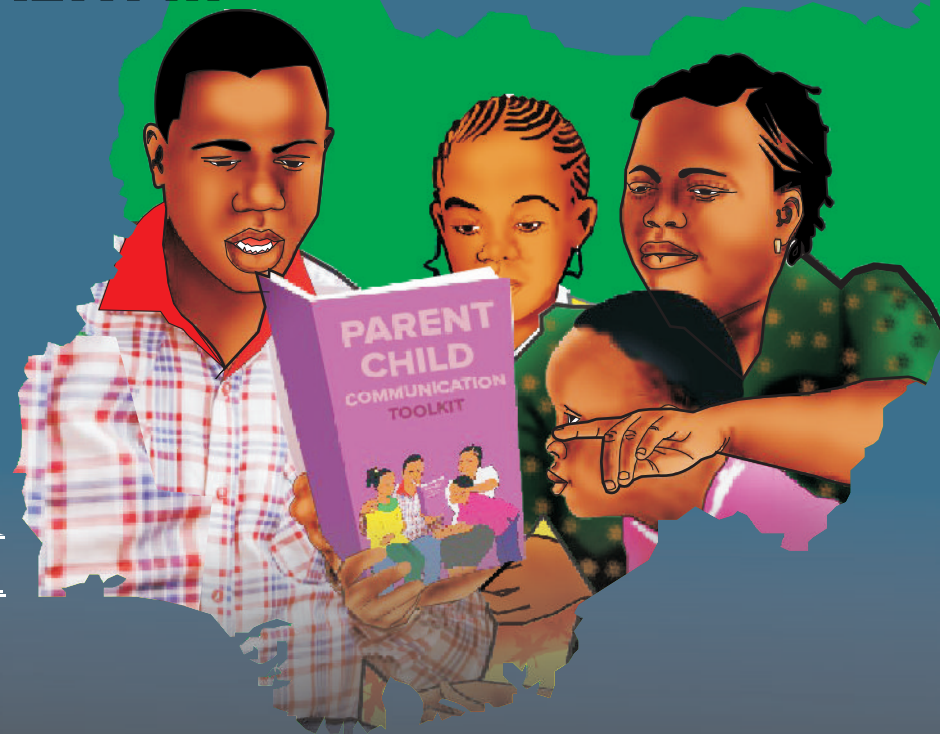


Parent Child Communication T O O L K I T

**for HIV PREVENTION AND SEXUAL
REPRODUCTIVE HEALTH in
NIGERIA**



FOR MORE INFORMATION CALL
6222
FOR FREE



Parent Child Communication

T O O L K I T

**for HIV PREVENTION AND SEXUAL
REPRODUCTIVE HEALTH in
NIGERIA**

Acronyms

AIDS-----	Acquired Immuno Deficiency Syndrome
AYP-----	Acquired Immuno Deficiency Syndrome
CRC-----	Convention on the Rights of the Child
CRA-----	Child Rights Act
PCC-----	Parent Child Communication
HIV-----	Human Immuno Virus
SRHR-----	Sexual Reproductive Health and Rights
NAIIS-----	National AIDS Indicators and Impact Survey
HIVDR-----	HIV Drug Resistance
UNICEF-----	United Nations Children's Fund
WHO-----	World Health Organization
UNESCO----	United Nations Educational Scientific and Cultural Organization
SBCCTWG--	Social and Behaviour Change Communication Technical Working Group
NPTWG-----	National Prevention Technical Working Group
SACA-----	State Agencies for the Control of AIDS (SACA)
IPs-----	Implementing Partners

Preface

Children living with HIV represent a very vulnerable population as 5 in every 10 children newly diagnosed with HIV harbour resistant viruses. The National AIDS Indicators and Impact Survey (NAIIS 2018) puts the prevalence of HIV among children aged 0-14 years at 0.2% with gender disparity between females and males. In view of this, the national response is focusing efforts on reducing new HIV infections, minimizing the risk of HIV transmission and achieving epidemic control.

Based on these, HIV prevention messages and information need to be tailored for the specific child audience, and have to cater for their needs and create their own meanings out of any message communicated. They bring to their communication exposures and encounters a host of predispositions, abilities, desires and experiences. They listen to stories in diverse personal, social and cultural circumstances that also influence what they get out of the experience. They have experienced trauma, discrimination, suffering, atrocities and abuse and have responsibilities well beyond their years. Despite this, most children are capable of responding to positive communication, and of developing to their full potential.

UNICEF in 2016 brought the world to commit once again to bold targets for women, children and adolescents at risk of and/or living with HIV. How the world comes to finally address the needs of the forgotten populations of children and adolescents will be a major driver of the success in putting an end to AIDS. Most adolescents are not accessing lifesaving antiretroviral therapy and new adolescent HIV infections are projected to rise. Adolescents still lack knowledge, are not using condoms consistently.

This toolkit is specifically concerned with the role parental communication plays in improving the lives of children especially in the context of HIV prevention treatment and care as well as sexual and reproductive health. It is therefore imperative for parents to be concerned about HIV prevention and SRH needs of the child by establishing and maintaining an environment in which parent child communication can be implemented effectively.

It has become imperative that developmental efforts especially HIV and SRH programmes targeting adolescents and young people engage more with stakeholders and policymakers using effective parent child communication. The result of this approach will lead to increased success of the AYP programme in Nigeria.



Dr. Gambo Gumel Aliyu

Director General

National Agency for the Control of AIDS, NACA

Foreword

The National Agency for the Control of AIDS (NACA), through a robust consultative process developed the National HIV strategy for Adolescents and Young people (2016-2020). The document is in alignment with ongoing efforts to reduce HIV infection rates among adolescents and young people in Nigeria. The strategy lays out the specific strategic actions that need to be taken by different stakeholders and institutions in a synergistic manner to achieve the desired scaled-up HIV response for adolescents and young people in Nigeria. One of the strategic interventions identified in the National HIV Strategy for Adolescents and Young People (2016-2020) is the development and dissemination of a communication tool to facilitate discussions between parents and adolescents and young people. Parents/guardians are also identified as a key target audience for disclosure education and support as well as education on treatment and adherence support for AYPLHIV.

Parents have a key role to play in providing adolescents with correct and useful information on sexual and reproductive health and HIV prevention. They are also a valuable resource for reinforcing HIV prevention messages received in other settings. However, there are often barriers to communication between parents/guardians and their children. Impeding factors include generation gap, religious/cultural norms, lack of sexuality information and communication skills, failure of some guardians to bond with orphans under their care, and spousal assumptions that the mother is responsible for parent-child communication on sexuality issues. As a result of this communication gap, adolescents lack an important source of information to help them make informed decisions regarding their SRH.

The aim of this parent child communication (PCC) toolkit is to equip parents with knowledge on adolescent sexual and reproductive health (SRH) and communication skills to enable them appropriately dialogue with adolescents and young people. It is expected to go a long way to improve access to appropriate sexual and reproductive health services for adolescents and young people in Nigeria.



Alex Ogundipe

Director, Community Prevention and Care Services
National Agency for the Control of AIDS, NACA

Acknowledgement

Parent Child Communication Toolkit for HIV Prevention and Sexual Reproductive Health in Nigeria

The National Agency for the Control of AIDS (NACA) appreciates the support and commitment of organizations and individuals to the development of this strategy. Special recognition goes to the United Nations Educational Scientific and Cultural Organization (UNESCO), through its Our Rights, Our Lives, Our Future – O3 project (funded by Government of Sweden) which aims at making positive sexual and reproductive health and education outcomes a reality for adolescents and young people in Nigeria, for providing funds for the development of this document.

We acknowledge the dedication and support of the national social and behaviour change communication technical working group (SBCCTWG), national prevention technical working group (NPTWG) state agencies for the control of AIDS (SACA), the United Nations agencies, donor and bilateral agencies as well as implementing partners (IPs) and other stakeholders – for their commitment and inputs to the success of this document which contributes to the attainment of sustainable development goals (SDGs) 3, 4, 5, and 16.

Our gratitude also goes to the entire staff of Community Prevention division (NACA) and the UNESCO Nigeria Education Sector team for their hard work, assurances and perseverance that steered the development of this document.



Dr. Funke Oki

Deputy Director, Community Prevention and Care Services
National Agency for the Control of AIDS, NACA.

Table of Contents

Parent Child Communication Toolkit for HIV Prevention and Sexual Reproductive Health in Nigeria

Acronyms	i
Preface	ii
Foreword	iii
Acknowledgement	iv
Table of Contents	v
1. Introduction and definition of terms	1-3
2. Child development	4
a) Stages of child development	4
b) Physical and emotional changes in child development - basic anatomy	4
c) Parenting responsibilities	11
d) Parenting styles	12
e) Child discipline	14
f) Role modelling	15
3. Parenting in the context of HIV and Sexual Reproductive Health	16
a) Signs and symptoms of HIV	16
b) HIV disclosure, stigma and discrimination	20
c) HIV treatment and adherence	21
d) HIV and substance use/drug abuse	22
4. Parent child communication	24
a) Child diverse media environment	25
b) Media supervision	27
5. The child and family	28
a) Family centered care	28
b) Parenting a child with special needs	29
c) Children in non-formal care	30
d) Setting boundaries	31
e) Management of emotions	32
6. The child and society	33
a) Culture and gender	33
Annexes	35
Annex 1: Resources/ References	35
Annex 2: List of Contributors to this Toolkit	35

Introduction

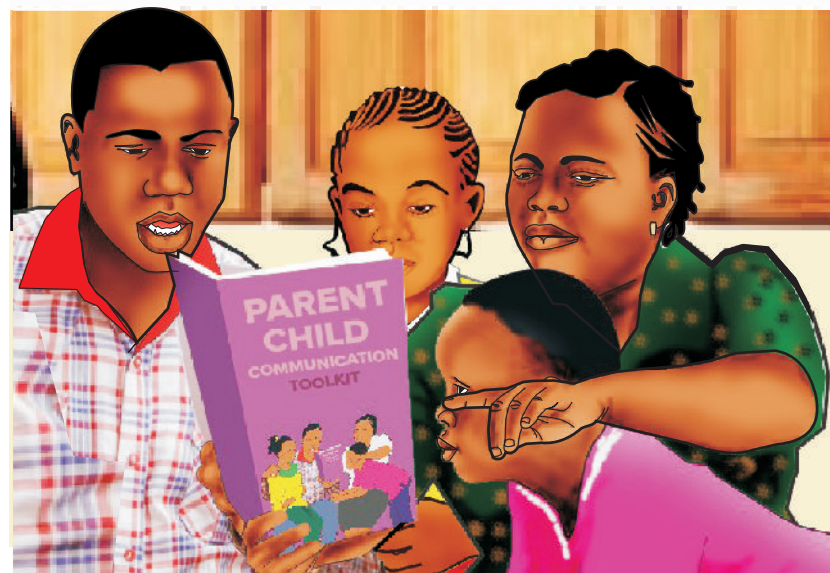
Parent Child Communication Toolkit for HIV Prevention and Sexual Reproductive Health in Nigeria

Our children mean everything to us that is why parents should be involved in everything that concerns them. Whether girls and boys live in deprived and resource-poor societies, or in overwhelmingly commercialized and profit-driven ones, their voices need to be heard and taken seriously. Additionally, the possibility for expressing their needs, opinions and their access to important information should be expanded. Communication efforts need to respect children's privacy, dignity and foster their self-esteem and confidence. Where efforts are made to give children a "voice," it must be more than a token attempt that reflects the perspective of adults. These efforts should support their holistic development or problem-solving skills. Rather than thinking of children as little people who are in the process of becoming fully grown adults, many global child development experts suggest that we think of them as full human beings in their own right. We need to fully recognize children in each stage of their development, as having unique needs and skills, as well as personal voices that deserve to be listened to with respect and empathy.

This toolkit has been developed to provide parents with a practical resource to support partnership in all aspects of children's learning. It complements other parenting materials with practical examples that can be used or adapted to help them identify issues, express ideas, as well as ways of resolving parental complaints/concerns.

Who the toolkit is for:

This toolkit is for parents and caregivers. It would help to sharpen already existing parental ideas and practices about how to effectively communicate with their children on healthy lifestyles while supporting upbringing, education and learning. The toolkit will also be useful to all stakeholders who are helping parents work together to promote child's learning and development. This might include relatives, guardians, educators/teachers, community and religious leaders, et cetera.



Definition of Terms

Parent:

A parent is a caregiver of the offspring in their own species. According to Wikipedia, in humans, a parent is the caretaker of a child (where "child" refers to offspring). A biological parent is a person whose gamete resulted in a child, a male through the sperm, and a female through the ovum. Biological parents are first-degree relatives. A female can also become a parent through surrogacy. Some parents may be adoptive parents, who nurture and raise an offspring, but are not biologically related to the child. Orphans without adoptive parents can be raised by their grandparents or other family members. With recent medical advances, it is possible to have more than two biological parents. Examples of third biological parents include instances involving surrogacy or a third person who has provided DNA samples during an assisted reproductive procedure that has altered the recipients' genetic material.

Child:

Biologically, a **child** (plural: children) according to Wikipedia, is a human being between the stages of birth and puberty or between the developmental period of infancy and puberty. The legal definition of *child* generally refers to a minor, otherwise known as a person younger than the age of maturity.

Communication:

According to Wikipedia, **communication** is the act of conveying meanings from one entity or group to another through the use of mutually understood signs, symbols.

HIV:

The human immunodeficiency virus (HIV) infects cells of the immune system, destroying or impairing their functions. Infection with the virus results in progressive deterioration of the immune system, leading to "immune deficiency." The immune system is considered deficient when it can no longer fulfil its role of fighting infections and diseases. Infections associated with severe immunodeficiency are known as "opportunistic infections", because they take advantage of a weakened immune system

Sexual Reproductive Health and Rights:

UNFPA sees good **Sexual and Reproductive Health and Rights** as a state of complete physical, mental and social well-being in all matters relating to the reproductive system, and not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all people must be respected, protected and fulfilled.

To maintain one's sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. When they decide to have children, women must have access to services that can help them have a safe pregnancy, safe delivery and healthy baby.

Child Development

Child development refers to the changes and growth in human beings between birth (and even beginning in utero, before birth), the end of adolescence and early adulthood. It includes physical and motor abilities and emotional, cognitive (thinking) and social changes. There are different developmental stages in a child's life. There are also different levels of expectations from a child based on his age and understanding and these help us to provide appropriate care and support.

The types of child development are;

- **Physical development** – when a child changes in size and shape, as well as in physical abilities and coordination.
- **Mental development** – when a child improves the ability to think, use language, reason, organise ideas, memorise and solve problems.
- **Social development** – when a child cultivates the ability to positively interact with other children and adults. In addition, ability to discover the value that s/he creates and adds to our world.
- **Emotional development** – when a child progresses with the ability to express feelings and emotions according to age and about specific situations; the development of esteem and identity.
- **Spiritual development** – when a child adopts the awareness of moral upbringing, life purpose, strong social values and self-control. Above all how actions and lifestyles bring glory to all and help humanity.



Parents should:

- observe a child's development to be able to provide appropriate care
- understand each child's basic needs, and learn the most appropriate response for each of the developmental stages and what to teach the child.
- not punish a child in a way that hurts the child when they do not understand the child's developmental stages

Human Anatomy/Human Reproductive System

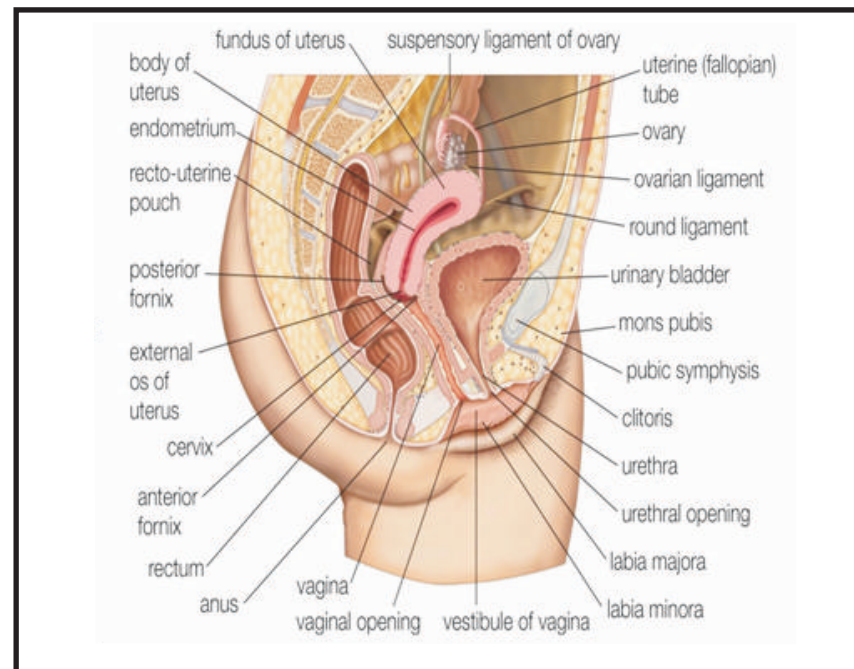
The human reproductive system is essential for the production of new living organisms. The ability to reproduce is a basic characteristic of life. In sexual reproduction, two individuals produce offspring that have heritable features from both parents. The primary function of the reproductive system is to produce male and female sex cells and to ensure the growth and development of offspring. The reproductive system is comprised of male and female reproductive organs and structures. The growth and activity of these organs and structures are regulated by hormones. The reproductive system is closely associated with other organ systems, particularly the endocrine system and urinary system.

Male and Female Reproductive Organs - Both male and female reproductive organs have internal and external structures. Reproductive organs are considered to be either primary or secondary organs. The primary reproductive organs are the gonads (ovaries and testes), which are responsible for gamete (sperm and egg cell) and hormone production. The other reproductive structures and organs are considered secondary reproductive structures. Secondary organs aid in the growth and maturation of gametes and developing offspring.

Structures of the female reproductive system include:

- **Labia majora** - Larger lip-like external structures that cover and protect sexual structures.
- **Labia minora** - Smaller lip-like external structures found inside the labia majora. They provide protection for the clitoris and for the urethra and vaginal openings.

Female Reproductive System Organs

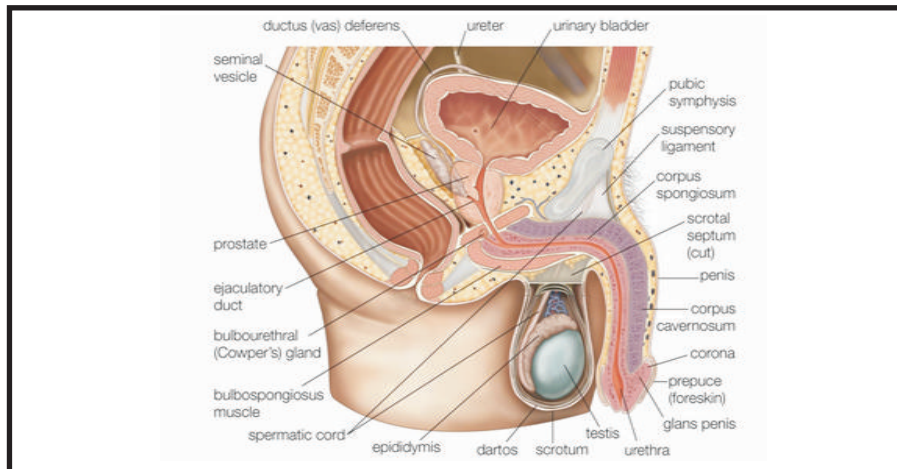


Source: Encyclopaedia Britannica/UIG/Getty Images

- **Clitoris** - Sensitive sexual organ located in front of the vaginal opening. It contains thousands of sensory nerve endings and responds to sexual stimulation.
- **Vagina** - Fibrous, muscular canal leading from the cervix (opening of the uterus) to the external portion of the genital canal.
- **Uterus** - Muscular internal organ that houses and nurtures female gametes after fertilization. Also called the womb, the uterus is where a developing fetus resides during pregnancy.
- **Fallopian tubes** - Uterine tubes which transport egg cells from the ovaries to the uterus. Fertilization typically occurs in these tubes.

- **Ovaries** - Female primary reproductive structures that produce gametes and sex hormones. There is one ovary on each side of the uterus.
- **Menstruation:** Menstruation fondly and widely called “period” is when a female child notices that blood and tissue from her uterus comes out of her vagina. It usually happens every month. The female child's menstrual cycle helps her body prepare for pregnancy every month. A child's menstrual cycle and period are controlled by hormones like estrogen and progesterone. If pregnancy does not happen, the child's body does not need the thick lining in her uterus. Her lining breaks down, and the blood, nutrients, and tissues flow out of her body through her vagina. If she gets pregnant, her body needs the lining, her period stops, and comes back when she is not pregnant anymore

The male reproductive system consists of sexual organs, accessory glands, and a series of duct systems that provide a pathway for fertile sperm cells to exit the body. Male reproductive structures include the penis, testes, epididymis, seminal vesicles, and prostate gland.



Source: Encyclopaedia Britannica/UiG/Getty Images

Male Reproductive System

The male reproductive system consists of sexual organs, accessory glands, and a series of duct systems that provide a pathway for fertile sperm cells to exit the body.

- **Penis** - Main organ involved in sexual intercourse. This organ is composed of erectile tissue, connective tissue, and skin. The urethra extends through the length of the penis, allowing urine and sperm to pass.
- **Testes** - Male primary reproductive structures that produce male gametes (sperm) and sex hormones.
- **Scrotum** - External pouch of skin that contains the testes. Hence it can reach temperatures that are lower than that of internal body structures. Lower temperatures are necessary for proper sperm development.
- **Epididymis** - System of ducts that receive immature sperm
- from the testes. Its function is to develop immature sperm and to house mature sperm.
- **Ductus Deferens or Vas Deferens** - Fibrous, muscular
- tubes that are continuous with the epididymis and provide a pathway for sperm to travel from the epididymis to the urethra
- **Ejaculatory Duct** - Duct formed from the union of the ductus
- deferens and seminal vesicles. Each ejaculatory duct empties into the urethra.
- **Urethra** - Tube that extends from the urinary bladder
- through the penis. This canal allows for the excretion of reproductive fluids (semen) and urine from the body. Sphincters prevent urine from entering the urethra while semen is passing through.
- **Seminal Vesicles** - Glands that produce fluid to nurture and

- **Seminal Vesicles** - Glands that produce fluid to nurture and provide energy for sperm cells. Tubes leading from the seminal vesicles join the ductus deferens to form the ejaculatory duct.
- **Prostate Gland** - Gland that produces a milky, alkaline fluid which increases sperm motility. The contents of the prostate empty into the urethra.
- **Bulbourethral or Cowper's Glands** - Small glands located at the base of the penis. In response to sexual stimulation, these glands secrete an alkaline fluid which helps to neutralize acidity from urine in the urethra and acidity in the vagina.

Similarly, the female reproductive system contains organs and structures that promote the production, support, growth, and development of female gametes (egg cells) and a growing fetus.

The production of sperm cells is known as **spermatogenesis**. This process occurs continuously and takes place within the male testes. Hundreds of millions of sperm must be released in order for fertilization to take place. **Oogenesis** (ovum development) occurs in the female ovaries. In meiosis I of oogenesis, daughter cells are divided asymmetrically. This asymmetrical cytokinesis results in one large egg cell (oocyte) and smaller cells called polar bodies. The polar bodies degrade and are not fertilized. Once fertilization is initiated, the secondary oocyte completes meiosis II and is then called an ovum. The ovum fuses with the sperm cell, and fertilization is complete. The fertilized ovum is called a zygote.

Some changes children pass through

Wet dreams occur when semen (the fluid containing sperm) discharged from the penis during ejaculation while a male is

asleep. Usually this happens during dreams that have sexual images. Wet dreams begin during puberty when the body starts making more testosterone, the major male hormone. A wet dream is known medically as a nocturnal emission and may affect both men and women. Wet dreams are when a person orgasms involuntarily while they are sleeping because of a dream, which may or may not be erotic. They are called wet dreams because when a male has this type of dream, he may wake up with wet clothing or bedding. This is because semen, the fluid containing sperm, is released during ejaculation. However, the same term is also used to refer to a lady who experiences orgasms during sleep.

Wet dreams are not caused by masturbation during sleep; they occur without any manual stimulation. Though some boys may feel embarrassed or even guilty about having wet dreams, they can not be controlled and you can not stop them from happening. However, they happen less as boys grow older.



Myths about Wet Dreams

There are many myths about wet dreams, which can make a child confused if the child does not know what to expect.

1. Wet dreams do not reduce sperm count - Some people believe that wet dreams will reduce a man's sperm count. However, wet dreams are a way for the testicles to remove older sperm and help with the natural formation of new, healthy sperm in the body.

2. Women can have wet dreams - Many people associate wet dreams with men or, more specifically, adolescent boys, but women can also have wet dreams. A female wet dream may result in orgasm as well as additional vaginal secretions from arousal. Men may be more prone to wet dreams because they naturally produce several erections a night.

3. Wet dreams do not reduce a person's immunity. This is a myth and has no basis in fact. However, wet dreams can help reduce excess sperm in the testicles, which is a healthy function for a male's reproductive system.

4. Wet dreams only happen during puberty - Wet dreams are more common in puberty due to hormonal changes, but they can also happen during adulthood. Wet dreams may also be more frequent during adolescence because younger boys may not frequently be masturbating or having sex, so the older sperm is released during sleep instead.

5. Wet dreams are not a sign of illness - It is a myth that wet dreams are a result of an underlying illness or medical condition. In fact, the opposite is true. Wet dreams are a

normal occurrence and may be a sign of healthy sexual functioning.

6. Masturbation probably cannot prevent wet dreams - While masturbation may reduce the number of wet dreams a person experiences, it does not guarantee a person will never experience them. Evidence linking masturbation and wet dreams is lacking,

7. Wet dreams will not shrink a penis - Some people believe that wet dreams reduce the size of the person's penis. However, there is no scientific evidence for this. There are no illnesses, conditions, or natural occurrences that will cause the male reproductive organ to shrink.

8. Some people never have wet dreams - Wet dreams are a natural occurrence for both men and women. They cannot be controlled or stopped, and a person should not feel ashamed to have them.

9. Wet dreams are not always erotic dreams - Wet dreams are often associated with sexual or erotic dreams. However, this is not always the case. A person can have a wet dream without dreaming about sexual activity and may become aroused due to stimulation from friction with the bedding or other factors.

10. Sleeping on the stomach may induce a wet dream - The evidence is limited, however, and more studies need to be done to determine if sleep position plays any role in whether a person experiences wet dreams.

Expected milestones stages of child development

Infant 0–6 months: the child will smile, babble and cry to attract the parent's/ caregiver's attention, gazes at faces and patterns, verbalizes and begins to sit up.

Infant 6–11 months: the child will cling to the parent/caregiver, especially when feeling insecure or frightened and does not want to be away from caregiver. The child also begins to crawl/walk and form new words.

Infant 12–24 months: The child begins to walk and talk as well as explores his/her surroundings.

Toddler 2–3 years: the child will become more independent and continues to explore his/her surroundings, starts speaking sentences and building vocabulary. The child at this stage does not like to lose or take turns, but sharing can be taught. He/she may express feelings in dramatic ways and can begin to learn how to manage emotions and finds it difficult to separate fantasy from reality.

Early childhood 4–6 years: the child may talk a lot; asks many questions (ask again if not clear or if she or he wants more information). He/she does not like to lose, share or take turns, but losing and taking turns can be taught. The child becomes very physically active – needs to be able to move and channel physical energy and can invent all sorts of stories filled with exaggerations.

Middle childhood 7–12 years: the child may answer back to adults to show that he/she 'knows' and can be very self-

conscious and sensitive. May be very active. (The child's unique temperament emerges clearly). At the end of middle childhood hormones can cause mood swings and emotions, even if puberty is not yet evident. The child will be able to learn to better manage anger and tolerate frustration – able to communicate needs and desires.

Late childhood/adolescence 13–17 years: the child prefer more with peers than parents and becomes interested in sexual issues and possibly, in sexual relationships. He/she may engage in risky behaviours, have frequent mood swings and rebellious attitude, due to hormones of puberty, and natural desire to be independent.

Child Protection and Responsibilities

Children can face violations of their rights and suffer harm from people, both within the family and outside the family. This is why it is important for parents/caregivers to understand children's rights and how to protect them, as well as parents' and children's own responsibilities in the face of those rights. In the society, it is every adult's responsibility to act if a child is hurt – child harm is never a family's private business. It is also important for parents/caregivers to help children have more freedom to become adults, but stay safe from peer pressure that may lead to abuse or violence.

The moment the general well-being of a child is at risk or her/his best interest is not promoted, this may be classified as abuse or neglect.

Parents should:

- be able to recognize when a child is being harmed
- know when any child's behavior changes significantly, such as becoming silent and withdrawn when he/she was previously outgoing and cheerful. These behaviors may be hiding abuse.
- not see any child who acts out as being very violent or lacks social skills and friends.
- be able to know when a child has a loss of energy or appetite, or develop sleep problems, such as difficulty falling asleep or staying asleep too long, or bed wetting or soiling.
- be able to observe when a child suddenly appears reluctant to do something, such as go to school (when they used to look forward to going), or are reluctant to go to a particular home or venue.
- ensure that the child does not become involved in risky behaviors such as drinking alcohol, abusing drugs and or acts of violence.
- notice when a child becomes secretive and reluctant to share information
- be observant provide support and listen carefully to the child.
- take every child seriously and avoid imposing their own views on every matter
- let a child know when he/she has done wrong, when it's not their fault and also explain every action taken.
- teach the child to be assertive e.g. "no" means "no".
- teach their child to identify inappropriate sexual behaviors
- encourage their child to talk to them or any trusted adult that will help them when someone does something that make them uncomfortable.
- Encourage the child to openly discuss issues.



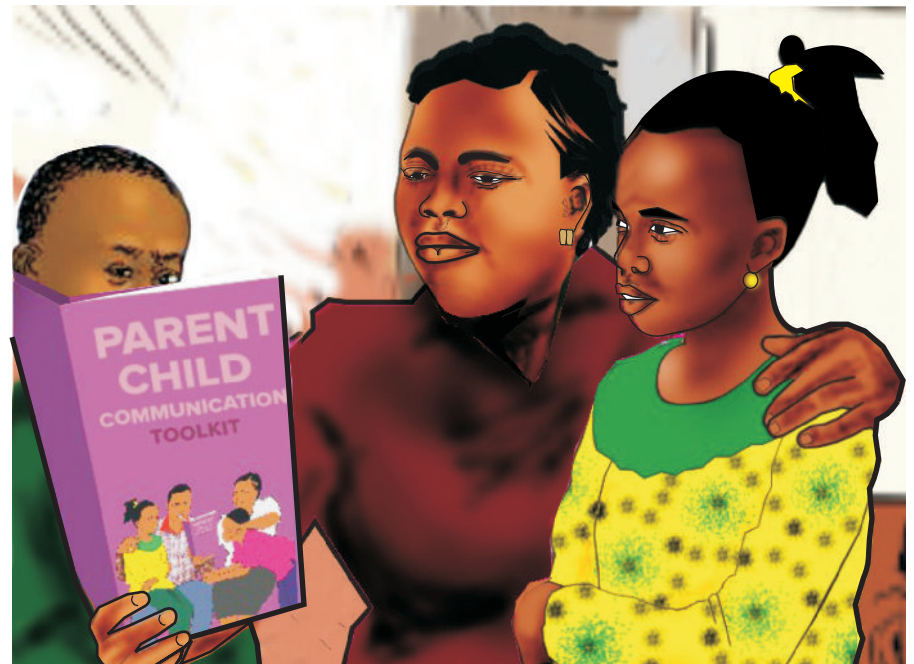
Parents should:

- never assume that what they need and take from media (such as internet, television programmes, magazine articles, oral stories, card games, posters), is the same as what the child will get out of it
- ensure that the media message is developmentally and culturally appropriate as well as a catalyst for positive change
- develop creative ways to deliver content into disadvantaged situations and effectively reach children who might otherwise be denied access
- remember their age and developmental stage. A child's cognitive, emotional, physical and social skills develop as s/he goes through life. As they grow and mature, their needs, abilities, interests and challenges change
- ensure that the child has and demonstrates better capabilities and understanding of the media messages for SRH and HIV prevention
- ensure the child's spiritual needs and development as well as to other realms of life, including social right is not marred by media messages
- learn about the program/ Apps that the child uses and show interest in child's online life and ask questions
- keep tablets, Computers, Smartphones in common areas where you can watch while your children uses them

Parenting responsibilities

Parenting begins during pregnancy and continues all through adulthood. Parents are a very important influence in the child's life. It is the responsibility of the father, mother and guardian to bring up their children in the right ways.

Effective Parenting goes beyond meeting basic needs. It means that a father, mother, guardian or care giver should have an understanding of what it means to be a parent and the associated responsibilities. Both parents should be encouraged to become more involved in sharing the tasks of child rearing by finding time to spend together as a family.



Parents should

- help the child to become a valuable member in his or her family and community
- be the first teachers of their children on HIV/ SRH matters.
- keep every child safe and protected
- be good listeners attuned to the needs of their children
- be a buffer against peer influences
- create a healthy and safe environment as their relationships with the child are essential
- know the child well, and strive for a close relationship
- provide love, support and encouragement at all times
- be respectful and trust every child as much as possible
- understand that each child is different and unique
- set appropriate limits and rules for behaviour
- discipline every child in positive ways according to the child's age
- understand and accept that every child will change as they grow older
- be good role models for the child
- create the environment for every child to express himself or herself
- be conscious of each child's physical, intellectual, language, emotional and social development.
- create quality time for every child
- guide each child's behavior and thinking patterns

Parenting styles

Parenting styles differ as parents have different child upbringing approaches for several reasons: Some parents may have learnt certain parenting skills, or experienced a certain way of parenting from their parents. Others may be overwhelmed by parenting responsibilities and do not have time to change their mode of parenting. Young parents have preconceived ideas of how to parent, and may be afraid to bring up the child the way they were brought up.



Types of parenting styles

Authoritarian Parent

- Believes kids should be seen and not heard
- When it comes to rules, believes it is 'my way always'
- Does not take the child's feelings into consideration
- Is not interested in negotiating and focus is on obedience.



Role-model (Authoritative) Parent

- Puts a lot effort into ensuring a positive relationship with the child
- Explains the reasons behind rules
- Enforces rules and gives consequences, but takes the child's feelings into consideration.



Permissive Parent

- Sets rules, but rarely enforces them
- Does not give out consequences very often
- Thinks the child will learn best with little interference from the parent.



Neglectful Parent

- Does not ask the child about school or homework
- Rarely knows where the child is, or with whom
- Does not spend much time with the child.



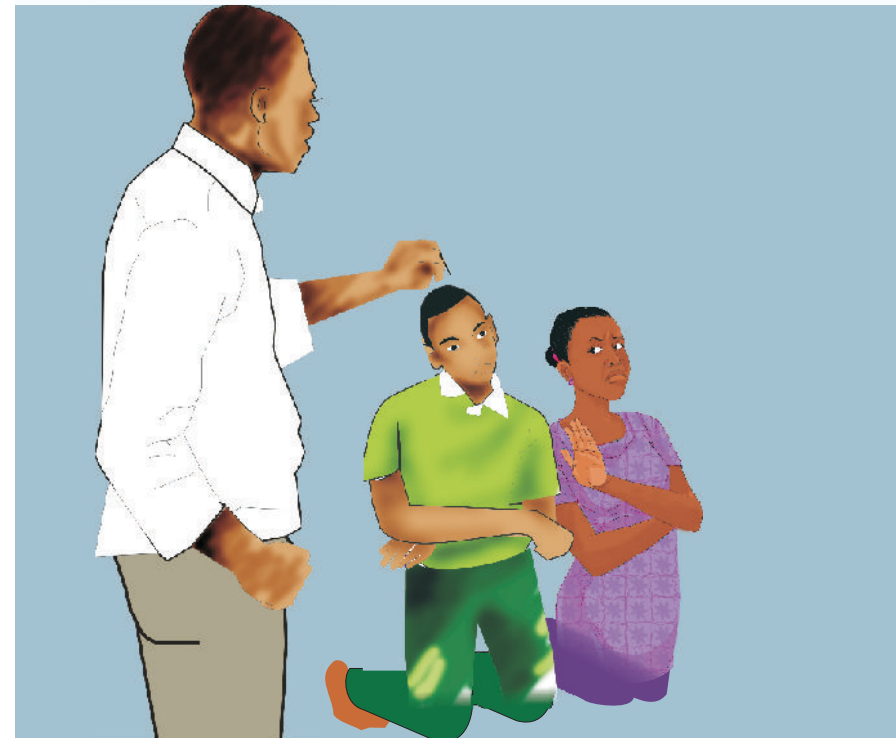
All parents don't fit into one category, there are times or areas where they tend to adopt one or more parenting styles. **There are always things you can do to change or improve your parenting.**

Parents should:

- not be afraid of making mistakes or to learn new parenting skills but rather keep trying
- allow every child to be seen and heard as well as take the child's feelings into consideration
- be interested in negotiating with every child and not focus is on the child's obedience
- maintain a positive relationship with each child, while still establishing authority in a healthy manner
- be dedicated and committed to ensuring that each child reaps the benefits of their parenting style
- not be abusive/violent in relationship with every child and feel free talking to the child
- always do positive things to change or improve their parenting styles
- not allow stressful situations to impact on their parenting style as well as the ability to connect to children - scarce resources for the family upkeep, work-related stress, illness, health related anxiety.

Child Discipline: Motivation, Reward and Punishment

Child discipline includes methods used to change or prevent unwanted behaviors in children or impart knowledge and skills in order to teach/reinforce a certain way of acting. Parents could use discipline to teach children about expectations, family and community rules and values. There are many different ways to discipline children based on culture, tradition and inherited or learned practices.



Role modelling

Role modelling is a powerful teaching tool for passing on the knowledge, skills, and values, to children by parents. A role model is someone whose behavior or success can be emulated by others, especially by younger people. Parents are usually the child's first teachers and role models, and a child is typically more affected by what their parents do than by what they say. Using social skills is a great way to model positive behavior and boost a child's self-confidence, examples includes communication skills, accepting differences (diversity) and conflict resolution skills



Children are born without social knowledge or skills and eagerly look for someone to imitate. From an early age, a child would learn how to behave by seeing how his/her parents act. For example, a child can learn good manners when taught to use good words like please, excuse me, I'm sorry, pardon me and thank you as part of daily life.

Parents should:

- be consistent in teaching and setting examples to prevent getting the children confused
- know they are not perfect, should manage their temper to avoid regrettable actions
- use social skills to model positive behavior that will boost a child self-confidence
- know they are also human and learn to admit their mistakes and apologize. Know that being a positive role model for your child is one of the most important and rewarding things you can do for that child
- respect the child's opinion.

The parents should have a good grasp of SRH and HIV prevention strategies and should be able to educate the child appropriately

Parenting in the Context of HIV/AIDS and Sexual Reproductive Health

Parent Child Communication Toolkit for HIV Prevention and Sexual Reproductive Health in Nigeria

Human Immunodeficiency Virus (HIV) is a virus that infects the cells of the immune system, destroying or impairing their function. The most advanced stage of HIV infection is called Acquired Immunodeficiency Syndrome (AIDS). Every human being is at risk of contracting HIV therefore parent as duty bearers should encourage the testing of their children for early detection and adequate treatment and care when tested HIV positive.

Sexual Reproductive Health (SRH) is a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system more than one million STIs occur everyday worldwide WHO 2019. STIs can have serious reproductive health consequences worldwide such as infertility. National AIDS indicator and impact Survey (NAIIS 2018) showed that the HIV prevalence in Nigeria was 0.2% (15-19years). Girls in this age group had a prevalence that was three times higher than that of male in the same age group.

HIV can be transmitted through the following means:

1. Having unprotected sex (oral, vaginal and anal with an infected person

2. Through infected blood and/or blood products. (sharing of sharp instruments e.g. razors blades, barbing clippers, blood transfusion, transplant of infected organs)
3. From infected mother to her baby during pregnancy, delivery and breastfeeding

HIV cannot be transmitted through these ways:

1. Sneezing
2. Mosquito bite
3. Touching, kissing, hugging

HIV can be prevented through:

1. Abstinence
2. Being faithful to one faithful sexual partner
3. Correct and consistent use of condom
4. Avoiding sharing of sharp instruments e.g. needles, syringes
5. Screening of blood and blood products before transfusion and transplants

Reasons why young girls continue to do abortions include:

- Lack of accurate and comprehensive information about their sexual and reproductive health
- Lack of appropriate reproductive health counselling and clinical services
- Non-use or ineffective use of contraceptives by sexually active young people
- Fear of rejection by partners, parents, peer group, religious and community leaders, once they find out about the pregnancy.
- Financial and emotional inability to care for a baby

Why Are Young People At Risk Of HIV and STIs?

- Most young people know very little about HIV and STIs, even when they are sexually active
- Many young people engage in sexual relationships with more than one partner
- Even when sexually active some young people who know about HIV and STIs don't protect themselves from being infected
- Even when infected with HIV and STIs many young people are often reluctant to seek treatment
- Some young people especially females, exchange sex for money for varying socio-economic reasons
- Many young people are coerced into exploitative sexual relationships which they have little control over in their homes, school or work places.

Health Consequences of contracting STIs

- STIs can lead to serious health problems if they are not treated early and properly.

These health complications include:

- Chronic lower abdominal pain
- Infertility
- Menstrual problems
- Ectopic pregnancy
- Problems with passing urine
- Death.

By the time children turn age 20, more than three quarters of Nigerian girls and boys have had sexual intercourse. Average age at first intercourse for girls is just over 16 years and a little higher for boys. Sex predisposes young people to Sexually Transmitted Infections (STIs) and HIV. There are serious risks associated with unprotected sexual intercourse for young people and these include the exposure to early unplanned pregnancy, unsafe induced abortion, HIV and STIs.

Unplanned Pregnancy - The health and social consequences of early unintended pregnancy, include; pregnancy/ child birth related deaths which occurs five times more among girls aged 10-14 than those aged 20-24; death in 15-19 year old girls majorly as a result of pregnancy-related complications, bleeding in pregnancy, severe anaemia, prolonged difficult and obstructed labour, still birth, low birth weight and infantile death. The socio-economic consequences for the young child may include, termination of education, poor job prospects, loss of self-esteem and broken relationships.

Abortion: Abortion is the termination of pregnancy before 7 months duration. Although pregnancy can terminate on its own (miscarriage or spontaneous abortion). When pregnancy is intentionally terminated, it is referred to as induced abortion. According to the Nigerian Family Health Fact Sheet, two out of every five secondary school girls interviewed in a study, admitted to at least one previous pregnancy. It reveals that, unsafe induced abortion has been described as a school girls' problem in Nigeria. Induced abortion is unsafe when untrained personnel, using inappropriate and contaminated instruments, under unhygienic conditions perform it.

The extent of unsafe abortion in the country is difficult to ascertain. This is largely because induced abortion is illegal and as such it is done secretly and thus under-reported. Over 80% of patients presenting at Nigerian hospitals with abortion related complications are adolescent girls. Complications of unsafe induced abortion include: excessive bleeding or hemorrhage, damage of the uterus or bowel, infections that can result in infertility and death.

Parents should:

- fashion out strategies to communicate Sexual Reproductive Health information to their children especially adolescents and young people
- talk on abstinence from sex, unplanned pregnancy, HIV/AIDS, contraception and condoms (for older adolescent who are sexually developed and active)
- not use threats and warnings to communicate HIV prevention and SRH to a child, rather, they should use jokes, related stories and drama
- be the primary sexuality educators of the child by educating both by what they say and by how they behave.
- begin deliberate education at the earliest childhood level; however, adolescence poses new challenges for many parents
- have open communication about sexuality in their homes, as this helps the child to often behave more responsibly and may help the child accept personal sexual feelings and actions as well as turn to parents in times of trouble
- be well-informed about sexuality and model sexually healthy attitudes in their own relationships
- talk with their child about reproductive health and sexual responsibility and answer all their questions fully and accurately.

- listen to their child compassionately, without dismissing their concerns as childish or condemning their questions as improper
- provide a supportive and safe environment for their child as well as set and maintain limits for dating and other social activities they are involved in, outside the home
- appeal for and support national, community, and in-school efforts to provide young adults with HIV and SRH information and service
- encourage the health, safety, and intellectual development of their child and encourage their sense of self-esteem
- teach the child that it is irresponsible to impregnate or get pregnant if s/he are not ready to marry or support the child
- adopt responsible sexual behaviors themselves, especially toward children.



Factors influencing sexual activity among young people include:

- Early onset of sexual maturation and the accompanying natural increase in body secretions (sex hormones) which stimulate sexual urges in adolescent boys and girls
- Pressure by the peer group and adults on young people to engage in sexual relations
- Increasing socio-economic problems which result in pressures on young people to exchange sex for money.
- Glamorization of sex in the mass media without equally highlighting the associated risks
- Permissive attitude of society towards premarital sexual relations for boys as part of their predatory sexual socialization
- Culture which places higher value on child-bearing as a greater achievement for girls
- Parents who give out their daughters in marriage at an early age for economic gains or under the guise of protecting her from temptation from others
- Delayed marriage for reasons of increasing focus on educational/career pursuits. While marriage is being delayed, the other factors listed above combine together to influence sexual activity among young people.

HIV Disclosure, Stigma and Discrimination

The HIV status of a child should be communicated at the appropriate age (see table on the next page) and quality care given to the child by the parents. **Disclosure** in the context of HIV is revealing or sharing of confidential information with loved ones. Disclosure should be done in a confidential setting.

Stigma is a mark of disgrace associated with a particular circumstance or person. Self-stigma is a shame that a person infected with HIV ascribes to his or her self thereby feeling rejected and isolated.

Discrimination is an act that occurs when a distinction is made against a person, the effect of which is an unfair and unjust treatment of the person based on belonging to a particular group.



Parents should:

- consider these important issues before disclosing information to the child:
 - physical development and emotional maturity of the child
 - readiness (emotional, psychological etc) of the child to know such information
 - readiness and comfort of the parents to talk about the issue
 - legal considerations –benefit of disclosure to the child and to the parent

After disclosure to the child:

- guide/support the child to develop skills for assertiveness and self-confidence
- provide the child with accurate knowledge and information on his/her (vulnerability) situation
- do not allow the child to be lonely - this results to rejection and exclusion by friends, unwillingness to participate in social activities and/or loss of appetite
- know that the child's willpower and urge to live/die when s/he feels unloved and isolated
- encourage the child to be open about his/her health concerns to medical practitioners.

Age characteristics	Stage of Disclosure	Provider Action
0 - 4 years	No disclosure	At this stage no disclosure is done since the child is too young to understand about HIV
5 - 8 years	Partial disclosure	At this age the child can understand a lot. Define the virus as a germ and the CD4 as the soldier in the body that keep fighting and one has to take the drugs to strengthen the soldiers in the body
9 - 12 years	Full disclosure	<p>Full disclosure is important since most children at this stage are able to understand more about HIV and would have heard about HIV as part of formal education at school</p> <p>Follow the following stages in the disclosure process</p> <p>Stage 1 - Assessing the child social support system to ensure availability of sufficient support once disclosure is completed</p> <p>Stage 2 - Assess the child's prior knowledge about HIV/AIDS including information given at school, any myths and misconceptions. Offer or reinforce accurate information</p> <p>Stage 3 - Use an imaginary exercise or story to assess child's reaction to disclosure of HIV status</p> <p>Stage 4 - Tell the child about their HIV status. Support parents to disclosure to the child and clarify the mode of infection. Address immediate reaction and concern a child might have</p>
	Post-disclosure (1-2 weeks after full disclosure)	<p>Find out from the parent/guardian if they have observed anything after disclosure, e.g. change in behavior:</p> <ul style="list-style-type: none"> • Introduce the child to tell their story and emerge as a hero (a comic book may be a useful aid) • Link the child to a support group or with an older child who has been disclosed to <p>NB: Find out how the child is doing at every visit after full disclosure</p>

Parenting in the era of Substance Use and Drug Abuse

Substance abuse refers to the harmful or hazardous use of psycho-active substances including alcohol and illicit drugs, tobacco etc. These substances alter mood, thinking and behavior. Commonly abused drugs or substances are; alcohol, heroin, cocaine, marijuana, cigarettes, tramadol, codeine, , cannabis etc.

Substance use and drug abuse makes the user lose his/her sense of judgement resulting to social vices such as rape, armed robbery, banditry and even poor academic performance. It could also lead to health challenges such as mental disorders and weakened immune system



Parents should:

- Educate their children on drug abuse, effects,- and situations that could pre-dispose them
- Monitor the child's activities closely to ensure early identification of substance use
- Be good role models to their children.

Drug use and addiction have been inseparably linked with HIV. Children who engage in drug use or high-risk behaviors associated with drug use put themselves at risk for contracting or transmitting viral infections such as human immunodeficiency virus (HIV). This is because viruses spread through blood or other body fluids.

It happens primarily in two ways:

1. when people inject drugs and share needles or other drug equipment
2. when drugs impair judgment and people have unprotected sex with an infected partner.

This can happen with both males and females. Drug abuse and addiction can also worsen the progression of HIV and its consequences in children.

10 Ways to Be a Role Model to Your Children

(adopted from AllProDAd)

1. **Healthy Living** - When we eat properly and exercise regularly, not only does it improve our own lives, but it sets the example for our children as well. Keep yourself inside the healthy range for where you are in life.
2. **Self-Improvement** - Self-improvement should always be on our minds. Try new experiences and broaden your horizons. This teaches our children to never stop growing. There's always something new to learn in this life. Try to learn something new every day.
3. **Serving/Volunteering** - Make it a regular habit to get out in your community with your family and volunteer your time and talents. This is one of the best ways to build family unity, teamwork skills, and most of all, generous and serving hearts. Teach your kids to meet the needs of others.
4. **Open Up Your Life** - Do not hide who you are as a person to your children. Share your past experiences when it is appropriate: mistakes and victories. Show them that vulnerability is a virtue that comes from a position of strength. Take your children to work with you and let them see your daily life. Status doesn't mean a thing, but your attitude and your demeanor mean the world.
5. **Self-Control** - Releasing our emotions, whatever they may be, is healthy and reduces stress. How we go about doing that in front of our children, however, has major consequences. As difficult as it can be, it is essential to practice self-control as much as possible in front of our children. Bite your tongue and control that temper. If need be, take it out in the gym or go for a long run.

6. **Right Relationships** - We have many important relationships and not all of them are going to be pleasant. Maybe there are issues with your parents, stepparents, brothers, sisters, or ex-wife. Forgive and give grace. Seek to be right in your relationships over being right. Make it as hard as possible for anyone to say anything bad about you. Be an initiator and always take personal responsibility first.

7. **Respect and Listening** - If you want to teach your kids how to be confident, it starts with showing them respect for who they are and listening to their own unique thoughts. This is a tough aspect of leadership, but the best leaders listen carefully and talk far less. Open your mind and your ears to what your children are telling you. They will, in turn, learn to do the same later in life.

8. **Positive Attitude** - There is plenty of negativity to be found in society today. Do not add to the daily chorus your child experiences. Instead, display a positive and reassuring attitude and optimism.

9. **Goal Setting** - Setting goals is important to give us a benchmark of where we are going and the progress we are making. Implementing and achieving those goals are of equal importance. When our kids see us moving along exactly according to plan, it shows them the importance of organization and self-discipline in their daily life. Help them come up with their own set of goals and praise them when the goals are met.

10. **Walk the Talk** - The single most important aspect of being your children's role model is to always say what you mean and mean what you say. Walk the talk. Back up your words with visible and concrete action and be a man of integrity and value. Actions speak volumes. "Well done is better than well said."

Benjamin Franklin

Parent Child Communication

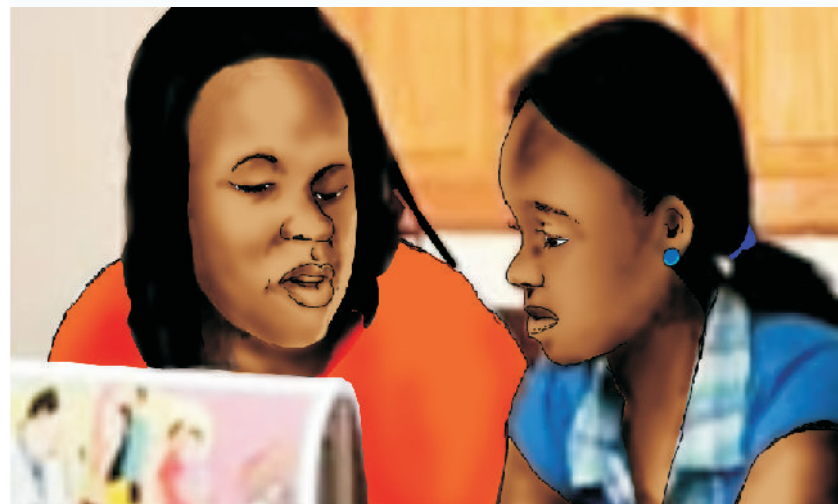
Parent Child Communication Toolkit for HIV Prevention and Sexual Reproductive Health in Nigeria

Parents are expected to educate young children and adolescents about their sexuality as they frequently interact with them. Older children continue to learn about sexuality as they socialize with peers and are in contact with media materials. Parent Child Communication is the conveying of specific messages from a parent to a child in order to change behavior. It involves talking and listening to your child, respecting and recognizing their feelings. Conscious decisions should be made to interact with them daily.

Good communication (Good listening skills) between a parent and child is important for developing a positive relationship. Even though they are children, their voices need to be heard and taken seriously; the possibility for expressing their needs and opinions and their access to important information should be expanded. Parents need to respect children's privacy and dignity and foster their self-esteem and confidence. This will help them on issues around sexual and reproductive health, HIV and AIDS, healthy lifestyles and other sexually transmitted infections..

Parents should:

- have good listening skills-hear a child out before evaluating, listen to the whole message, pay attention (eye) contact and nodding etc)
- talk to and hear the child in a language s/he understands and speaks
- not expect a child to understand or speak the language of adults
- paraphrase what was heard and probe.



Child's Diverse Media Environment.

Access and preference to the various forms of traditional media (books and magazines, radio, television, computers, folktale and peers) and new/social media (music-players and mobile phones, snapchats, instagram, facebook, twitter, youtube, flickr, badoo, whatapps) differ among children.

The digital inequalities that characterize Nigeria today confront us with a wide variety of challenges: while some children live in media-rich environments and many media converge into a “screen culture” that dominates their lives, others are still deprived of the most basic forms of communication technology that characterize our global world.

It is not only the ability to access media tools and social media platforms that may bring HIV prevention and SRH benefits to a child, but the quality content to which s/he is exposed.



Better Child Supervision



Better Child Supervision entails parents constantly paying attention (watching, listening) to a child and ensuring they are within the reach of the child. It gives parents every possible chance to reach the child if s/he is attempting to do something that could cause an injury. It makes parents spend valuable time with

the child as s/he explores the world. A young child is generally not capable of looking after himself/herself, and also cannot make right decisions for his/her health and well-being. The child is also prone to pressures as they leave school and move around with friends. For this reason, s/he requires supervision; guidance or advice by parents or caregivers.

A supervised child is protected from dangers on their physical, health and emotional life. A child not supervised is neglected and Child Neglect is not approved in the Child Rights Act (CRA) of the Federal Republic of Nigeria.

Better child supervision includes;

- **Home Supervision** - know the child's daily itinerary at home, check out their rooms when they are present to ensure they are doing alright.
- **Outside Supervision** - when the child is going out, find out: where s/he is going, who s/he will be with, what s/he will be doing and when s/he will be home. When the child returns home, find out: what happened where s/he went.

Better Child Supervision

- **Media Supervision** - continuous education to the child that although the internet is filled with information that is useful, there are also some information on violence and pornographic imagery- these images challenge the value system that their local and cultural environment inculcates in them.



Parents should:

- Inquire from the child whether he/she knows what child supervision is and respond to clear issues raised by the child that do not represent child supervision

- know and make the child to understand that supervision is not monitoring, close marking, invasion, suffocation, intrusion or spying but an act of love and expression of care
- discuss and agree with the child what steps to take in supervising him/her as a way to help him/her make good decisions
- know what the child does, check up the child's room and belongings in his/her absence and ask him/her where he/she goes to
- know that supervision of a child is key to his/her safety as most times a child does not understand danger
- know that a child is naturally curious and wants to explore the world around them - and remember, the more mobile they get the more adventurous they become!
- know that a child can wander off in the blink of an eye - look out for the child and get involved in what he/she does
- know that everywhere around the child, even in the comfort of the homes, there are dangers - seen and unseen
- take responsibility to make sure a child's world is as safe as possible so that his/her exploration is injury-free and fun.

The Child and Family

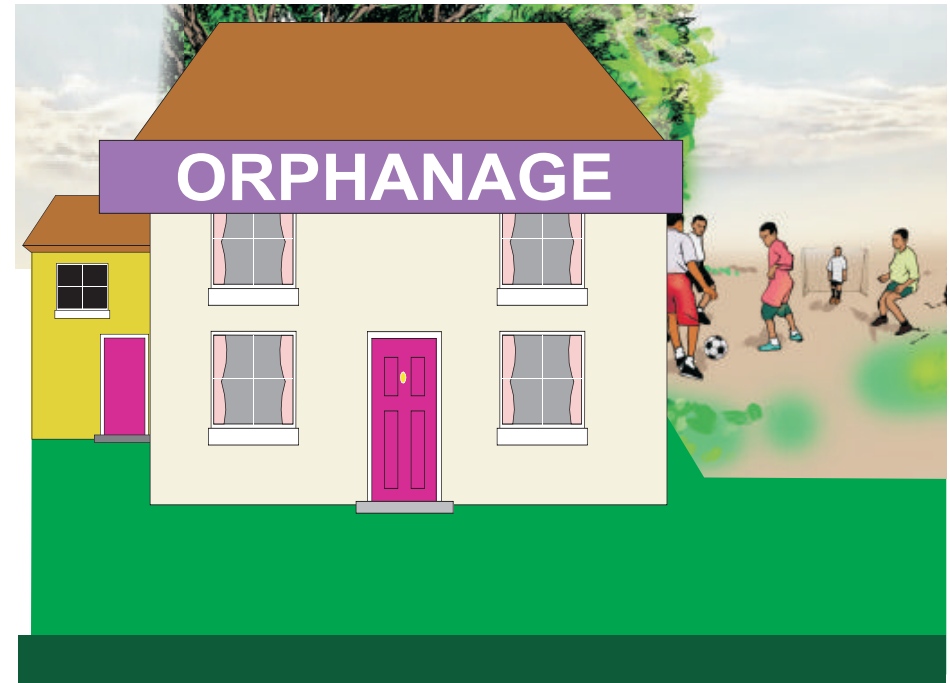
Parent Child Communication Toolkit for HIV Prevention and Sexual Reproductive Health in Nigeria

Family Centered Care

Sometimes it is not possible for children to stay at home with their parents, or to be cared for by their immediate relatives. This can happen because of serious illness or death, abuse or neglect or other reasons why family cannot provide care and protection for the child. In this situation it is always best for a child to be cared for within a safe and nurturing family – a relative or foster care. Parents receiving children back from these formal care facilities may need special support in dealing with institutionalized behavior; the severity of this behavior will depend on what age the child entered the formal care facility, and how long the child had been resident at the facility.

Parents should:

- understand that they are the best people with whom their children should be, as long as they themselves receive support to be the best parents that they can be



Children can experience violence and abuse anywhere. Physical and sexual violence, emotional abuse, bullying, harsh punishment in schools and other violations that affect their safety and wellbeing are a few. Even though these are common alarmingly experiences, they are still not often talked about openly.

The people who abuse children are often trusted people in the home, neighborhood, school, and community.

Parenting child with Special Needs

Special needs is a term used to describe people who require assistance for medical, physical, cognitive, emotional or psychological disabilities. These include: blindness, immobility, hearing impairment, albinism, language or speech disabilities, autism, developmental delays, and attention disorders



Parents should:

- remember that no two children are alike
- treat all children with equal care and respect as they have the same rights regardless of their abilities
- use different means of communication to make a difference, most specifically to vulnerable and disadvantaged children, in ways that help them survive and thrive, and set them on the trajectory for a better life

Children in Non-Formal Care

Children who have spent a significant amount of time in an orphanage setting may have limited understanding of family and community life. The institutional setting may deprive the child of a typical family life and disconnect him/her from the people's language and culture. Parenting a child in non-formal setting with attachment, trust and institutional behaviour is challenging. A child in such settings may have challenges of attaining optimal physical, intellectual, developmental and relationship outcomes.



Parents should:

- strengthen bonding and attachment through play, family activities and appropriate touch and affirmation
- respond to the child's inappropriate behaviours with patience and kindness as this builds trust and a healthy relationship
- create household structures and routines that the child needs to feel safe and secure
- set clear boundaries for the child so the child has clear expectations on behaviours
- nurture the idea of inappropriate behaviours and actions having specific consequences, not punishment, so that the child understands 'cause and effect', which may not have been present in the formal care facility
- set realistic expectations for the child, including behaviour, academics, affection and play, as the child may need a great deal of time to 'catch up' with family life, family 'norms' and academics.

Setting boundaries

Every family has boundaries; rules and roles are set for its members. Communication styles, patterns and ways of making decisions vary. Boundaries are 'invisible lines' that define limit both inside and outside the family. Rules are defined positions on how family members relate to each other and the outside world. Roles are ascribed functions or duties for every family member, like who does the chores, who handles the money, and who cares for the children.

Families have ways of making decisions and resolving conflicts (decision making) and ways of communicating that range from open to closed (communication styles). Rules are needed within every home and they should reflect family values.

There is growing evidence that people with disabilities especially children are at higher risk of HIV infection than people who are not disabled. They often experience increased risk factors associated with acquiring HIV including poverty, increased vulnerability to sexual violence and abuse, limited access to education and healthcare, and lack the information and resources needed to facilitate safer sex. Children with special needs are often overlooked in HIV sexual and reproductive health and rights programming and face increased barriers to accessing services.

HIV and disability are also linked as children can develop disabilities as a result of the progression of HIV or due to the side-effects of antiretroviral treatment (ART). Tackling HIV among children with special needs require a rights-based approach, which tackles barriers holistically so that wider issues such as gender-inequality and violence are addressed.

Parents should:

- identify the rules based on what the family intends to achieve collectively
- allow children to participate in decision-making
- keep the rules simple and clear - give explanation when needed
- make a poster or other visual aid, and display it to serve as constant reminder
- use positive language to state the consequences of not following the rules
- review the rules as needed based on feedback
- set aside time as a family to establish rules and consequences
- make it fun and allow your children to participate freely.

Management of Emotions:

Imagine yourself in one of those situations where your child does not sustain the principles and boundaries you put in place to ensure s/he is not exposed to risky sexual behaviour that may lead to unplanned pregnancy, STIs, HIV or other SRH challenges. Such stressful situation is common in the society. The real question is, how do you react to such stressful situations? Could reactions like shouting on the child help in solving the problem? Such reactions may even strain parent-child relationship. Hence emotion management is an important skill for parenting.



Parents should:

- Improve their emotional management skills
- stop every action and think whenever their emotions are so strong that they feel hijacked by the emotions and feel a strong urge to take an action that they may regret later on
- always engage in an activity that will help them calm down
- think about it all and come up with an appropriate reaction. First of all, identify the emotions you are feeling
- know that once they have the answers to the questions right in front of them, they are the better judge of which is the best way to proceed, bearing in mind their ultimate goals as well as personal values

The Child and Society

Parent Child Communication Toolkit for HIV Prevention and Sexual Reproductive Health in Nigeria

Culture and Gender

Culture is about the attitudes and patterns of behaviour of a group of persons. Cultural customs can either have a positive or negative effect on child growth and development. Sex identifies the biological differences between boys and girls. Gender refers to the roles assigned to male and female by the society.. The assigned roles are defined by character, behaviors, relationships and rules.

Norm refers to ways of doing things as expected by the society. Each society has its own customs and norms for parenting children – positive and beneficial, or negative and harmful. Children learn very young and throughout childhood about cultural gender and social norms from their parents, family and community. Other times the harm in our beliefs is less easy to identify.



Parents should:

- not accept or inculcate negative or harmful social norms nor consider them traditions, for example: early marriage, child labor, female genital mutilation
- treat every child equally and ensure equal access to resource and opportunities
- not discriminate against or neglect any child living with a disability
- apply social rules that have a positive influence; such as caring for others
- protect their child and ensure they are assigned age-appropriate tasks as members of the family
- help the child understand gender; discuss with the child about his/her thoughts and feelings regarding the different roles of boys and girls within your family, the school and the community
- know that in some ways, girls and boys differ , but they should both have the same opportunities to learn and explore in order to develop their special talents.

How to deal with unacceptable child behaviour:

1. Review the behaviour to see if it is a temporary reaction.
2. If the behaviour will have safety consequences, act immediately to make sure the child is safe from physical harm.
3. Evaluate the intentions of the child and what he or she might be aiming to achieve. Remember – a young child is unlikely to be able to tell you with words!
4. Always watch for triggers (these are beliefs, interpretations, feelings, situations, places or people that might influence a particular behaviour).
5. Do not assume that the child knows what is expected of him/her. State family rules clearly, and reiterate consequences.
6. If the child is old enough, discuss with the child what the consequence should be.
7. Do not address the child when you are still angry or upset; wait until you are calm.
8. Take a moment to get your own behaviour and emotions under control.
9. Focus on the good. Acknowledge and celebrate desired behaviour.
10. Employ positive communication: do not yell at the child from a distance.
11. Take a second look at your role modelling as a parent
12. Re-direct the child's attention – distraction can work very well with young children.

Benefits of Communicating Family Rules

1. Gives parents the opportunity to model positive behavior to the child.
2. Aids in child participation in the home.
3. Helps the child develop decision-making skills, which in turn teaches them to face the consequences of their actions.
4. Family rules teach discipline.
5. Helps show clearly what the family stands for, and gives them the opportunity to keep the family name in good light.
6. Serves as family contribution to society, because the society

Reasons children sometimes exhibit behaviours parents do not like

1. When the child's physical or emotional needs are not met
2. When the child wants attention or feels misunderstood
3. When there are rules in the family regarding expected behaviour
4. When the rules are unclear or not obeyed by parents or other family members. Media exposure and peer influence. Modelling behaviour learned from parents
5. Certain parenting styles make children become hostile or aggressive

Reasons parents sometimes find children's behaviours difficult

1. When our physical or emotional needs are not met- may be we are tired or hungry or upset
2. We are busy with something else and do not have patience or time to deal with the child's behaviour
3. When we are confused about the behaviour, or feel we cannot understand help the child. What are some other reasons we might find behaviour difficult?
4. What are some ways we behave when things are not quite right?

References

1. Dr. Chewe Luo : **Adolescents & AIDS Chief HIV/AIDS**, UNICEF 2017
2. **Global Action Plan On HIV Drug Resistance 2017–2021 2018 Progress Report July 2018**
3. UNICEF: www.unicef.org/crc
4. UNICEF: <http://www.unicef.org/rightsite/sowc>.
5. Barbara Kolucki, MA Dafna Lemish, PhD: **Communicating with Children - Principles and Practices to Nurture, Inspire, Excite, Educate and Heal**. - United Nations Children's Fund (UNICEF) November 2011 www.unicef.org
6. WHO (definition of HIV) - <https://www.who.int/features/qa/71/en/>
7. UNFPA (definition of SRH) <https://www.unfpa.org/sexual-reproductive-health>
8. WHO (definition of Sexual Health) <http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/news/news/2011/06/sexual-health-throughout-life/definition>
9. Elsevier. **"The Laboratory Rat - 2nd Edition"**. www.elsevier.com. Retrieved 2018-11-18.
10. Elsevier. **"Handbook of Biologically Active Peptides - 2nd Edition"**. www.elsevier.com. Retrieved 2018-11-18.
11. Homans, George C. (1958). **"Social Behavior as Exchange"**. *American Journal of Sociology*. **63** (6): 597–606. JSTOR 2772990.
12. Snyder, Mark; Ickes, W. (1985). **"Personality and social behavior"**. *Handbook of Social Psychology*: 883–948.
13. WHO (definition of gender) <https://www.who.int/gender-equity-rights/understanding/gender-definition/en/>
14. Centre for Clinical Care and Clinical Research: *Adolescent HIV Counselling and Disclosure SOP*
15. S Bastien,, LJ Kajula, WW Muhwezi: **A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa (abstract)**
16. Similo Ngwenya - **Communication of reproductive health information to the rural girl child in Filabusi, Zimbabwe – (abstract)** Afr Health Sci. 2016 Jun; 16(2): 451–461.doi: 10.4314/ahs.v16i2.13 PMID: 27605960
17. The World Health Organization's Information Series on School Health (Document 8) - **Family Life, Reproductive Health, and Population Education:- Key Elements of a Health-Promoting School**
18. **Let's tak Family Communication Toolkit** - Compiled by Barbara Huberman, RN, MEd, Director of Education and Outreach October 2002 © *Advocates for Youth*
19. <https://www.allprodad.com/10-ways-to-be-a-role-model-to-your-children/>
20. ThoughtCo.com: **Human Reproductive System** - <https://www.thoughtco.com/reproductive-system-373583>
21. Julia Brown Lancaster: **Teens from Nemour**, November 2015, <https://kidshealth.org/en/teens/expert-wet-dreams.html>
22. Jenna Fletcher and Janet Brito, **Medical News Today Newsletter**, Thu 29 March 2018, <https://www.medicalnewstoday.com/articles/321351.php>
23. **Planned Parenthood Federation of America Inc.** <https://www.plannedparenthood.org/learn/health-and-wellness/menstruation>
24. National Institute on Drug Abuse: **Advancing Addiction Science** - <https://www.drugabuse.gov/publications/drugfacts/drug-use-viral-infections-hiv-hepatitis>
25. AVERT: **Global information and education on HIV and AIDS** - <https://www.avert.org/people-disabilities-hiv-and-aids#risk>

FOR MORE INFORMATION CALL
6222
FOR FREE

