wrong with her?

Volunteer: Yes.

Facilitator: Ok, well let me take a closer look at her. You have a lot of makeup on for this time at night. Hey...wait a second...don't I know you from somewhere? I do! You're a prostitute! I've seen you walking the streets late at night.

Volunteer: Yes, I am a sex worker, but can you please help my baby?

Facilitator: No wonder your baby is sick. You probably left it alone all night when you were out sleeping around.

Volunteer: I did not. I left her with my neighbor who takes great care of her. It doesn't matter what I do for a living, can you please just help my sick baby?

Facilitator: You probably don't even know what the baby's dad is. Poor baby, her mom is just a prostitute.

Volunteer: Please don't speak to me that way. It is none of your business who her dad is, and it is none of your business what I do for a living.

Facilitator: I am a Christian and I think being a prostitute is very bad. Why should I help you and your baby?

Volunteer: Just because I am a sex worker doesn't mean I'm not a person. I have rights just like you, and I deserve the right to health. My child also deserves this. She has done nothing wrong [nor have I] and we would really appreciate your help.

Facilitator: What are you going to do if I don't help you?

Volunteer: I will speak to your boss and tell them how you're stigmatizing me and my sick child.

Facilitator: Fine. Whatever. I'll help your child. Here is some medicine she can take every day for 7 days. She's also 9 months old, so it's time for her to get more immunizations. Do you even know what an immunization is? You're probably too stupid.

Volunteer: An immunization is a shot that has medicine to keep my baby safe from very dangerous diseases.

Facilitator: Wow, you're actually right. But if your baby has all of its immunizations, why is she sick? Don't immunizations make children safe from all diseases and illnesses?

Volunteer: No, immunizations only protect my baby from very bad and deadly diseases. She can still get colds and minor diseases or illnesses. These can cause diarrhea or vomiting.

Facilitator: Oh...well I'm glad you know that. Do you want to get your child immunized today? It's free in South Africa.

Volunteer: Yes please.

Facilitator: Ok. Well let me also weigh your baby just to make sure everything else is OK. She looks very skinny. Have you ever gotten her tested for HIV?

Volunteer: No.

Facilitator: Well she seems very sick and isn't putting on weight like a healthy baby should. Would you like me to test her HIV status?

Volunteer: Yes please.

Facilitator: Fine. I'll do that too and call you with the results later.

Great job volunteer! Thanks for your help. How do you think *[name of volunteer]* did? Was there anything she could have said or did differently?

- ❖ Let group members talk about this for no longer than **5 minutes**. This is the facilitator's chance to question/correct anything the volunteer said that was unrealistic or wrong.

Good ideas. The nurse and hospital in this scene was not very sex-worker friendly. Do you know of any hospitals or clinics close by that don't stigmatize you or your children if you're a sex worker?

- ❖ Let group members talk about this for no longer than **2 minutes**.

Thanks for sharing that information. It helps to know where we can get healthcare as sex workers, and not have to feel ashamed or stigmatized.

We have one scene left. Would anyone like to volunteer to act in the last part of this story?

- ❖ Pick a volunteer.

Thanks. Here is your scene: You leave the hospital with the medicine the nurse gave you. She reminds you to give Nonceba 1 pill every day for 7 days. A few days later she calls you to let you know Nonceba is HIV negative. You are very relieved. The nurse also reminds you to keep your house clean, and only give Nonceba clean water and food. If you don't do this, Nonceba might get diarrhea again. However, you currently live in a township and your house is always flooding. It's hard to keep your house clean and safe, let alone keep water and food clean. I'll pretend to be a friend who comes to visit you get home from the hospital.

Facilitator: Hi sister, how's it going?

Volunteer: Not good. We just got back from the hospital. Nonceba is really sick.

Facilitator: Oh no, what's wrong with Nonceba?

Volunteer: She has diarrhea and is very dehydrated.

Facilitator: I'm sorry to hear that. What are some of the ways she could have gotten diarrhea?

Volunteer: She could have eaten or drunk something with germs on it, or gotten a stomach bug from someone else.

Facilitator: Well where do you get your water from? Is it clean?

Volunteer: I get it from a tap in the township. I don't know if it's clean.

Facilitator: If you don't know if your water is clean, how could you make sure?

Volunteer: I could boil it for 1 minute.

Facilitator: That's a good idea. Do you still give Nonceba things to drink a bottle? I've heard bottles can be really dirty because they're so hard to clean. Could you feed her with something else?

Volunteer: I could feed Nonceba with a cup and spoon. This would be easier to keep clean.

Facilitator: That sounds like a good idea, but what about food? There are so many flies around, and I always see them on the food. They love to land on food that is old and has been sitting out a long time. How can you make sure the food you give Nonceba is clean?

Volunteer: I could cover the food up to keep flies off. I should also make sure I cook all meat well because cooking kills germs. I won't feed Nonceba any food that has been left standing a long time.

Facilitator: Well, this all sounds great, but I'm still worried. Your house is flooded, just like mine! Whenever it rains I feel like more and more water comes in. How are we supposed to keep anything clean in this mess?

Volunteer: We can keep food in the fridge and water in clean containers.

Facilitator: That sounds like a good idea, but I feel like no matter what I can't keep everything clean. Everything always gets wet. The other day it rained really hard and my house flooded more than usual. The water got a box of my important papers wet, even my child's clinic card. I'm so sick of the water. How do you think we can stop our house from ever flooding again?

Volunteer: We can build our house on top of cement blocks, so they are lifted out of the water. We can all work together to earn money to build cement blocks. We can then buy cement blocks for whoever needs them the most. After that we'll start saving more money and buy someone else cement blocks. Eventually we can take turns helping each other until everyone's house is built on cement blocks and out of the rain.

Facilitator: That's a great idea! I can't wait to get started!

Great job volunteer! Thanks for your help. How do you think *[name of volunteer]* did? Was there anything she could have said or did differently?

- ❖ Let group members talk about this for no longer than **5 minutes**. This is the facilitator's chance to question/correct anything the volunteer said that was unrealistic or wrong.

Activity G

Closing

Preparing for the Activity

Purpose

To review what was learned in this session.

Materials**Time**

5 minutes

Procedure-----

- ❖ Close the session by saying:

You are all great actresses! I hope you learned even more about how to keep your children clean and healthy. I feel confident we can keep Nonceba as healthy as possible! Would anyone like to share the most important thing they learned today?

- ❖ Let the group members talk about this for no longer than **4 minutes**.

Thanks for sharing. It sounds like you learned a lot about our children's health. Remember that you can always talk to your doctor or the nurses here at SWEAT and TB/HIV Care if you have any more questions.

Thanks for a great session everyone! Remember, our next meeting is on *[date]* at *[time]*. We'll be talking even more about the health of our children, but next week will focus on nutrition, healthy foods, and breastfeeding. It's going to be a great session, so I hope to see you all again on *[date]* at *[time]*!

Appendix 1 - Resources-----

1. Soul City. *Take action to stop TB*.
2. Soul City. *HIV and AIDS and Treatment*.
3. Soul City. *Mother and Child Care*.
4. Centers for Disease Control and Prevention. *Tuberculosis (TB)*. 2011. Available from: <http://www.cdc.gov/tb/publications/factsheets/prevention/bcg.htm>.
5. Centers for Disease Control and Prevention. *Measles Vaccination*. 2015. Available from: <http://www.cdc.gov/measles/vaccination.html>.
6. World Health Organization. *Measles*. 2015. Available from: <http://www.who.int/mediacentre/factsheets/fs286/en/>.
7. Centers for Disease Control and Prevention. *Pneumonia*. 2015. Available from: <http://www.cdc.gov/pneumonia/>.
8. Republic of South Africa Department of Health, *What You Need to Know About Vaccinations*.
9. Werner, D. and B. Bower, *Helping health workers learn: a book of methods, aids and ideas for instructors at the village level*. 1984: Hesperian Foundation.



Goals

- ❖ To increase understanding among mothers who are sex workers of the physical, intellectual, social, and emotional developmental milestones of children
- ❖ To strengthen parenting skills to nurture and support childhood development within the context of maternal sex work
- ❖ To increase mothers who are sex workers' ability to prevent, recognize, and mitigate common maternal and child health risks
- ❖ To increase sex workers' sense of empowerment and confidence in their ability to be good mothers, supporting them to thrive both as mothers and sex workers

Learning Objectives

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

- ❖ Describe colostrum and its use and benefits
- ❖ Explain exclusive breastfeeding and correct use of this practice
- ❖ Describe the benefits of breastfeeding
- ❖ Explain how an HIV positive woman can safely exclusively breastfeed
- ❖ Demonstrate how to breastfeed
- ❖ Describe a good latch while breastfeeding
- ❖ Describe common issues and barriers associated with breastfeeding, and ways to lessen/overcome these
- ❖ Describe common reasons women chose to formula feed, and counter these reasons with strategies or facts that promote breastfeeding

Session Preview

- ❖ Help group members review ways to keep their children healthy
- ❖ Introduce the concept of exclusive breastfeeding and its benefits
- ❖ Introduce the concept of breastfeeding while HIV positive
- ❖ Assist group members to practice breastfeeding
- ❖ Help group members identify barriers and facilitators to breastfeeding
- ❖ Help group members identify solutions to common reasons women formula feed

Materials Needed

- ❖ Plastic baby
- ❖ 2 orange slices for every group member
- ❖ Small box
- ❖ 1 straw for every group member
- ❖ Flip chart paper
- ❖ Marker for facilitator
- ❖ 1 copy of Soul City – Mother and Child Care for each group member
- ❖ Activities:
 - Activity 1 – Breastfeeding Benefits

Preparation Needed

- ❖ Arrange chairs in a circle
- ❖ Order 1 copy of Soul City – Mother and Child Care for every group member
- ❖ Write/draw out the following materials before the session begins:
 - Activity 1 - Breastfeeding Benefits

Suggested Facilitators

- ❖ Peer Educators
- ❖ Lactation/Breastfeeding Counselor
- ❖ Pediatrician
- ❖ SWEAT and/or TB/HIV Care nurse

Instructional Time

180 minutes (2.5 hours)

Activity

Minutes Needed

A. Introduction.....	5 minutes
B. Breastfeeding Basics.....	25 minutes
C. Breastfeeding Benefits.....	20 minutes
D. Breastfeeding and HIV.....	20 minutes
E. Breastfeeding Practice.....	40 minutes
F. Breastfeeding Barriers.....	40 minutes
G. Formula Feeding.....	15 minutes
H. Closing.....	15 minutes

The following pages contain material that was taken verbatim or adapted from Soul City's
Mother and Child Care booklet with permission [6]:
262-263, 280, 284-287

The following pages contain material that was taken verbatim or adapted from Soul City's *HIV
and AIDS and Treatment* booklet with permission [7]:
273-274

Activity A

Introduction

Preparing for the Activity

Purpose

To welcome the group members and review children's health.

Materials

- ✓ Plastic baby

Time

5 minutes

Procedure-----

- ❖ After all the group members are in the room, start to sing a song. Have everyone stand up and sing/dance with you. Do not let this go on for more than **3 minutes**. Then, welcome the mothers to the group by saying:

Thank you all for coming to the sixth meeting of Mothers of the Future! Last week we agreed to babysit baby Nonceba and learned more about how to keep her healthy! She is such a good baby, we told her mother Thandi that we'd help care for Nonceba whenever she needs help!

Let's start today by saying hello to Nonceba and letting her know we can keep her healthy! I'll pass her around the group. When it's your turn to hold her, please share something you learned during our last meeting. As a reminder, we talked about immunizations, colds, diarrhea, vomiting, dehydration, HIV, TB, and strategies to help us care for a sick child. If you weren't able to come to our last meeting, feel free to share anything you know about children's health. I can start. Last week I learned that if someone loses too much water from their body, they can become dehydrated. This can be very dangerous, especially for babies.

- ❖ Pass Nonceba around the group and let group members share a something they learned/know about children's health.

Activity B

Breastfeeding Basics

Preparing for the Activity

Purpose

To explain the use and benefits of colostrum and exclusive breastfeeding, and talk about myths/concerns surrounding these topics

Materials

- ✓ 2 orange slices for every group member

Time

25 minutes

Procedure-----

- ❖ Start the activity by saying:

Super job everyone – I'm glad to hear we learned so much about children's health! We are all very capable of keeping our babies healthy and happy. Today we will continue talking about nourishing our babies to become strong, healthy adults!

Like we've discussed in the past, having a baby means you will have to make many choices. One of the most important and long-lasting choices is the way you feed your baby. You can choose to breastfeed or use formula.

Many things influence how a mother chooses to feed her baby, like time, money, personal opinions, and lack of knowledge. Some of these things we cannot change, but some of them we can. We do not want to make anyone feel bad or embarrassed about their choice to breastfeed or formula-feed their child. Instead, we want to make sure everyone understands the positive and negatives of both feeding options, so we can make informed decisions about what is best for our babies and ourselves.

Today we are going to focus mostly on breastfeeding. This is because experts and doctors recommend breastfeeding over formula feeding. Let's learn more about why doctors say breastfeeding is so healthy for babies, talk about common breastfeeding myths in South Africa, practice breastfeeding tips, and develop ways to make breastfeeding work for our lifestyles!

First, can anyone describe to the group what breastfeeding is?

- ❖ Let **1 group member** describe breastfeeding.

Breastfeeding is when a woman feeds a baby with milk from her breast. Breastfeeding is a normal way of providing young infants with the nutrients they need for healthy growth and development. You've probably all seen a woman breastfeeding a child before, or have breastfed a child yourself. Today we will be able to talk about the experience of breastfeeding and continue to learn from each other. However, before we continue with this discussion, we first need to talk about three very important concepts of breastfeeding to make sure we're all on the same page.

First, let's talk about colostrum. Can anyone describe to the group what colostrum is?

- ❖ Let **1 group member** describe colostrum if they can, or just continue by saying:

Colostrum is the yellowish, sticky, and somewhat thick breast milk that starts to develop inside a woman's breast during the end of her pregnancy. This is completely normal and healthy. A mother should start breastfeeding as soon as possible after birth, so that her baby drinks this colostrum. Do not give water or powder milk instead of this yellow milk.

This milk is one of the best things you can ever give your baby. Colostrum provides all the nutrients, which are the good things in food that your body needs, and fluids that your newborn needs in the early days. It can stop your baby from getting sick, and keep them healthy and strong. It also is very easy on your baby's tummy and helps them clean their body out by pooping.

A woman's body knows how good colostrum is for a baby, so a mother's breasts will naturally make colostrum for several days after delivery. Her breasts may not feel full during this time, but colostrum is so full of good things, her baby will be nourished if she feeds them colostrum. After a few days, her body will stop making colostrum. Her milk will start to become more creamy or white in color.

Sometimes when our bodies do something we are not used to, like make colostrum, it can be hard to understand and scary. When I am confused or worried about something, it helps to talk with people who have gone through the same thing. This reassures me. Would anyone like to help me feel less frightened and confused by sharing your experience with colostrum, or a story you heard from someone else?

- ❖ Let the group talk about this for no longer than **5 minutes**. Kindly correct any incorrect information they share.

Thank you all for sharing those stories. I feel much more relaxed about colostrum now, and I hope the group does too.

From talking with other mothers, I've learn that some South African women think colostrum is dirty milk. They believe colostrum is unhealthy for the baby because it has a different color and thickness than breast milk they are used to seeing. However, colostrum is very, very healthy for your baby and is completely clean. This is why mothers' breasts make colostrum – a woman's body would not make something that is bad for her baby. Colostrum is yellowish and can be sticky and thick. This does not mean it is dirty. It means it is packed with nutrients and good things that will protect your baby. It is like a special boost that welcomes your baby into the world and gives them all the nutrients they need for the first few days of life.

We have all probably heard other rumors or things people have said about colostrum. Would anyone like to share something they have heard about colostrum with the group? You might know if what you heard is true or not, but maybe someone else in the group might not. It's important to talk about what we hear about colostrum so we can get the facts straight.

- ❖ Let group members share myths they've heard about colostrum. Every time someone shares something they've heard about colostrum, ask the group what they think about this. Make sure that you correct any myths about colostrum as the group talk about it. Do not let this go on for more than **4 minutes.**

Great, thanks for sharing everyone. Now let's talk about one more very important concept of breastfeeding. This is called exclusive breastfeeding. Does anyone know what this means to exclusively breastfeed?

- ❖ Let **1 group member** describe exclusive breastfeeding if they can, or just continue by saying:

Exclusive breastfeeding means that you *only* give your baby breast milk for the first six months of their life. When you are exclusively breastfeeding, you do not give your baby any other food or drink, not even water. The only thing you give your baby is breast milk.

Doctors and experts say that exclusively breastfeeding for the first six months of your baby's life is the way to support their growth, development, and health. Breast milk has everything in it that your baby needs to be healthy. If you give your baby water or another liquid that is not breast milk, they might get diarrhea if the water is not clean! Water can also make a baby feel full, even though they haven't really eaten any nutrients. Breast milk has a lot of water in it, so whenever a baby is thirsty they can be breastfeed. Breast milk is also clean and provides all the nutrients and vitamins a baby needs to be healthy. This is why you should exclusively breastfeed.

Now that you all know what it means to exclusively breastfeed, can someone explain this to the group in your own words?

- ❖ Let **1 group member** describe exclusive breastfeeding. Nicely correct anything they say that is incorrect.

If you are exclusively breastfeeding, the only time you can give your child something other than breast milk is if they need medicine or vitamins. If your baby is sick, you should talk to a health worker at a clinic and tell them you are exclusively breastfeeding. They may give you some syrup or liquid medicine or vitamins to give to the child. If your child is dehydrated, they may give you a special mixture, like we talked about during our last meeting. If a health worker who is trained and works in a clinic tells you to give you baby any liquid medicine, vitamins, or special mixture – this is fine. However, otherwise babies who are exclusively breastfeed should *not* be fed anything other than breast milk.

Does anyone have any questions about exclusive breastfeeding?

- ❖ Answer any questions the group members may have.

Let's play a little game to review what we just learned. I'm going to ask the group a question. If you'd like to respond to the question, raise your hand and share your thoughts with the group. You'll get some orange slices for answering a question! Once you've had a chance to talk and win orange slices, please let others have a chance to answer. Also, don't eat your orange slices yet! We will use it later on today.

- ❖ Ask each question below, then let **1-2 group members** try to answer. After they answer, read the answer below the question. Give each group member that answers a question 2 orange slices. Make sure you correct their answer if it is wrong before you give them the orange slices.

Here's the first question:

1. What is colostrum?
 - a. Colostrum is the yellowish, sticky, and somewhat thick breast milk that starts to develop inside a woman's breast during the end of her pregnancy. After the woman gives birth, her breasts will continue to make colostrum for a few days. Colostrum is very high in nutrients and healthy for a newborn baby.

2. Is colostrum good for a baby? Why or why not?
 - a. Yes, colostrum is very healthy for a baby. This milk is one of the best things you can ever give your baby. Colostrum provides all the nutrients and fluids that your newborn needs in the early days. It protects your baby against infections and other illnesses, which helps them stay healthy and strong. It also is very easy on your baby's tummy and helps them clean their body out by pooping.

3. What would you tell someone who is afraid to give their baby colostrum?
 - a. Answers **could** include:
 - ✓ Find out why they are afraid to give their baby colostrum. They might have heard a myth that I can tell them isn't true and explain why.
 - ✓ Explain that colostrum is normal and healthy. It is not dirty milk. It is just so full of nutrients and good things, it looks different than breast milk women are used to seeing.

4. What is exclusive breastfeeding?
 - a. Exclusive breastfeeding means that you *only* give your baby breast milk for the first six months of their life. When you are exclusively breastfeeding, you do not give your baby any other food or drink, not even water. The only thing you give your baby is breast milk.

5. What if it's a really hot day and my baby looks thirsty. If I'm exclusively breastfeeding, can I give her some water or tea to drink? Why or why not?
 - a. No. Exclusively breast feeding means you only give your baby breast milk. You cannot give them water, tea, or anything else to eat or drink. The water could be dirty and make the baby sick. The baby could also feel full from drinking water, even though they haven't gotten any nutrients they need to live.

6. What if my baby gets sick? If I'm exclusively breastfeeding, can I give her anything to feel better?
 - a. If you are exclusively breastfeeding, the only thing you can safely give your baby that is not breast milk is liquid medicine, vitamins, or a special mixture to stop them from being dehydrated. You should talk to a trained health worker at a clinic first and let them know you are exclusively breastfeeding. They can make sure you help your baby get better in a safe way. You should also keep breastfeeding your child. This will help them to get better.

7. Why would a woman want to breastfeed?

- ❖ Let group members talk about this last question. Give an orange to everyone who doesn't have an orange, and remind the group not to eat the oranges yet.

Activity C

Breastfeeding Benefits

Preparing for the Activity

Purpose

To explain the benefits of breastfeeding.

Materials

- ✓ Small box
- ✓ Activity 1 – Breastfeeding Benefits

Time

20 minutes

Procedure-----

- ❖ Start the activity by saying:

Around the world, many women choose to breastfeed their baby. Like we just talked about, women make this decision for a variety of personal reasons. One of these reasons is often all of the benefits that come with breastfeeding a baby. Breastfeeding a baby can help make your baby healthy and strong. There have been many scientific studies about all of the good things that can come from breastfeeding. Let's talk about all of the benefits of breastfeeding now! I'm going to pass around a box that has random pictures inside. Each picture has to do with something positive that comes from breastfeeding. Please close your eyes and pick a picture from the box. When you pull the picture out of the box, open your eyes and guess what it could have to do with a benefit of breastfeeding.

Does anyone have any questions before we begin?

- ❖ Answer any questions the group may have, then say:

Great. Let's get started.

- ❖ Pass the box to the group member sitting next to you and ask her to close her eyes, then pick a picture out of the bag. Once she pulls the picture out, ask her to show the rest of the group her picture. Then ask her what that picture could have to do with one of the positive reasons women breastfeed. After she guesses, find the item below and read the fact. Keep passing the box around the circle, having group members guess, and then reading the fact below until all of the pictures are gone.

- ❖ **Healthy Children** - Breastfed babies are healthier. Exclusive breastfeeding helps to protect children from diarrhea and lung infection. Breastfed children also get fewer colds and sinus/ear infections. This is because breast milk helps babies develop a strong immune system. An immune system helps your body fight off disease, and keeps you healthy and strong.
- ❖ **Pencil** - Breastfeeding can improve your child's intelligence, which means breast milk can help make your baby very smart. There have been many scientific studies that show breastfed babies are smarter and do better in school when they grow up.
- ❖ **Easy on Baby Tummies** - Breast milk is more digestible than formula because it is more natural. It is also always clean. This means that babies' bodies can process breast milk easier than formula.
- ❖ **Woman who Lost Weight** - Breastfeeding helps mothers lose weight after the baby is born. Most women gain weight during pregnancy, and some women like how breastfeeding can help them lose any extra weight they put on.
- ❖ **Mother and Child Heart** - Breastfeeding promotes bonding and cuddling between mother and baby. It allows the mother and the baby to spend quality time together and satisfies both the mother and baby's emotional needs.
- ❖ **Rand** – Breastfeeding saves money. This is because you don't have to spend money buying formula. Feeding your baby with breast milk is free – your body already makes this milk! Think about all the other things you could buy with the money you save from breastfeeding.

❖ **Birth Control** - Exclusive breastfeeding can act as a natural birth control method for six months after delivery. This means, feeding your baby only your breast milk can stop you from getting pregnant for six months after you give birth. This is a pretty effective form of birth control, if you exclusively breastfeed correctly. If you want to use exclusive breastfeeding as your form of birth control, you must not give your baby anything to eat or drink that is not breast milk. You must also breastfeed your baby at least every four hours during the day and every six hours at night. Your baby will probably naturally want to be breastfed this often. Lastly, make sure to check if you're having a period. If you have a period during the first six months after delivery, it may be possible for you to get pregnant again, even if you are exclusively breastfeeding. If this happens, you should switch to another form of birth control. Keep in mind that breastfeeding does not protect you from sexually transmitted diseases, like HIV. You still must use a male or female condom during sex to protect yourself from disease. Does anyone have any questions about using exclusive breastfeeding as a form of birth control?

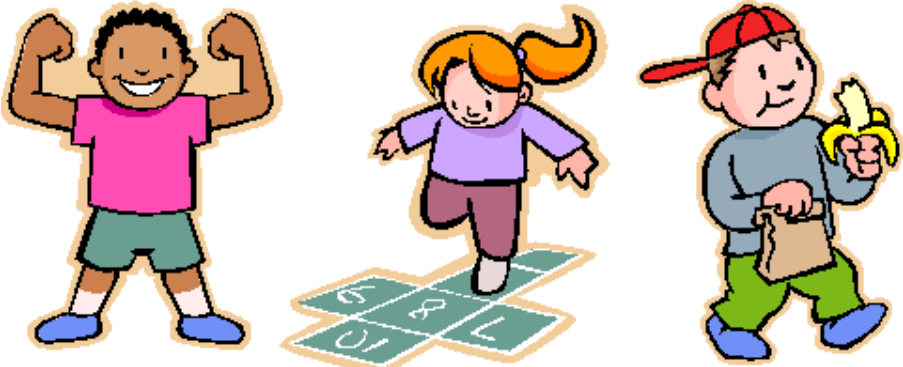


- ❖ Answer any questions the group has and hang up Flip Chart 1 - Birth Control from Session 2. Point to where exclusive breastfeeding is located on this chart.

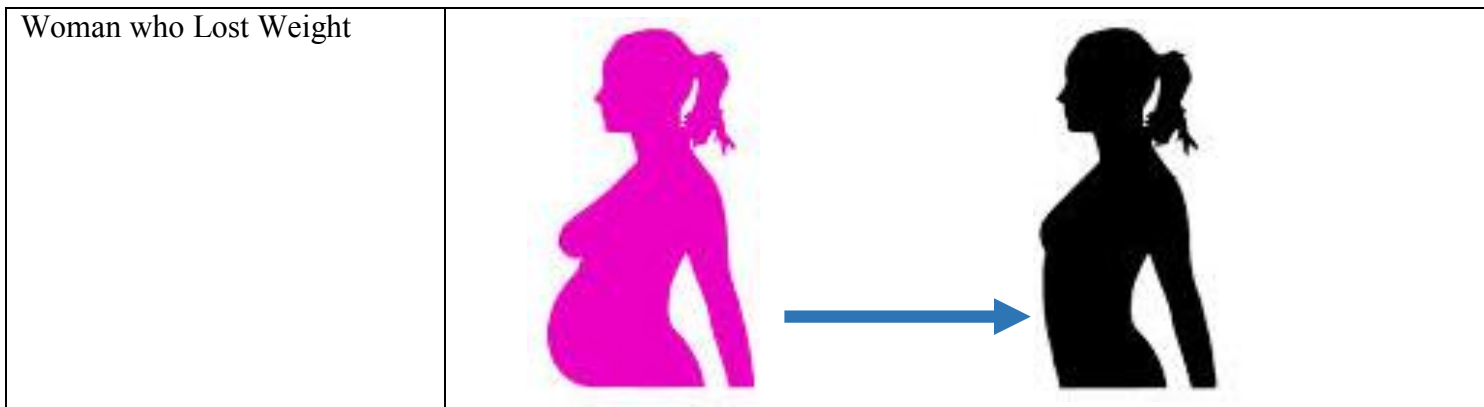
Great job everyone! Can anyone else think of any other benefits of breastfeeding?

- ❖ Let group members talk about this for no longer than **3 minutes**.

Activity 1: Breastfeeding Benefits-----

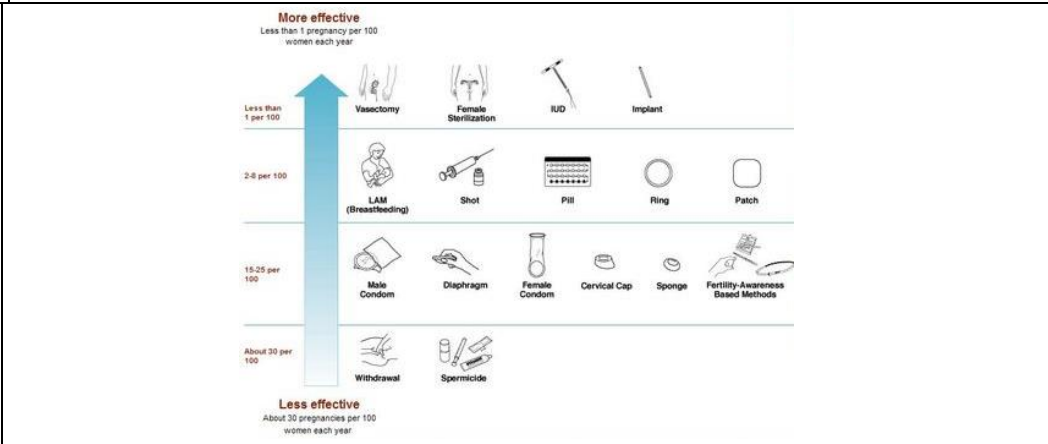
[Instructions: Draw each of these pictures on a piece of paper before the session begins. Fold the pictures in half and place them in a box.]

Item Name (Found in above activity)	Drawing to Place in the Box
Healthy Children	 <p data-bbox="971 898 1081 932">Healthy!</p>
Pencil	
Easy on Baby Tummies	



Birth Control

(See Session 2:
Flip Chart 1 – Birth Control
For a larger picture of this
chart)



Activity D

Breastfeeding and HIV

Preparing for the Activity

Purpose

To learn about breastfeeding as an HIV positive mother

Materials**Time**

20 minutes

Procedure-----

Now that we've learned about the benefits of breastfeeding our babies, let's talk about how to do this safely. Does anyone remember the three main ways a mother who has HIV can give HIV to her baby?

- ❖ Let group members talk about this for no longer than **1 minute.**

HIV positive women can give their babies HIV during pregnancy, childbirth, or breastfeeding. However, it is possible to prevent mother to child HIV transmission! If a woman has HIV, her child can be as healthy as anyone else's!

Does anyone remember what HIV positive women can do to prevent giving their children HIV during pregnancy or childbirth?

- ❖ Let group members talk about this for no longer than **3 minutes.** Correct anything that is incorrect.

Great everyone! Remember, as soon a woman thinks she is pregnant, she should get an HIV test. If she knows her status, she can take steps to lessen the chance of giving her baby HIV. Even if her first HIV test is negative, she should continue to get tested, especially during her pregnancy.

If she learns she is positive, the woman should begin taken HIV medicines called antiretrovirals, or ARVs, every day. This is the best way to prevent transmitting HIV to her baby and keep her body as healthy as possibly. She should also continue to use condoms with her sexual partners, so she does not give anyone else HIV or get re-infected with a different type of HIV. This can be very dangerous for the mother and child!

HIV can also be passed from mother to child during childbirth. Like we just mentioned, a HIV positive woman should be taking HIV medicines called ARVs. This will help to prevent HIV transmission during childbirth. She should also talk with her doctor about the safest way to give birth. This might be a C-section or Caesar, where the doctor helps deliver the baby through surgery.

After an HIV positive woman gives birth, it is also possible she can give her baby HIV through breastfeeding. However, just like HIV positive women can take steps to prevent giving their babies HIV during pregnancy and childbirth, they can also take steps to prevent giving their child HIV through breastfeeding.

A HIV positive mother can breastfeed her child safely. It is possible to prevent mother-to-child HIV transmission!

Does anyone know how an HIV positive mother can breastfed her child successfully and safely?

- ❖ Let group members talk about this for no longer than **3 minutes**. Answer any questions they may have and kindly correct any incorrect information.

A mother who is HIV positive should talk to a health worker about the best way to feed her baby. However, for almost all HIV positive women, doctors highly recommend exclusive breastfeeding for the first 6 months of a child's life. Like we just talked about, breast milk has so many health benefits for the baby, doctors believe these benefits far outweigh any risks, especially since these risks can be managed! The breast is best!

If HIV positive mothers breastfeed exclusively and make sure their babies and themselves take their HIV medicines, the risk of the mothers giving their babies HIV is very low.

Remember when we talked about HIV medicines called antiretrovirals or ARVs? If a mother is HIV positive, she must take these medicines throughout pregnancy and while she is breastfeeding to prevent her child from getting HIV. She should take ARVs for the rest of her life to stay healthy. For the baby's sake, it is most important the mother at least takes her medicines while she is pregnant and breastfeeding.

Doctors also recommend that the baby is given a medicine called nevirapine once a day for 6 weeks. This will also help to prevent HIV transmission.

HIV positive mothers who exclusively breastfeed for the first 6 months of a child's life should start to gradually wean their baby off breast milk and begin to feed them other foods at 6 months of age. This weaning should be gradual, meaning HIV positive mothers should continue to breastfeed their children as they also begin to feed them other foods. This process should be slow and take about a month. We will talk more about weaning our children off breast milk and beginning to feed them other foods next week.

Do you have any questions about breastfeeding and HIV?

- ❖ Let group members talk about this for no longer than **5 minutes**. Answer any questions they may have.

Activity E

Breastfeeding Practice

Preparing for the Activity

Purpose

To learn about and practice breastfeeding tips and techniques.

Materials

- ✓ Plastic baby
- ✓ 2 orange slices for each group member from the last activity
- ✓ 1 straw for each group member

Time

40 minutes

Procedure-----

- ❖ Continue the session by saying:

Now that we know more about the benefits of breastfeeding, let's learn more about and actually practice some breastfeeding tips.

Your baby will be born with a suckling instinct. This means the baby will want to find and put their mother's nipple in their mouth, begin to suck on it, and swallow the milk. This is very natural and babies are born knowing how to breastfeed. They want to breastfeed!

Because babies are born wanting to suckle, it is best to introduce your baby to breastfeeding within the first hour or so of their life. This can be done through something called skin-to-skin contact. Many scientific studies show that mothers and babies should be together, skin-to-skin, right after birth and later. Skin-to-skin means the baby's skin will directly touch the mother's skin, so the baby should be naked and not wrapped in a blanket. The baby can then lie on the mother's chest, or wherever is comfortable. This part of the mother should be naked as well, so she and her baby are lying skin-to-skin. Can anyone demonstrate what skin-to-skin contact would look like with Nonceba?

- ❖ Let **1 group member** show what skin-to-skin contact should look like with Nonceba.

Great job! Skin-to-skin contact helps keep the baby happier, and lets the mother and her new baby meet in person for the first time! The baby feels safe being so close to their mom, so skin-to-skin contact also helps keep the baby's heart rate, temperature, and breathing stable. Skin-to-skin contact should be done within the first hour after the mother gives birth to keep the baby happy and healthy.

The other great thing about skin-to-skin contact, is that it encourages your baby to begin breastfeeding. Like we talked about, babies are born wanting to breastfeed. When your baby is lying on your chest, they can smell the colostrum inside your breast. Babies also know this colostrum is very good for them, and they want to begin their first breastfeeding!

This is when the first breastfeeding can begin. Although all babies are born wanting to breastfeed, some might need help learning how to. Let's practice breastfeeding as a group, so we can help teach our babies and other mothers how to breastfeed.

Obviously we don't all have babies with us right now, so we will have to pretend. Also, we will not be exposing our breasts. Breastfeeding is natural and healthy, so it is something to be celebrated. However, I understand that not everyone is comfortable seeing other women's breasts or exposing their own. We will just walk through the breastfeeding as if we didn't have a shirt covering our breasts.

Great, can I get a volunteer to help lead the group in our breastfeeding practice?

- ❖ Pick 1 volunteer from the group and ask them to come sit close to you. Then continue by saying:

Thanks for volunteering. I'll walk us through how to breastfeeding, and you can show the group what I mean by demonstrating with Nonceba.

- ❖ Hand the volunteer the plastic baby, Nonceba. Help her act out the following steps:

First you should find a comfortable chair. It may help to get comfortable if you put pillows behind your back or under your feet. Sit up straight in your chair, and cradle the baby in the curve of your arm. Loosen your clothing. Make sure that the baby can reach the breast easily.

The baby should be on her side, so that her tummy and/or her knees are touching your opposite breast. It is a common mistake to hold the baby to the side, away from breast, like you would if you were feeding her with a bottle. The baby should be turned on its side and facing you.

Next, cup the hand that is not holding the baby. This is done by relaxing the hand and holding it in the shape of the letter "C". Place this hand under the breast you will use to feed your baby to support the breast. The main part of the hand with all the fingers should be well under the breast, with just the thumb on top of the breast. This position supports the breast and helps the nipple stick out towards the baby's mouth.

With a gentle message of the thumb towards the nipple, express some colostrum or milk, whichever your body is making. This means use your thumb to gently squeeze some of your milk out of your breast, so the baby will smell and taste it. We will talk more about this later, but expressing milk encourages your baby to eat.

Next, gently rub the nipple across the baby's lips in an attempt to get her to open her mouth wide. When the baby's mouth is open wide and you can see her tongue, place the nipple on the baby's tongue. Try to get as much of the nipple and the dark area around the nipple in her mouth. Make sure the baby takes a large mouthful of the breast, not only the nipple.

Keeping your hand in this supportive position will help prevent sore nipples, because your baby won't be tugging on the nipple.

Listen very carefully to your baby as she eats. If she is latched correctly, there will be no sound. Latching means when the baby puts the nipple and the area surrounding the nipple into her mouth. If you hear a sucking sound, this could mean the baby doesn't have the nipple in her mouth quite right. You are hearing the sound of air between your breast and the baby's mouth. Simply release the breast and move the baby slightly to help her get a better latch on the nipple. We will also talk more about latching in a few minutes.

Your baby will come off the breast by herself when finished. Let her show you herself when she has had enough. She may stop sucking a few times during a feed and then start again. Do not worry. This is normal.

That's how you breastfeed! How did that feel to everyone? Would anyone like to share their thoughts or concerns?

- ❖ Let the group members talk about this for no longer than **4 minutes.**

Let's do another activity to help us understand what it means when a baby has a good latch. A baby who has a good latch will have your entire nipple and the area around your nipple in her mouth. Your nipple will be at the back of the baby's mouth, so it won't be squashed or pinched by her tongue. The trick to breastfeeding is getting the baby to latch on well. A baby who latches on well, gets milk well. A baby who latches on poorly has more trouble getting milk.

A poor latch is like giving a baby a bottle with a nipple hole that is too small – the bottle is full of milk, but the baby will not get much. When a baby is latching poorly, she may also cause the mother nipple pain because she is sucking extra hard.

Let's learn about what it feels like to not have a good latch. Does everyone still have their two orange slices I passed out earlier? I'm also going to pass around some straws. Just take one.

- ❖ Pass straws around the circle.

Great. Now, everyone take one slice of orange and stick a straw in it. Try to suck as much juice from the slice as possible through the straw.

- ❖ Let group members try to suck juice from the orange using a straw. Do not let this go on for more than **1 minute.**

How easy was it to suck juice from the orange just using a straw?

- ❖ Let group members talk about sucking juice from the orange using a straw. Do not let this go on for more than **1 minute.**

It seems like it wasn't very easy to get a lot of juice from the straw, if you're just sucking on a straw. Let's try something else. Take your other orange slice and suck as much juice from it as possible, using only your lips and tongue. Do not use your teeth.

- ❖ Let group members try to suck juice from the orange using their mouth. Do not let this go on for more than **1 minute**.

How easy was it to suck juice from the orange using your lips and tongue?

- ❖ Let group members talk about sucking juice from the orange using their lips and tongue. Do not let this go on for more than **1 minute**.

It seems like it was much easier to get juice out of the orange, if you used your lips and tongue instead of just a straw.

You're probably wondering how this relates to breastfeeding and latching. The orange and the straw represent the amount of milk a baby gets when they suck on the nipple only. The orange was the breast and the straw was the nipple. Remember how hard it was to get juice out of the orange just using a straw?

However, sucking on the orange with your lips and tongue represents the amount of milk a baby gets when it is latching and feeding correctly on the mother's breast. The baby is able to get a deep mouthful of the breast, including the nipple and the area around the nipple. The baby can then suck milk through the breast using the massaging action of its lips, tongue, and gums, along with the suction as they swallow. You were able to suck a lot more juice out of the orange when you used your mouth on the entire orange, not just the straw. This is just like how a baby is able to suck a lot more milk out of a breast when it latches onto the nipple and area surrounding the nipple.

Now that we've learned more about how to breastfeed a paper properly and make sure she latches, how can we tell when a baby is hungry?

- ❖ Let group members talk about this for no longer than **2 minutes**.
- ✓ Answers **could** include:
 - Making sucking motions with the lips
 - Opening and closing the mouth
 - Sticking out the tongue
 - Puckering of the lips
 - Baby moves her head from side to side, like she is looking for something.
 - If you touch the side of your baby's head, and she turns that way looking for something to suck
 - If your baby puts her hands, toys, or clothing in her mouth and sucks on them

In the first few weeks feed your baby often during the day and night. Newborn babies sleep a lot, but you want to make sure they don't get too hungry. If your baby is sleeping, you should gently wake them up for a breastfeeding. In general, breastfed babies feed 8 to 12 times each day. A baby should be fed about every four hours during the day, and 6 hours at night. However, you should make sure to feed your baby whenever she is hungry.

After a few weeks, you and your baby will settle into a regular feeding schedule. You will learn signs that your baby is hungry the more you are around them. Listen to your baby – she will let you know when she is hungry.

Some women worry that even if they feed their baby whenever she is hungry, she might not be getting enough milk. What are some signs the baby is not getting enough milk?

- ❖ Let group members talk about this for no longer than **2 minutes**.
- ✓ Answers **should** include:
 - She is not gaining weight.
 - She is not wetting 6 nappies or more every day.

If you feel your baby isn't getting enough milk, what can you do to help your body make more milk?

- ❖ Let group members talk about this for no longer than **2 minutes**.
- ✓ Answers **should** include:
 - Eat well.
 - Rest whenever you can.
 - Drink a lot of clean water.
 - Breastfeed very often to help build up your milk supply. This is another reason to breastfeed exclusively, as it signals to your body that it must produce milk regularly. If you breastfeed exclusively, your body will naturally make enough milk to feed your baby.

Great ideas! This will help your body make milk that keeps your baby healthy and happy. But what about if you or your baby is sick? Should you keep breastfeeding?

- ❖ Let group members talk about this for no longer than 2 minutes.

Yes, you should keep breastfeeding if you or your baby become sick. If your child is sick, breast milk will help her to get better. In fact, you should try to breastfeed more often while she is sick.

If you are sick, you can continue to breastfeed your baby. Only stop breastfeeding if your health worker tells you too. Try to get someone to help you with your shopping or housework while you are sick, so you can stay well rested and able to breastfeed. Also drink lots of clean water to help your body make enough milk.

Activity F

Breastfeeding Barriers

Preparing for the Activity

Purpose

To talk about common barriers that make breastfeeding difficult, and ways to overcome these barriers.

Materials

- ✓ 1 copy of Soul City - Mother and Child Care for each group member

Time

40 minutes

Procedure-----

- ❖ Move onto this section by saying:

We're all breastfeeding experts now! However, we need to realize that even if women want to breastfeed, it might be difficult for some women for a wide number of reasons. This game gives us a chance to share solutions when something makes breastfeeding difficult.

First let's break into 4 teams. Before we get started, each team must pick a team name! Talk as a team and raise your hand when you've picked a team name.

- ❖ Help the group members divide into 4 even teams. Then let the teams talk to each other and pick a team name for no longer than **1 minute**. Draw 4 squares on the flip chart. Afterwards, ask for the team names and write one team name in each square.

Great team names. The game we are going to play is called best response, like we played during the session on safe sex. I will read you a little story, and each team will get 2 minutes to talk and figure out the best way to respond to that story. For example, I may read you a story about a woman who is too busy to breastfeed. You will then have 2 minutes to decide what advice you would give that woman. Each team will share their answers with the group, but only the best answer will score a point. The team with the most points at the end will win a prize! Many teams may have a good response, but I am looking for the best response that you could use in real life. Try to think of things you or a friend have done in the past that have helped you with breastfeeding.

Does anyone have any questions before we begin?

- ❖ Answer any questions the group members have, then continue by saying:

Let's start our game! Remember, you are trying to come up with the best solution to the problem.

Here is our first story: A new mother has been breastfeeding her baby for 3 months now. Her baby sometimes takes the nipple into her mouth in three or four movements, before she is able to latch on. This is making the mother's nipple very tender and sore. She knows how important breastfeeding is and wants to continue, however she is in pain. What can she do to help make her nipples feel better?

- ❖ Give the groups **2 minutes** to talk about their answer.

Alright, it's time to share your answers with the group so we can pick the best response!
Would *[insert team name]* like to start?

- ❖ Let each team explain their response to the group. Do not let each team talk for more than **1 minute**. Correct anything the groups say that is wrong.

You all had really good ideas for how to make a breastfeeding mother's nipples less sore, but I think the best response was from *[insert name of the winning team]*.

- ❖ Mark a point under that team's name on the flip chart, then say:

She can also try holding the baby in different positions during feedings, or offer the baby the nipple that is less sore first. She can air dry her nipples, which means leaving her nipples out in the air all day by not wearing a shirt or a bra all day.

Sometimes a baby also has trouble latching because the breast milk doesn't start to flow right away when the baby starts to suckle. This means the baby must take the nipple into her mouth a few times to help the milk come out. This can make the nipples sore.

She can use a trick called hand expression to help her milk begin flowing. Hand expression is basically a way of massaging her breasts to get the milk flowing. By hand expressing a little milk to the nipple, and then laying the nipple on the baby's tongue, she can prevent the additional time it would take the baby to latch. This means her nipples might not be as sore.

Before she starts to hand express her breast milk, it might help to place a hot towel on our breasts. This will help the milk flow easier. She should also always wash her hands anytime she touches her breast. Remember, if her hands are dirty, this dirt can get onto her breast, and then into the baby's mouth!

After she washes her hands, she can start to hand express her breast milk. Let's practice this together. Remember, normally you would not have a shirt covering your breast.

- ❖ Read the following section while acting it out. Encourage group members to practice hand expression with you.

With the palm of your hand on your upper chest, near your shoulder, begin to downward massage toward the nipple with firm, but gentle strokes. Take your time to push your flattened hand toward the nipple. Repeat this going all around the breast. When you reach the armpit, place your opposite hand over the hand doing the massage and continue toward the nipple in a firm manner. Take about a minute to massage each breast like this to help your milk start flowing.

Next, press your fingers together in a “milking motion”, and let them slide toward the nipple. Do not touch the nipple - hand expression does not involve touching the nipple. This will only make your nipple sorer. The hand expression happens by massaging behind the nipple. Gently squeeze your fingers until a small amount of milk comes out from the nipple. By placing hot towels on the breast, using hand expression to get the milk flowing, and placing the nipple on the baby’s tongue, the baby can suckle more effectively and will not make your nipples as sore.

Alright, here is our next story: Another mother just gave birth 4 days ago and began breastfeeding right after birth. However, she is in pain because her breasts are engorged. This means her breasts feel swollen and full of milk. Her baby has drunk all of her colostrum, and her white milk is coming in. Her breasts feel tender, warm, and hard. She knows how important breastfeeding is and wants to continue, however she feels so uncomfortable. What can she do to help make her breasts feel less engorged or swollen with milk?

- ❖ Give the groups **2 minutes** to talk about their answer.

Ok, time for the teams to share their answers with the group! Would *[insert team name]* please go first?

- ❖ Let each team explain their response to the group. Do not let each team talk for more than **1 minute**. Correct anything the groups say that is wrong.

Great job teams! Breast engorgement usually happens 2 to 7 days after a woman gives birth. The breast can feel swollen and hard. The best way to treat this is to breastfeed the baby often. The baby will naturally drink the mother’s breast milk and help her breasts feel less full. To relieve some of the pain, she can also:

- ✓ Place warm towels on each breast 10 minutes before breastfeeding.
- ✓ Hand express each breast like we just talked about. This will help some of the milk begin to flow out and the baby will be able to drink more. If her baby isn’t hungry, she can also squeeze out a small amount of milk into a cup. This will help make her breasts soft and feel less full.

- ✓ Breastfeed often, meaning every two to two and a half hours. She should let her baby breastfeed for 10-15 minutes on each breast.
- ✓ Use ice on each breast for 20 minutes between feedings to help with swelling.
- ✓ Cabbage leaves can also help. She can take some cabbage leaves and put these inside her bra after feeding. She can keep them there until she feeds again.

Every team had good ideas about how to deal with breast engorgement, but I think the best response was from *[insert name of the winning team]*.

- ❖ Mark a point under that team's name on the flip chart.

Let's play another round of our game. The mother who gave birth just went back to work a few days ago, and all of her regular clients are happy to see her again. Her baby is 2 months old and she is breastfeeding, so her breasts and nipples are extra sensitive. She's a little afraid that a client might get too excited and squeeze her breasts or suck on her nipple in a way that hurts. What can she do or say if a client hurts her sore breasts and nipples?

- ❖ Give the groups **2 minutes** to talk about their answer. Correct anything the groups say that is wrong.

Can *[insert team name]* start this time please?

- ❖ Let each team explain their response to the group. Do not let each team take more than **1 minute**.

You all have very creative ideas on how to stop clients from hurting breastfeeding mothers. I wonder, is there any way she can also market herself better as a sex worker who is breastfeeding? For example, can she tell clients her boobs are bigger? Do you have any other ideas on how she can get more clients and/or charge more money if she's breastfeeding?

- ❖ Let group members talking about marketing strategies for sex workers who are breastfeeding as a group. Do not let this go on for more than **3 minutes**.

Great ideas everyone! Let's play one last round of our game. The mother wants to exclusively breastfeed her baby, but now that she's working again, she's never home at night. She knows she's supposed to breastfeed her baby about every 6 hours at night, but she can't leave the streets to go feed her. How can she work and exclusively breastfeed at the same time?

- ❖ Give the groups **2 minutes** to talk about their answer. Then say:

Would *[insert team name]* please start?

- ❖ Let group members talking about let for no more than **3 minutes**

Great answers everyone! It can be very tricky to balance work and breastfeeding. However, she doesn't have to stop breastfeeding just because she is returning to work. Here are some tips that might help her breastfeed her baby while continuing to work as a sex worker:

- ✓ Breastfeed right before she leaves for work at night.
- ✓ Try to express her milk into a cup before she go to work. Her child-minder can give this expressed milk to the baby with a cup and spoon – not in a bottle. Remember, bottles can be hard to clean and can make babies more sick. She can speak to a health worker if expressing is a problem, to find other ways to feed her baby while she is at work.
- ✓ Try to work closer to home, so she can run home and breastfeed the baby throughout the night.
- ✓ Breastfeed the baby when she gets home and whenever she wakes up. This is easier if the baby sleeps close to you.

Even though everyone gave really good answers, I think the best response was from *[insert name of the winning team]*.

We have a winner! Team *[insert name of the team with the most points]* has the most points. However, all the teams did a great job! Exclusive breastfeeding isn't always easy. Sometimes things can get in the way, but we can find ways around these problems!

To help us breastfeed, we are all going to get a prize! Here is a guide from Soul City about Mother and Child Care. It covers a lot of what we've talked about so far in class, and has a really good section on breastfeeding.

- ❖ Pass out 1 guide of Soul City's *Mother and Child Care* booklet to each group member.

Activity G

Formula Feeding

Preparing for the Activity

Purpose

To discuss why women choose formula feeding, and how to formula feed safely.

Materials

- ✓ Flip chart paper
- ✓ Marker for facilitator

Time

15 minutes

Procedure-----

- ❖ Start activity by saying:

I'm glad we developed ways to support those of us who chose to exclusively breastfeed. I also hope we learned more about all of the benefits of exclusive breastfeeding, and why this is the method of feeding babies that doctors recommended!

However, not all mothers chose to breastfeed their baby. Some women might instead feed their baby with formula. What do you think are some reasons a woman might choose to feed her baby with formula?

- ❖ Let group members talk about this for no longer than **3 minutes**. Write down their answers on a flip chart. Try not to shame or argue with anything group members say, but do not agree with or approve of anything they say that is positive about formula feeding.

Thank you for sharing your thoughts about why some women choose to formula feed. It is important to remember the important benefits of breast milk a baby will not receive if she is not breastfed. Almost all mothers can safely breastfeed their babies, even mothers who are HIV positive!

However, if a mother still chooses to formula feed her baby, it is important she at least does so in a safe way. How do you think a mother can safely formula feed her baby?

- ❖ Let group talk about this for no longer than **3 minutes**.

Formula is never as safe for babies as breast milk. However, if a mother still chooses to formula feed her baby, she must make sure that the formula is mixed with clean water. If she mixes the formula with dirty water, this can cause the baby to have very diarrhea and get very sick or possibly die. To make sure water is clean, it must be boiled for at least 1 minute.

Mothers who formula feed their babies must also make sure the dilution is correct, meaning they must mix the right amount of formula with clean water. Like we talked about, formula is not natural like breast milk. Formula is harder for babies' tummies to digest. Too much formula can upset the baby's tummy, and too little formula does not give the baby all of the nutrients it needs to be healthy and survive. If a mother formula feeds her baby, it is very important she will always be able to buy formula, or her baby may starve! She must also not let formula sit out for long, or it can go bad and make the baby very sick. If her baby does not drink all of the formula she prepares, she must dump the extra formula out. Formula does not stay good for very long, and trying to feed the baby this left over formula later can make her very sick.

Even if mothers know about the risks of formula feeding babies, and still choose to do so, they must also make sure they feed the baby with clean utensils. Bottles can be very hard to clean. Unclean bottles can be very dirty and make babies sick. It is better to use a cup and spoon to feed a baby.

Activity G

Closing

Preparing for the Activity

Purpose

To review what was learned in this session by countering reasons given by the group to formula feed a baby.

Materials**Time**

15 minutes

Procedure-----

- ❖ Close the session by saying:

Great job today everyone! Let's review what we learned by talking more about our list of reasons why mothers might chose to formula feed her baby.

Think about all of the benefits and tips you learned about breastfeeding today. Now look at these reasons some women formula feed, even though breastfeeding is healthier for our babies and our bodies. Do you still think these are good reasons to formula feed a baby?

Everyone pick a reason on this list that you would like to find a solution for. Pretend that you are talking with a friend about feeding your baby, and she tells you one of these reasons why she formula feeds her baby. What would you say to her? What good things about breastfeeding would you tell her? How would you help her to breastfeed instead of formula feed? I can give you an example to start.

- ❖ Pick one of the reasons from the list group members developed of common reasons women formula feed. Tell the group how you would respond to your friend if she ever told you this is why she formula feeds. Make sure to use a positive fact about breastfeeding to convince your friend why breastfeeding is better than formula feeding, then list a solution to help her breastfeed instead.
- ❖ Go around the circle and let all of the group members pick a reason women give to formula feed, then ask the group member to list a solution to this reason. This should not go on for more than **9 minutes**.

Brilliant job group! Remember, the breast is best! If you have any more questions about breastfeeding, please feel free to ask me after class.

Remember, our next meeting is on *[date]* at *[time]*. We'll be talking even more about the health of our children, but next week will focus on nutrition, healthy foods, and finances. It's going to be a wonderful session, so I hope to see you all again on *[date]* at *[time]*!

Appendix 1 - Resources-----

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4. World Health Organization. *Why can't we give water to a breastfeeding baby before the 6 months, even when it is hot?* 2014. Available from: <http://www.who.int/features/qa/breastfeeding/en/>.
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7. Soul City, *HIV and AIDS and Treatment*.
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9. World Health Organization. *Up to what age can a baby stay well nourished by just being breastfed?* 2013. Available from: <http://www.who.int/features/qa/21/en/>.
10. World Health Organization. *Guidelines on HIV and Infant Feeding 2010: Principles and Recommendations for Infant Feeding in the Context of HIV and a Summary of Evidence*. 2010.
11. World Health Organization, *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection*. 2013. 272.
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Goals

- ❖ To increase understanding among mothers who are sex workers of the physical, intellectual, social, and emotional developmental milestones of children
- ❖ To strengthen parenting skills to nurture and support childhood development within the context of maternal sex work
- ❖ To increase mothers who are sex workers' ability to prevent, recognize, and mitigate common maternal and child health risks
- ❖ To increase sex workers' sense of empowerment and confidence in their ability to be good mothers, supporting them to thrive both as mothers and sex workers

Learning Objectives

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

- ❖ Identify healthy food options and describe healthy food recipes
- ❖ Describe how to wean a child with appropriate foods and timing
- ❖ Describe a balanced diet and proper feeding times for children
- ❖ Define and create a budget
- ❖ Explain the purpose and process of applying for Children's Grants

Session Preview

- ✓ Help group members talk about healthy foods and recipes
- ✓ Introduce the concept of weaning and help group members talk about appropriate weaning foods
- ✓ Assist group members to identify healthy foods and healthy amounts of those foods to eat
- ✓ Introduce the concept of budgeting and assist group members to create a budget
- ✓ Introduce the concept of grants
- ✓ Assist group members to understand the process of applying for a Children's Grant
- ✓ Help group members review what was learned in the session

Materials Needed

- ❖ Plastic baby
- ❖ Marker for facilitator
- ❖ 5 paper plates per group of 4
- ❖ Markers for each group of 4
- ❖ 1 copy of Soul City – Grants for Children for each group member
- ❖ Flip Charts:
 - Flip Chart 1 - Weaning
 - Flip Chart 2 - Budget
 - Flip Chart 3 - Child Support Grant
- ❖ Pictures:
 - Picture 1 - Balanced Diet
 - Picture 2 - When to Feed

Preparation Needed

- ❖ Arrange chairs in a circle
- ❖ Order 1 copy of Soul City – Grants for Children for every group member
- ❖ Write/draw out the following materials before the session begins:
 - Flip Chart 1 - Weaning
 - Flip Chart 2 - Budget
 - Flip Chart 3 - Child Support Grant

Suggested Facilitators

- ❖ Peer Educators
- ❖ Banker/Bank Representative
- ❖ Social Development staff
- ❖ Home Affairs staff

Instructional Time

150 minutes (2.5 hours)

Activity

Minutes Needed

A. Introduction.....	10 minutes
B. Weaning.....	30 minutes
C. Healthy Food, Healthy Amount.....	40 minutes
D. Budget.....	30 minutes
E. Grants.....	30 minutes
F. Closing.....	10 minutes

The following pages contain material that was taken verbatim or adapted from Soul City's
Mother and Child Care booklet with permission [2]:
299-301, 304-305, 308-309

The following pages contain material that was taken verbatim or adapted from Soul City's
Grants for Children booklet with permission [4]:
315-319

Activity A

Introduction

Preparing for the Activity

Purpose

To welcome the group members and begin talking about healthy foods.

Materials

- ✓ Plastic baby

Time

10 minutes

Procedure-----

- ❖ After all the group members are in the room, start to sing a song. Have everyone stand up and sing/dance with you. Do not let this go on for more than **3 minutes**. Then, welcome the mothers to the group by saying:

Thank you all for coming to the seventh meeting of Mothers of the Future! Last week we learned more about exclusive breastfeeding and how this will benefit our babies, our bodies, and our families' lives!

Can anyone remind the group what it means to exclusively breastfeed?

- ❖ Let **1 group member** describe exclusive breastfeeding.

Exclusive breastfeeding means that you *only* give your baby breast milk for the first six months of their life. When you are exclusively breastfeeding, you do not give your baby any other food or drink, not even water. The only thing you give your baby is breast milk for the first 6 months of their life, because this contains all of the nutrients your baby needs. Doctors and experts say that exclusively breastfeeding for the first six months of your baby's life is the best way to support their growth, development, and health.

Today we're going to continue talking about how to keep Nonceba healthy. We'll be focusing on weaning our children off breast milk after 6 months, and beginning to feed them nutritious food. Nutrition means the amount and kind of foods a person eats. Nutrients are the good things in food that our bodies need to be healthy and strong.

We want to make sure our children have good nutrition, which means they eat the right amount and type of foods to grow a healthy weight and height.

Let's start today by saying hello to Nonceba again and talking about types of healthy foods. I'll pass Nonceba around the circle. When it's your turn to hold her, share with the group one healthy food you like to feed your children. I'll start. I like to feed my children *[insert the name of a healthy food you feed your children]*.

- ❖ Let group members go around the circle and share a healthy food. If a group member shares a food that isn't "healthy", ask more questions about it. For example, why do they think this food is healthy? How often do they feed their children this food? Help them understand why this food might not be good for their child to eat.

Activity B

Weaning

Preparing for the Activity

Purpose

To talk about what weaning is, and how to safely and healthily wean a child off breast milk.

Materials

- ✓ Flip Chart 1 – Weaning
- ✓ Marker for facilitator

Time

30 minutes

Procedure-----

- ❖ Hang up Flip Chart 1 – Weaning. Point to this as you explain the activity. Especially make sure to point out how mothers should continue breastfeeding until the child is 2 years old.

Great – I’m glad to see we are all thinking about healthy foods our children can eat.

This is important since Nonceba is officially 7 months old as of today! Her mother has been exclusively breastfeeding her for the first 6 months of her life and she is a very healthy and happy baby! When Thandi exclusively breastfeeds, should she give her any other foods or water?

- ❖ Let **1-2 group member** answer this question. Then write “ONLY breast milk. NO foods or water.” on Flip Chart 1 – Weaning. This should be written above the arrow, between the Newborn Baby and the 6 months old box.

When she exclusively breastfeed a baby, this means Thandi should not give the baby any other foods or water, unless it is medicine a health worker in a clinic gives her.

When a baby is around 6 months, doctors recommend that parents begin the weaning process. This means that the mother keeps breastfeeding her baby, but also begins to give her solid foods as well. Since babies aren’t used to solid food, this should be a very, very slow process. The mother should keep breastfeeding her child for 2 years if possible, and give her solid food. Weaning means that the mother will slowly transition her child from eating just breast milk for 6 months, to eating both breast milk and solid foods for 2 years, to just eating solid foods for the rest of the child’s life.

Can someone explained how mothers should wean their children in their own words?

- ❖ Let **1 group member** describe weaning.

Breast milk is the best food a baby can have for the first 6 months. After that, she needs breast milk, as well as solid foods. Try to breastfeed for 2 years if possible, while slowly introducing the child to eating solid foods.

After exclusively breastfeeding for 6 months, you should start to wean the baby and start giving them solid foods. Do not stop breastfeeding when you start giving your baby solid foods. Always breastfeed before giving your child solid food until your baby is about 9 months old. Keep breastfeeding the child throughout the day, and feed them 2-3 meals of solid food in-between breastfeeding.

Small children may eat exactly the same foods as the rest of the family. They do not need special expensive food. However, when you first start feeding them solid foods, you should make sure it is very easy to eat. This means you should mash or squish the food, so it is easy for the baby to eat. If you feed the baby food that is that hard for them to chew or is cut up into big pieces, they may choke on the food. This means they could get a piece of food caught in their throat so they can't breathe, which is very dangerous and can kill a child.

Can anyone think of foods that might be easy and safe for a baby to eat?

- ❖ Let the group talk about this for no longer than **3 minutes**. Write all of their food ideas on Flip Chart 1 – Weaning. These should be written above the arrow between the 6 months old and the 9 months old box. Also write the ideas you will say below, if no other group member has already said these.

Good ideas everyone! When you first start feeding a baby solid foods after they are 6 months old, you could try giving them thick porridge or well mashed foods, such as pap, or rice. Remember to also keep breastfeeding!

After about 9 months, the child can start to eat foods that are cut up into very small pieces or mashed. Do not stop breastfeeding, just let the child also eat solid foods.

Can anyone think of foods that might be good to feed a child who is 9 months or a little bit older?

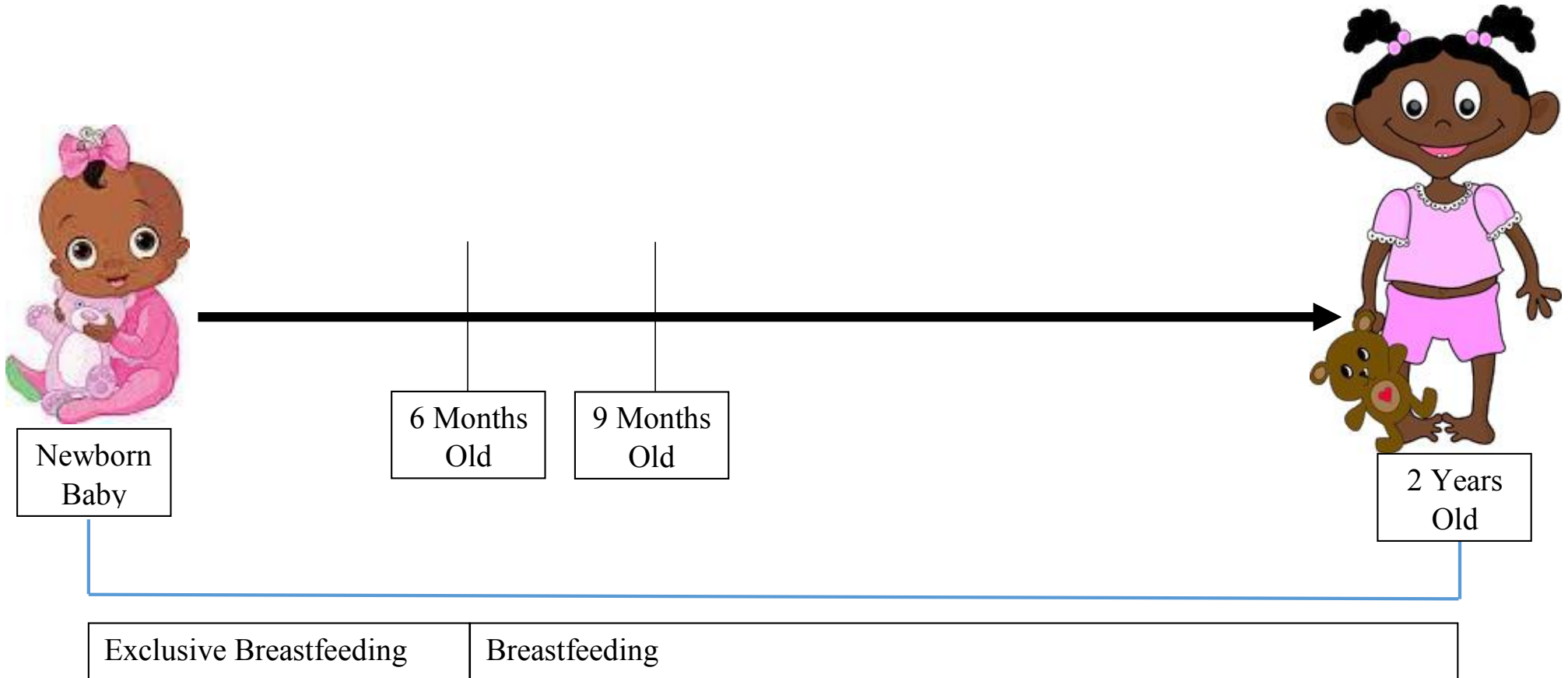
- ❖ Let the group talk about this for no longer than **3 minutes**. Write all of their food ideas on Flip Chart 1 – Weaning. These should be written above the arrow between the 9 months old and 2 years old box.

Super ideas. You can give a child any healthy food that is in your house. It just must be cut up into very small pieces or mashed, so the child can easily eat it. Keep breastfeeding until the child is 2 years old and slowly add these foods to the child's diet.

Around 2 years old, you can slowly stop breastfeeding and let the child only eat solid foods. They can eat a healthy, solid diet now!

Flip Chart 1 – Weaning-----

[Instructions: Draw/Write this on a Flip Chart before the session begins. As group members talk about appropriate foods, write these in the right time period.]



Activity C

Healthy Food, Healthy Amount

Preparing for the Activity

Purpose

To talk about healthy foods, recipes, and portions.

Materials

- ✓ 5 paper plates per group of 4
- ✓ Markers for each group of 4
- ✓ Picture 1 – Balanced Diet
- ✓ Picture 2 – When to Feed

Time

40 minutes

Procedure-----

- ❖ Start the activity by saying:

You guys have great ideas about healthy foods to feed out children. You do not have to spend a lot of money on special baby foods. You can just feed them healthy foods you already have in the house!

At meal times, you should make sure to feed children a variety of healthy foods. This helps children get all of the nutrients they need to grow healthy and strong. Let's look at this picture to learn more.

- ❖ Show Picture 1 – Balanced Diet.

At meal times, you can give your children any of these foods: pap, rice, bread, samp, or soft porridge. These are foods that we're probably all used to eating and cooking for our families already.

However, feeding a child is more than just making sure they're full. We also have to make sure a child is well-nourished, which means that the child is getting all of the nutrients it needs. Like we talked about at the beginning of today's session, nutrients are the good things inside of food, like vitamins, that children need to be healthy. If we only feed our children one type of food, they will not get all the vitamins they need.

This is why we must also feed our main foods, along with one of these foods: egg, milk, fish, meat, beans, peanut butter. We should also add fruits and vegetables to the meal.

When our child is able to eat all of these foods together, they can get all of the nutrients and healthy things in food that they need to survive.

Does anyone have good recipes or ways to cook these foods that your children really like?

- ❖ Let group members talk about this for no longer than **5 minutes.**

Thanks for sharing with the group everyone. Hopefully this gave you all healthy meal ideas for your family. Keep these in mind for later today, and also later after this class when you're cooking for your family.

Let's talk about actually feeding our children now. How often do you think a child should eat?

- ❖ Let group members talk about this for no longer than **1 minute.**

Small children have small stomachs, which cannot hold a lot of food, so they need to eat more often than adults. Give your child as much as she will eat at each meal.

- ❖ Show Picture 2 – When to Feed and use this to describe the following part:

It is better to give her 3 main meals, like breakfast, lunch, and supper – and 2 to 3 smaller meals in-between. These small snacks will help keep the child full and get the nutrients they need to be healthy. These in-between meals can be smaller than a normal meal, like some bread with some peanut butter or a piece of fruit. Remember, do not stop breastfeeding until the child is around 2 years old.

Does anyone have any questions about when to feed a child?

- ❖ Answer any questions the group may have.

What about if the child is sick and does not want to eat? What should a mother do then?

- ❖ Let the group talk about it for no longer than **3 minutes**.

Good ideas. It might help to give the child food she likes while she is sick. Food will help her to get better. Also give her lots to drink, especially if she has diarrhea. Remember, we do not want her to get dehydrated.

Most likely, the child will lose weight when she is sick, so it is important to give her extra meals and keep breastfeeding. You should give her an extra meal every day for a week after any sickness. You can also add 1 teaspoon of oil, fat, margarine, or peanut butter to her food to make the child stronger. Take the child back to the clinic for weighing to make sure she is gaining weight.

Now that we've learned more about what and when to feed our child, let's practice! Can everyone break into groups of 4 please?

- ❖ Help the group members get into groups of 4.

We can't actually practice cooking, but we can talk about what we would cook our child on an average day. I'm going to give each group 5 paper plates. First I want you to talk about healthy foods, and healthy amounts of these foods. What should your child eat for breakfast? What about supper? What are some good ways to cook these foods? Should they eat 3 meals or 2? What should they have for snack?

After you talk about this, begin to draw what you would feed them for each meal on the plates. For example, you could draw breakfast foods on one plate, lunch foods on another, then dinner foods on the last. Then, you can use the other 2 plates to draw snack foods.

The important thing is to talk about healthy foods and make sure your child is getting fed a wide-range of different types of foods at each meal. Each group will have 5 minutes to plan their meals for the day, and then 5 minutes to draw. Afterwards, you'll get to present your meals to the group. Any questions?

- ❖ Answer any questions the group may have, then let them begin talking. Do not let this go on for any longer than **5 minutes**. Walk around to each group to make sure they understand the activity. Show the groups Picture 1 – Balanced Diet if they can't think of any foods.
- ❖ After 5 minutes, pass out 5 paper plates and markers to eat group. Let them begin to draw. Do not let them draw for any longer than **5 minutes**.

These meals are looking good! Which team would like to present first? You can be as detailed as you'd like, so feel free to share more recipes or ways to cook these foods that you talked about in your group.

- ❖ Let each group present their meals for no longer than **3 minutes** per group. If they say anything that is not healthy, ask them and the group about it. Help them to decide if this is healthy. If it is not healthy, why not? What else could they cook?

Wonderful job everyone! Also, don't forget you would keep breastfeeding the child and feed them these foods until they are 2 years old. After they turn two, you would just feed them these wonderful foods you all described!

However, I'm wondering about buying all of these delicious foods we talked about. I know sometimes it's easier to buy foods that aren't as healthy for our children because they are cheaper. I hope we learned today that healthy food doesn't have to be expensive, but I still think it's important we think of ways to make buying healthy foods easier.

Does anyone have any tips about how they buy healthy foods? Do you know a really good market that sells cheap fruits and vegetables? Or do you have a way of saving money that helps you buy enough healthy foods to feed your family?

- ❖ Let group members talk about this for no longer than **5 minutes**.

Picture 1 - Balanced Diet-----

At meal times:

you can give your child any of these foods:



pap



rice



bread



samp



soft porridge

Together with:

one of these foods:



egg



milk



fish



meat



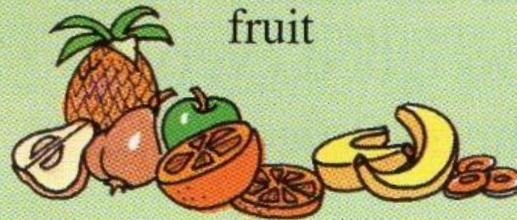
beans



peanut butter

Try to add:

one of these foods – they are also good for children:

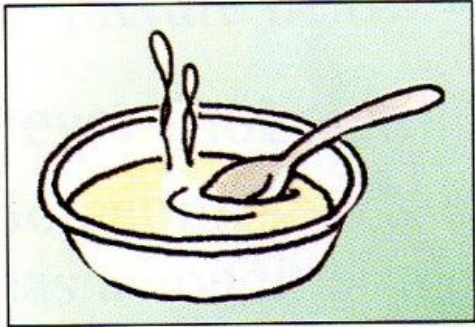


fruit

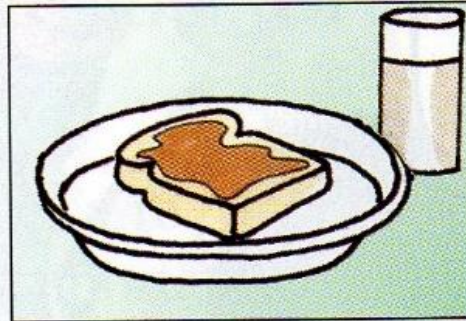


vegetables

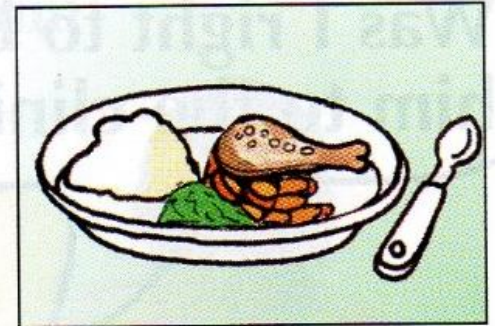
Picture 2 – When to Feed-----



■ Breakfast

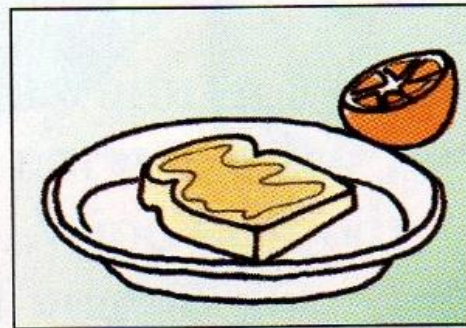


■ In-between meal

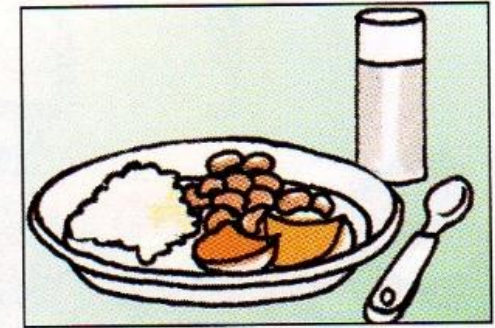


■ Lunch

To these foods try to add one teaspoon of oil, fat, margarine or peanut butter if you have any. This will give your child strength.



■ In-between meal



■ Supper

Activity D

Budget

Preparing for the Activity

Purpose

To talk about the importance of and how to budget money.

Materials

- ✓ Flip Chart 2 – Budget
- ✓ Marker for facilitator

Time

30 minutes

Procedure-----

- ❖ Continue the session by saying:

These are all really good ways we can save enough money to buy healthy foods for our family.

As sex workers, we all work hard for our money. We want to make sure we have enough money to buy the things we need, like healthy foods. One way of doing this is by creating a budget.

Does anyone know what a budget is?

- ❖ Let **1 group member** answer.

A budget is a general plan for how you are going to spend your money. A budget helps you identify how you spend your money and how much you spend in a given period of time, helps you plan the savings you'll need for unexpected expenses or changes in how much money you make, and helps you make decisions about money today and in the future.

What are some reasons you might want to have a written plan for how you are going to spend your money?

- ❖ Let **1 group member** answer.

It's helpful to plan how we are going to spend our money, so we can make sure we have enough money to buy the things we need.

Let's practice making a monthly budget together as a group. This will help us to plan how we will spend our money for each month.

- ❖ Hang up Flip Chart 1 - Budget

First let's talk about how much money an average sex worker makes. I know we all charge different prices and have a different numbers of clients, but think of an average sex worker, on an average month. How much money would she make over a month? In other words, what is an average income from doing sex work?

- ❖ Once group members decide on an amount, write this under the "Income" column next to "Sex Worker Income" on Flip Chart 2 – Budget.

Next let's think of everything we spend money on. This can be anything from rent to makeup. Call out things an average sex worker spends money on and I'll write it on our budget.

- ❖ As group members call out things they spend money on, write these under the "Description" column on Flip Chart 2 – Budget.

Now let's go back through our list of things sex workers spend money on and think about how much each of these items costs. Again, I know we all spend different amounts of money on different things, but think about an average sex worker. How much would she spend on *[insert the first item on the budget]* every month?

- ❖ As group members decide how much they spend on each item per month, write this amount under the "Expense" column next to the item on Flip Chart 2 – Budget.

Great. Now I'll add up all of our expenses, or things we spend money on.

- ❖ Add up all of the costs in the "Expense" column on Flip Chart 2 – Budget. Then compare the amount sex workers spend every month to the amount they make. Point out if an average sex worker makes enough every month to pay for all of the things she spends money on every month. In other words, is her income more or less than her expenses?

Budgets help us see if we make enough money to pay for all of the things we spend money on. If we do not make enough money to pay for all of the things we spend money on, budgets help us understand exactly what we spend our money on. Maybe there is something that is less important that we can stop buying to save money. Or perhaps there is something else we can cut down on to save money. Budgets let us plan how we spend our money.

By looking at our budget, can you think of any ways we could save money?

- ❖ Let group members talk about this for no longer than **5 minutes**.

Activity E

Grants

Preparing for the Activity

Purpose

To talk about the purpose and application process of Children's Grants.

Materials

- ✓ Flip Chart 3 – Child Support Grants

Time

30 minutes

Procedure-----

- ❖ Move onto this section by saying:

Now that we know how to budget our money, what can we do if we realize we don't have enough money to pay for all of our needs?

- ❖ Let group members talk about this for no longer than **5 minutes**.

Wonderful ideas everyone. If we need financial help, another option is getting a Children's Grant. Can anyone explain what a Children's Grant is?

- ❖ Let **1 group member** explain this.

The South African constitution says the government needs to look after people who cannot look after themselves, especially children. A grant is money that is given by the government. It helps people who are caring for children if they are unable to support them on their own.

The Department of Social Development gives three kinds of grants for children: the Child Support Grant, the Care Dependency Grant, and the Foster Care Grant. The Care Dependency Grant is paid to people who care for children who have severe disabilities and need special care. The Foster Care Grant is given to the caregiver of a child who is not the caregiver's own child by birth.

While these are both important grants, they are not as common as the Child Support Grant, which is what we will talk about today. Can anyone tell us what the Child Support Grant is?

- ❖ Let **1 group member** answer.

The Child Support Grant is given to any South African citizen who takes care of a child or children under the age of 7 years. These children must also be South African citizens.

To be able to apply for the Child Support Grant:

- ✓ You must not receive any other income for the children.
- ✓ You and your husband (if you have one) must have a combined monthly income of less than R800 if you live in an urban area, like Cape Town.
- ✓ You and your husband (if you have one) must have a combined monthly income of less than R1,100 if you live in a rural area or an informal settlement.

You can apply for the Child Support Grant at the government welfare offices or Department of Social Development offices. Can anyone tell the group where these buildings are?

- ❖ Let the group talk about this for no longer than **2 minutes**.

When you apply for a Child Support Grant, you will need a few documents. Let's talk about the application process now and share stories of how to successfully get a Child Support Grant.

- ❖ Hang up Flip Chart 3 – Child Support Grant and point to each of the items on this list as you explain the following sections:

The first thing you will need is proof of your income. If you are employed in addition to being a sex worker, you need to get a salary slip or a letter from your employer to say how much you earn. If you are unemployed, you need to make an affidavit at a police station to prove you don't have an income. An affidavit is just a written statement that is given under oath. It is basically a legal promise that you are unemployed.

To get an affidavit that you are unemployed, you must go to a police station. This might make some sex workers nervous. Has anyone had an experience giving an affidavit at a police station?

- ❖ Let group members talk about this for no longer than **5 minutes**. Also answer any questions they have about how to prove their income.

The next document you will need for a Child Support Grant is a birth certificate for the child you are applying for. This document must have a 13-digit identity number.

If a child in your care doesn't have a birth certificate, there are two things you must do. Ask for a maternity certificate at the hospital or clinic where the child was born. Then take the maternity certificate and your own identity document to Home Affairs. You can apply for the child's birth certificate at Home Affairs.

If the child was not born in a hospital or clinic, there are other ways to get a birth certificate. Contact Home Affairs to ask about this process.

Does anyone have any questions or stories about getting a birth certificate for their child?

- ❖ Let group members talk about this for no longer than **5 minutes**. Also answer any questions the group may have.

If you have been married, you will also need to bring your marriage certificate or divorce order. If you don't have these, you can apply for them from Home Affairs. You must take your own identity document with you to do this.

Has anyone had to get a marriage certificate or divorce order from Home Affairs before?

- ❖ Let group members talk about this for no longer than **5 minutes**. Also answer any questions the group may have.

When applying for a Child Support Grant, you will also need to bring a bar-coded South African identity document.

If you don't have an identity document, take your birth certificate and two passport photographs to your nearest Home Affairs office.

Has anyone applied for an identity document before or have questions about this process?

- ❖ Let group members talk about this for no longer than **5 minutes**. Also answer any questions the group may have.

The last document you will need when applying for a Child Support Grant is a death certificate if one or both of the child's parents are dead. If the child's parents are dead and you are caring for the child, you must prove this.

If you need to get a death certificate, get a notification from the doctor or health worker who last treated the child's dead parents. This is a piece of paper saying that the person has died. Then take this notification to the Home Affairs office. They will then write out a death certificate. You will need to take the parent's death certificate as proof that you are now responsible for the child.

Does anyone have experience getting a death certificate or questions about this?

- ❖ Let group members talk about this for no longer than **5 minutes**. Also answer any questions the group may have.

To get most of these documents, you will need to go to Home Affairs. Does anyone know where Home Affairs is and the easiest way to get there?

- ❖ Let group members talk about this for no longer than **3 minutes**.

It's also important to know that you do not have to pay for new birth certificates, new identity documents, or death certificates.

However, if you lost your documents and apply for another one, you will be charged. When you pay to apply for documents that you lost, always ask for a receipt. The receipt must show the amount you paid, the date you paid, the office where you paid, and the name of the government department to whom you paid this money. Receipts must be printed by a computer. They must not be handwritten.

The same thing goes for Children's Grant applications. There is no charge for applying for any of the grants. It is against the law for anyone to ask you to pay money to get your grant. If someone asks you to pay, then you can report this person to the police or the Department of Social Development.

Does anyone else have helpful tips or questions about applying for Children's Grants?

- ❖ Let group members talk about this for no longer than **5 minutes**. Answer any questions the group may have.

Once you are accepted to receive a Children's Grant, you can choose to get paid through the bank, the post office, or at the welfare office. You can also collect your money in cash from a pay point. Find out where the nearest one is when you apply for the grant. Count your money to check you have the right amount. If something is wrong, complain immediately.

Flip Chart 3 – Child Support Grants-----

[Instructions: Write this out on a flip chart before the session begins.]

Documents needed to apply for Children's Grants:

- ✓ Proof of your income
- ✓ Birth certificate for the child
- ✓ Your marriage certificate or divorce order
- ✓ A bar-coded South African identity document
- ✓ A death certificate if one or both of the child's parents are dead

Activity F

Closing

Preparing for the Activity

Purpose

To review what was learned today.

Materials

- ✓ 1 copy of Soul City – Grants for Children for every group member

Time

10 minutes

Procedure-----

- ❖ End the session by saying:

Today we learned a lot about food and finances. You all did a great job sharing your experiences trying to get your family well fed and financially stable. To make sure that you can keep get the financial help you need, I'm going to give you each a copy of Soul City's Grants for Children guide. This guide lists everything about applying for grants that we talked about today, and will help you if you ever need to apply for a grant or obtain some sort of document.

- ❖ Give each group member a copy of Soul City – Grants for Children.

To wrap up today, let's each share one thing we learned. This can be about healthy foods, budgets, applying for grants, or anything else you might have learned during today's session.

- ❖ Let each group member share one thing they learned during today's session.

You guys learned a lot today – super job!

Remember, our next meeting is on *[date]* at *[time]*. We'll be talking about child care and safety, so it will be a very important session. I hope to see you all again on *[date]* at *[time]*!

Appendix 1 - Resources-----

1. World Health Organization. *Up to what age can a baby stay well nourished by just being breastfed?* 2013. Available from: <http://www.who.int/features/qa/21/en/>.
2. Soul City, *Mother and Child Care*.
3. Wells Fargo Bank. *Hands on Banking Instructor's Guide*. 2014. Available from: http://www.handsonbanking.org/en/resources/Teen_T_Guide.pdf.
4. Soul City, *Grants for Children*.
5. Republic of South Africa Department of Home Affairs. *Birth Certificates*. 2015. Available from: <http://www.dha.gov.za/index.php/birth-certificates1>.



Goals

- ❖ To increase understanding among mothers who are sex workers of the physical, intellectual, social, and emotional developmental milestones of children
- ❖ To strengthen parenting skills to nurture and support childhood development within the context of maternal sex work
- ❖ To increase mothers who are sex workers' ability to prevent, recognize, and mitigate common maternal and child health risks
- ❖ To increase sex workers' sense of empowerment and confidence in their ability to be good mothers, supporting them to thrive both as mothers and sex workers

Learning Objectives

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

- ❖ Identify common household and community threats to a child's safety
- ❖ Develop and identify ways to prevent common threats to a child's safety
- ❖ Explain child sexual abuse, who it can affect, and how it can affect them
- ❖ Identify ways to prevent child sexual abuse, and support victims of child sexual abuse
- ❖ Explain important things to look for when choosing a child care option
- ❖ Develop strategies to find and pay for ideal child care options

Session Preview

- ❖ Assist group members in sharing goals for their children's future
- ❖ Help group members identify potential household dangers
- ❖ Help group members identify ways to prevent or reduce household risks
- ❖ Help group members identify potential community dangers
- ❖ Help group members identify ways to prevent or reduce community risks
- ❖ Introduce the concept of child sexual abuse
- ❖ Help group members discuss how to prevent child sexual abuse and support victims of child sexual abuse
- ❖ Help group members describe and obtain proper child care

Materials Needed

- ❖ Flip chart paper
- ❖ Marker for each group member
- ❖ Marker for facilitator
- ❖ Activities:
 - Activity 1 – Household Mapping
 - Activity 2 – Community Mapping
- ❖ Handouts:
 - Handout 1 – Child Abuse Resources

Preparation Needed

- ❖ Arrange chairs in a circle
- ❖ Write/draw out the following materials before the session begins:
 - Handout 1 - Child Abuse Resources

Suggested Facilitators

- ❖ Peer Educators
- ❖ Doctor, nurse, health worker
- ❖ Staff from the Cape Town Child Welfare Society

Instructional Time

120 minutes (2 hours)

Activity

Minutes Needed

A. Introduction.....	5 minutes
B. Household Mapping.....	40 minutes
C. Household Accidents.....	8 minutes
D. Community Mapping.....	40 minutes
E. Community Accidents.....	5 minutes
F. Sexual Abuse.....	10 minutes
G. Child Care.....	8 minutes
H. Closing.....	4 minutes

The following pages contain material that was taken verbatim or adapted from Soul City's
Mother and Child Care booklet with permission [2]:
330-331, 335-337, 344, 346-350

Activity A

Introduction

Preparing for the Activity

Purpose

To welcome the group members and talk about their dreams for their children.

Materials**Time**

5 minutes

Procedure-----

- ❖ After all the group members are in the room, start to sing a song. Have everyone stand up and sing/dance with you. Do not let this go on for more than **3 minutes**, then welcome the group members by saying:

Welcome again to Mothers of the Future! I'm glad we are here together today. Last week we talked about helping our children to be healthy by feeding them nutritious foods. Today we're going to continue talking about keeping our children healthy by keeping them safe.

To start today's session, let's talk about our favorite subject: our children. Let's go around the circle and have everyone share their dreams for their children's future. Do you want them to go to school, marry and have kids, get a good job, or something else? I can share first.

- ❖ The facilitator should briefly share their dreams for their child's future. Then let group member also share. Continue by saying:

Thank you for sharing your dreams and goals for your children's future. One way we can help our children make these dreams come true is by protecting them and making sure they are safe. That is what we will talk about today. We can learn from each other about protecting our children's safety.

This might be a hard or difficult session for some mothers because none of us want to think about our children getting hurt. During today's session, we want you to feel safe and comfortable. Please remember that you don't have to share anything that makes you feel uncomfortable.

Activity B

Household Mapping

Preparing for the Activity

Purpose

To draw common places within a house that can be dangerous to the safety of a child, and talk about ways to prevent and/or deal with risks.

Materials

- ✓ Flip chart paper
- ✓ Marker for each member
- ✓ Marker for facilitator

Time

40 minutes

Procedure-----

- ❖ Continue the session by saying:

Now let's start today's session about child safety. Can anyone tell me what it means to keep your child safe?

- ❖ Let **1-2 group members** explain what it means to keep a child safe. Then say:

Child safety means that we protect our child from danger, risk, or injury. As mothers, none of us want our children to get hurt. This is why we must keep them safe from dangers that can harm their body, mind, or emotions.

Let's continue to talk more about child safety by starting with some drawing. Can we break into 4 small groups please?

- ❖ Help the group members break into 4 even group. Give every group a piece of flip chart paper and give every group member a marker. Then say:

We are now going to do some household mapping. Household mapping helps us explore places in the home that threaten our children's safety. This can be places or things in a household that might be dangerous to a child, such as the kitchen when we are cooking, or the hot plate we have inside the kitchen.

Before we can start talking about what is potentially unsafe in our homes, we must first draw our homes. As a group, can everyone please draw a typical house in your community? Make sure you draw the house very big because we will be drawing things inside of it. You can use the whole piece of paper, like this:

- ❖ Facilitator should draw an example of a house on a piece of flip chart paper. See Activity 1 – Household mapping for an example. After you draw the house, have the groups also draw a house on their paper. This should not take more than **3 minutes**.

Good houses everyone. Next we will draw the places or items inside the house that might put our children in danger. It might help to draw rooms in your house first, and then think about places or items in those rooms that could be dangerous to a child. Using the example I gave before, I might draw a kitchen and then draw a hot plate inside of the kitchen. I would draw the hot plate because it could burn my child or possibly even set my house on fire if I'm not careful. This means it could be dangerous to my child.

- ❖ In the house they already drew, the facilitator should draw a kitchen a hot plate in the kitchen to explain the activity.

Does anyone have any questions about this household mapping activity?

- ❖ Answer any questions the group may have, then say:

Ok, you can all get started now. You'll have about 5 minutes to talk and draw as a group. Each group will then get a chance to present their drawing to the class.

- ❖ Let the groups start talking and drawing. Move between each group to make sure they understand the activity and help them think about places or things that can be dangerous to a child within their homes. After **4 minutes**, or sooner if the groups seem to be done, tell the groups they have **1 minute** left to finish up their drawing. After the last minute has passed, say:

You all did a very good job drawing places or things in our homes that could be dangerous to our children. Which group would like to tell us about your drawing first?

- ❖ Have each group present their poster for no longer than **2 minutes**. As they present, write down every danger they say on a flip chart. If more than one group says the same danger, you only need to write the danger once on the flip chart. If no group mentions "things that can burn" or "paraffin", add these to the list. Then say:

Good thinking everyone. It's important to be aware of things in our household that could potentially hurt our children. Now we're going to start thinking of ways to keep our children safe from these places or things that can be dangerous. Look at your drawings and begin to think of what you can do to prevent your child from getting hurt by the dangerous places or things you drew. It might help to think about things you or people you know do to keep children safe. For example, I can make sure my hot plate is sitting on a table or something else so my child cannot reach it. I can also make sure my hot plate isn't by anything that could catch on fire, like the curtains or some trash. I will now draw or write these ways I can keep my child safe on my poster.

- ❖ Facilitator should draw their hotplate sitting on a table in their house. They should also write "watch for fires" near the hotplate as a demonstration.

Does anyone have any questions about this part of our household mapping activity?

- ❖ Answer any questions the group may have, then say:

Ok, you can begin talking and drawing as a group now. You'll have about 5 minutes, and then each group will present their drawings to the class again.

- ❖ Let the groups start talking and drawing. Move between each group to make sure they understand the activity and help them think about ways to keep their children safe from dangerous places or things within their homes. After **4 minutes**, or sooner if the groups seem to be done, tell the groups they have **1 minute** left to finish up their drawing. After the last minute has passed, say:

Great thinking everyone – I heard each group come up with some really good ideas for how to keep our children safe. Which group would like to share their ideas and drawing with us first?

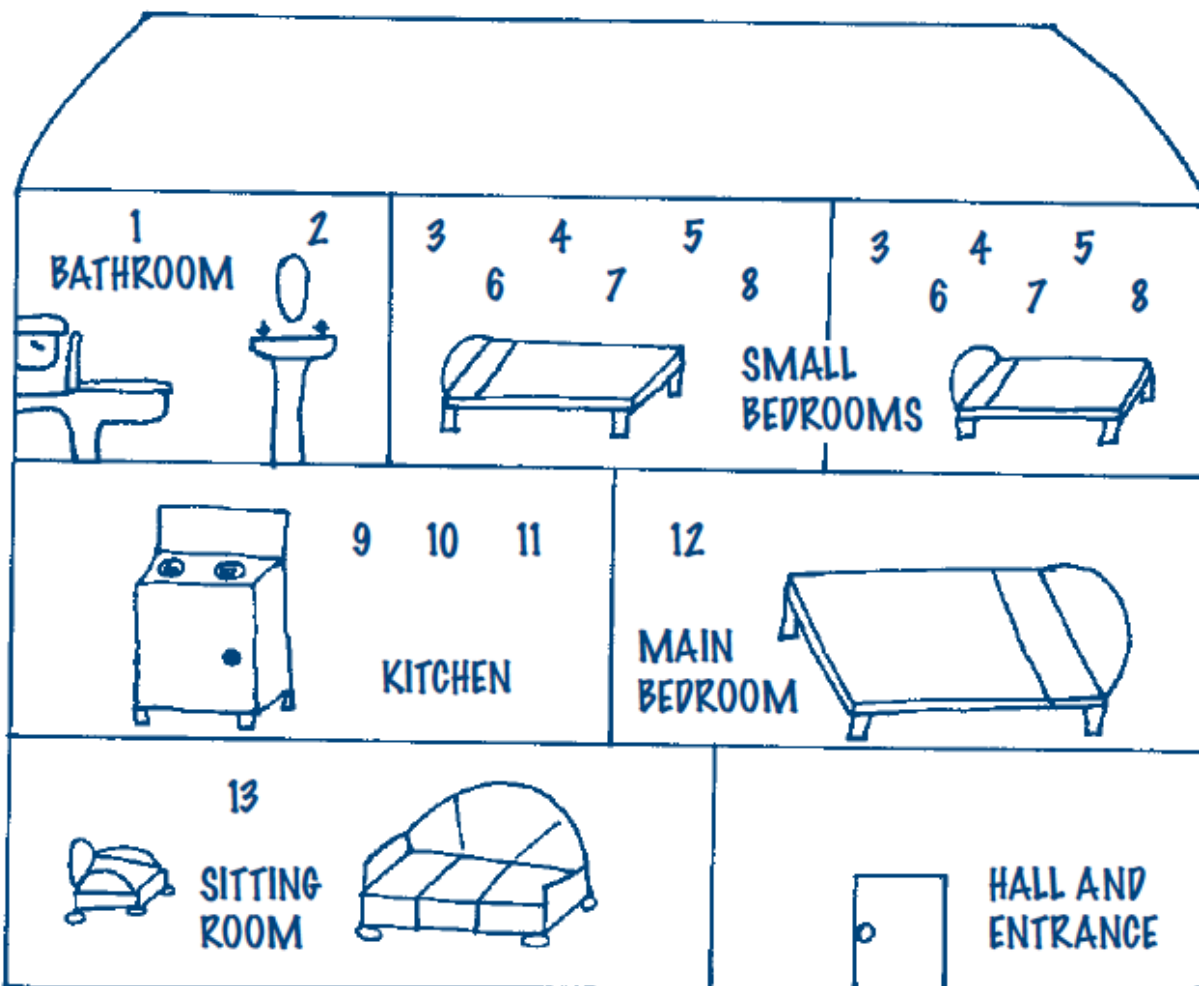
- ❖ Have each group present their poster for no longer than **3 minutes**. As they present, write down the ways they say they can keep their child safe. Each safety measure should be written next to the dangerous place/item they identified in the first part of the household mapping activity. If more than one group says the same solution, you only need to write the solution once on the flip chart. Then say:

These are all great ideas everyone! How realistic do you feel these all are? Are these steps you can take in your own life to keep your children safe?

- ❖ Let group members talk about how realistic these safety measures are for no more than **5** **minutes**. If someone says they cannot use one of these safety measures, ask them why and help the group to brainstorm something else more realistic to keep their children safe.

Activity 1 – Household Mapping-----

[Instructions: Use this drawing as an example to lead the group through a household mapping activity. You should make it look more like a house in a community where sex workers/group members might live.]



Activity C

Household Accidents

Preparing for the Activity

Purpose

To talk about preventing and treating burns and paraffin poisoning.

Materials

- ✓ Flip chart paper with household dangers and solutions from Activity B

Time

8 minutes

Procedure-----

- ❖ Start the activity by saying:

Good thinking everyone. Now let's briefly talk more about preventing and treating two of the most common childhood accidents that happen within homes here in South Africa. Since we are talking about childhood safety, when I say accident, I mean something that hurts a child unexpectedly or by mistake. Can anyone guess what two of the most common childhood accidents that happen in South African homes are?

- ❖ Let **1-2 group member** guess, then continue by saying:

We are going to talk about burns and paraffin poisoning. First let's focus on burns. What things could possibly burn a child in our homes?

- ❖ Let group members list things that could burn a child in their homes for no more than **1 minute**. Then say:

- ✓ Answers **could** include:
 - Candles
 - Hot/boiling water
 - Hotplates
 - Stove/oven
 - Teapots

How do you think we could prevent our children from getting burned?

- ❖ Let group members list ways to prevent their children from getting burned for no more than **2 minutes**. Write these on the flip chart, next to "burns" (which you should have written earlier when group members were listing dangerous things). Then say:

- ✓ Answers **could** include:
 - Be careful that children cannot reach hot water on the stove.
 - Put a barrier around the fire or hot things in your house.
 - Be careful of babies pulling down table cloths. They could burn themselves if there is something hot on the table. It is safer to use table mats.
 - Be careful of kettle cords hanging down.

Those are good ways to prevent our children from getting burned. However, we should also know what to do in case a child gets burned by accident. If your child gets burned, you should put the burn in cold water as soon as you can. Put it under a cold tap if possible. Keep the burn in cold water for 20 minutes or more. If the burn is really big, you can put the child in a full bath of cold water. Do not put anything else on the burn, like butter, toothpaste, polish, oil, or soap. These things can damage and really hurt your child. They will not help!

After you put cold water on the burn, take the child to the clinic if the burn is bigger than the size of her palm. If the burn is on the child's face, fingers, joints, or private parts, you should take her to the clinic right away, no matter what size the burn is. Since children are so small, burns are very dangerous. This is why it is so important to know how to treat a burn. Can anyone re-explain to the group what we just learned about treating burns?

- ❖ Let **1 group member** explain how to treat a burn. Correct anything she says that is wrong, and remind her of anything she forgets. Then continue by saying:

Thanks for explaining that to the group – you did a wonderful job. Now let's talk about paraffin poisoning. Paraffin is poison and is very dangerous for young children. Children may think it is water or cool-drink because it is often kept in cool-drink bottles. They can drink it by mistake. We should all be careful not to leave any paraffin in the bottom of a cup, or our child might drink it by accident.

How else do you think we can stop our children from drinking paraffin?

- ❖ Let group members list ways to prevent their children from getting burned for no more than **2 minutes**. Write these on the flip chart, next to “burns” (which you should have written earlier when group members were listing dangerous things). Then say:
- ✓ Answers **could** include:
 - Keep the paraffin in other bottles, not cool-drink bottles. The bottles must have lids.
 - Put the paraffin in a high place where children cannot get it.

Those are fantastic ways to prevent our children from drinking paraffin. However, we should also know what to do if a child drinks paraffin by accident. It is best to always be prepared, even if we are taking safety precautions.

If a child drinks paraffin, you should take the child to a clinic as soon as possible. It is better to keep her sitting up. The paraffin and its fumes can get into her chest and lungs more easily if she vomits while lying down. Take off her clothes if they are wet from the paraffin. Otherwise, she could breathe in the fumes from her wet clothes and this could make her sicker.

Whatever you do, do not try to make the child vomit. If the child vomits, the paraffin may get into her chest or lungs, which is very dangerous. Also, do not give the child milk or anything else to drink. This can wash the paraffin into her body and harm her even more.

Can someone else re-explain to the group what we just learned about treating paraffin poisoning?

- ❖ Let **1 group member** explain how to treat paraffin poisoning. Correct anything she says that is wrong, and remind her of anything she forgets. Then continue by saying:

Wonderful job. Does anyone else have any questions about burns or paraffin poisoning?

- ❖ Answer any questions the group may have, then continue to the next section.

Activity D

Community Mapping

Preparing for the Activity

Purpose

To draw common places within a community that can be dangerous to the safety of a child, and talk about ways to prevent and/or deal with the occurrence of these dangers.

Materials

- ✓ Flip chart paper
- ✓ Marker for each group member
- ✓ Marker for facilitator

Time

40 minutes

Procedure-----

- ❖ Continue the session by saying:

Now we're going to start to think about child safety outside of the home. Remember, child safety means that we protect our child from danger, risk, or injury. Dangerous things can happen in our homes, communities, and elsewhere. This doesn't mean we always need to be afraid, but we should always be aware of potential dangers to our children.

Let's start to talk about some of these potential dangers in our community. First, can we break into 4 small groups please? Try to be in a group with different people this time. It might be helpful to be in a group with people you live close to since we will be drawing our community.

- ❖ Help the group members break into 4 even group. Give every group a piece of flip chart paper and make sure every group member still has a marker. Then say:

We are now going to do some mapping again, except this time we will draw our community. Community mapping helps us explore places and ways in the community that our children's safety can be threatened. A community includes the area, people, and places where we live. As a group, you should draw a community and draw or circle the places and ways a child can get hurt within that community. You can either draw your own community, or just an average community that a sex worker might live in. This can be places or things in a community that might be dangerous to a child, such as an area where people might make fun of or stigmatize our children because their mother is a sex worker. You could draw a busy street where a child could get hit by a car.

- ❖ Facilitator should draw an example of a community on a piece of flip chart paper. See Activity 2 – Community Mapping for an example. After you draw a basic community, mark an area where children might be made fun of because their mother is a sex worker. Explain how hurt our child's feelings and emotions. You can also draw a very busy street and point out how this is dangerous if a child gets hit by a car.

Does anyone have any questions about this household mapping activity?

- ❖ Answer any questions the group may have, then say:

Ok, let's start drawing. You'll have about 5 minutes to talk and draw as a group. Each group will then get a chance to present their drawing to the class afterwards.

- ❖ Let the groups start talking and drawing. Move between each group to make sure they understand the activity and help them think about places or things that can be dangerous to a child within the community. After **4 minutes**, or sooner if the groups seem to be done, tell the groups they have **1 minute** left to finish up their drawing. After the last minute has passed, say:

Great job drawing everyone! Which group would like to present your drawing first and tell us about the places or things you think could be dangerous to our children in a community?

- ❖ Have each group present their poster for no longer than **2 minutes**. As they present, write down every danger they say on a flip chart. If more than one group says the same danger, you only need to write the danger once on the flip chart. If no group mentions "car accidents" or "sexual abuse", add these to the list. Then say:

Wonderful thinking everyone. It's important to be aware of things in our community that could potentially hurt our children. Now we're going to start thinking of ways to keep our children safe from these places or things that can be dangerous. Look at your drawings and begin to think of what you can do to prevent your child from getting hurt by the dangerous places or things you drew. It might help to think about things you or people you know do to keep children safe. For example, I can talk to the people who make fun of my child, or I can help my child avoid those people if they refuse to change. I can also make sure my child stays away from any busy streets and cars. I will now draw or write these ways I can keep my child safe on my poster.

- ❖ Facilitator should write "talk to people" near the area where their child is being made fun of. They should also draw their child playing somewhere that isn't by a busy street.

Does anyone have any questions about this part of our household mapping activity?

- ❖ Answer any questions the group may have, then say:

Ok, you can begin talking and drawing as a group now. You'll have about 5 minutes, and then each group will present their drawings to the class again.

- ❖ Let the groups start talking and drawing. Move between each group to make sure they understand the activity and help them think about ways to keep their children safe from dangerous places or things within their community. After **4 minutes**, or sooner if the groups seem to be done, tell the groups they have **1 minute** left to finish up their drawing. After the last minute has passed, say:

Great thinking everyone – I heard each group come up with some really good ideas for how to keep our children safe. Which group would like to share their ideas and drawing with us first?

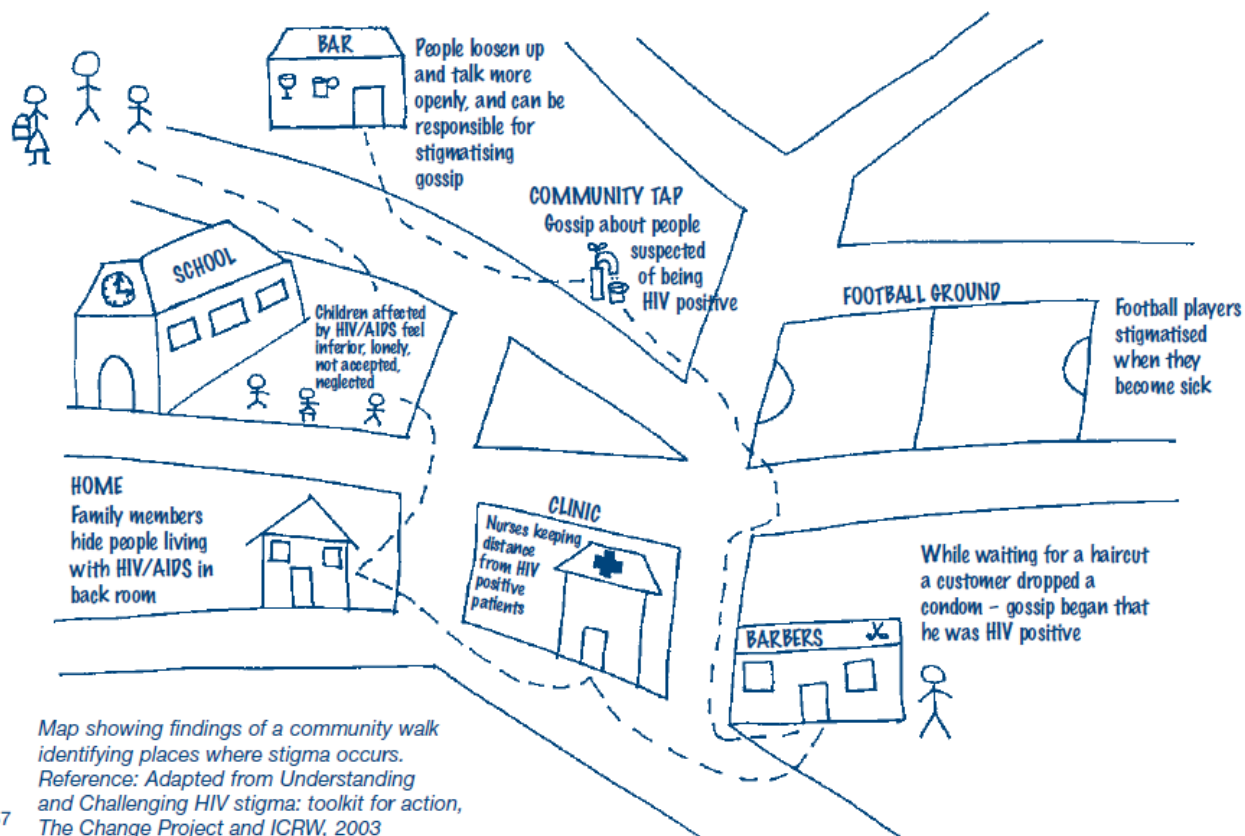
- ❖ Have each group present their poster for no longer than **3 minutes**. As they present, write down the ways they say they can keep their child safe. Each safety measure should be written next to the dangerous place/item they identified in the first part of the community mapping activity. If more than one group says the same solution, you only need to write the solution once on the flip chart. Then say:

These are all wonderful ideas everyone! However, like I asked you last time, how realistic do you feel these all are? Are these steps you can take in your own life to keep your children safe?

- ❖ Let group members talk about how realistic these safety measures are for no more than **5 minutes**. If someone says they cannot use one of these safety measures, ask them why and help the group to brainstorm something else more realistic to keep their children safe.

Activity 2 – Community Mapping-----

[Instructions: Use this drawing as an example to lead the group through a household mapping activity. You should make it look more like a community where sex workers/group members live, and focus on dangers to children.]



Activity E

Community Accidents

Preparing for the Activity

Purpose

To talk about preventing accidents with cars.

Materials

- ✓ Flip chart paper with community dangers and solutions from Activity D
- ✓ Marker for facilitator

Time

5 minutes

Procedure-----

- ❖ Start the activity by saying:

You all are doing a fantastic job thinking today. I'm glad to see you are aware of ways we can protect our children's safety. Let's talk about one specific danger in the community that hurts or kills many children. This is accidents with cars.

Many children get hit by cars, especially in places where there are many people living close together. Children often play on the streets because there is nowhere else to play.

How can protect our children from getting hit by cars?

- ❖ Let group members list ways to prevent their children from getting hit by cars more than **2 minutes**. Write these on the flip chart, next to "car accidents" (which you should have written earlier when group members were listing dangerous things).

- ✓ Answers **should** include:

- Teach our children how to cross roads safely and watch for cars.
- Teach our children not to play in the road or chase after balls that roll into the road.
- Get authorities in our areas to put traffic lights and bumps in the streets where there are many children, so that cars do not go fast.
- Demand that there are safe places for our children to play, or help create these safe places ourselves.
- Ask schools and churches to open their yards where our children can play.
- Find an adult we trust to watch the children.

Good ideas! It is also important to remember that children often get hurt inside of cars too. Children get hurt more often when they are in the front seat. Children should always be in the back seat. Whenever it is possible, children that are big enough must use a seatbelt.

Does anyone have any questions about child safety and car accidents?

- ❖ Answer any questions the group members may have, then continue to the next section.

Activity F

Sexual Abuse

Preparing for the Activity

Purpose

To explain sexual abuse and talk about ways to protect a child against sexual abuse.

Materials

- ✓ Flip chart paper with community dangers and solutions from Activity D
- ✓ Handout 1 – Child Abuse Resources

Time

10 minutes

Procedure-----

- ❖ Start the activity by saying:

Another risk our children may face is sexual abuse. This is a difficult topic to talk about, but it is very important that we, as mothers, know about sexual abuse, how to protect our children from it, and how to support them if they have experienced it.

As a reminder, we want you to feel safe and comfortable, so you do not have to share anything that makes you feel uncomfortable.

Let us begin by talking about what child sexual abuse is. Can anyone tell me what they think child sexual abuse is?

- ❖ Let **1-2 group members** answer the question. Continue by saying:

Thanks for sharing. Any sexual activity between an adult and a child is sexual abuse. A sexual activity may often involve body contact or touching, such as having sex or making a child touch an older child's or adult's private parts. It may also not involve touching, such as showing a child inappropriate pictures or videos, or making sexual comments. Child sexual abuse also happens when young girls are forced to marry and have sex with their adult husbands.

Child sexual abuse is when a child is forced or tricked into a sexual activity. In some cases, it may seem like a child is not tricked or forced, but participating willingly. However, mentally and physically most children are not ready for sexual activity. They usually do not understand what sex is, and/or what can happen if you have sex. Because of this, they are not able to agree to participate in sexual activity.

Can anyone think of other examples of child sexual abuse that the group should be aware of?

- ❖ Let group members share examples of child sexual abuse for no longer than **3 minutes**. Correct anything they say that is not an example of child sexual abuse. Continue by saying:

Thanks for sharing these examples that are hard to talk about. Do you think child sexual abuse, like the examples we just talk about, is common in our community?

- ❖ Let group members talk about if child sexual abuse is common in the community for no longer than **3 minutes**. Continue by saying:

Thanks you for your thoughts. Sadly, child sexual abuse is common all over the world. It happens to children living in big cities and in small villages. It happens to both boys and girls, although it's more likely to affect girls. It happens to children in rich or poor families, and from all religious or ethnic groups. Child sexual abuse can happen anywhere in this community, even at trusted places like at home or at school.

If we help our children understand some common examples of child sexual abuse, like those we just talked about, they might be able to recognize and resist sexual abuse. However, in some cases, our children may not be able to stop an older child or adult from using their physical strength, threats, or tricks to force the child to have sex.

Children can be sexually abused by strangers, but children can also often be sexually abused by family members or friends. A child can experience sexual abuse many times by the same abuser if it is not noticed and reported.

What impact do you think child sexual abuse can have on a child?

- ❖ Let group members talk about this for no longer than **3 minutes**.
- ✓ Answer **could** include:
 - They may be hurt emotionally or psychologically.
 - They may be injured.
 - Girls may become pregnant.
 - They may become infected with HIV.

Thank you for sharing your thoughts. Child sexual abuse can have a serious impact on a child's health. When children are sexually abused, they suffer physically and emotionally. When child victims of sexual abuse are hurt emotionally, they may feel sad, depressed, confused, scared, withdrawn, or a range of other emotions. This feeling could affect their lives and the way they develop.

Because physical force may be used and because children's bodies are not ready for sex, sexual abuse may also cause physical injuries. These make it more likely that they become infected with HIV or other STDs. In addition, girls may become pregnant.

Child who are abused might also find it difficult to trust people and to have a healthy relationship of any kind in the future, unless they get help. By learning about sexual abuse, you can learn how to protect your children from abuse and also how to support your children if they have been abused.

Let's talk about protecting our children from sexual abuse. It is very important to talk to your children about sexual abuse. In this way you can help protect them. Can anyone think of some things you could say to your child about sexual abuse?

- ❖ Let group members talk about this for no longer than **4 minutes**.
- ✓ Answer **should** include:
 - Sexual abuse can happen with strangers, but can also often happen with relatives or friends.
 - Nobody, not even a relative or a friend, is allowed to touch you on your private parts.
 - Nobody can force you to touch their private parts or anywhere else in any way that makes you feel uncomfortable. It is okay to say no.
 - Nobody has the right to frighten you by saying they will kill you or hurt you if you do not do what they want.
 - Nothing is so bad that you can't talk to me about it.
 - Tell somebody immediately if anyone tries to have sex with you or do things that you feel are wrong. Keep on telling people until somebody listens to you. I will take you seriously if you ever tell me that you have been abused. It is okay to talk about these things, even if you have been keeping them a secret for a long time.

Thank you for talking about what we can tell our children to help protect them from sexual abuse. Remember, sexual abuse can happen to a child of any age, so it is important to talk to your children about this, even if they are young.

You can also help protect your children by telling them about possible dangers. For example, your children should not take money, sweets, drinks, or anything from people they do not know. Tell your children to stay away from public toilets, unless they go with somebody who they can trust. Also, do not send children to the shop when it is dark, or where they have to pass lonely places on the way.

However, children can also be sexually abused by people they know, like family or friends. Unfortunately, children are more commonly sexually abused by people they know, than by strangers. What if one day a friend tells us her new husband, the step-father to her children, is sexually abusing her child while she is working as a sex worker at night. She is too scared to say anything to him. What can we tell her to do?

- ❖ Let group members talk about this for no longer than **4 minutes**.
- ✓ Answers **should** include:
 - Report child sexual abuse to the police.
 - Tell her that children rarely lie about sexual abuse. If her child ever says anything to her about being sexually abused, she should take it very seriously.
 - Tell her she is doing the right thing by looking for help.
 - Help her find an organization that can help her and her child.
 - The child should not be left alone with the step-father. We could help our friend and the child find a safe place to stay if she wants.
 - You and your friend can look for other people in your community who have the same problem. You can get together with these people and form a support group.

Thanks for helping our friend deal with child sexual abuse. If her child or any child you know is being sexually abused, it is important you get help right away. I'm going to give you each a list of places to call if you know of a child that is being sexually abused, or abused in any way. These organizations can help you and the child get the resources and support you need to keep the child safe from abuse.

- ❖ Give each group member a card with Handout 1 – Child Abuse Resources written on it. Continue by saying:

It is not possible, in this small amount of time, to give you all the answers about child abuse you may need. The purpose of this section is just to give you some ideas. If you need more information, speak to me after class or contact one of the organizations on the resource list I just gave you.

Handout 1 – Child Abuse Resources-----

[Instructions: Copy the following information onto a card before the session for each group member to keep.]

Resources for Child Abuse:

You can get help from these organizations:

- Childline (Safeline)
 - 0800 055555 (toll free)

- Cape Town Child Welfare Society
 - Head Office: +2721 6716705
 - Metro South & North Office: +27216383127
 - Metro East Office: +27213870163

- Cape Town Central Police Station
 - 021 467 8000 /1 /2

- 24 Hour SWEAT Hotline
 - 0800 60 60 60
 - SMS “Please call me” to 071 357 7632

- Your nearest hospital, clinic, police station, or local health

Activity G

Child Care

Preparing for the Activity

Purpose

To talk about the importance of child care and safety.

Materials**Time**

8 minutes

Procedure-----

- ❖ Start the activity by saying:

As you know, one of the most important things a parent can do to protect our child's safety is to supervise the child. This means that we, or someone else we trust, must watch our child to make sure they are not hurt in any way. As sex workers, most of us are very busy working. Sometimes we must leave our child with someone else when we are working or sleeping. Can you think of any people you would trust to leave your child with?

- ❖ Let group members talk about this for no more than **1 minutes**.
- ✓ Answers **could** include:
 - Family members
 - Friends
 - Crèche
 - Nanny/babysitter
 - Neighbor

What makes you trust these people to watch your child? In other words, what do you look for when you're choosing someone to leave your child with while you go to work?

- ❖ Let group members talk about this for no more than **3 minutes**.
- ✓ Answers **could** include:
 - Safe house
 - Good with children
 - Has experience taking care of children
 - Able to contact me if something is wrong
 - Will not allow other people I do not know or trust to be around my children alone. This will help protect my child from sexual abuse.
 - Will not stigmatize me or my children because I am a sex worker
 - Does not charge too much money

Thanks for sharing. I think those are all important things we must think about before we let someone else watch our child.

However, what if the place we want to leave our child at cost too much money? Crèches can be very expensive, and sometimes our neighbors who we trust want to charge us a lot of money too. What should we do to make sure our child is left somewhere safe and with someone we trust?

- ❖ Let group members talk about this for no more than **4 minutes**.
- ✓ Answers **should** include:
 - Earn extra money to pay for the place we want to leave our child.
 - Offer to pay the caregiver in another way. For example, if they own a shop, you can only buy from their shop. You could also buy food for them and your child.
 - Make a deal with other sex workers or people you trust to watch their children, if they watch yours. You can take turns caring for each other's children, while the other person is at work.

Wonderful ideas everyone! I feel confident that we can all make sure our children are safe and well-cared for.

Activity E

Closing

Preparing for the Activity

Purpose

To review what was learned in this session.

Materials**Time**

4 minutes

Procedure-----

- ❖ Close the session by saying:

Thank you all for participating in today's session. I think we learned a lot about child safety. Let's go around the group and everyone can share one goal you have to help make your child's life safer. My goal is to *[insert a small goal that will help make your child's life safer]*.

- ❖ Let group members take turns sharing their goals. This should not go on for longer than **3 minutes**. Continue by saying:

Thanks for sharing your goals and for coming today. Remember, our next meeting is on *[date]* at *[time]*. We will be talking more about child bonding, communication, and discipline, which will also help us learn even more about child safety. Next week is also our last class, so you will be graduating from Mothers of the Future! I hope to see you all again on *[date]* at *[time]*!

Appendix 1 - Resources-----

1. Soul City, *Mother and Child Care*.
2. International HIV/AIDS Alliance, *Tools Together Now!* 2006. 251.
3. Centers for Disease Control, *Families Matter Program session on Child Sexual Abuse*.



Goals

- ❖ To increase understanding among mothers who are sex workers of the physical, intellectual, social, and emotional developmental milestones of children
- ❖ To strengthen parenting skills to nurture and support childhood development within the context of maternal sex work
- ❖ To increase mothers who are sex workers' ability to prevent, recognize, and mitigate common maternal and child health risks
- ❖ To increase sex workers' sense of empowerment and confidence in their ability to be good mothers, supporting them to thrive both as mothers and sex workers

Learning Objectives

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

- ❖ Define self-esteem and list practices that build high-self esteem
- ❖ Describe the importance of bonding, and of developing bonding activities and ways to make time for these activities
- ❖ Describe ways to teach children the importance of respecting all people
- ❖ Describe positive communication, its importance, and techniques to promote it
- ❖ Describe healthy discipline, its importance, and techniques to promote it

Session Preview

- ❖ Assist group members in identifying their children's strengths
- ❖ Introduce the concept of self-esteem and help group members identify practices that build self-esteem
- ❖ Introduce the concept of bonding and help group members identify bonding activities and ways to make time for these activities
- ❖ Help group members develop ways to teach their children to respect others
- ❖ Introduce the concept of positive communication and help group members develop/practice positive communication techniques
- ❖ Introduce the concept of healthy discipline and help group members develop/practice healthy discipline techniques
- ❖ Assist group members to graduate from Mothers of the Future!

Materials Needed

- ❖ Marker for facilitator
- ❖ Flip chart paper
- ❖ Flip Charts:
 - Flip Chart 1 – Building Self-Esteem
 - Flip Chart 2 – Positive Communication
 - Flip Chart 3 – Dealing with Conflict
- ❖ Activity Sheets:
 - Activity 1 – Building Blocks of Healthy Discipline
 - Activity 2 – Graduation Certificate
- ❖ Stories:
 - Story 1 – Dealing with Conflict

Preparation Needed

- ❖ Arrange chairs in a circle
- ❖ Hang ground rules somewhere in the room
- ❖ Write/draw out the following materials before the session begins:
 - Flip Chart 1 - Building Self-Esteem
 - Flip Chart 2 - Positive Communication
 - Flip Chart 3 - Dealing with Conflict
 - Activity 1 - Building Blocks of Healthy Discipline
 - Activity 2 - Graduation Certificate

Suggested Facilitators

- ❖ Peer Educators

Instructional Time

150 minutes (2.5 hours)

Activity

Minutes Needed

A. Introduction.....	5 minutes
B. Self-Esteem.....	20 minutes
C. Bonding Activities.....	15 minutes
D. Respect.....	15 minutes
E. Positive Communication.....	30 minutes
F. Conflict.....	25 minutes
G. Healthy Discipline.....	20 minutes
H. Graduation.....	20 minutes

The following pages contain material that was taken verbatim or adapted from Soul City's *Raising children to be their best* booklet with permission [3]:
364-366, 368-369, 371-373, 375, 377-382, 384-392, 394-398

Activity A

Introduction

Preparing for the Activity

Purpose

To welcome the group members and talk about their children's strengths.

Materials**Time**

5 minutes

Procedure-----

- ❖ After all the group members are in the room, start to sing a song. Have everyone stand up and sing/dance with you. Do not let this go on for more than **3 minutes**, then welcome the group members by saying:

I'm so glad to see you all at our last Mothers of the Future meeting! You have come so far and after today's session you will be graduating! You should be proud of the progress you've made.

Before we celebrate, we still have a little more learning to do. Can anyone remind the group what we talked about last time?

- ❖ Let group members talk about the last session for no more than **2 minutes**.

Last week we talked about child safety, and different ways we can handle some risks our children might face.

Today we will continue talking about caring for our children through bonding, discipline, and communication. To start off this session let's go around the circle and share one thing we appreciate about our child. This can be something you really like about all of your children, or something you really like about one child in particular. It can be about anything. For example, I really like how my children *[insert a compliment about your children]*.

- ❖ Allow each group member to share one thing they like about their child(ren).

It sounds like we all have wonderful kids!

Activity B

Self-Esteem

Preparing for the Activity

Purpose

To explain self-esteem and develop ways to build a child's self-esteem.

Materials

- ✓ Marker for facilitator
- ✓ Flip Chart 1 – Building Self-Esteem

Time

20 minutes

Procedure-----

- ❖ Continue the session by saying:

Now I have another question for the group. When is the last time that you told your child all the nice things you just shared with the group?

You don't have to answer this question out loud, I just want you to think about it to yourself. One of the most important jobs you can do as a parent is to build your children's self-esteem. Can anyone tell the group what self-esteem means?

- ❖ Let **1-2 group members** explain what self-esteem means.

Self-esteem is when someone has confidence in their own worth or abilities. This also means they have self-respect. Children with good self-esteem feel good about themselves and have the confidence to deal with life. They normally feel loved and are able to deal with responsibility or challenges. As a result, children with high self-esteem feel comfortable with people and tend to perform better at school.

Children with low self-esteem normally have more problems than those with high self-esteem. Having low self-esteem can make children believe they are not worth anything. They do not feel appreciated or listened to, so they might feel powerless and get easily frustrated. They might even perform badly in school, bully other children or withdraw from them, or find it hard to resist peer pressure.

Do you think it is important for parents to help build their children's self-esteem? Why or why not?

- ❖ Let group members talk about this for no longer than **4 minutes**.

It seems like we can agree that building our child's self-esteem is very important. Children with high self-esteem feel like they can accomplish a lot, and we want to support this in any way we can!

I've written out a few ways we can help build our child's self-esteem, but I need help listing examples. Let me read you what I've written so far. Try to think of examples of how we can actually do these things as mothers. We'll talk about this next.

- ❖ Hang up Flip Chart 1 – Building Self-Esteem.

1. Encourage creativity.
2. Encourage your children to talk.
3. Make your children feel special.
4. Help your children to feel wanted.
5. Make your children feel important.
6. Make your children feel an important part of the family.
7. Give your children a chance to make choices.
8. Help your children to understand what they believe.
9. Help your children to set goals.
10. Be consistent.
11. Praise your children when they do things you approve of.

Let's talk about examples for each of these ways we can build a child's self-esteem. Try to think about things you or your friends already do to help your children have high self-esteem. For example, we can tell our children what we appreciate about them and give them compliments, just like we did at the beginning of today's session. This would make them feel special.

- ❖ Write: "Tell your child what you appreciate about them" under "Make your children feel special" on Flip Chart 1 – Building Self-Esteem.

What are some other examples of things we can do to help build our children's self-esteem?

- ❖ Let group members talk about this for no longer than **8 minutes**. After a group member gives an example, write their example under the appropriate category on Flip Chart 1 – Building Self-Esteem. If group members cannot think of any examples for one of the ways to build a child's self-esteem, read the examples listed in Flip Chart 1 below.

Great, these are all really good examples of how we can help build our children's self-esteem. Does anyone think it might be difficult or hard to do any of these things that help build a child's self-esteem?

- ❖ Let group members talk about this for no longer than **3 minutes**. If anyone does think it might be hard to help build a child's self-esteem, ask them why they feel that way. Then have the group think of other ways they could build a child's self-esteem that are easier or more realistic.

I'm proud of you all. I think we know a lot about why self-esteem is so important and ways we can help build self-esteem. Remember, self-esteem is important for adults to!

Flip Chart 1 – Building Self-Esteem-----

[Instructions: Draw/write this figure, with only the text in the dark blue boxes written on a flip chart before the session begins. The text in the lite blue boxes are just ideas if the group members get stuck, and should not be written on the Flip Chart beforehand. You can just read them off of this sheet if the group needs some help.]

Encourage Creativity	<ul style="list-style-type: none"> •Praise your children for trying. •Help your children to use their imagination, intelligence, and playfulness.
Encourage your children to talk	<ul style="list-style-type: none"> •Children need to talk about their feelings and ideas, even if they are different from yours.
Make your children feel special	<ul style="list-style-type: none"> •Spend time doing things with your children. •Tell them that they are special.
Help your children to feel wanted	<ul style="list-style-type: none"> •Hug and kiss your children. •Show that you love them.
Make your children feel important	<ul style="list-style-type: none"> •Share your feelings and ideas with your children. •Discuss family and community events with them.
Make your children feel an important part of the family	<ul style="list-style-type: none"> •Give them tasks to do in the home. •Let them hlep with planning activites and outings.
Give your children a chance to make choices	<ul style="list-style-type: none"> • Help them understand what happens when they make choices.
Help your children to understand what they believe	<ul style="list-style-type: none"> • Discuss your beliefs with them. • Encourage them to talk about what they believe.
Help your children to set goals	<ul style="list-style-type: none"> • Discuss what they want out of life with them.
Be consistent	<ul style="list-style-type: none"> • Do not change a rule without discussing it with your children.
Praise your children when they do things you approve of	<ul style="list-style-type: none"> • Let your children know what they do something good. Tell them why you are giving them praise.

Activity C

Bonding Activities

Preparing for the Activity

Purpose

To develop bonding activities and ways to make the time for these activities.

Materials**Time**

15 minutes

Procedure-----

- ❖ Start the activity by saying:

Another important way we can help to build our child's self-esteem is just by spending time with them! As a mother, why do you think it's important to spend time with a child?

- ❖ Let the group talk about this for no longer than **2 minutes.**

Spending time with your baby or child helps you to bond. Bonding is the intense emotional connection that grows between parents and their baby. For some parents, especially mothers, this attachment begins before the baby is even born. For others, bonding develops over time as the parents and baby get to know one another.

Bonding is healthy for mother and child. It helps the child feel safe and protected, and it causes the mother to want to care for and respond to her baby. Bonding promotes trust between the baby and mother, and helps the child to develop secure attachments. This means the child is able to form stronger relationships with friends and family. They feel loved and safe.

Children who bond with their parents and develop secure attachments do better in school, have better self-esteem, are more independent, and can better handle life's ups and downs. Bonding is very important for healthy emotional growth!

How do you think a mother could bond with her baby?

- ❖ Let the group talk about this for no longer than **3 minutes.**

Good ideas. Nurturing touch is the number one way to bond with a baby! A mother could hold her baby close by using skin-to-skin time like we talked about a few weeks ago. This is when the mother puts the baby's skin directly against her own skin.

Mothers can also bond with their baby through eye contact, or looking into their baby's eyes. Babies will look back at you! Smile and make happy faces at the baby. Babies also love to hear their mother's voice, so it helps to talk, sing, or read out loud to the baby.

What about bonding with a slightly older child, like a child who is 2 or 3 years old. How could a mother bond with a child at this age? Are there any fun activities they could do together?

- ❖ Let the group talk about this for no longer than **5 minutes.**

Great thoughts! As children grow older, touch is still important to make them feel loved. You can also bond with a child by just spending quality time with them.

However, sometimes we are very busy as sex workers who are mothers. It might be difficult to find the time to bond with our child, especially if we are sleeping during the day and working at night. What are some ways we can make time in our busy lives to bond with our children?

❖ Let the group talk about this for no longer than **5 minutes.**

Wonderful ideas. It's important to know that even though we have busy lives, we can always make time for our children!

Activity D

Respect

Preparing for the Activity

Purpose

To talk about teaching children to respect all people.

Materials**Time**

15 minutes

Procedure-----

- ❖ Start the activity by saying:

Just like it is important to teach our children about things learned in school, it is equally important to teach them the values and morals we want them to grow up with. One of these values is respect. We talked about helping children build high self-esteem and respect themselves, but it is important they respect others as well. Why do you think it is so important to teach our children to respect other people?

- ❖ Let **1-2 group member** answer, then continue by saying:

Apartheid did not encourage South Africans to get to know, or learn to respect each other's values and traditions. This led to different groups not trusting each other and even fighting. Even though there are new laws, we still have to learn to trust each other. All people are equal under the new South African Constitution. We all have human rights, just like we talked about in the first session of Mothers of the Future. As parents, we must teach our children to respect people of other cultures, people with different abilities, and people born outside of South Africa.

I don't think we need to do an activity to understand how it feels to be stigmatized, discriminated against, or disrespected. As sex workers, we probably have all been treated without respect at some point in our lives. It is more important to think about how it makes you feel when you are treated like this. Is this how we want our children to treat others?

If we want respect as mothers and sex workers, we need to teach our children that all people should be treated with respect. What are some ways we can teach our child to respect other people, even if they are different from us?

- ❖ Let group members talk about this for no more than **5 minutes**.
- ✓ Answers **should** include:
 - Do not talk about other people's race, religion, country, or looks when you talk about how they behave. This can make your children think that only certain people act in certain ways. For example, do not say: "Indian people do this or Chinese people do that."
 - Do not blame people of a particular race or from a particular country for a problem. If you do this, your children may think that only people from that country or race are responsible for that problem.
 - Find ways to talk and learn about people from other cultures, countries, or religions with respect.

- As a mother, you should live what you teach. This means you should also treat all people with respect. Our children learn from us and copy our actions, so we need to set a good example.

Those are all super ways to teach our children about respect. In addition to respecting different cultures, races, abilities, and other differences, it is also important to teach our children about treating men and women equally. Do you think men, women, and transgender people are treated equally in our community and country right now? Why or why not?

- ❖ Let group members talk about this for no more than **3 minutes**. Then say:

Around the world, most men, women, and transgender people are not treated equally. This is an issue that people are fighting everywhere, including South Africa. No matter what gender we identify with, we should not ever be treated differently than someone who identifies with a different gender.

However, we all know this doesn't always happen. Why do you think men, women, and transgender people aren't treated equally in South Africa?

- ❖ Let group members talk about this for no more than **3 minutes**. Then say:

There is no reason men, women, or transgender people should ever be treated differently. If we want equality and respect for all genders, we need to start teaching this to our children. Remember, we are the Mothers of the Future!

Parents often treat girls and boys differently. Parents tend to teach girls to be gentle, obedient, and to consider other people's feelings. Boys are often taught to be assertive, strong, and to hide their feelings. Children need to know that both boys and girls can show how they feel, be strong and assertive, and solve problems without violence.

How do you think we can raise both boys and girls in a way that is equal?

- ❖ Let group members talk about this for no more than **4 minutes**.

- ✓ Answers **should** include:

- Make sure that both boys and girls help at home.
- Let boys and girls play outside, and play sports if they want to.
- Encourage both girls and boys to give their opinions.
- Encourage boys and girls to show all their feelings, even if they want to cry.
- Do not tell your children, "Girls do this and boys do that".
- Give girls the same praise as boys.

- Give boys the same love as girls.
- Apply the same discipline to boys and girls.
- Do not excuse your children's behavior by saying, "That's what boys or girls do".
- Teach boys and girls that they have the right to say no.
- Teach boys and girls to respect each other.
- Support and love transgender children, who may have been born as a boy or a girl, but chose to live their life as another gender.

All people are equal no matter their race, religion, gender, or anything else they identify with. It is important we teach our children this life lesson.

Activity E

Positive Communication

Preparing for the Activity

Purpose

To learn and practice positive communication techniques.

Materials

- ✓ Flip chart paper
- ✓ Marker for facilitator

Time

30 minutes

Procedure-----

- ❖ Continue the session by saying:

No matter what we are trying to tell our children, we will not get our point across if our communication is bad. Communication is the key to everything we will learn in today's session. Can anyone tell the group what communication is?

- ❖ Let **1-2 group members** explain communication, then say:

Communication is talking and listening to each other about what we think and feel. Communication is not just words. It is also how we sound, look, sit, stand, or use our hands when we talk.

An important part of communication is listening. Sometimes it is hard to listen. Often we have our own problems, so we do not give our children all our attention when they talk to us. Sometimes we interrupt and decide what to say before our children finish talking. Sometimes we only hear the things that we want to hear.

Let's learn more about good and bad listening. We're going to do a few communication activities, so everyone turn to the person next to you. This will be your partner for all of our communication activities.

- ❖ Make sure everyone has a partner, then continue by saying:

First, let's talk about bad listening. What are some things a bad listener does?

- ❖ Let group members talk about this for no longer than **1 minute**. Write down what the group members say on a flip chart labeled "Bad Listener".
- ✓ Answers **could** include:
 - Look away from the person talking / don't make eye contact
 - Act uninterested in what they are saying
 - Don't say or do anything to let the person know you are listening
 - Have unfriendly body language (crossing your arms, turning away from the person speaking, etc.)

These are examples of what a bad listener might do. Let's see how it would feel to be a bad listener. With your partner, one of you will pretend to be a child, and the other person will pretend to be the mom. The partner who is pretending to be the child just had the best day of her life. You rushed home to tell your mom all about it. You can tell her about a real memory from your childhood, or you can make up a story.

The other partner, who is pretending to be the mom, is very tired. She worked all night and didn't get very much sleep. She's also worried about money problems. Because of these issues, the mother is being a bad listener. This means the mother will do the things we just talked about. She might *[insert something from the Bad Listeners flip chart]* and *[insert something else from the Bad Listeners flip chart]*. Afterwards, we'll talk more about this activity.

Does anyone have any questions?

- ❖ Answer any questions the group members may have, then say:

Great. Now quickly decide with your partner who will pretend to be the mother and who will pretend to be the child.

- ❖ Let the partners talk for no longer than **30 seconds**, then say:

Alright partners – raise your hand if you will be pretending to be the child.

- ❖ Make sure only 1 of the partners raises her hand. Fix any problems or misunderstandings.

Good. Now raise your hand if you will be pretending to be the mother.

- ❖ Make sure only 1 of the partners raises her hand. Fix any problems or misunderstandings.

Perfect. It's time to begin. Remember, the child is excited to tell her mother about the best day of her life, but the mother is being a bad listener. Go!

- ❖ Let the partners interact with each other for **2 minutes**. Walk around the room and listen to what everyone is saying to make sure they understand the activity.

Okay, everyone can stop pretending now. I have a question for the people who were pretending to be the child. How did it feel to talk to your mom who was a bad listener?

- ❖ Let group members talk about this for no more than **2 minutes**, then say:

I see. It didn't feel very good or encouraging to talk to a bad listener. You probably didn't feel very special, important, or encouraged to talk. I bet after talking to a bad listener, you even had low self-esteem.

What about the people who pretended to be the mother – how did it feel to be the bad listener?

- ❖ Let group members talk about this for no more than **2 minutes**, then say:

Being a bad listener might make us feel guilty, annoyed, or frustrated with our children. We also miss very important things our children have to tell us!

Now I want to hear from the entire group – what are some ways to be a better listener?

- ❖ Let group members talk about this for no longer than **3 minutes**. Write down what the group members say on a flip chart labeled “Good Listener”.

- ✓ Answers **should** include:

- Try to find out more about the issue. Ask your children questions that involve more than just yes/no answers, for example, questions that start with the word who, what, where, when or how.
- Be patient. Your children may not know how to say what they think or feel. They may take longer than adults.
- Repeat back to your children what you think they have told you. This will help you to check if you heard them correctly.
- Watch your children's faces and their bodies. These can sometimes tell you how they feel better than words can.
- Acknowledge and accept your children's different feelings. Children need to say what all their feelings are, including excitement, disappointment, and anger.

Can I get a volunteer to help me demonstrate a good listener to the class?

- ❖ Pick a volunteer and have them come stand or sit by you.

Thank you. Now we'll act out the same story. You'll be the child who is excited to tell me about the best day of their life, and I'll be the mother who is tired and worried about money problems. However, this time I will be a good listener. Ready?

- ❖ Act out the scene with the volunteer. Try to use as many of the good listening techniques as possible.

What did you think I did well as good listener?

- ❖ Let group members talk about this for no longer than **2 minutes**, then say:

Now it's your turn to practice being good listeners with your partner. One of you will be the child talking about the best day of her life, and one person will be the mother. Remember, the mother is acting like a good listener now. Go!

- ❖ Let the partners interact with each other for **1 minute**. Walk around the room and listen to what everyone is saying to make sure they understand the activity.

Now let's switch roles so everyone can practice being a good listener. If you were the child, now you will pretend to be the mother. If you were the mother, now you will pretend to be the child. Go!

- ❖ Let the partners interact with each other for **1 minute**. Walk around the room and listen to what everyone is saying to make sure they understand the activity.

Alright, good job everyone. As the child, did it feel different to talk to a mother who was a good listener?

- ❖ Let group members talk about this for no more than **2 minutes**, then say:

Talking to a good listener encourages positive self-esteem. It makes the child feel like their mother cares what they are saying and wants to hear more. They feel special and important, because their mother is showing that she is interested in what they are saying.

What about pretending to be a mother who is a good listener. How did this feel?

- ❖ Let group members talk about this for no more than **2 minutes**, then say

Being a good listener really helps us to connect with our child. It might make us feel closer to our child and help us to learn more about them. As mothers, it is reassuring to know that our children feel comfortable talking to us about anything because they know we will listen.

Now that we're all well practiced at being great listeners, let's talk more about also being able to talk to our child. It is very important for parents to communicate positively with children. Sometimes as parents we talk to our children in negative ways because we are tired, have our own problems, or do not know what to say or do. We want to improve our communication, so that even if we are dealing with our own problems, we can still communicate positively with our own kids.

What do you think it means to communicate with your child in a positive way?

- ❖ Let **1-2 group members** answer, then say:

Positive communication means that we are talking with and listening to our child about what we both think and feel. If we are positively communicating, we are both able to talk and feel like we are being heard. Positive communication will also help to build self-esteem.

I have a list of 9 positive ways to communicate with children. I'm going to read this list, and after every tip, I want you to think about if this is something a mother who is a sex worker could easily do. If you think this way to positively communicate with a child would be easy for a mother who is a sex worker, you will give me a thumbs up. If you think it might be challenging or hard for a mother who is a sex worker, you will give me a thumbs down.

Does anyone have any questions?

- ❖ Hang up Flip Chart 2 – Positive Communication. After you read each of the following tips, pause to let the group members give you a thumbs up, or a thumbs down. If anyone gives you a thumbs down, ask them why they feel this way to positively communicate with a child would be hard for a mother who is a sex worker. Ask the group if they can think of another way to communicate that might be easier or more realistic.

- ❖ Listen with all your attention. Try not to do other things when your children are telling you something. Use the good listening skills we just learned.
- ❖ Always talk to your children with respect. Try not to shout at them.
- ❖ Give your children choices. As your children get older, help them to make their own decisions.
- ❖ Parents have the right and the responsibility to advise their children and teach them right from wrong. Older children may feel that their parents do not trust them to make decisions. Give advice in a way that makes your children feel that they can make their own decisions.

- ❖ Encourage your children to say how they feel. You cannot tell your children what to think and feel.
- ❖ Be consistent. Do not make different rules every day.
- ❖ Do not deal with issues when you are angry.
- ❖ Hold family meetings and give everyone a chance to talk.
- ❖ Talk to your children about what you expect from them. Explain how you feel using the I-message.

Before we learn more about the I-message, can anyone think of a way to positive communicate with children that I forgot?

- ❖ Let group members talk about this for no longer than **2 minutes**, then say:

Great. Let's learn a method we can use to positively communicate with our child and tell them how we feel. This is called the I-message. We can use the I-message to tell our children and other people how we feel about their behavior. I-message have 3 parts:

1. Describe how you feel about the child's behavior. For example, "I feel frustrated..."
2. Next, describe what your child is doing that upsets you. For example, "I feel frustrated when you do not clean up your toys..."
3. Lastly, describe how the behavior affects you as a parent. For example, "I feel frustrated when you do not clean up your toys because I have to do double the work and I am tired from working all night."

Here's another example. Your son comes home late. This is an I-message you could use: "I worry when you come home late that something has happened to you because the roads are so dangerous and you could be hurt or even killed."

Pretend you are a child. Would you rather your mother uses this I-message, or says: "You idiot. Why did you come home late without telling me?"

- ❖ Let group members answer the question, then say:

Why would you rather hear the I-message? How does the I-message make you feel or want to act?

- ❖ Let group members talk about this for no longer than **2 minutes**, then say:

The I-message helps children understand exactly what their mother is feeling and why. It is a way to positively communicate your feelings about a child's behavior, without making the child feel disrespected.

Saying: "You idiot. Why did you come home late without telling me?" is negative communication. It sounds accusing, like you are blaming the child. It can also lead to defensiveness, anger, resistance, and aggression.

Let's practice I-message with our partners. I will tell you a short story and then one partner will say an I-statement, while the partner listens.

Here's the story. You have two boys at home. One is 5 years old, and the other is 7 years old. They argue and fight with each other all of the time. Try to use an I-message to tell them what you feel.

- ❖ Let the partners talk for no longer than **1 minute**, then say:

Would anyone like to share their I-message with the group?

- ❖ Let **1 – 2 group members** share their I-message, then say:

Those were great. Let's practice again. If you said an I-message last time, now it's your partner's turn to say an I-message.

Here's the story: Your 4-year-old girl doesn't want to stay with your sister for the night and begins to cry. You try to leave, but she screams even louder. You have to leave for work, or your pimp will be very mad you're late! Try to use an I-message to tell your daughter what you feel.

- ❖ Let the partners talk for no longer than **1 minute**, then say:

Would anyone like to share their I-message with the group?

- ❖ Let **1 – 2 group members** share their I-message, then say:

Wonderful I-message everyone! We will continue practicing these communication skills for the rest of the session, so I'm glad you all are doing so well!

Flip Chart 2 – Positive Communication-----

[Instructions: Write this on a flip chart before the session begins.]

Positive Communication

- ❖ Listen with all your attention.
- ❖ Always talk to your children with respect.
- ❖ Give your children choices.
- ❖ Parents have the right and the responsibility to advise their children and teach them right from wrong.
- ❖ Encourage your children to say how they feel.
- ❖ Be consistent.
- ❖ Do not deal with issues when you are angry.
- ❖ Hold family meetings and give everyone a chance to talk.
- ❖ Talk to your children about what you expect from them.

Activity F

Conflict

Preparing for the Activity

Purpose

To talk about and practice dealing with conflicts between a mother and child.

Materials

- ✓ Story 1 – Dealing with Conflict

Time

Procedure-----

- ❖ Start the activity by saying:

Communication between children and parents is more difficult when there is conflict. Conflict can include an argument, fight, or any other type of disagreement. As children get older, parents and children often disagree about how children behave, clean up after themselves, the clothes they wear, discipline, and many other things.

Parents and children often disagree. It may be because of the age difference between them, or because they have different personalities, ideas, values, and ways of behaving. Maybe the parent and child disagree because they do not understand each other, or something has happened outside of the family. For example, maybe the mother had a bad day at work because she didn't have very many clients, or maybe the child is cranky because she didn't sleep enough last night.

Think about how other parents in South Africa often deal with conflict. Parents often deal with conflict in the following ways:

- ❖ They forbid it. For example, "No, you cannot go play with your friends."
- ❖ They deny it. For example, "There is nothing wrong with my child yelling at me in public."
- ❖ They avoid it. For example, "I do not want to hear another word from you."
- ❖ They give in to keep the peace. For example, "Stop crying. Just take the sweets."
- ❖ They attack, shout, or hit their children. For example, "You stupid fool! Why don't you listen to me? Look what you have done now."

As a child, how do you think you would feel if your mother dealt with conflict like this?

- ❖ Let group members talk about this for no longer than **2 minutes**. Then say:

When parents deal with conflict in these ways, children often feel angry, frustrated, and rejected. This can also increase the conflict between parents and children.

However, not all conflict is bad. Everyone can learn from the experience. You can improve your relationship when you talk about your disagreements. Children can also learn how to handle conflict and how to resolve it in a constructive way. This will help them to deal with other people and problems in their lives.

Let's read about a learning experiences Sally and her son had during a conflict.

- ❖ Read Story 1 – Dealing with Conflict

Let's review the steps Sally followed to resolve the conflict with her son.

- ❖ Hang up Flip Chart 3 - Dealing with Conflict

What did you all think about this story? Did the steps Sally followed feel like something you could do with your own child?

- ❖ Let group members talk for no longer than **2 minutes**. If someone says they do not feel like they can follow these steps, ask them why. Have the group help them problem-solve so they feel like they can deal with conflict.

Now let's practice dealing with conflict with our partners. Again, one of you will be a child and the other partner will be the mother. Take a second to decide who will be the child and who will be the mother.

- ❖ Let the partners decide for no longer than **30 seconds**.

Here's the story: The group members who are pretending to be a child are very mad at their mom. They want to go play by the road with their friends, but the group member who is pretending to be the mother thinks this is dangerous. Practice dealing with this conflict.

- ❖ Let the partners interact for no longer than **2 minutes**. Walk around the room and listen to what everyone is saying to make sure they understand the activity.

Okay, everyone can stop pretending now. Would anyone like to share how they dealt with the conflict?

- ❖ Let **1-2 group members** share with the group.

Great job everyone! Now we will switch roles. If you were the mother before, you will now be the child. If you were the child, you will now be the mother. Everyone ready?

Here's the story: The group members who are pretending to be a child dress themselves one day. They put on a short-sleeved dress and run past their mom to go play outside. The mom stops them – it's the middle of winter and very cold. They will freeze if they wear a short-sleeved dress outside. When the mother asks child to go change, she begins to scream. Practice dealing with this conflict.

- ❖ Let the partners interact for no longer than **2 minutes**. Walk around the room and listen to what everyone is saying to make sure they understand the activity.


Alright, everyone can stop acting now. Would anyone like to share how they dealt with the conflict?

- ❖ Let **1-2 group members** share with the group.


Super ideas group!

Story 1 – Dealing With Conflict-----

[Instructions: Read this story out loud to group members and show them the pictures. First read the caption written beneath each frame, then read what each character says. You can also ask group members to help you read.]



My name is Sally and this is how I dealt with a problem that cause conflict with my son. It helped us resolve our conflict and made us both feel better. You can use the steps I followed to deal with conflict with your children.

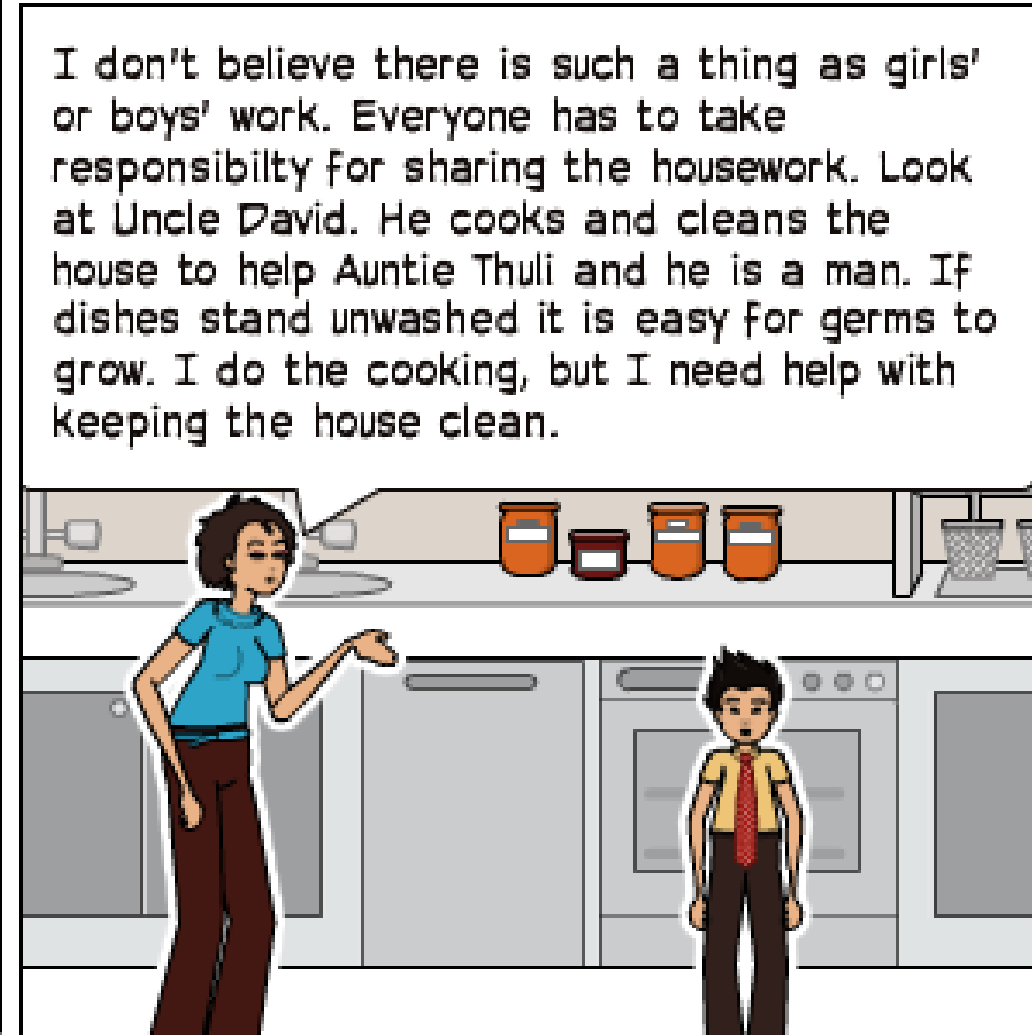


Sipho, I am angry because you have not washed the dishes and this makes more work for me.

1. We discussed the problem.



2. Then we talked about why the problem had happened.



3. Next we discussed the deeper reasons for the problem.



4. Together, we thought of different ways to solve the problem.



5. We decided on the best solution together. We drew up a day plan, which included doing the dishes. We also talked about what my son would do if Thabo teased him about doing the dishes. My son said he would tell him that washing dishes helps his mother.



6. Together, we came to an agreement which we decided to try out for a month.

7. We followed-up with the plan. After a month, we talked about the plan to see if it worked. I do not have a reason to be angry with my son anymore!

Flip Chart 3 – Dealing With Conflict-----

[Instructions: Write this on a flip chart before the session begins.]

Dealing with Conflict

1. Talk about the problem
2. Talk about why the problem happened
3. Talk about the deeper reasons for the problem
4. Together, talk about different ways to solve the problem
5. Together, decide on the best solution to the problem
6. Make an agreement
7. Follow-up with the agreement later

Activity G

Healthy Discipline

Preparing for the Activity

Purpose

To learn and practice healthy discipline techniques.

Materials**Time**

20 minutes

Procedure-----

- ❖ Being the activity by saying:

Sometimes when parents and children have conflict, the child needs to be disciplined. Discipline means setting rules and limits that help children to behave well. The aim of discipline is to improve children's behavior in the future. Discipline is not the same as punishment! Discipline is meant to teach children.

Parents often use discipline when they are in conflict with their children, but discipline helps to prevent conflict. It helps teach children right from wrong, and helps them understand how their parents expect them to behave. When children know what their parents expect from them, they feel more secure.

Lots of parents in South Africa discipline their children by hitting, yelling, or insulting them. This is how their parents disciplined them, so now this is how they discipline their children. They often feel this is the only way to discipline a child and make them learn a lesson.

Let's do an activity to experience this type of discipline for ourselves. We'll pretend that I'm your mother and you are all children. I just found out that you stole and drank all of my cool-drink. I am so mad, so I'm going to discipline you in a negative way. Ready?

- ❖ Walk around the circle of group members and being to yell, insult, or (very gently) hit them on the head. Scream about how mad you are that they drank your cool-drink, how you will teach them a lesson for stealing, etc. Make sure to stop in front of each group member, so they all get to experience this form of discipline. Do not let this go longer than **2 minutes**.

Let's talk about how that felt now. As a child, how does it feel to be disciplined with violence, yells, or insults? Did you want to listen to me or change your behavior?

- ❖ Let group members share talk about this for no longer than **3 minutes**.

Parents often feel that the only way to discipline their children is to hit them. This might make parents feel better, but it does not always make children behave better. Hitting a child can also make the relationship between parents and children bad. How else might a child respond to being hit?

- ❖ Let group members talk about this for no longer than **2 minutes**.

- ✓ Answers **should** include:
- The child often feels anxious and afraid.
 - The child may learn to hide their real feelings from their parents.
 - The child may feel angry and aggressive.
 - The child may learn that violence is the best way to get what they want.
 - The child may feel that they have to rebel against their parents to prove a point.

Healthy discipline, which doesn't rely on hitting or yelling, is far better at improving a child's behavior in the long-run. It might take a long time and can be frustrating at times. However, healthy discipline is worth working at to make your child's behavior and your life much better.

It's kind of like having sex with a client for the first time. At first, they might behave in a way you don't like, but you don't yell or hit them. Instead, it is better to set rules and limits, so they will learn how to behave better in the future. You can teach them what you expect.

Healthy discipline for children is similar. It doesn't just force children to obey. It helps them understand right from wrong, and how they can change their behavior next time. Healthy discipline guides your child throughout life and builds a foundation to help your child behave well.

Let's help our child build a solid foundation by using healthy discipline. Everyone look under your seats. Some of you will have a piece of paper taped under your chair. These are the building blocks of healthy discipline.

If you have a building block, you can either read it out loud or hand it to me to read when it is your turn. You can then hand the building block to someone who doesn't have a building block, so they can tape it to the bottom of the flip chart.

- ❖ Have group members take turns reading their building block out loud, then handing it to a group member without a building block. This group member will tape the building block to the bottom of a piece of flip chart paper. Make sure the building blocks are taped at the bottom of the flip chart and are stacked on top of one another, like a foundation.

Thanks for building a solid foundation for healthy discipline. Now that we've learned more about this method of discipline, let's practice thinking of healthy ways to discipline a child. Let's talk about the child that stole and drank her mother's cool-drink. What are some healthy ways you could discipline this child?

- ❖ Let group members talk about this for no longer than **2 minutes**. Write their healthy ways to discipline the child on the flip chart, above the building blocks of healthy discipline. This represents using the principles of healthy discipline to create specific methods of discipline. Correct group members if they do not offer a way to discipline the child that is healthy. Also, write general ideas. For example, if a group members says, “We cannot let the child have any sweets for a week,” just write something like, “Take away an item the child likes.”

These are all good ideas. Let’s practice some more. Remember the child that tried to wear a short-sleeved dress outside in the middle of winter? Well when we asked her to put on something warmer, she cussed at us and stuck out her tongue. What are some healthy ways you could discipline this child?

- ❖ Let group members talk about this for no longer than **2 minutes**. Write their healthy ways to discipline the child on the flip chart, above the building blocks of healthy discipline. Correct group members if they do not offer a way to discipline the child that is healthy and only write general ideas.

Brilliant ideas everyone! Think about this healthy discipline compared to screaming, yelling, or hitting a child. Which one do you think will work better to truly teach our child good behavior? Why?

- ❖ Let group members talk about this for no longer than **2 minutes**.

As a mother, one of your jobs is to teach your child to behave. While this can take time, try not to get frustrated when your child does not behave. Children do not learn from violence or loud voices – they only get scared or confused. Instead, use the healthy ways we talked about today to discipline your child. This will help teach your child to behave well, not because they are afraid, but because they know it is the right thing to do.

Activity 1 – Building Blocks of Healthy Discipline-----

[Instructions: Copy each of these building blocks onto a piece of paper. Tape 1 building block under 11 chairs before the session.]

Encourage your children to think of choices they can make.

- ✓ Talk about different options.
- ✓ Point out the positive and negatives outcomes of their actions.

Never say “I won’t love you any more if you do this”, or threaten to leave your children or send them away.

- ✓ Never say that somebody else, like a social worker, will come and take them away if they misbehave.

Do not punish your children for mistakes, accidents, or failures. Only punish them when they are refuse to follow the rules.

- ✓ Do not punish your children for something they did not mean to do. Only discipline them when they are disobedient on purpose.

Respond right away to a problem.

- ✓ If a child needs healthy discipline, deal with it right way if it is a good time to do so. It’s best not to humiliate the child in public, as this will just embarrass them. Instead take the child aside or wait until you are somewhere more private. Just remember, if you wait too long, the child won’t understand why they are being disciplined.

Make sure your children know the rules before something goes wrong.

- ✓ Talk with your children about the rules you set. They have to know the rules before they can follow them.

Let your children learn from the natural consequences of bad behavior.

- ✓ Let children learn the outcomes of their behavior. For example, if children are rude to their teachers, they may get detention.

Let your children learn from their own mistakes, but protect them from harmful mistakes.

- ✓ You should protect your children from mistakes that could hurt them, like road accidents or trying drugs.

Encourage your point of view to your children.

- ✓ Help your children understand why you are disciplining them.

Let children make things right.

- ✓ For example, when a child says “I’m sorry”, accept it and thank them for saying this.

Be consistent in the way you discipline your children.

- ✓ Do not change the rules or discipline without first talking about this with your children.
- ✓ Discipline all children the same.

Shop respect for your children.

- ✓ Be firm, clear, and specific about why you are discipline them, but do not insult or disrespect you children.

Activity H

Graduation

Preparing for the Activity

Purpose

To set goals for the future and give group members certificates for graduating from Mothers of the Future!

Materials

- ✓ Activity 2 – Graduation Certificate

Time

20 minutes

Procedure-----

- ❖ Close the session by saying:

Thank you all for all of the hard work you put into today's session and Mothers of the Future! You have all grown as individuals, sex workers, and mothers, and it's time for your hard work to pay off! You will each be receiving a certificate for graduating from Mothers of the Future!

I want you to take a minute and reflect on everything that we've talked about during our 9 meetings. We covered what it means to be a good mother who is a sex worker, safe sex, planned and unplanned pregnancy, abortion, foster care, adoption, children's health, breastfeeding, nutrition, finances, and everything else we learned about today.

However, this doesn't mean your learning and growth stops here. Each and every one of you is capable of continuing to strengthen the parenting skills and knowledge you already have to keep thriving as mothers. Think about what you would like to continue to improve upon and set a goal for yourself. This can be anything that you want to work towards as a mother who is a sex worker.

As I call your name, come up to receive your certificate and share your goal with the group. This is your time to talk about what you took from Mothers of the Future and what your goal is for continuing to grow as a mother.

- ❖ Call each group member to the front of the room and hand them their Activity 2 – Graduation Certificate. Let them share their goal and thoughts on the Mothers of the Future group.

Congratulations everyone! You all did a fantastic job and are a fantastic group of strong, smart, and caring mothers. Remember, you are the Mothers of the Future!

Activity 2 – Graduation Certificate-----

[Instructions: Write/Draw one of these for each group member before the session begins. Write the group member’s name on the line, date, and sign each graduation certificate.]

Mothers of the Future

CERTIFICATE OF GRADUATION

Is hereby granted to:

for outstanding performance in

Mothers of the Future!



Date: _____

Presenter's Name and Title _____

Appendix 1 - Resources-----

1. University of Alabama. *Your Child's Development*. 2015. Available from: http://www.pal.ua.edu/development/inf_bonding.php.
2. Soul City, *Mother and Child Care*.
3. Maker, A., *Raising children to be their best*. 2000, Johannesburg, South Africa: Soul City. 47.
4. Balderu, N., *Helping children deal with difficult issues*. Johannesburg, South Africa: Soul City. 47.