


Training supplement (PowerPoint slides)

Training Guide

for

**HIV Counseling and Testing for Youth:
A Manual for Providers**



Training Guide for HIV Counseling and Testing for Youth: A Manual for Providers

A Training Supplement





Session 2.1

Introducing integrated HIV and SRH services

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What is integration?

Integration can be defined as offering two or more services at the same facility during the same operating hours, with the provider of one service actively encouraging clients to consider using the other services during the same visit, in order to make those services more convenient and efficient.

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Integration can be accomplished by one provider who is trained to offer several services or by more than one provider located in the same facility.



SRH and HIV/AIDS integration

- The interactions between sexual and reproductive health and HIV are now widely recognized.
- The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth, and breastfeeding.
- Poor sexual and reproductive health shares many root causes with HIV.

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How do SRH and HIV intersect?

- Sexual behavior is a defining risk for both unintended pregnancy and HIV/AIDS.
- There is an obvious intersection between HIV and reproductive health because the majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth, and breastfeeding.
- Root causes of both poor sexual and reproductive health and HIV include poverty, lack of access to medical services, gender inequality, and social marginalization of the most vulnerable populations.

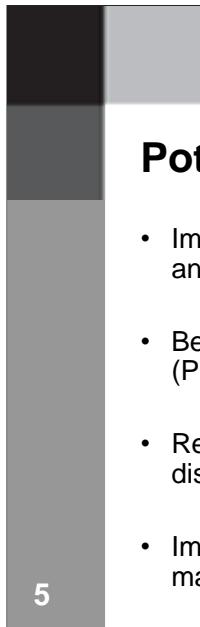


Why integration?

- SRH plays a key role in HIV prevention.
- In addition to reducing maternal and child mortality, increased use of SRH services can improve women's lives in other important ways.
- Integrated HIV/SRH programs can help people who are not often reached by traditional SRH services.

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- SRH plays a key role in HIV prevention. For example, averting unintended pregnancies in HIV-positive women is effective and a more cost-effective way of reducing mother-to-child transmission than drug treatment. SRH programs are also important in their own right, and unmet need for contraception and other services remains high, in part due to limited donor support.
- People who are not traditionally reached by SRH services include men, adolescents, and sex workers.



Potential benefits of integration

- Improved access to and uptake of key HIV/AIDS and SRH services
- Better access of people living with HIV/AIDS (PLWHA) to SRH services tailored to their needs
- Reduced HIV/AIDS-related stigma and discrimination
- Improved coverage of underserved and marginalized populations

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- With integrated services, clients are more likely to get access to all the services they need. (Example: Prenatal care integrated with HIV/AIDS services means a pregnant woman can be tested for HIV and provided with antiretrovirals. Or, someone who seeks HIV testing can also be provided with a contraceptive method if he or she wishes to avoid pregnancy.)
- When providers are trained in both HIV/AIDS and SRH services, PLWHA are more likely to receive services tailored to their needs.
- Clients might feel less stigma in visiting a clinic that provides multiple services than they would in visiting a facility that only provides HIV testing.
- Counseling and testing attracts men and youth, who are not traditionally reached by family planning services.




Potential benefits of integration (continued)

- Greater support for dual protection against unintended pregnancy and STIs, including HIV, especially for young people
- Improved quality of care
- Enhanced program effectiveness and efficiency

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- If providers are trained to offer integrated services, they can emphasize the benefit of dual protection against unintended pregnancy and HIV.
- Studies have shown that most clients (especially young people) prefer a “one-stop shop,” that is, getting all the services they need in one place.
- Programs can be streamlined, and there is less duplication of services in an integrated-care setting.



Session 2.3

Vulnerability and risk

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Factors that put youth at risk

- Early age at first sex
- Risk-taking behaviors
- “It cannot happen to me”
- Pressure to prove “manhood”
- Low levels of condom use



Factors that put youth at risk (continued)

- Multiple sex partners
- Vulnerability to coercion and abuse
- Lack of negotiating skills
- Exchange of sex for basic needs
- Use of sex to build self-esteem




Factors that put youth at risk (continued)

- Cross-generational sex
- Cervical ectopy in young women
- High prevalence of STIs, lack of testing or treatment
- Alcohol and drugs

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- Cross-generational sex is typically—although not always—between young girls and older men.
- Cervical ectopy is a normal condition in which the cells that line the inside of the cervical canal extend onto the outer surface of the cervix. This condition is present in most female adolescents and becomes less common with age. It causes young women to be more susceptible to gonorrhea and chlamydial infection.
- A high prevalence of STIs increases the likelihood of acquiring and transmitting HIV. Youth might receive improper treatment of STIs (or no treatment at all) when they are discouraged from seeking help by clinicians who are not youth friendly.
- Experimentation with alcohol and drugs is associated with high-risk sexual behavior.



Session 3.1

**Skills needed for people
who counsel youth**

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Skills for counselors of youth

1. Rapport and trust
2. Respect
3. Communication skills
4. Accurate information

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Counselors who provide counseling and testing to youth clients can help young people:

- Avoid acquiring HIV and STIs, as well as unintended pregnancy.
- Make positive, long-term changes in youth behavior.
- Access other health-related and support services.
- Plan for the future.

However, in order to successfully achieve these goals, counselors must:

1. Build rapport with youth clients and earn their trust.
2. Respect the different life circumstances of the young people they counsel.
3. Know how to communicate with youth and be able to speak the language of youth.
4. Provide accurate information on the subject matter and on local laws and customs (check with trusted sources of information, such as country guidelines, the World Health Organization, and others).

1. Rapport and trust

- Use a private, quiet counseling station
- Explain issues of confidentiality
- Begin by asking general questions
- Ask about client's sexual knowledge and experience
- Show empathy and be patient

Your clients have shown tremendous courage in seeking your help. Many adults feel uncomfortable talking about sexual and reproductive health, and this feeling is likely to be even stronger in young people.

- Set up a private, quiet counseling station.
- Try to start on time; waiting increases anxiety.
- Introduce yourself in a warm, friendly manner.
- Explain and discuss issues of confidentiality.
 - Local laws or agency guidelines might require parental or guardian consent to conduct an HIV test. Be aware of such laws and guidelines and explain your obligation to the young client, and offer to help him or her talk to parents about the test. Some youth, such as orphans, street children, and “mature minors,” might be exempt from parental notification laws.
- Begin by asking general questions about the client's life and interests, friends and family, studies or work, and hobbies.
- Respect your clients' intelligence and life experiences. Ask them about their sexual knowledge and experience before giving them information they already know.
- Show empathy and demonstrate that you understand your clients' thoughts and feelings.
- Be patient if your clients take a while to open up; if possible, allow enough time so your clients do not feel rushed.

2. Respect

- Assure clients that you will not judge them
- Maintain a positive attitude
- Treat each client as an individual
- Ask questions about beliefs and views
- Welcome *all* youth
- Do not make assumptions based on age

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Respecting your clients' life circumstances involves understanding the factors that can influence young people's behavior and practices. These can include social class, age, sexual orientation, marital status, race, ethnicity, religion, and much more.

- Assure your clients that you will not judge them. Try not to let personal feelings or biases about how you think young people should behave influence your professional behavior with your clients.
 - Instead of saying: "What you're doing is wrong," or "It's bad to have sex at your age," say: "Your behavior is exposing you to the risk of getting HIV and STIs."
- Display a positive attitude about your clients. Do not make them feel criticized about poor choices they might have made; help them to focus on good choices they can make in the future.
- Treat each client as an individual. Do not stereotype or assume that one way of counseling will work with all young people.
- Ask questions about their beliefs and views and let them know that you understand.
- Welcome *all* youth, regardless of sex, age, marital status, level of sexual activity, number of partners, or history of pregnancy.
- Adjust your approach to account for your clients' developmental stage; assess their knowledge and experience instead of making assumptions based on age alone.

3. Communication skills

- Simple language, avoid technical terms
- Nonjudgmental language
- Clarify terms
- Active listening and open-ended questions
- Body language
- Admit when you do not know the answer

- Use simple language and short sentences. Avoid technical terms.
- Use nonjudgmental language. Instead of saying: “You should ...,” say: “You can ...” or “You may want to think about ...”
- Be aware of slang that youth use to talk about sexual issues. Be clear in your questions and responses.
- Use active listening by paraphrasing what your client is saying and repeating it back. This confirms that you understand what your client is saying and allows the client to correct any misunderstandings.
 - For example, if a young person expresses concern about HIV, you can say: “It sounds as though you want to learn how to prevent HIV, and you have some questions about protecting yourself and your partner.”
 - Use appropriate eye contact, gestures, and verbal responses to let your client know that you are listening.
- Ask open-ended questions when possible. These will encourage discussion rather than a “yes” or “no” answer.
- Be aware of your body language. If you are frowning and sitting with your arms crossed, this could suggest that you are angry or upset by what your client is saying.
- Make sure clients understand by asking them questions. Do not simply say: “Do you understand?”
- Admit when you do not know how to answer a question. Try to find the answer and be sure to follow up with the client.

4. Accurate information

- Young people get a lot of misinformation
- This is your opportunity to provide accurate, science-based information
- Stay current on topics such as:
 - HIV/AIDS and STIs
 - Contraception and other SRH services
 - Life skills


- Young people can receive a lot of misinformation from friends, media, the Internet, and well-intentioned adults.
- This is your opportunity to provide them with accurate, science-based information in a clear manner that they can understand.
- You should try to stay current on topics that will be of interest to your clients:
 - HIV/AIDS and STIs
 - Contraception and other SRH services
 - Life skills, such as negotiation, decision making, critical thinking, and assertiveness
- If you do not know the answer to your clients' questions, be honest and let them know you will find the answer for them.



Session 3.2

Major steps of HIV counseling and testing

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Client-initiated testing

- Given only to clients who ask for it
- Commonly known as “VCT”
- Informed consent must be given
- Pro: Not coercive
- Con: Fewer young people may test

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HIV testing can be initiated by the client or offered routinely at a medical facility (provider-initiated).

Differences between these two models are described on this slide and the next one.

Client-initiated testing:

- HIV testing is given only to clients who ask for it. HIV testing is not offered by providers; they must wait for clients to request it. Programs market the service to youth so that they know that the test is available.
- As in all testing, informed consent must be given by the client or parent or guardian.
- Pro: Not coercive; young people can make the choice to test for HIV without feeling pressured to do so by a medical provider.
- Con: Fewer young people may test; young people might be afraid to ask about HIV testing or not know that it is available.

Routine, provider-initiated

- Offer HIV testing to all clients
- Informed consent must be given
- Confidentiality must be maintained
- Pro: Youth do not have to ask
- Con: Must avoid being coercive

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Routine, provider-initiated testing:

- Providers routinely offer HIV testing to all clients in a clinical setting. In some settings, everyone is tested for HIV, often while receiving other tests, unless a client expressly chooses not to be tested. This is called "opting-out." In other clinical settings, providers generally offer the test to all their clients but will only test clients who then request it. This is called "opt in" testing.
- Informed consent must be given. Depending on your clinic or country setting, informed consent may be obtained from the youth client, or it may have to be obtained from a parent or guardian. Either way, explain your clinic's confidentiality policies and what informed consent is.
- A client's confidentiality should be guaranteed no matter what model of testing is being used.
- Pro: Youth do not have to ask for a test. Youth clients may be afraid to ask for HIV testing, fearing that they will be judged or singled out. Or, they might not know the service exists.
- Con: Must avoid being coercive. It is especially important that youth understand what HIV testing entails and that they have a choice about whether or not to test. Even if HIV testing is offered to all clients at your clinic, it is important that they are prepared to learn the results of an HIV test, and that they understand that they do not have to test if they do not want to.



Steps in HIV counseling and testing

1. Welcome client and discuss reason for visit
2. Pretest counseling
3. Administer test
4. Posttest counseling

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1. Welcome the client and discuss the reason for his or her visit. This step includes explaining informed consent and confidentiality. Also:
 - If the client is unsure about whether he or she wants to test, you may conduct a risk assessment to help the client determine his or her risk of HIV.
 - You can use this step to establish a rapport with clients and earn their trust. With youth, in particular, it is important to recognize their courage in coming in for testing and taking care of their health.
2. In the pretest counseling step, you should conduct a risk assessment, if you have not done so in step 1. Also review:
 - What HIV is and how it is transmitted (if the client does not know)
 - How the HIV test works
 - What negative and positive test results mean (i.e., a negative result means that HIV antibodies were not found in their blood, and a positive result means HIV antibodies were found in their blood)
 - When they should return for results (if you are not using rapid testing)
 - How they will cope with a negative or positive result and whom they can turn to for support
 - Counsel your client on how to reduce the risk for contracting HIV (and other STIs)
3. Administer the test.
4. Provide posttest counseling.

Depending on whether a client tests positive or negative, posttest counseling will vary tremendously. We will review the steps for each result later in this session. If the client had to return to the clinic for the test result, congratulate him or her for having the courage to come back.

Note: Counseling about other services—such as family planning or STIs—might be raised at various times. We will discuss this later in the workshop.



Session 7.1

Pregnancy prevention

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Pregnancy prevention and youth

- Why prevent unintended pregnancy?
 - The facts
 - Options
 - Rights
 - Information = Empowerment

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- The facts are that:
 - Young women are more likely than women ages 20 and older to experience premature labor, spontaneous abortion, and stillbirths.
 - Young women have not reached physical maturity. If a woman's pelvis is too small, she can suffer an obstructed delivery, hemorrhage, infection, or fistula (a hole in the birth canal caused by prolonged labor; without prompt medical intervention, the woman is left with chronic incontinence and, in most cases, a stillborn baby).
 - Infant deaths are higher among adolescent mothers than for older women.
- Options: Delaying childbearing can give young women and young men the opportunity to pursue educations and jobs without the pressure of providing for a family.
- Rights: Just as adults do, young people have the right to be well informed about their choices and to have access to the services that support their choices about their sexual and reproductive health.
- Information = Empowerment: Providing youth with information about the facts of early childbearing and how to prevent unintended pregnancy through abstinence and contraception empowers them to make their own informed decisions.

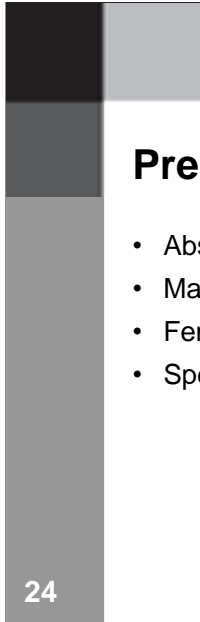


What can counselors do?

- Educate
- Understand that SRH is lifelong
- Empower youth to delay sex
- Provide safe, effective, affordable contraception
- Encourage dual protection

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- Educate young people about how their bodies function; how pregnancy occurs; and the health, emotional, and socioeconomic risks of adolescent pregnancy.
- Help young people think about their reproductive health as a lifelong process; their decisions today can affect fertility and health later in life. Help them develop decision-making and negotiation skills so that they can follow through on their decisions.
- Empower youth to delay sexual relations until they feel ready to accept sexual responsibility.
- Inform them about and offer access to safe, effective, and affordable contraception.
- Encourage youth who are sexually active to use *dual protection* to prevent both unintended pregnancy and the transmission of HIV and other STIs.



Pregnancy prevention methods

- Abstinence
- Male condoms
- Female barrier methods
- Spermicides

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Not all contraceptive methods are appropriate and safe for adolescents. Here are some key counseling issues to think about. (Remind participants that their manuals have this list as well.)

Abstinence

- Appropriate for youth.
- Most effective way to prevent pregnancy, as well as STI/s, including HIV; requires self-motivation, discipline, and commitment from both partners.

Condoms

- Appropriate for youth; accessible and affordable.
- Can protect against pregnancy and STIs, including HIV, but must be used correctly and consistently.
- Clients should be informed about emergency contraception as a backup method when a condom breaks or slips; emergency contraceptive pills can be given in advance.

Other barrier methods (female condom, diaphragm, cervical cap)

- Appropriate for youth.
- Youth must be comfortable with their bodies and insertion of the device; the method must be used correctly and consistently.
- Unlike other female barrier methods, the female condom provides some protection from STIs, including HIV. It is a woman-controlled method but can be expensive and hard for some people to access.

Spermicides

- Appropriate but not ideal because they do not provide good protection from pregnancy and STIs, including HIV.
- Better than no method at all, but should not be used if other methods are available.
- Clients must understand how to use correctly (place high inside the vagina, wait before and after intercourse, new application with each act of intercourse).

Pregnancy prevention methods (continued)

- Injectables
- COCs
- Emergency contraception
- Sterilization

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Injectables

- Appropriate for youth; some concerns about progestin-only injectables and bone-density in adolescence, but benefits generally outweigh risks; clients must be able to return for injections; do not protect against STIs, including HIV.
- Are very effective in preventing pregnancy.
- Side effects can occur, such as irregular bleeding, amenorrhea, weight gain, headaches, and mood changes.
- Noncontraceptive benefits include decreased risk of pelvic inflammatory disease (PID), ectopic pregnancy, and endometrial cancer.

COCs (combined oral contraceptives)

- Appropriate for youth; do not protect against STIs, including HIV.
- Must be taken daily to be effective, and clients need to be informed about what to do if pills are missed.
- Side effects include nausea, headache, breast tenderness, and spotting.
- Noncontraceptive benefits include regular menses and reduced risk of ovarian cancer, endometrial cancer, and PID.

Emergency contraception

- Appropriate for youth who have unplanned intercourse, forget to use a method, or need a backup method (e.g., for condom breakage); also can be used by young women or girls coerced into sex; does not protect against STIs, including HIV.
- Possible side effects include nausea and vomiting.
- Counsel about proper use (as soon as possible, but must be within five days); test for pregnancy if menses is late; explain that emergency contraception is not meant as a regular contraception method.

Sterilization

- Not normally recommended for youth; young age and low parity are generally associated with high levels of regret.
- Counseling should emphasize that the method is permanent and irreversible.



Dual protection and dual method use

Dual protection

- Prevention of both pregnancy and STIs, including HIV
- Condoms offer dual protection

Dual method use

- Use of two methods, such as COCs and condoms
- Another way to achieve dual protection

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Although the terms “dual protection” and “dual method” are closely related, there is a difference.

Dual protection is the simultaneous prevention of STI or HIV infection and unwanted pregnancy. Dual protection can be achieved by either the use of one method that is effective against both pregnancy and STI or HIV infection (such as abstinence or correct and consistent condom use) or by **dual method**, which is the use of two methods, such as condoms and oral contraceptives.




Pregnancy prevention and HIV counseling and testing

- Encouraging dual protection provides link
- Lines of communication already open
- Comprehensive SRH care

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- Dual protection is the perfect link between pregnancy prevention and HIV counseling and testing. If a client comes to be counseled for pregnancy prevention, you can talk about pregnancy prevention that also protects against STIs, including HIV, and recommend testing. Or, if a client comes for HIV testing and counseling, talking about dual protection opens the discussion of pregnancy prevention.
- Through counseling and testing, counselors establish rapport and trust with clients. While the lines of communication are open, the counselor has the opportunity to provide comprehensive sexual and reproductive health care.
- Comprehensive SRH care includes counseling and services for pregnancy prevention and the prevention of STIs, including HIV.



Session 8.1

Sexuality and youth SRH

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Sexuality

- Throughout life, sexuality is a central aspect of being human.

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- Sexuality encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction.

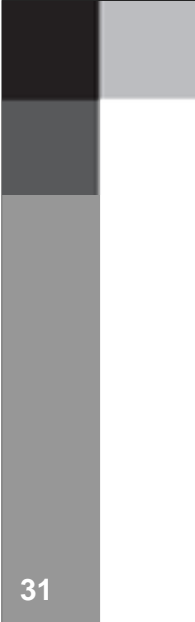


Sexuality (continued)

- Sexuality is experienced and expressed in many ways.
- Sexuality is influenced by the interaction of numerous factors.

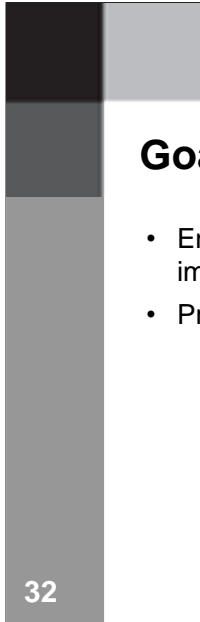
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- Sexuality can be experienced through thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships.
- Sexuality is influenced by many things, including biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors.



Session 12.1
How to implement
integration of services
for youth

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Goals and key actions

- Enable youth to learn their HIV status and improve their access to SRH services
- Promote safer, healthier sex

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Here are some goals of programs that serve youth and how integrated HIV and SRH services can help meet those goals.

- Enable youth to learn their HIV status and improve their access to SRH services.
 - Provide basic SRH services (information on dual protection, counseling, and access to condoms) in counseling and testing programs.
 - Routinely offer HIV testing and counseling in STI services and establish access to comprehensive HIV services.
- Promote safer, healthier sex.
 - Promote condom use for dual protection within all family planning and HIV prevention programs.
 - Ensure that young people have access to comprehensive sexuality information, including in HIV counseling and testing sessions.



Goals and key actions (continued)

- Optimize connection between SRH and HIV services
- Integrate HIV/AIDS with maternal and child health programs

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- Optimize the connection between SRH and HIV services.
 - Advocate for investment in STI management as a key strategy to reduce HIV transmission.
 - Include in STI programs a package of HIV/AIDS services, including safer-sex information and counseling, routine offer of HIV testing and counseling, and condoms.
- Integrate HIV/AIDS services with maternal and child health programs.
 - Provide a basic package of HIV/AIDS services (information on safer sex, counseling, and access to condoms) in antenatal care settings.



Session 14.1

Social marketing

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What is social marketing?

- Application of marketing techniques to address social or health problems
- Adaptation of commercial marketing to influence voluntary behavior that improves personal welfare
- Framework to understand how to influence people's behavior
- Process of designing and modifying behavior change interventions

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Source: PSI. Round II EBSM Course: *Introduction to Evidence-based Social Marketing*, 2006.

The definition of social marketing has evolved. It is currently understood to be:

- The adaptation of commercial marketing technologies to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society of which they are a part
- A framework or structure that draws from many other bodies of knowledge, such as psychology, sociology, anthropology, and communications theory to understand how to influence people's behavior.
- A process of designing and modifying behavior change interventions.



Rationale for social marketing of comprehensive counseling and testing

- 90% of those who are HIV positive do not know their status
- At current rate of testing, 90% of the 12,000 people who will be infected with HIV *today* will not know until 2013
- Services not reaching many at highest risk or most vulnerable populations, including youth

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According to recent United Nations figures, 90% of all those who are HIV positive in the world do not know their status, which means that 90% of the roughly 12,000 people who will be infected today will not know they are infected until 2013. During this time, these people may become involved in serodiscordant relationships and infect others. The spread of HIV cannot be stopped until people know their status, are empowered to change their at-risk behavior, and have access to care and treatment. In addition, many of the behaviors that put young people at risk for HIV also put them at risk for other STIs and unintended pregnancy.

This is where social marketing for comprehensive counseling and testing for youth becomes important. Social marketing can encourage behavior change or, in this case, promote comprehensive counseling and testing among young people.



Social marketing for comprehensive counseling and testing

Objective: To expand access to and demand for integrated counseling and testing services among target groups by:

- creating networks of *high-quality* counseling and testing sites (often through social franchising)
- meeting ongoing (and growing) consumer demand for services
- creating consumer demand for integrated services

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Social marketing of HIV counseling and testing starts by:

- Creating a network of high-quality HIV counseling and testing sites (site selection and upgrading, as well as partner selection, are important).
- Enabling sites to meet ongoing consumer demands by having adequate levels of trained counselors, keeping clinics open during hours that clients are able to access them, ensuring confidentiality, and monitoring quality on an ongoing basis.
- Creating consumer demand for comprehensive counseling and testing services by developing promotional materials including brochures, posters, TV and radio spots, and informational materials (such as dramas, peer education training, or testimonials from youth). All materials and communications should be pretested and designed specifically for the target populations.



The 4 Ps of social marketing:

- **Product:** What is the product or service you are marketing? Why is it important?
- **Placement:** Where will you place the marketing materials? In what community? How will you reach your target audience?
- **Price:** What is the cost of the service in terms of money and time? Is it affordable?
- **Promotion:** What kinds of promotions best reach your target group?



Marketing placement

- Where should you put posters?
- What TV shows and what times?
- What radio programs and what times?
- When and where can you get attention for a presentation or drama?
- How do you get the attention of your target group: youth?

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It is important to know your target audience and to research which material and placement will be most effective in reaching them.

- Where should you put posters? For example, where do youth gather and socialize?
- What TV shows do youth watch and at what time?
- Do youth listen to the radio? What radio programs do they listen to?
- When is the best time to get their attention for a presentation or drama? Can you present it in school? Could you reach more youth somewhere else—for example, while they wait in line to get into a club?



Promotion: types of marketing materials

- Brochures
- Posters
- TV and radio spots
- Peer presentations, dramas, etc.
- Condoms with clinic information and counseling and testing promotion printed on them

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Many marketing materials can be used in a social marketing campaign to promote a new service. These are a few examples. The ones you select will depend upon your budget and which will best reach your audience.



Session 14.2

Design a promotional campaign

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Brand name and logo

- **Brand name**
- **Logo**
- **Product description**
- **Desired action**



New Start-
branded VCT
sites in nine

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- Brand name: “New Start,” which implies a new beginning in life.
- Logo: The sun, which depicts hope through the rising sun and vibrant colors.
- Product description: Note that the description is “counselling and testing center,” not “HIV/AIDS center.”
- Desired action: Your promotional materials should include what desired action (behavior change) you are trying to achieve. Here, the desired action is in the slogan: “Make a New Start Today.”

PSI social marketing campaign for VCT



“I went to Saadhan clinic.
Not only did I get HIV
testing, but also a start to a
healthy, new life.”

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Take a look at this poster that was part of a social marketing campaign for voluntary counseling and testing, conducted by PSI.

What do you think is good about this campaign?

The poster not only tells us what service is available and where to get it, but it promotes hope and health. It paints a positive picture of counseling and testing.

Research indicates that promoting hope appeals to young people. Fear tactics, on the other hand, do not work and may perpetuate stigma and discrimination of people living with HIV/AIDS.



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