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School Health Education to Prevent AIDS and STD

A RESOURCE PACKAGE FOR CURRICULUM PLANNERS

TEACHERS' GUIDE

World Health Organization
UNESCO

School Health Education to Prevent AIDS and STD

A resource package for curriculum planners

Teachers' Guide

World Health Organization
and
United Nations Educational, Scientific and Cultural Organization

1994

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The following publications have served as primary sources for this package:

School Health Education to Prevent AIDS and Sexually Transmitted Diseases, WHO/UNESCO, WHO AIDS Series No. 10, World Health Organization, Geneva, 1992.

Comprehensive School Health Education – Suggested Guidelines for Action, UNESCO/WHO/UNICEF, World Health Organization, Geneva, 1992.

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PREVENTION
KNOWLEDGE-SKILL DEVELOPMENT: LEARNING OBJECTIVES
AIDS
STD
HIV

Introduction

Dear teacher....

This guide has been developed to help you prepare and teach a programme on AIDS.

AIDS (Acquired Immune Deficiency Syndrome) has become a problem in our country: to date, some [give here latest figures] women and men have died from AIDS, another [...] are sick, and an estimated [...] are infected with HIV (Human Immunodeficiency Virus), the virus that causes AIDS. Sexually transmitted diseases (STD) are very common: [give figures that show that STD are a serious problem, particularly for youth].

As educators and parents, we can do much to save our students and families from AIDS: we can explain to them how to protect themselves from infection with HIV and other STD. There is no cure yet for AIDS, but we can easily avoid infection with HIV and STD.

Much is done in our country to provide information on AIDS and STD [mention posters, TV-radio programmes, reports in the press, etc.]. Health personnel are trained to care for people with AIDS in health centres and hospitals, and blood for transfusions is being tested [add information to allay fears of casual transmission].

Young people need to know how to protect themselves from HIV and STD. To reach all the young people in school, AIDS education has been integrated into [give here the subject(s) or extra-curricular activities] for grades [...].

HIV and STD are transmitted mainly through unprotected sexual intercourse: that is why young people need to learn about AIDS in their early teens, when they become aware of their sexuality and may experiment with it. Many young people are sexually active at an earlier age than we would wish or expect.

Education about sex and AIDS does not encourage young people to have sexual intercourse: on the contrary, it helps them realize the consequences of sexual experimentation, and avoid early pregnancies and STD, including HIV.

For teachers, a programme on AIDS is both challenging and rewarding: most young people have never had the opportunity to talk about sex [and drugs] with adults, and welcome honest and open discussion about it. They respect – and probably will remember best – those teachers who care about the problems young people face in growing up.

In teaching about AIDS, it is really your relationship with your students that counts more than anything else. We hope this Guide will be useful in providing factual information and the required teaching methods.

Information is provided for you on the following topics:

1. The programme

This section presents the rationale for the programme; the four units of the programme and the objectives of each unit; and a description of the student activities that are available for each unit.

2. Teaching methods

Since this programme is based mainly on participatory methods, it is important to know the basic ways of getting students involved. Seven different methods are discussed in this section.

3. The classroom atmosphere

Sexuality education should be conducted in an atmosphere that promotes openness and acceptance. This section provides information on: the reactions of students to discussions about sexuality; rules to develop classroom atmosphere; how to deal with special problems; and how to help the student who might be anxious about HIV/AIDS/STD.

4. Peer leaders [if applicable]

Teachers are encouraged to use peer leaders as part of this programme. This section discusses: the functions of peer leaders; why it is important to use peer leaders; how to select peer leaders; and what peer leaders need to know.

5. Participation of parents and family members

The support of parents for HIV/AIDS/STD education is very important to the success of a programme. This section discusses: parent letters; parent meetings; parent/student activities; and advantages of parent involvement.

6. Test items for student evaluation

This section presents test items for students, that match the curriculum.

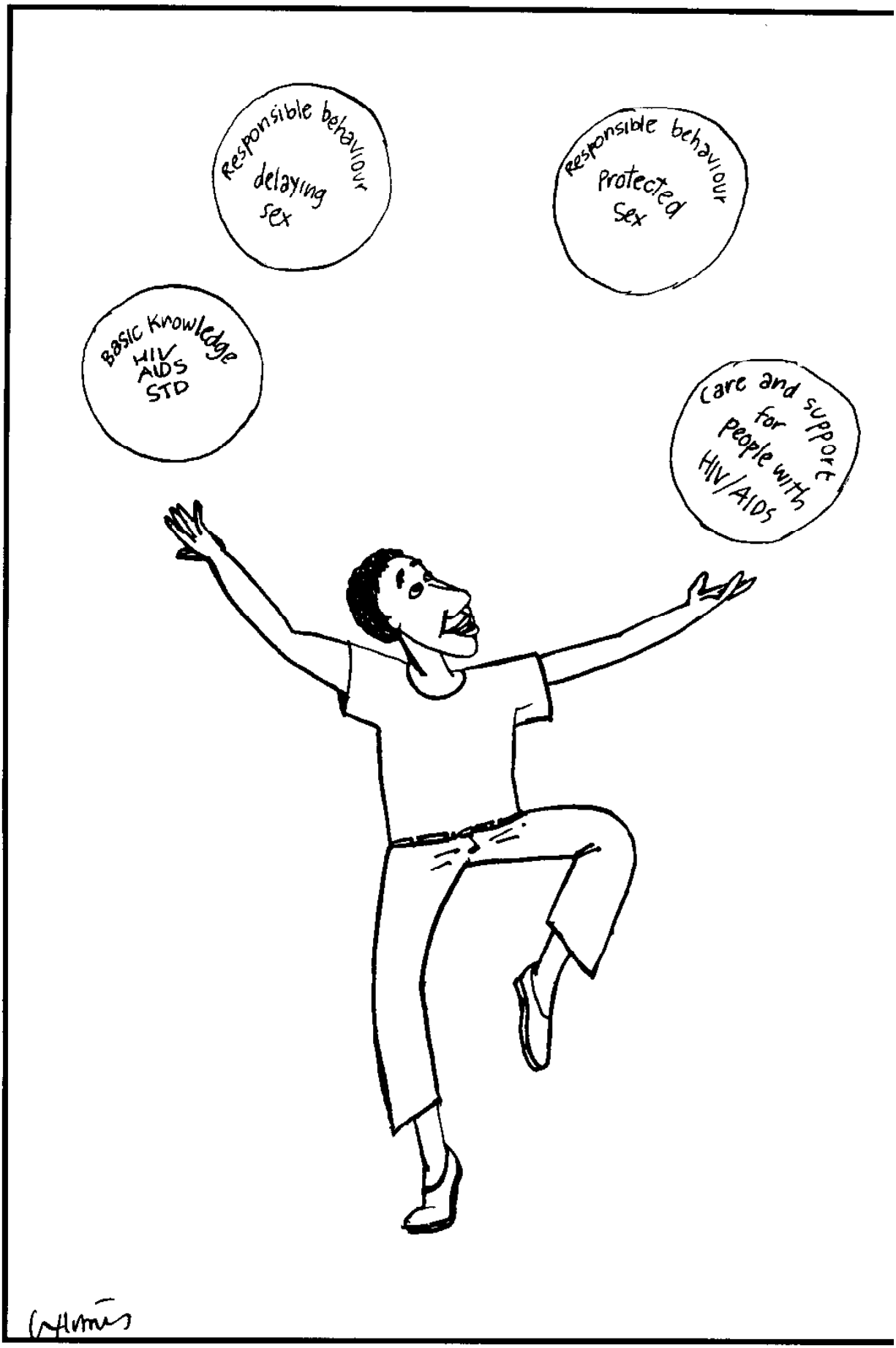
7. Questions on HIV/AIDS/STD

This section is very important. Teachers need to be very familiar with the facts about HIV/AIDS/STD so that they can provide accurate information in response to questions that concerned young people may ask. A thorough review of the questions and answers in this section should be completed before starting the programme.

Teachers' guide to the student activities

For each student activity suggested for use in your classroom, there is guidance on:

- How to do that activity; answers to the questions or activities;
- Special concerns about the activity (if applicable);
- Use of peer leaders; parent involvement (if used);
- Additional information or preparation teachers might need.


Responsible behaviour
delaying
sex
Responsible behaviour
Protected
Sex
BASIC Knowledge
HIV
AIDS
STD
Care and support
for
people with
HIV/AIDS

1. The programme

The goal of AIDS education is to promote behaviour that prevents the transmission of HIV/STD. Learning the behavioural skills that are needed for prevention forms the major content of this curriculum.

[Describe here the curriculum: carrier subject(s), number of hours, link with other units of the subject(s), link with extra-curricular activities. You may use a table, for example, like the one presented on page 19 of the Handbook.]

As you can see, the curriculum is concerned more with the development of skills for responsible behaviour than with knowledge about AIDS.

The programme is based on the observation that biomedical information on the disease is not enough to convince people, including young people, to adopt healthy behaviour that prevents HIV/STD. What is needed is the motivation to act and skills to translate knowledge into practice.

Infection with HIV/STD occurs in specific risk situations or scenarios: a girl is pressured by her boyfriend into having sex, [...give examples from the situation assessment study]. Young people in these situations need to have the knowledge and skills to respond adequately, for example, how to say "no" or how to propose alternatives.

Through the achievement of a set of learning objectives, the curriculum aims to increase knowledge and to develop skills, positive attitudes and motivation.

Knowledge

Information that will help students decide what behaviours are healthy and responsible includes: ways HIV/STD are transmitted and not transmitted; the stages of the disease, especially the long asymptomatic period of HIV; personal vulnerability to HIV/STD; means of protection from HIV/STD; sources of help, if needed; and how to care for people in the family who have AIDS.

Skill development

The skills relevant to HIV/AIDS preventive behaviours are: self-awareness; decision making; assertiveness to resist pressure to use drugs or to have sex; negotiation skills to ensure protected sex; and practical skills for effective condom use. These skills are best taught through rehearsal or role-play of real-life situations that might put young people at risk for HIV/STD.

Attitudes

Attitudes to HIV/AIDS/STD include: positive attitudes towards delaying sex, personal responsibility, condoms as a means of protection; social attitudes such as confronting prejudice, being supportive, tolerant and compassionate towards people with HIV and AIDS; and sensible attitudes about drug use, multiple partners and violent and abusive relationships.

Motivational supports

Even a well-informed and skilled person needs to be motivated to initiate and maintain safe practices. A realistic perception of the student's own risk and of the benefits of adopting preventive behaviour is closely related to motivation. Peer reinforcement and support for healthy actions is crucial, as peer norms are powerful motivators of young people's behaviour. Programmes that use peer leaders are effective because peers are likely to be more familiar with youth language and culture. Parents can also motivate and reinforce the objectives of the programme and should be encouraged to play a part in their child's sexuality education.

Learning objectives

The programme has been designed so that at the end of it, students will be able to: [present here the list of all the learning objectives].

The programme consists of four units:

Unit 1
Basic knowledge of HIV/AIDS/STD

This unit presents the basic information on HIV, AIDS, STD; how HIV/STD are transmitted; how they are **not** transmitted; methods of protection from HIV/STD; difference between HIV and AIDS; sources of help. Note that this unit takes about 25% of the curriculum. Objectives [...] are covered in this unit.

Unit 2
Responsible behaviour: delaying sex

Students, particularly at early ages, should be encouraged not to have sexual intercourse. Delaying sex to an older age usually results in more mature decisions about contraception and protected sex. Students need to discuss the reasons and supports for delaying sexual intercourse, and learn how to resist pressures for unwanted sex. Assertive communication skills should be learned through role-play of real-life situations that young people may encounter. They may also learn that affection can be shown in ways other than sexual intercourse. Objectives [...] are covered in this unit.

Unit 3
Responsible behaviour: protected sex

Some, perhaps many students may already be sexually active at the time they learn about AIDS in this programme. Others will need to know how to protect themselves in the future, when they will be sexually active. Using a condom every time one has sexual intercourse is a very effective way to avoid infection with HIV/STD. Teaching students about condoms does not mean encouraging them to have sex; young people are exposed to information about condoms through a variety of sources (friends, media, condoms displayed in shops, etc.), and need to have information and skills on how to use condoms correctly. Objectives [...] are covered in this unit.

Units 2 and 3 on responsible behaviour should take approximately 50% of the total classroom time given to the AIDS/STD programme. This is because prevention through responsible behaviour is the most important part of the programme, and the learning of skills tends to be time-consuming.

Unit 4
Care and support for people with HIV/AIDS

Many young people will come in contact with people with HIV and AIDS, perhaps in their own family and community. They need to learn tolerance, compassion, and ways to care for and support these people. Unit 4 covers objectives [...] and will take approximately 25% of the programme.

The programme activities

For each unit, a number of student activities have been developed (see the set of students' activities). For each student activity, this book gives you detailed guidance for its use in the classroom.

Active learning by students is a major objective of the programme: many classroom activities involve participation by students, while some are mostly informational. [list here the activities of each unit with a rationale and a short description]

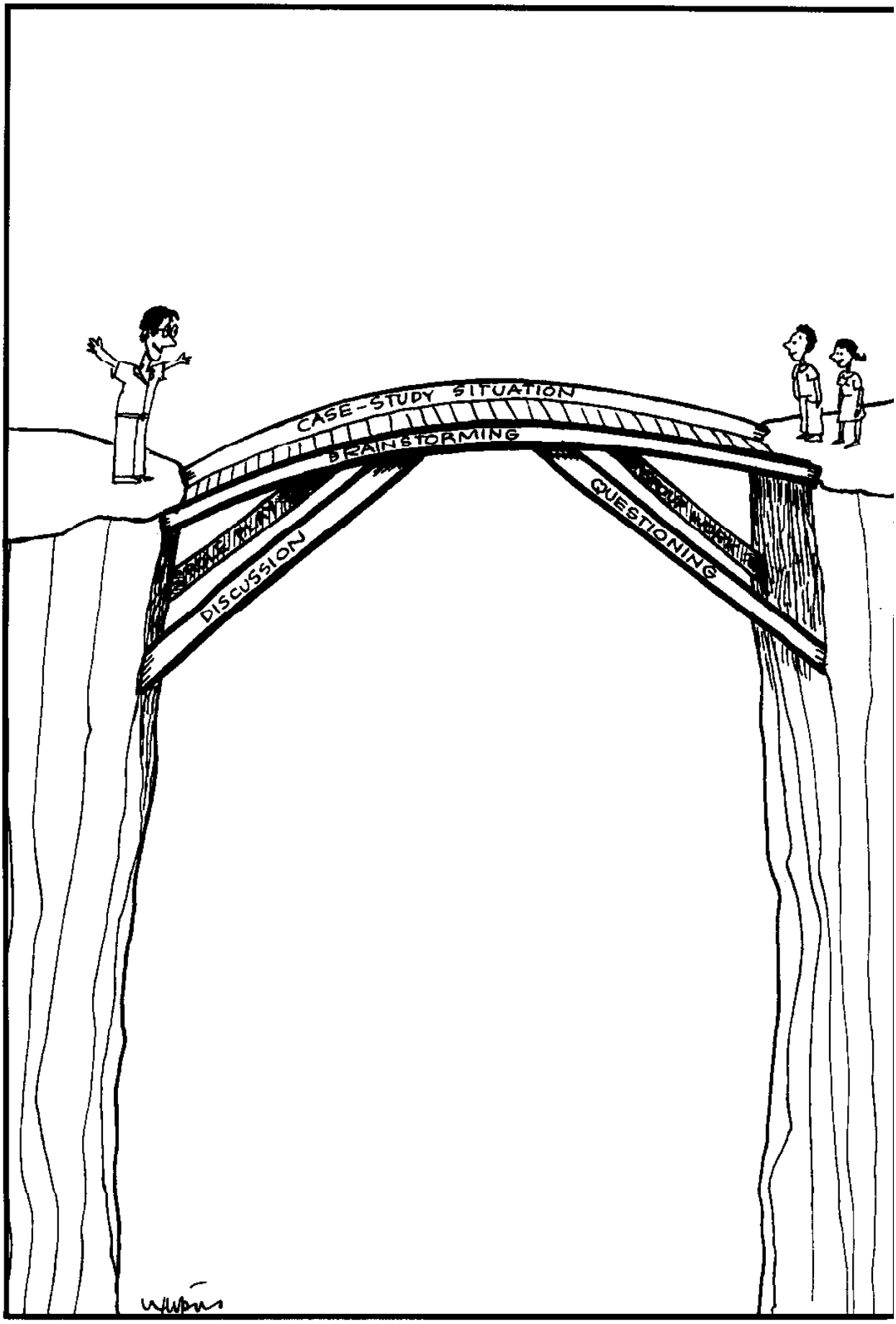
You may find some of the activities controversial, or the language too explicit for young people.

[Identify those activities that teachers may have difficulty in accepting, and give the rationale:]

Activity 6 – unit 2, for example, presents non-penetrative sex as a safer alternative to sexual intercourse. It is important that young people are aware that penetrative sexual intercourse is not the only way to obtain sexual pleasure...

Unit 3 is about protected sex and condoms. Although the curriculum stresses that delaying sexual intercourse is a very safe way of avoiding HIV and STD while young, we know that virtually all will become sexually active at some point in their lives. We have to equip our young people to protect themselves from infection when they become sexually active. Evaluation of sex education programmes has shown that knowledge of and access to contraceptives (like the condom) does not lead to increased sexual activity in young people. We should not forget that many of our students are already sexually active, and the message of "delaying sex" is of little relevance to them. Condoms also protect girls from unwanted pregnancies, which are a major problem in our country.

Using condoms for extra-marital relationships is also a form of responsible behaviour, because it protects the wife and the children from becoming infected: too many women, who themselves are faithful, are infected by their husbands who have other relationships, and often find out they are infected with HIV when their children get sick and die of AIDS.


CASE-STUDY SITUATION
BRAINSTORMING
DISCUSSION
QUESTIONING

2. Teaching methods

Teaching teenagers about HIV/AIDS/STD requires a frank and explicit discussion of sexuality, modes of transmission and methods of protection. Many may be embarrassed about discussing sexuality and related issues. Fortunately, no one has died of embarrassment and we really have no choice, if we want to protect our children from a deadly disease.

Don't pretend you are not embarrassed when in fact you are. Admit that it is difficult for you, but that it is too important not to talk about it. Start by saying it often is an embarrassing topic and when people are uncomfortable they laugh, make jokes or do other things to cover up their nervousness. This is very effective for the purposes of class control.

Remember that the students in the classroom have different experiences in relation to sex: some are sexually active, others are not; some may be victims of sexual abuse; some had the opportunity to learn about sexuality with a caring adult or older sibling, others have only "street" knowledge; some may have sex to pay for school fees and uniforms. Your language should not be judgemental: this would make some students feel excluded, and therefore, not interested in prevention.

Present sexuality in positive terms. Then HIV/AIDS/STD can be put in the proper context. Explain that prevention of HIV is not just a matter of protecting yourself but also of protecting other people. The behaviour of young people just entering their sexually active period may well determine the future of this epidemic.

This programme is based on participatory methods. Learning about HIV/AIDS/STD cannot be merely the memorization of new information: the aim of AIDS education is to promote behaviour that prevents transmission of HIV and STD. In order for information to have a practical impact on a person's behaviour, it must be relevant and take into account what that person believes already. Participatory methods are used to validate the learners' experience and give them confidence, knowledge and skills to question themselves and others, and take action with regard to themselves and others.

Participatory methods facilitate the process of discovery and communication between learners. This is especially important in dealing with such sensitive topics as sexuality and relationships. Unless people are able to be open and honest about their experience, views and fears, it is difficult for them to see how AIDS affects them, and what they can do about it personally. All too often, we think of AIDS as "somebody else's problem".

The following methods are suggested:

Discussion

Discussions can be held with the whole class but they work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of "trigger", e.g. a case study, a story.

Questioning

When conducting a group discussion, teachers should be aware of the impact of "putting down" a student's response. By not accepting responses in a positive way, the teacher may discourage students from answering further questions. The pacing of questions is also important. Students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Try not to ask questions that result in a one word response, e.g. "yes" or "no". Open, clarifying questions should be asked so as to encourage students to talk.

Brainstorming

Brainstorming is a technique in which every student's response that applies to the topic is acceptable. It is important to not evaluate ideas but to accept everything and to record each idea on the blackboard or a piece of paper. Students need to know that they will not be required to justify or explain any answer. After the period of time for brainstorming, (which should not be too long), time for reflection or prioritizing of the list should be allowed. Brainstorming is effective for:

- Sensitive and controversial issues that need to be explored.
- Encouraging students who are hesitant to enter a discussion.
- Gathering a lot of ideas quickly.

Role-play

Role-play involves presenting a short spontaneous play which describes possible real-life situations. In role-play, we imitate someone else's character. This is often easier than having to express our own ideas and feelings.

Role-play is a very effective technique but also a difficult one to master. The following points may help you to make this method more effective:

- Select volunteers, or students who are outgoing and energetic.
- Involve yourself in one of the main roles.
- Give students some lines or a script to get them started.
- Use "props" – hats, cards with names on, wigs, etc.
- Use humour, if possible.
- Pair all students in the class and have each one play a role, e.g. a father and a son. This will eliminate embarrassment of being in front of the class.

Case study/situation

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else's behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them.

The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Group work

Many of the activities contained in the units suggest small group work. Here are some teaching points if you decide to try small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, you can make the groups larger.
- Try to vary the methods used for forming groups as much as possible and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups. Those students who are left out (not selected) will feel inferior and not wanted.
- Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, time keeper, presenter of group's work, etc.
- Emphasize a "sink or swim together" attitude. All members must contribute to the assigned task. The group's success depends on the individual contribution of each member.
- It may be important at times to use groups where the sexes are separated rather than mixed.

Other methods

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story.

Fables are stories that have been told to explain how people can put themselves in danger by acting a certain way. Fables often involve animals as the characters and, therefore, present a message without students feeling badly about their behaviour. The stories can be developed to contain health messages about AIDS

and can be followed by a discussion on what was learned and how things could be changed to make it better.

Expressing health messages or feelings about AIDS through music, dance or poetry can be very effective. Use tunes that are known locally and have students put their own words to them. Use dances that everyone knows and put words to them. The whole group can participate in writing the words.

You can develop your role-plays (from the student activities) into full plays which you can then act for parents or students from other schools or other classrooms. At the end of the play, the messages can be discussed with the audience.

Puppets can do things that actors may find difficult to express because of cultural reasons. The audience can ask the puppets questions after the show. This is particularly effective with AIDS issues which can be either embarrassing or difficult to discuss openly.

Methods for large classes

Teachers coping with very large classes of students are unable to interact with students to the point where they are able to hold frank, open discussions. Where there are very large classes, the chalk board is the main teaching aid. In this situation, the teacher can successfully teach facts about AIDS using usual classroom techniques. However, information and activities which involve the students in examining behaviour and experiences have to be organized largely with the participation of the students. Students can be divided into groups, and helped by peer leaders (see section 4).

Following the factual lessons about AIDS, students may carry out group projects, and report back in various ways, e.g. making charts, illustrations, giving reports through talks, role play, drama, etc. Groups report their findings to each other and display their work. Possible topics and tasks:

- What we know about HIV/AIDS/STD.
- What our families know about HIV/AIDS/STD.
- What the community knows about HIV/AIDS/STD.
- What is done at the health centre about people with HIV/AIDS/STD: interview with nurses/doctors.
- Group identifies and collects existing materials, posters, radio/TV plays, to inform people about HIV/AIDS/STD.
- Group finds out which individuals, groups or organizations exist in the community for giving information. Each group holds a meeting with one of the identified persons/organizations.
- Group carries out opinion survey and displays results.
- Group identifies the main recreational activities of peers.
- Group identifies behaviours which could cause the spread of AIDS among different age groups.
- Groups hold meetings to explain AIDS.
- Groups arrange debates/competitions/social events.
- Groups write and act various plays to illustrate the danger of HIV/AIDS in the community.

At the conclusion of such projects, the teacher can arrange for a special guest to be present at the display of findings.

Often at the end of such projects, students can go on to develop other themes which further investigate their social circumstances and involve them in exposing drug and alcohol abuse etc. using the same approaches.


CLASSROOM

3. The classroom atmosphere

Students may react to this programme in different ways. They may:

- **Ask baiting questions (to try to embarrass you).**
- **Remain silent because of embarrassment.**
- **Shock or try to amuse by describing sexually explicit behaviours.**
- **Ask very personal questions about your private life.**
- **Make comments that open themselves to peer ridicule or criticism.**

To deal with these situations it is important to set class rules. These must be very clear to the students before you start. You can have students develop their own rules or you can start with a list and discuss with the students if they are fair and why they are important. A suggested list might be:

- Students are expected to treat each other in a positive way and be considerate of each other's feelings.
- Students are not to discuss personal matters that were raised during the lesson with others outside of the classroom.
- Students should avoid interrupting each other.
- Students should listen to each other and respect each other's opinions.
- Both students and teachers have a "right-to-pass" if questions are too personal.
- No put-downs – no matter how much you disagree with the person you do not laugh, make a joke about them or use language that would make that person feel inferior.
- Students may be offered the possibility of putting their questions anonymously to the teacher.
- Many times students laugh and giggle about sex. This should be allowed in the beginning, as it lowers the barriers when discussing sexuality.

Strategies to deal with special problems

The following strategies might be used to deal with personal questions, explicit language and inappropriate behaviour.

- Respond to statements that put down or reinforce stereotypes (for example, statements that imply that some groups of people are responsible for the AIDS epidemic) by discussing the implications of such statements.
- Be assertive in dealing with difficult situations – for example, "That topic is not appropriate for this class. If you would like to discuss it, I'd be happy to talk to you after class".
- Avoid being overly critical about answers – so that students will be encouraged to express their opinions openly and honestly.
- Present both sides of a controversial issue. Avoid making value judgements.
- It might be important to separate males and females in group activities that might be embarrassing to the students or where separated groups may function more efficiently.

Helping the anxious student

- It is helpful to think ahead of how you might respond to students in the class who believe they may have been exposed to HIV or have an STD. It is important that you behave in such a way that students who are worried will feel comfortable seeking your advice.
- Your responsibility in teaching an HIV/AIDS/STD programme includes learning in advance what help and services are available in your community.
- Listen to the student who approaches you, without imposing your values, moral judgements or opinions. Do not ask leading or suggestive questions about his or her behaviour.
- Convey your concern for the student's health and when appropriate, tell the student that you know of services that can help him/her. Offer to start the process by contacting the one the student chooses.
- Continue your support by confidentially asking the student from time to time if he or she needs more information, has taken any action, or is still concerned about anything related to your conversation.

4. Peer leaders

[write this section according to the role given to peer leaders in the programme]

Why peer leaders

Young people listen more attentively and accept messages from respected peers more readily than from a teacher. This is especially true in areas of health, safety and sexuality. Some students are influential in that they set the group norms and function as models for the group. They can become peer leaders. Peer leaders provide assistance to the teacher which allows him/her to spend more time on preparation, individual attention to students and classroom management.

Who is a peer leader

A peer leader is a person who helps the teacher in many ways:

- Helps in classroom management, e.g. handing out activity sheets, etc.
- Helps in demonstrations, e.g. using a condom
- Helps in role-plays, e.g. being assertive
- Leads a class team, e.g. during a quiz
- Reads stories, questions, answers to activities
- Volunteers answers to activities
- Leads a small group
- Reports findings of small groups
- Models appropriate behaviour, e.g. is assertive
- Carries out certain activities and reports back, e.g. buying a condom
- Takes polls, e.g. when teacher wants to know how many answered "yes".
- Draws diagrams on the blackboard.

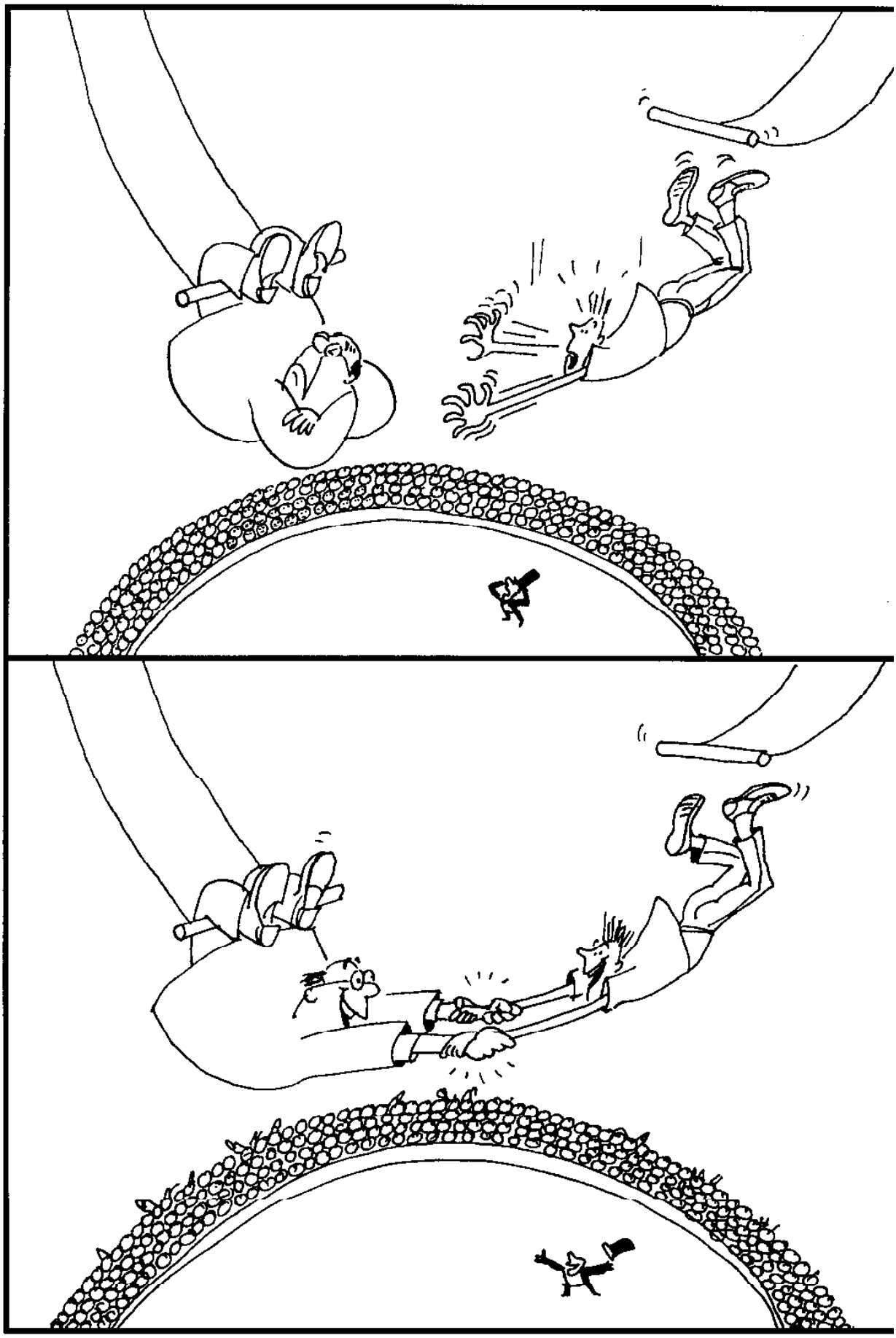
Selection of peer leader(s)

Peer leaders may be selected by their own peers. Otherwise, select from the class individuals who are:

- Considered as opinion-leaders by the other students.
- Concerned about the welfare of their peers.
- Able to listen to others.
- Self-confident.
- Dependable, honest.
- Well-liked by other students
- Well-rounded students – not necessarily the best students academically.
- Not all male or all female (if possible).
- Perhaps older students.
- Perhaps sexually active (if this information is available).

In this guide, ways to use peer leaders are not explained for every activity. However, peer leaders may be used whenever the teacher feels this would be useful and appropriate.

This is a very sensitive process as it is critical that selected students not be rejected by other classmates as being the teacher's "pet" – both for the sake of the programme and the self-esteem of the peer leaders. [provide here detailed guidance on peer leader training, illustrate those activities where peer leaders are involved, suggest forms of recognition of their role]



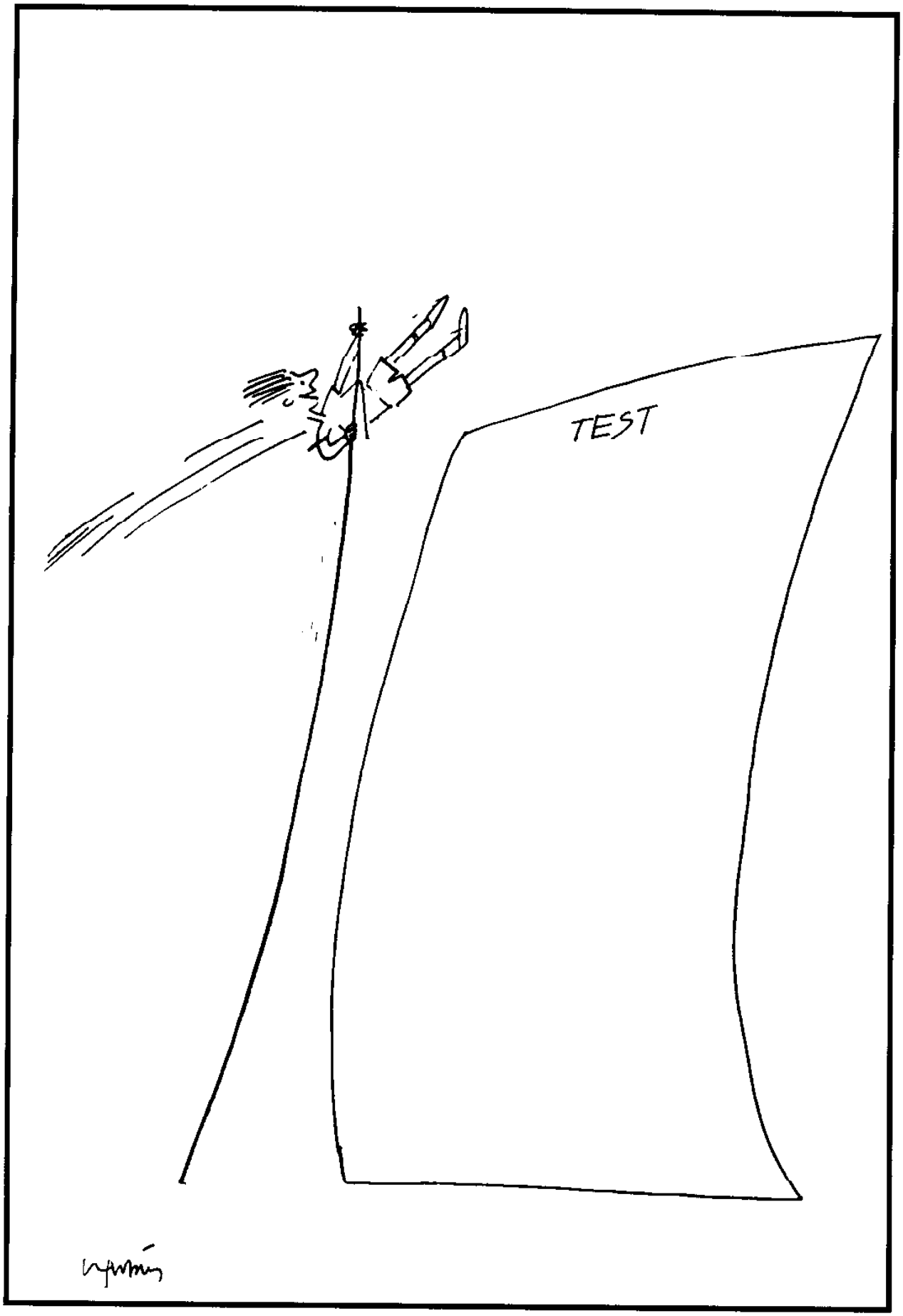
5. Participation of parents and family members

It is important to involve parents in the programme: families have an important role in the development of personal and ethical values in our students. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some of them find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. However, they may have reservations about some parts of the programme.

Parents often need to learn about AIDS themselves, and the school programme may provide the opportunity for parents, and other members of the family, to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

The best way to involve parents is...

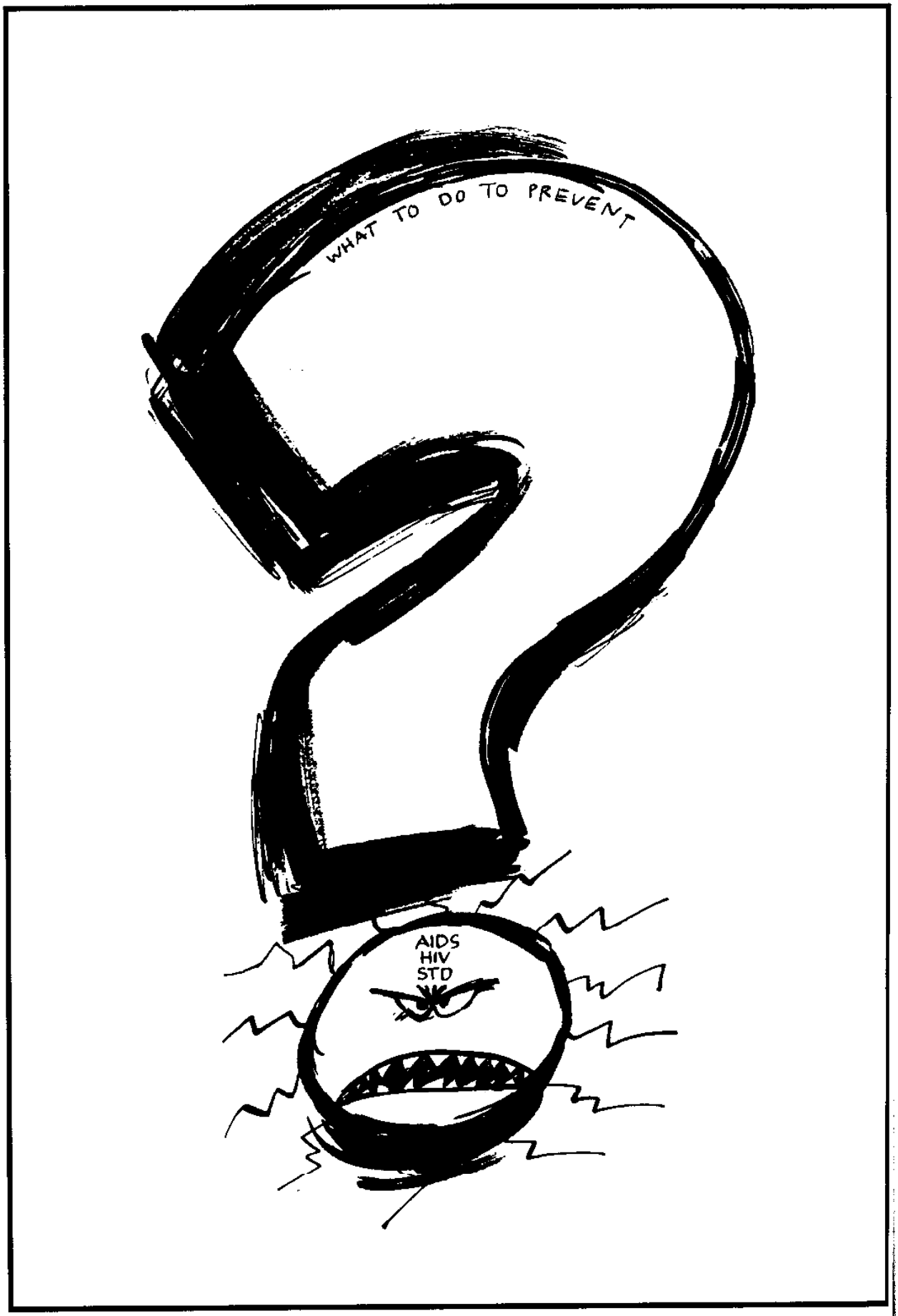
[Provide here detailed guidance to teachers on how to involve parents, and the type of materials and activities that are envisaged for parents.]


TEST

6. Test items for student evaluation

Short tests are given for a number of reasons: to motivate students to learn the materials in the programme; to inform students of their progress; to produce a grade or mark; and to inform you of the progress of your students. The items in the following test have been selected to match the curriculum you have been teaching. It should be given to the students at [indicate here the timing: at the end of each unit, of each year...]

The correct answers should be discussed with the students after the test. Answers to the questions are provided for you so that you can mark and discuss the tests. [Add here the recommended test, with answers.]


WHAT TO DO TO PREVENT
AIDS
HIV
STD

7. Questions on HIV/AIDS/STD

1. What is AIDS?

– AIDS stands for Acquired (not inborn, passed from person to person, including from mother to baby); Immune (relating to the body's immune system, which provides protection from disease-causing germs); Deficiency (lack of response by the immune system to germs); Syndrome (a number of signs and symptoms indicating a particular disease or condition).

– AIDS is caused by a virus, called HIV (human immunodeficiency virus) which attacks and, over time, destroys the body's immune system.

– A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

– These infections, cancers etc. make the person ill and lead to his/her death. At present, there is no vaccine or cure for AIDS.

2. What do we know about HIV?

– HIV, like other viruses, is very small, too small to be seen with an ordinary microscope. Viruses cause all sorts of diseases from flu (influenza) to herpes to some kinds of cancer.

– To reproduce, HIV must enter a body cell which in this case is an immune cell. By interfering with the cells that protect us against infection, HIV leaves the body poorly protected against the particular types of diseases which these cells normally deal with.

– Infections that develop because HIV has weakened the immune system are called "opportunistic infections". These include: respiratory infections e.g. tuberculosis; Pneumocystis carinii pneumonia; gastro-intestinal infections e.g. candidiasis in the mouth or diarrhoea; and brain infections e.g. toxoplasmosis or cryptococcal meningitis.

– Some people may also develop cancers, e.g. Kaposi sarcoma, a cancer which often causes red skin lesions.

3. What is an STD?

– STD stands for sexually transmitted disease or diseases. Many different STD have been identified. The most common STD include: gonorrhoea, chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

– STD are caused by viruses, bacteria, and parasites. Viruses cause a number of STD, including genital warts, hepatitis B and genital herpes. Bacteria cause STD such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STD.

– Most STD can be cured.

– Certain STD infections, if not treated soon enough, can lead to long-lasting health problems in both males and females, e.g. damage to the reproductive organs so that a woman is no longer able to have children, cancer of the cervix, heart and brain damage, and possibly death.

– *In many STD, the early symptoms are often difficult to recognize, and many people ignore them until more severe damage is done. This is especially true for women. This makes early diagnosis and treatment difficult.*

– *An abnormal discharge from the penis, anus or vagina; burning on urination; pain in the abdominal or groin area with a fever; pain during sex; and rashes, blisters or sores on the genitals, are all possible symptoms of STD. If a person experiences any of the above symptoms, they should stop having sexual intercourse and go to a clinic or hospital for a check-up.*

4. What are antibodies?

– *The body's defense system (immune system) develops germ fighters, called antibodies to fight off and destroy various viruses and germs that invade the body.*

– *The presence of particular antibodies in a person's blood indicates that the person has been exposed to that infection. For example, when a blood test reveals that the antibodies to HIV are present in the blood, it means that the person is infected with HIV.*

5. What is the "window" period?

– *This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually 2-12 weeks; in rare instances it may be longer.*

– *This means that if an HIV antibody test is taken during the "window" period it will be negative since the blood test is looking for antibodies that have not yet developed. But that person is already HIV-infected and can transmit HIV to others.*

– *People taking the test are advised, if the result is negative, to return for a re-test in 3 months by which time if the person had been infected, the antibodies are almost certain to have developed (they should avoid risk behaviours during the 3 months).*

– *The most common test for HIV antibodies is called the ELISA test.*

6. What does the asymptomatic period mean?

– *The asymptomatic period is the period of time between infection and the beginning of signs and symptoms related to AIDS.*

– *This varies from person to person for HIV/AIDS. It may be as short as 6 months or as long as 10 years or more.*

– *People usually have an asymptomatic period of several years in which they may have swollen lymph nodes but no other complaints. Then, they may start to develop symptoms like oral thrush or night sweats. It may then still take years before they develop full-blown AIDS. The period between the development of full-blown AIDS and death may be as short as 6 months or as long as 2 years or more.*

– *During the asymptomatic period there may be no evidence that the person is sick; however, HIV-related illnesses can occur regularly over many months or years before full-blown AIDS develops.*

- *During the asymptomatic period (as well as during the symptomatic period), the person is infectious – that is, can pass HIV on to others.*

7. What are the symptoms of AIDS?

– This question must be approached with caution in any specific case, since it is often difficult to determine if the symptoms actually mean onset of AIDS or if they are simply symptoms of other conditions. People develop signs and symptoms of their HIV infection before they develop what has been defined as AIDS. AIDS is the final and most severe phase of HIV infection and leads to death.

– The obvious signs and symptoms are indications of an opportunistic disease such as tuberculosis or pneumonia. However, associated findings might include: recent, unexplained weight loss; fever for more than one month; diarrhoea for more than one month; genital or anal ulcers for more than one month; cough for more than one month; nerve complaints; enlarged lymph nodes; skin infections that are severe or recur.

8. Are there drugs and vaccines to treat AIDS?

– There are drugs that are effective against many of the infections associated with AIDS. These drugs are not a cure for AIDS but they can postpone symptoms or death.

– A few drugs have been able to inhibit the multiplication of HIV in infected persons. These drugs do not eliminate the virus from the body but may be useful in prolonging life in patients who are infected with HIV.

– To date, there is some optimism over the development of a vaccine to protect against the disease. Part of the difficulty is that there are many strains of HIV. Even within the same person the virus can change over time. Work is proceeding on this, but safe, effective vaccines are likely to take many years to develop.

9. How do you get HIV?

– HIV can be found in body fluids like blood, semen, vaginal fluids, and breast milk.

– Any practice which allows the penetration of the virus from these fluids through the skin or mucous membranes and into the bloodstream of another person can cause HIV infection.

– The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers.

HIV is transmitted from person to person in 3 major ways:

i) When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

ii) When the skin is penetrated by a needle, or other skin-piercing instruments (e.g. razor or tattooing instrument), and that instrument has blood on it from an HIV-infected person. Sharing the same syringe and needle among injecting drug users is particularly risky for transmission. Any unsterile syringes and needles can transmit infection.

iii) HIV may also be transmitted from an infected mother to her baby, either through the placenta before birth, during birth, or, in some cases, through breast milk after birth.

Note that:

– For medical reasons, it may be important for a person to receive a blood transfusion. If the blood donor is HIV-infected, there is a high chance that the virus would be transmitted through the blood. However, most countries now test donated blood for HIV and the chance of being infected in this way is very small.

– Deep wet kissing has a very low risk of transmitting HIV. However, there is a slight risk if there are cuts or abrasions in the mouth.

– Although the risk of infection is very low, it is advisable not to share toothbrushes.

10. How you don't get HIV

– HIV is not transmitted by touch, coughing and sneezing, cutlery, glasses, cups and food, swimming pools, towels, toilet seats, pets, mosquitoes and other insects, baths or showers.

– Nurses, and other health service staff, who come in close contact with patients' body fluids, are trained to take precautions as part of the hospital routine.

11. How can one avoid infection?

– A person who does not engage in sexual intercourse and does not inject drugs (or who uses clean, sterile needles/syringes for such injections) has almost no chance of contracting HIV or other STD.

– Being married or not having sex before marriage cannot by themselves protect against HIV. Many people have believed this and have been infected by their partners. (This is especially true for many women for whom the only risk factor was having sex with their husband/partner.)

– People who are mutually faithful (i.e. they only have sex with each other) are not at risk of HIV/STD by sexual means provided that both are HIV-negative at the start of their relationship and that neither gets infected through blood (transfusion, injecting drugs with unclean needle/syringe).

– People who use a condom correctly every time they have sex protect themselves from HIV/STD infection.

– Washing after sexual intercourse does not help to prevent HIV infection.

12. Do sexually transmitted diseases increase your chance of getting HIV?

– There is strong evidence that other sexually transmitted diseases put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STD.

– If you suspect you may have acquired or been exposed to an STD, you should seek medical advice.

– A person who has an STD should be aware that if they are having unprotected sexual intercourse, they are at an even higher risk of getting HIV.

13. What do "safe sex" and "protected sex" mean?

Because of the risk of HIV/AIDS, it is necessary to be very clear about the sexual practices which are known to carry a risk of HIV transmission and those which do not.

A) Safe sex activities (no risk)

– Practising the following activities will prevent a partner's blood, semen or vaginal secretions from getting into contact with your blood and thereby prevents transmission of HIV: masturbation, massage, rubbing, hugging, touching genitals.

B) Low-risk sex activities

– Using a condom correctly and consistently during sexual intercourse, will reduce the risk of infection with HIV and other STD. Latex condoms have been demonstrated to be an effective protection against HIV, STD, as well as pregnancy. Incorrect use of condoms reduces their effectiveness, e.g. they may break. Sexual intercourse with a condom is called "protected sex".

– *While only a small number of people have contracted HIV through these means, the following activities are considered to carry some risk:*
  · *fellatio (mouth on penis without taking semen into the mouth);*
  · *cunnilingus (mouth on vagina);*
  · *anilingus (mouth on anus); and*
  · *deep wet kissing.*

C) Unsafe sexual activities

– *Practising the following activities is a definite risk:*
  · *anal sex (penis in rectum) without a condom;*
  · *vaginal sex (penis in vagina) without a condom;*
  · *any sex act that makes you bleed;*
  · *semen (or blood) taken into the mouth during oral-genital sex.*

14. What is affection without sex (non-penetrative sex)?

There are many ways of showing affection and enjoying sexual pleasure like touching, massage, mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, alternatives to penetrative sex are often enjoyed by women and men alike.

15. Do some people have a high likelihood of getting HIV?

Yes. It depends on a person's behaviour. Some behaviours/activities carry a higher risk of getting HIV than others. These include:

– *Having many different sexual partners.*

– *Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).*

– *Having sex when you have other sexually transmitted diseases.*

– *Sharing needles and syringes for injecting drug use.*

Some situations which are beyond an individual's control can put them at risk. These include:

– *Receiving injections with needles that are not cleaned or sterilized properly.*

– *Receiving blood transfusions with blood that has not been tested.*

16. Are men and women equally vulnerable physiologically to HIV infection?

Women are slightly more vulnerable physiologically to HIV infection than men. The area of mucous membrane exposed during intercourse is much larger in the woman than in the man, and the mucous membrane surface of the vagina (compared to the penis) can more easily be penetrated by virus. Very young women are more vulnerable than women in the 18-45 year age group; their immature cervix and relatively low vaginal mucus production present less of a barrier to HIV. Women are becoming infected at younger ages than men. This is partly because many young women marry or have sex with men older than themselves, who have already had a number of partners, and partly because of their biological vulnerability.

17. Do you have to have many sexual partners to get infected with HIV/STD?

Even one contact with a person infected with HIV is enough to transmit the infection. However, the risk of getting infected with HIV increases with the number of sexual partners and the number of sexual acts. The presence of an STD (e.g. genital ulcers) in a sexual partner increases the risk of transmission of HIV.

18. Questions on transmission:

a) Is HIV spread by prostitutes and their clients?

Prostitutes and their clients, like any other people with many sexual partners, run the risk of getting infected by their partners. They may then pass the infection to many others. If a prostitute insists on using a condom every time she or he has sex, the risk of infection for her and the partner will be sharply reduced. Many prostitutes have replaced penetrative sex with safer practices, further reducing the risk of infection. Unfortunately clients often refuse to wear condoms and the women are not in a position to insist.

b) If a woman is menstruating is there a greater risk of getting infected with HIV (for her partner and for herself)?

Menstrual blood from HIV-infected women does contain the virus. Infection would be dependent on whether the menstrual blood had contact with the sexual partner's bloodstream. A woman who is menstruating is likely to be at a higher risk for HIV through sexual intercourse.

c) Can you get infected by blood transfusion or by blood products?

Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are "seropositive" i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985.

There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the "window" period (test negative) when giving blood.

You cannot get HIV from donating blood.

d) What happens to a baby born to a woman with HIV infection?

– The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.

– About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.

– It serves little purpose to test babies born to HIV-infected mothers for HIV antibodies at birth. There are likely to be many false positive results because antibodies from the mother are still circulating in the baby's bloodstream. Only at 18 months or older, can an antibody test result be regarded as reliable.

e) Does breast-feeding transmit HIV?

Breast milk of an HIV-infected mother contains HIV which can be transmitted to the baby. However, because of the benefits of breast-feeding, the World Health Organization recommends that in situations where infectious disease and malnutrition are the main cause of infant deaths, and the infant mortality rate is high, mothers should breast-feed their babies, even if they are known to be infected with HIV, as the risk to the baby is less than the risks involved in artificial feeding.

19. Can needles, knives and other instruments transmit HIV?

Yes. Any instruments that cut the skin or puncture the skin can collect small amounts of blood that can be passed on if used again by another person without being sterilized. Avoid tattooing, ear piercing, acupuncture, blood-letting ceremonies or sharing razors unless you are absolutely sure the instruments being used are sterilized or boiled in water.

20. How is HIV transmitted with injection needles and syringes?

– Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their blood-stream. If the first user was infected with HIV, then the second person may now also be infected.

– Only a very small amount of blood is needed for transmission to occur. Sharing needles and syringes used for anything – medicines or heroin, cocaine, amphetamines (speed) and even water can spread HIV. It is not what is put into the syringe that transmits HIV, but the blood that remains in the needle and syringe.

– Some countries have needle and syringe exchange programmes (used needles and syringes are exchanged for new ones) for injecting drug users. Those who cannot stop injecting drugs can join these programmes to avoid HIV transmission.

– If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:

- *Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.*
- *Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.*
- *Rinse it out again, at least twice with clean, cold water to get rid of the bleach.*

– Be extremely careful if you come across a needle or syringe in a park or street. Dispose of it safely without touching it with unprotected fingers.

21. Can you get HIV from contact sports where bleeding may occur?

– There is no evidence that any person participating in any sports activity has become infected with HIV from, or has transmitted HIV to, other participants.

– It is possible that transmission could occur if an HIV-infected athlete had a bleeding wound that came in contact with a cut in the skin or mucous membrane of another person. Even in such an unlikely event, however, the risk of transmission would be very low.

– Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:

1) cleanse any cut with antiseptic and cover it well;
2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
3) latex gloves should always be worn when treating injured people.

22. Do mosquitoes or other insects spread HIV?

- The evidence clearly shows that HIV is not spread by mosquitoes and other insects. For example, bedbugs, lice and fleas in the households of people infected with HIV do not spread the virus to the other people living in these households.

- If mosquitoes were responsible for spreading HIV, then people of all ages would be infected. In fact, children before puberty are rarely infected, unless they were born to infected mothers or had a transfusion with infected blood.

- We know that HIV lives in some cells of the human body but that it does not live in the cells of insects. Therefore, mosquitoes and other insects are not a suitable home for HIV.

- HIV is not like the malaria parasite which lives very well in the mosquito and spreads to people when mosquitoes bite, because it is in the fluid that the mosquito injects.

23. When should one be tested for HIV?

Remember you need to be tested twice (see above).

There are advantages and disadvantages to being tested for HIV. It is a decision that should not be taken lightly and the implications of positive and negative outcomes should be faced in advance with the assistance of an HIV/AIDS counsellor.

A) Advantages of being tested:

If you are infected with HIV...

- *You can receive early treatment and perhaps live longer.*
- *You can make decisions to take good care of yourself.*
- *You can develop a good emotional support system in the early stages of the disease.*
- *You can use new medications as they develop.*
- *Knowing that babies can be born with HIV, you can make decisions about whether you wish to get pregnant.*
- *You can inform your partner(s) that you have HIV.*
- *You can abstain from sex or use a condom during sex.*
- *You can avoid sharing items that come in contact with blood – razors, tweezers, needles, and syringes.*
- *You will decide not to donate blood and other tissues.*

If you are not infected, you will be relieved to know the result and will want to protect yourself in the future.

B) Disadvantages of being tested:

- *Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person's cultural and religious attitudes towards illness and death.*
- *A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.*
- *Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.*
- *A person who has tested positive for HIV may be discriminated against if the information is revealed.*

C) Some important points about knowing one's HIV status:

- *A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.*
- *However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.*
- *In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.*
- *All medical information, including HIV/AIDS status should be kept confidential.*

– *HIV-infected workers or students should not be discriminated against.*

– *HIV infection alone does not limit fitness to study or to work.*

– *HIV infection should not be a cause for termination of employment or schooling.*

– *At work or school, as elsewhere, HIV-infected people have a responsibility to behave in ways that do not put others at risk of infection.*

– *Donating blood is a very irresponsible way to find out one's HIV status. If you want to be tested, consult your health care provider who will refer you to the appropriate counsellor.*

D) HIV testing should always be preceded by counselling, which includes:

– *Information about the test procedure and the many factors involved in testing, including emotional, social and medical consequences of a positive or negative result. Advantages and disadvantages of testing should be discussed and the decision to be tested should be made after careful consideration of all factors.*

E) HIV test results should always be given with counselling which consists of a talk between the individual and the counsellor aimed at discussing the test result.

– *If the result is negative, the counsellor will discuss the importance of prevention of HIV/STD in detail with the person in order to reduce his/her risks of infection in the future. The discussion will cover not only the methods available but the person's individual situation, concerns and attitudes which may influence whether or not these methods are feasible and/or acceptable and will be used.*

– *If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.*

F) If testing and/or counselling is not available:

One should discuss one's risk factors with someone knowledgeable and still make decisions to use condoms or to abstain from sexual intercourse and avoid pregnancy.

24. How can one identify a person with HIV?

– *It is not possible to know by physical appearance that a person has HIV, because the virus may remain in the body for many years without causing any symptoms or signs.*

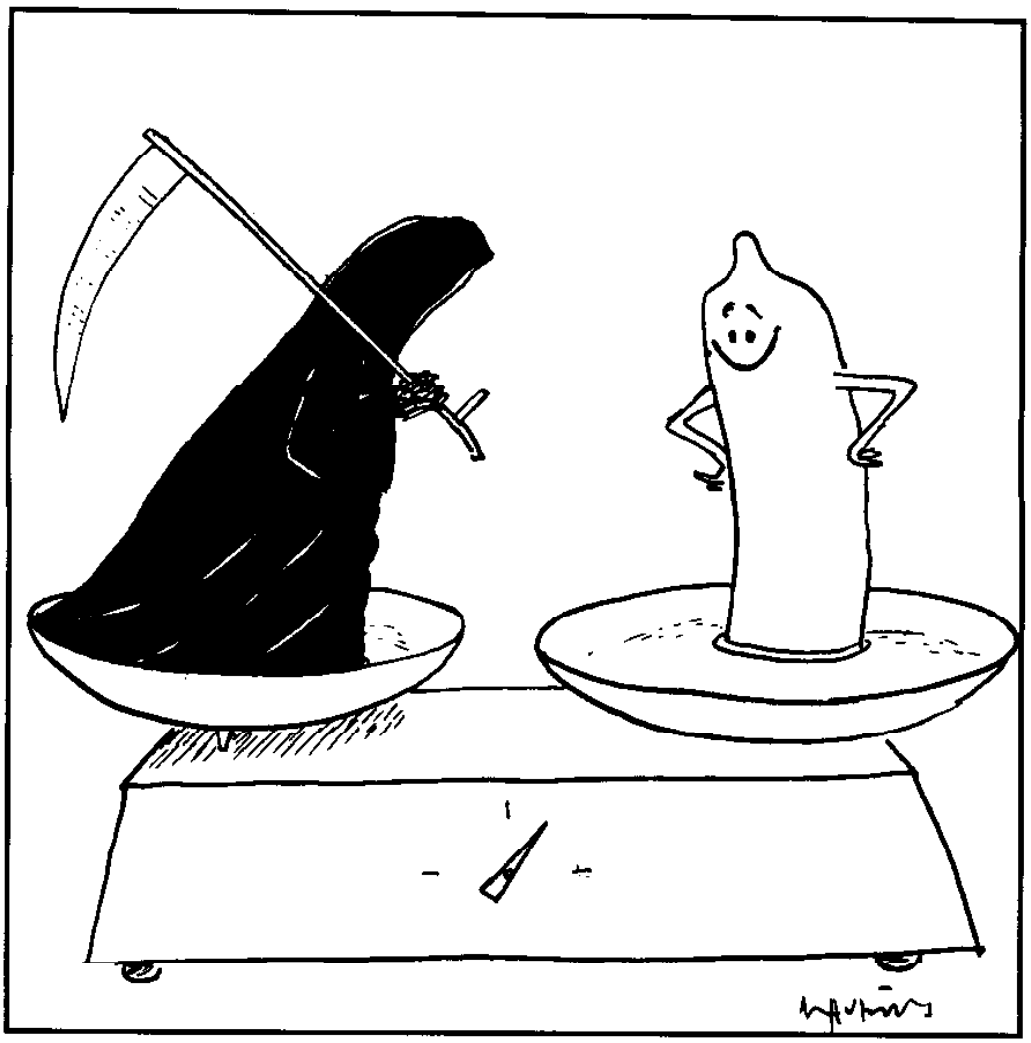
– *Only a blood test taken after the "window" period can tell if a person has HIV.*

25. What happens if you live close to someone with AIDS?

Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).

UNIT 1

Basic Knowledge on HIV/AIDS/STD



Unit 1: Basic knowledge on HIV/AIDS/STD

Student activities

HIV/AIDS/STD
Basic questions and answers

UNIT 1 STUDENT ACTIVITY 1

Purpose

To present basic information about HIV/AIDS/STD. Students need to be familiar with the terms that will be used in the rest of the programme and understand why the programme is important to them. Teachers will get a clear idea of the level of knowledge, attitudes and possibly some of the fears of their students.

What the teacher does

This lesson could be developed in a number of ways:

1. Provide copies for each student, read the questions and the answers and provide additional explanation on new words.

2. Eight students ask one question each and the teacher responds to each question with the correct answer.

3. Leave the answers to each question blank and have the students provide the answers which they write into the spaces. This can be done individually, in groups or as a class activity.

4. The teacher could read each question and ask students for the answers.

Additional information

Since there may be additional questions from students when you do this activity, it would be important to read Questions on HIV/AIDS/STD in this guide.

UNIT 1 STUDENT ACTIVITY 2

Looking into AIDS

Purpose

This test can be used as an activity by itself or as a review of Student Activity 1 – Unit 1. It can provide a quick evaluation of how much the students already know about HIV/AIDS/STD.

What the teacher does

1. Read the "Why?" and "How?" to the students.

2. Decide how to give the test:

a) Give each student a copy of the test.

b) Read the questions to the students and have them write the answers. Read out the meaning of their scores.

c) Divide the class into two teams – choose one person from each team to give the correct answer – one team gets the even questions and the other the odd ones. Time should be given for each team to come up with what they think the correct answer is. Scores for each team are added and then the teacher and students can look at what the scores mean (see Students' Activities).

d) Make sure that students correct any wrong answers in their books.

3. Provide the answers for the students which are given below:

1) False AIDS is a number of diseases that invade the body because HIV is progressively destroying the body's defenses (the immune system); AIDS is caused by HIV.

2) False It is HIV that damages the body's immune system.

3) True It may be some time before a cure is developed. Some drugs can help to prevent opportunistic infections.

4) True Most people with AIDS will die within 6 months to 2 years after AIDS has developed.

5) False STD are sexually transmitted diseases – that is, diseases that are transmitted by sexual activity.

Looking into AIDS

UNIT 1 STUDENT ACTIVITY 2

6) True Many people have HIV or STD and do not know it. The sad part is that they can pass the infections on to someone else without knowing it. Some STD can cause severe damage if left untreated.

7) False Since they are transmitted sexually or by using unclean needles, you can control these diseases by protecting yourself. These ways will be talked about later in the programme.

8) True There are more than 20 STD; gonorrhoea is one of the more common STD among young people.

9) False Women are slightly more vulnerable physiologically to HIV infection than men. Women are becoming infected at younger ages than men. This is partly because many young women marry or have sex with men older than themselves, who have already had a number of partners, and partly because of their biological vulnerability.

10) False Anyone can get HIV/AIDS/STD.

Additional information

Be prepared to answer additional questions when taking up the answers.

UNIT 1 STUDENT ACTIVITY 3

HIV/AIDS/STD
What do they mean?

Purpose **Students should be familiar with basic terms and understand the seriousne of these diseases in order to be prepared for the rest of the course.**

What the teacher does

1. Decide how to teach this activity:

a) Each student receives a copy of the activity and follows the directions provide

b) The teacher reads the story (A) and puts the definitions (B) on the blackboa Students select the correct definitions from B and put them in the proper spot in The unfinished sentences are also put on the blackboard for students to complete

2. Give the correct answers for each definition:

AIDS = Illnesses that occur...
HIV = A virus that...
STD = Diseases that are...
Gonorrhoea = A type of STD...

3. Provide additional information after each definition as below.

- **AIDS is serious because:**

- there is no vaccine;
- there is no cure;
- anyone can get it (even young people);
- it is almost certain that everyone who has AIDS, dies;
- often they are young people who would otherwise have many years to live.

- **After the definition for HIV, tell the students:**

- most people who have HIV have no signs of it;
- unlike many other diseases, HIV does not get to us through air, water or food— you get it by sexual contact or sharing of unsterilized needles and syringes;
- HIV cannot live outside the body for very long;
- it is not carried by animals or insects.

HIV/AIDS/STD
What do they mean?

UNIT 1 STUDENT ACTIVITY 3

- **STD are serious because:**

- they can damage the reproductive organs;
- they can cause infertility (inability to have children);
- they can cause cancer, heart and brain damage, and possibly death.

- **After the definition for STD, tell the students:**

- HIV/AIDS is an STD and so is gonorrhoea (give the local/slang name of gonorrhoea).
- you should contact the health centre if you have pain in the genitals, or when urinating, if you have ulcers in the genital area or an unusual discharge from the vagina or penis.
- most STD can be cured.

4. Ask the students for their answers to the unfinished sentences.

You might finish the class by asking them to respond to, "I learned from the class today that..."

Be sure to give positive feedback to each appropriate answer that is volunteered by the students.

5. Have a cardboard box with "Dear teacher" on it where students can put their questions. Do not have them sign their questions. Read them and find answers for the next class.

Additional information

The teacher may have to find answers to the students' questions. This should be done after class. You may need to find additional sources to answer all of the questions, like the professionals at the health centre or hospital. Do not be afraid to admit you could not find an answer to very difficult questions. Do not guess at answers – be sure the answer is correct.

UNIT 1 STUDENT ACTIVITY 4

How a person gets HIV*

*(the virus that causes AIDS)

Purpose

To illustrate the three routes of transmission of HIV.

What the teacher does

1. Decide how to teach this activity:

a) A copy is given to each student and the teacher reads the information. The teac
asks questions and/or clarifies each route of transmission.

b) If there is only one copy, the teacher reads the information and asks questi
and/or clarifies each route of transmission.

2. Questions for clarification might include:

- **HIV spreads through sexual intercourse:**

a) What are other examples of STD?
Chlamydia, gonorrhoea, genital warts, herpes.

b) What fluids in the male reproductive system can contain HIV?
Semen.

c) What fluids in the female reproductive system can contain HIV?
Vaginal secretions, menstrual blood.

d) Where would the HIV in these fluids enter the person's body?
Through the mucous membranes that line the vagina, penis, anus/rectum.

- **HIV is spread through infected blood:**

a) How could there be blood in needles or syringes?
Blood left in needle or syringe from a previous injection into another person.

b) What substances do people inject into their bodies?
Drugs – heroin, cocaine, speed, steroids.

c) Why would unsterilized tools contain blood, e.g. ear-piercing?
Blood left in needle or on instrument from cutting or puncturing.

How a person gets HIV*

*(the virus that causes AIDS)

UNIT 1 STUDENT ACTIVITY 4

- **HIV spreads from an infected mother to the unborn or newborn child:**

a) How would the babies get HIV?
From mother's blood, during pregnancy or delivery; less commonly, through breast milk.

b) What could be done to prevent this from happening?
A woman with HIV should seek advice and/or go for counselling as she may wish to avoid pregnancy.

What should be done by parent(s) (if there is a parents' guide)

Either read the information sheet How a person gets HIV infection, or have a child read the activity to the parents. The child could clarify questions about the information.

Additional preparation

Teachers should prepare for additional questions on transmission, particularly if there are not follow-up activities on transmission.

UNIT 1 STUDENT ACTIVITY 5

You can't get AIDS by...

Purpose

As well as knowing how HIV is transmitted, it is important to know how it is not transmitted. This reduces irrational fears about the disease.

What the teacher does

1. Decide how to teach this activity:

a) Hand out the activity sheet to the students and have them fill in the answers from the 12 pictures. Read with the students the information on the sheet.

b) Put the students in small groups. Provide one activity sheet for each group. As a group they will fill in the answers from the 12 pictures.

2. Discuss the right answers. These are:

1) Shaking hands
2) Coughing, sneezing
3) Kissing on cheek
4) Hugging
5) Using a telephone or drinking from a fountain
6) Using a toilet
7) Mosquito or any other insect bite
8) Eating or drinking from same glass or plate as an HIV-infected person
9) Swimming or bathing
10) Sharing a crowded bus
11) Looking after pets or animals
12) Wearing someone else's clothes

3. Ask the students if they can think of other activities that they think will not transmit HIV. Others might be: holding hands, giving blood, sharing a towel, sharing combs, going to school with or touching someone with HIV.

What should be done by parent(s) (if there is a parents' guide)

The parents can fill in the 12 answers from the pictures of the parents' guide. Parents and students can do the activity together.

What do you believe?

UNIT 1 STUDENT ACTIVITY 6

Purpose

To reinforce what has been learned about the ways in which HIV can and cannot be transmitted.

What the teacher does

1. Decide how to teach this activity:

a) Hand out this activity to the students and have them answer the questions individually or with a partner.

b) Form small groups and give five questions to each group. The group with the most correct answers is the winner.

c) Have two teams with captains for each team. They could be boys against girls if the class is co-educational. The captains give the answer after consulting with their team. One team does the even numbers, and the other the odd. Keep score on the blackboard.

d) Read the questions to the students and they answer true or false. Sheets for every student are not needed in either method c) or d).

2. Give the students the correct answers. They are:

1) **False** HIV cannot survive in air and so it is not spread by shaking hands.

2) **True** In fact, the most common way for HIV to spread is through unprotected sexual intercourse with a partner who has HIV.

3) **True** The AIDS virus can pass from the mother's blood to the baby's blood while it is developing in the mother or when the baby is being delivered.

4) **False** Professionals who collect blood use new, clean needles to take blood from those who give blood. There is no danger in donating blood. Do not give blood if you have HIV or have participated in risk behaviours.

5) **False** Again, HIV does not live in air, nor is it transmitted through the skin (unless there are breaks in the skin).

UNIT 1 STUDENT ACTIVITY 6

What do you believe?

6) False There have been no known cases of HIV being transmitted by kissing. While it is true that the virus has been found in saliva, there are no reported cases of family members becoming infected by kissing, hugging and sharing eating utensils while caring for persons with AIDS. It might be possible if both partners had open sores in the mouth and have been "deep kissing".

7) True If the blood of someone who has HIV is transmitted to another person who does not have HIV, there is a high risk of that person getting HIV. This happens mostly when people re-use unclean (not sterilized) injection needles and syringes and sharp instruments for tattooing, ear and nose piercing, circumcision, etc.

8) True There are many cases of HIV being transmitted by drug users who share unsterilized injecting drug needles and syringes.

9) False Although more men than women were reported with AIDS at the beginning of this disease, women are now being infected with HIV at the same rate as men. Furthermore, women are biologically more vulnerable to HIV infection than men.

10) False The AIDS virus does not live in air and cannot be passed from skin to skin (unless there are breaks in the skin).

11) False HIV cannot be transmitted through swimming, bathing or drinking from water fountains.

12) False Anyone can get HIV/AIDS.

13) False A person can be infected with HIV, not be aware of it, and look perfectly healthy. During this time a person with HIV can pass it on to others.

14) False If cutting or piercing instruments are not sterilized before re-use, the blood left on these instruments, when shared by others, can transmit HIV.

15) False Re-used condoms may carry HIV, are more likely to break, and are more difficult to put on properly. Condoms should never be re-used.

16) True Obviously, the more sexual partners you have, the more chance of being exposed to someone with HIV.

17) True There have been no cases of transmission by these methods, even in people who care for people with AIDS.

What do you believe?

UNIT 1 STUDENT ACTIVITY 6

18) False Since these instruments may have blood left on them, it is possible that they could transmit HIV to another person. Although the risk of infection is extremely low, it is advisable not to share toothbrushes.

19) False Although there are not many young people with AIDS, it should be remembered that HIV may be in the body for up to 10 years or more without signs or symptoms. Therefore, a person who is infected at age 15, might not get AIDS until the age of 25.

20) True Since HIV is contained in blood, menstrual blood of an HIV-infected woman will contain HIV, that can be transmitted through any open sores or mucous membranes of her partner. More seriously a woman who is menstruating is likely to be at a higher risk for HIV through sexual intercourse.

What should be done by parent(s) (if there is a parents' guide)

This activity may be included in the parents' guide under "fun tests". Parents can do the test alone or with their child reading the questions and helping with the answers

Additional preparation

Teachers should expect questions from students as they are giving the answers to the true-false questions. Be sure to review the information in this guide on questions young people ask.

UNIT 1 STUDENT ACTIVITY 7

What would you do?

Purpose

Stories about people's lifestyles, their risk of HIV and what they can do to prevent the spread are an effective way to describe risk situations to students in a realistic way.

What the teacher does

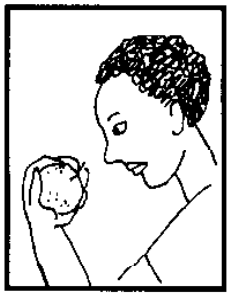
1. Decide how to teach this activity:

a) Give each student an activity sheet and have them follow the instructions.

b) Read each story to the students, ask them the questions under each story and put the risk continuum on the board. Ask various students to put the name of the character on the continuum where they think that person's risk is located (only one activity sheet is needed).

c) Divide the class into three groups with a leader in each group. Give each leader one of the stories which they will read to the rest of the group. The group will then answer the questions and come to a consensus as to what risk the person in their story has for HIV/AIDS/STD. The leader will report on the answers (only three activity sheets needed or cut three stories out of one activity sheet).

2. Take up the answers with the students. Possible answers are provided below:



• Story 1

a) What could Natombie tell his mother about the spread of HIV?
He could say that there is no chance of him getting HIV/AIDS because it is only transmitted during unprotected sex and by dirty (bloody) needles, syringes or other instruments.

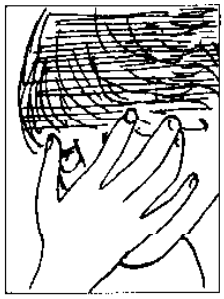
b) Does he need to quit his job? Why or why not?
No. In fact, if he did, it would be a pity because he has no chance of getting HIV/AIDS and he would lose valuable money.

c) Risk for HIV.

X		
no risk	**low risk**	**high risk**

What would you do?

UNIT 1 STUDENT ACTIVITY 7



• Story 2

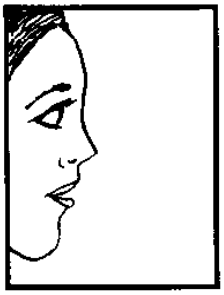
a) Do you think he should continue going to school? Why or why not?
Yes, he should continue going to school since he feels well enough and because he cannot spread HIV to other students.

b) Should he tell anyone? Who? Why?
That is up to Haiwa, but probably a school official should know so that if he becomes ill, the school will help him get proper care. He should get counselling to determine if he should tell others in the school.

c) How would you react if he told you?
You will get individual answers to this question but you should encourage students to be supportive and help Haiwa whenever he needs help.

d) Risk for HIV.

X		
no risk	**low risk**	**high risk**



• Story 3

a) What should you tell Maria? Why?
You should tell her the truth – that is, that HIV is transmitted by sex and that if Roberto has had sex with others (which you suspect he has) she had better: 1) not have sex with Roberto; 2) use a condom if she is going to have sex.

b) What risk would Maria have of getting HIV if she had sex with Roberto?
If they use a condom properly or if they use no protection.

	with a condom	no protection
	X	X
no risk	**low risk**	**high risk**

Additional preparation

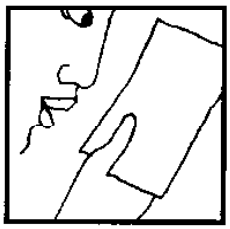
Be sensitive to the fact that some of your students may be in situations that are like the stories in this activity. You may want to remind the students that any questions or concerns are welcome after class in a private session with you.

UNIT 1 STUDENT ACTIVITY 8

What is your risk?

Purpose

Students will become more familiar with risk behaviours by classifying them as: No Risk; Low Risk; High Risk. They also need to evaluate their personal level of susceptibility based on their own risk behaviours.



What the teacher does

1. Decide how to teach this activity:

a) Hand out an activity sheet to each student and have them follow the instructions (you may have to clarify the three categories of risk).

b) Write each activity on the blackboard and have students discuss. Then you write NR, LR, HR next to each activity (no hand-out sheets are required). Place the continuum for "What is your risk" on the blackboard and let students visualize where they would put their "X". DO NOT HAVE THEM WRITE THEIR ANSWERS ON PAPER OR ON THE BLACKBOARD.

c) Select two teams and two captains (peer leaders) – give one sheet to each – team 1 has questions 1 to 8 and team 2 has 9 to 16. Team captains read each activity and then take a vote – the winner is the team with the most correct answers. Have students draw the continuum for "What is your risk" on a sheet of paper and then decide where they are on the continuum. Do not let them write in their "X" – ask them to think about where they would put it.

2. Give the students the correct answers, and make sure that students place the correct answers in their sheets.

1) **NR** Using toilets in a public washroom

2) **NR** Touching or comforting someone living with AIDS

3) **HR** Having sex without a condom

4) **LR** Having oral sex (without semen in the mouth)

5) **NR** Kissing (dry kissing)

6) **HR** Having sex using the same condom more than once

7) **HR** Sharing needles for injection drug use

What is your risk?

8) **NR** Swimming with an HIV-infected person

9) **HR** Sharing needles for ear piercing or tattooing

10) **NR** Abstaining from sexual intercourse

11) **NR** Going to school with an HIV-infected person

12) **HR** Cutting the skin with a knife used by others

13) **NR** Being bitten by a mosquito

14) **NR** Giving blood

15) **LR** Having sex using a condom properly

16) **NR** Eating food prepared by an HIV-infected person

3. Answers for "What is your risk?" are private and need not be discussed.

What should be done by parent(s) (if there is a parents' guide)

Review the activity with their child (if each student has his/her own activity sheet).

UNIT 1 STUDENT ACTIVITY 9

Are you at risk (part 1)

Purpose

Students learn to assess multiple risk behaviours by looking at a varie of activities. They then evaluate their personal level of susceptibili based on their own risk behaviours.

What the teacher does

1. Divide the class into small groups (preferably 6 or 12 students in ea group) and assign a leader to each group (to report back to the class a to direct and motivate the group).

2. Give each group a list of 6 behaviours/actions (you will have to repe some lists if you have more than 6 groups).

3. Read the "How?" section to all of the students and explain to them ho HIV can spread and the four risk levels (from the activity sheet).

4. Then assign them the task of determining the risk level for each of the 6 behaviours/actions. Also assign the questions under "Teacher asks" each group.

5. Write the 4 risk levels on the blackboard with lots of space for the studen to write the numbers of the various behaviours/actions (see example belo or go over the 36 behaviours/actions having each group report their resul (see next page).

No risk (NR)	Low risk (LR)	High risk (HR)	No agreement (?)
Behaviours/actions number	Behaviours/actions number	Behaviours/actions number	Behaviours/actions number

6. Review each behaviour/action when the students have finished writing the board. Try to determine where the "No agreement" activities would g

The answers are listed on the next page. There may be some questions about some of t behaviours/actions and if the doubt is reasonable allow that activity to be in more th one category. The high risk related to ejaculation into the mouth during oral sex and t low risk related to oral sex without semen in the mouth, might have to be discussed.

Are you at risk (part 1)

UNIT 1 STUDENT ACTIVITY 9

7. Have students place the correct risk factor for all 36 activities on their activity sheets (if they have been distributed to each student).

Group 1
NR 1. Body to body rubbing with clothes on.
HR 2. Sharing a razor to shave legs or face.
HR 3. Having sex with a condom – condom breaks.
NR 4. Back rub – massage.
NR 5. Riding on a bus with an HIV-infected person.
HR 6. Cutting the skin with a knife used by others.

Group 2
NR 1. Using toilets in a public washroom.
HR 2. Sharing needles for injection drug use.
NR 3. Being bitten by a mosquito.
NR 4. Dry kissing.
HR 5. Having vaginal sex without a condom.
HR 6. Cleaning up spilled HIV-infected blood without wearing gloves

Group 3
HR 1. Having anal sex without a condom.
NR 2. Abstaining from sexual intercourse.
HR 3. Sharing needles for ear-piercing.
NR 4. Shaking hands with an HIV-infected person.
LR 5. Having oral sex (without semen in the mouth).
NR 6. Swimming with an HIV-infected person.

Group 4
HR 1. Sharing needles for tattooing.
NR 2. Sharing clothes with someone who has HIV.
NR 3. Donating blood.
NR 4. Eating food prepared by an HIV-infected person.
HR 5. Having sex with a number of partners – no condom.
NR 6. Going to school with an HIV-infected person.

Group 5
NR 1. Using public drinking fountains.
LR 2. Giving mouth-to-mouth resuscitation (if there are no sores in the mouth).
HR 3. Having unprotected sex with an STD-infected person.
NR 4. Playing sports with an HIV-infected person.
HR 5. Sharing a needle cleaned with water.
NR 6. Being close to an HIV-infected person who coughs or sneezes.

Group 6
HR 1. Being bitten by an HIV-infected person.
LR 2. Wet (deep) kissing.
LR 3. Having sex using a condom properly.
NR 4. Sharing a towel with an HIV-infected person.
NR 5. Touching or comforting someone living with AIDS.
HR 6. Having sex using the same condom more than once.

8. Discuss the answers to the questions under "Teacher asks".

Some young people become very afraid of HIV/AIDS.

a) Why do you think they are so afraid?

- their information is not very accurate;
- the illness is serious and fatal;
- they are unaware of how it can be transmitted;
- they may have participated in risky behaviours.

b) What could be done to prevent this fear of HIV/AIDS?

- get more reliable and accurate information;
- talk to a medical expert;
- get tested for HIV;
- be aware of your risk behaviours.

UNIT 1 STUDENT ACTIVITY 9

Are you at risk (part 2)

What the teacher does

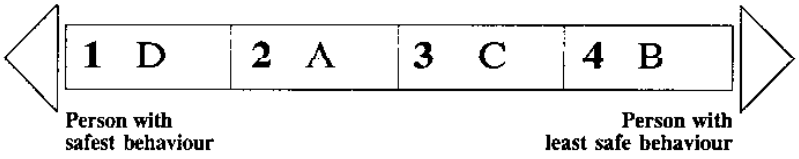
1. Decide how to teach this activity.

a) Give each student an activity sheet and have them follow the instructions.

b) Divide the class into small groups and assign a peer leader for each.

c) Draw the diagram on the blackboard and read out the description of each person. Have the students discuss amongst themselves or in their group the unsafe behaviours for each person. Then have them rank the four people according to their behaviour, from safest to least safe (1-4). Only one activity sheet is needed if (c) is used.

- Person A: wet kissing and possibly touching genitals
- Person B: sex without a condom; boyfriend has used unsterilized needles and has had sex with a number of sexual partners without using a condom
- Person C: unsterilized needles for ear-piercing; sex with a condom
- Person D: no risk behaviours



2. Discuss the answers to the question under "Teacher asks".

What would the person in box 4 (B) have to do to reduce her chance of getting HIV/AIDS/STD?
Answers will vary but they could include: not have sex; use a condom; ask her boyfriend to get tested; have non-penetrative sex.

Additional preparation

You must decide how you are going to form groups. It is better if the teacher does this rather than allowing students to form their own groups. Groups should be no larger than 6. You should determine beforehand which peer leader will be with which group.

Are you at risk (part 3)

UNIT 1 STUDENT ACTIVITY 9

What the teacher does

1. It is important for young people to think about and visualize their personal level of vulnerability (susceptibility). The continuum from left to right in part 3 allows students to determine their own risk.

2. Ask students to think about the risk activities they take – How many risk activities? How risky is each one? How often do they take them? Do they use protection? Do they use protection all the time?

3. After allowing them a few minutes to think about these questions, ask them to decide on a point on the continuum where they think they are. Notice that they cannot sit in the middle.

4. If the age level you are teaching is quite young, the risk level will probably be quite low for the majority of students. Therefore, it is important to have them think about and visualize where they might be five years from now. Questions you might ask:

   Do you think you might be in a relationship? Is there a chance it might involve sexual intercourse? Would you use condoms if it did? Consistently? Would you be assertive and insist on their use if your partner did not want to use them? Would you ever use injection drugs? Then ask them to think about and visualize where they would put their "X".

5. This exercise is very important since "behaviour intent" often influences how we will actually act in the future.

6. Discuss the answers to the question under "Teacher asks".

   At what other times in your life would it be important to think about your personal risk of getting HIV/STD?
   The best times to review your risk are when you decide to make changes in your sexual or drug behaviours.

What the peer leader(s) does (if used)

- They could be leaders in each of the small groups in part 1 and 2.
- They could be recorders and reporters for the small group decisions.
- They could hand out and collect materials.

UNIT 1 STUDENT ACTIVITY 10

Protect yourself Against AIDS

Purpose

It is essential that young people know how to protect themselves fron HIV/STD. This activity provides information on, and encourage discussion of safer choices of behaviour in relation to sexual intercourse unsterilized needles; cutting of the skin.

What the teacher does

1. Read the introduction to the activity.

2. Explain what the students have to do in the activity, i.e. decide on safe choices for 1, 2 and 3.

3. Provide the answers for the students:

a) Sexual intercourse
- delay sexual intercourse;
- be faithful to a partner who is free of HIV and is faithful to you;
- love carefully – use a condom correctly.

b) Unsterilized/shared needles and syringes (or other injecting equipment)
- always go to a doctor, clinic or hospital for injections; they use sterilized needles
- use new or clean (sterilized, boiled) needles if you must use an injection needl and syringe;
- clean the needle and syringe with bleach if new ones cannot be obtained. Needles an syringes made of glass can also be boiled (see section 7 of this manual).
- stop using injection drugs.

c) Avoid unsafe blood contact
- refuse traditional cutting of the skin unless you can bring your own clean razor;
- make sure sterilized tools are always used for tattooing, ear piercing, circumcision;
- it is advisable not to share toothbrushes; there is a very slight risk of blood-tc blood contact.

Additional preparation

Teachers should know about using condoms and how to clean a dirty injection needle (included in this guide). You may need to discuss condom use in terms of future use, particularly if your community is opposed to discussing or advising condom use with young people.

Dear Doctor Sue

UNIT 1 STUDENT ACTIVITY 11

Purpose

The medical profession is viewed as a reliable source of information about HIV/AIDS/STD. Dear Doctor letters allow students the opportunity of role-playing a health professional and comparing their advice to that of an actual doctor.

What the teacher does

1. Decide how to teach this activity

a) Provide a sheet for each student in the class and have them write one or more of the letters individually.
b) Divide students into a number of small groups and give each group one letter. Have each group do one or more of the letters.
c) Read the letter to the students and have individuals, pairs or small groups talk about or write a response. The "Doctor's bag" would have to be written on the blackboard. (You only need one activity sheet for this method.)

2. Read the "Why?" and "How?" part of this activity to the students. Explain that they will write responses to the three letters as though they were doctors (individuals, pairs or small groups). Remind the students that the topic is protection from HIV/STD.

3. Explain that their letters will be compared to letters that have actually been reviewed by doctors who are experts in HIV/AIDS/STD. Tell them that young people often give good information and that their letters can be very useful to others.

4. Explain that they have a "Doctor's bag" of ideas to help them.

5. Ask a number of students or groups to read their first letter. Then read the actual doctor's letter (see next page) and ask the students to compare answers. Do the same thing for the second and third letters.

Additional preparation

You may think of additional things that could be put in the "Doctor's bag" that are more applicable to your community.

UNIT 1 STUDENT ACTIVITY 11

Dear Doctor Sue

Actual letters from doctors

Dear Norah,

You have made an important first step in writing this letter. I hope I can help you. Let me first say that you should do what you think is best for you and you shouldn't let someone else make that decision for you. It seems to me that your feeling of not wanting to have sex at this time in your life is a good idea. Often if you can delay having sex for a few years you will make better decisions and be more responsible about avoiding unwanted pregnancy and HIV/AIDS/STD. There are many ways of showing affection to your boyfriend without actually having sexual intercourse. Suggest to him that everyone is not doing "it" and there are other ways of showing each other love. Tell him about some of these and ask him to tell you about any he knows. You may have to be assertive with your boyfriend to get him to understand. Remember that no boy is worth having who doesn't listen to you or respect your feelings.

If you decide to have sex with your boyfriend, it is absolutely necessary for him to use a condom properly. If he doesn't wish to or won't buy them, then refuse to have sex. Remember, condoms are the only way to protect yourself from HIV/AIDS/STD.

Yours sincerely, Doctor Sue

Dear John,

Let me say first that your compassion and worry for your brother is very kind. I think Abine has a true brother in you. Abine has at least three problems. First, in using a knife with someone else's blood on it, he has possibly exposed himself to HIV. Second, since he thinks he has an STD, I assume he has had sex with someone. If he has caught an STD, he is at higher risk for HIV and since he didn't use protection while having sex, he could pass the STD and possibly HIV to others. Third, the fact that he doesn't get much sleep, has a poor diet and smokes means that his body's defense against germs is lower. I feel that you should immediately talk to Abine about visiting a doctor, clinic or hospital. Tell him you will make the appointment and will go with him. I hope this information will help you.

Yours sincerely, Doctor Sue

Dear Allana,

I think you must be very worried and I hope I can help you. Sometimes worry stops people from taking action to do something about their situation. Often worries are needless in that there is no problem. You must go to a doctor, clinic or hospital for a check-up. If you find this difficult, find a friend or adult to go with you. A friend or adult to talk to is very important. If you have a problem, you will be given help and advice. If you don't have a problem and there is a good chance you don't, you must do one of the following. You should perhaps delay having sex until you are ready. If you continue having sex you should consider reducing the number of sexual partners and insist on the proper use of a condom which will protect you from pregnancy and HIV/AIDS/STD. Good luck.

Yours sincerely, Doctor Sue

Which is safer?

UNIT 1 STUDENT ACTIVITY 12

Purpose

Students need to know ways of protecting themselves but they also need to know that some ways are better than others.

What the teacher does

1. Decide how to teach this activity

   a) Hand out a copy of the activity sheet and instruct the students to do the activity individually, in pairs or in small groups.
   b) Write the different activities on the blackboard and discuss the answers with the class as a whole or have the students do it on paper at their desks (only one sheet needed).
   c) Put the students in small groups and hand out one sheet to each group.

2. Read and explain each of the "Protection against HIV/STD" methods.

3. Explain the "How?" of this activity, perhaps giving an example on the blackboard.

4. Have the students decide on the proper ranking and any problems with these methods of protection.

5. Discuss the correct ranking and problems. These are listed below.

SAFEST

Method	Problem(s)
Abstinence:	this is difficult for a person's whole life
Kissing, etc.:	becomes risky only if blood, vaginal secretions, semen are exchanged
Condom:	if not used properly, it may break
One partner:	your partner may be already infected and not know it; partner must be 100% faithful
History:	many lie to have sex, are unwilling to tell everything
Few partners:	sex with one infected partner is enough to become infected with HIV
Get tested:	both partners need to be tested; you can get infected (e.g. by not being faithful) after being tested; one test is not enough

LEAST SAFE

UNIT 1 STUDENT ACTIVITY 13

What happens with HIV infection?

Purpose **Students should be familiar with: the window period; time from infection to AIDS; time from AIDS to death; signs and symptoms of HIV/AIDS.**

What the teacher does

1. Provide a copy of this information sheet for each student, or put the information on the blackboard.

2. Ask the students the following questions:

- **How long is the "window" period?**
  Usually 2-12 weeks but in some individuals it may be longer.

- **What is not present in the blood during this period?**
  Antibodies to fight HIV, the AIDS virus.

- **What would happen if you got tested during this period?**
  You would test negative because the test is looking for antibodies to HIV, which have not formed yet; the end of the "window" period is when there are enough antibodies to HIV in the blood that the test is able to detect them.

- **Are people infectious (able to pass HIV on to others) during the "window" period?**
  During the "window" period, people may be very infectious, and can pass HIV on to others.

- **How could they pass these infections on to others?**
  Through blood, semen or vaginal fluids or from mother to baby

- **What symptoms is a person likely to have during the first few weeks after infection with HIV?**
  Immediately following infection there may be flu-like symptoms, with fever and swollen glands. Some people have fever, swollen glands, sore throat, skin rash or other symptoms in the days or weeks that follow infection.

- **What is the possible length of time from infection to the beginning of AIDS?**
  It varies a lot from person to person – it can be as short as six months or as long as 10 years or more.

What happens with HIV infection?

UNIT 1 STUDENT ACTIVITY 13

- **What are the signs and symptoms during this period of time?**
  People usually have an asymptomatic period of several years in which they may have swollen lymph nodes but no other complaints. Then, they may start to develop symptoms like oral thrush or night sweats. It may then still take years before they develop full-blown AIDS.

- **Is the person infectious during this period?**
  Yes, HIV can be passed to others.

- **How long is a person likely to live once they get AIDS?**
  It varies; approximately six months to two years or more.

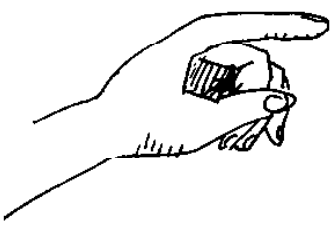
- **What are the symptoms of AIDS?**
  Major weight loss; persistent cough; fever or diarrhoea; and many others. They vary a great deal from person to person.

- **Are people with AIDS infectious?**
  Yes; any time after someone has been infected with HIV, whether they have symptoms or not, they can pass HIV on to others.

- **What are ways in which the infection cannot be passed on?**
  Hugging, glasses and dishes, touching, toilets, insects, etc.

What should be done by parent(s) (if the Parents' Guide is used)

This activity is included in the Parents' Guide under "Information sheets". Students can explain the various parts of the activity to their parents.



Additional preparation

- Teachers should be knowledgeable about the progression from infection with HIV to AIDS. The above questions and answers will help and should be reviewed before doing the activity with students.
- This activity may cause some anxiety in students. Teachers should be prepared to offer sources of help to students who may approach them with concerns.

UNIT 1 STUDENT ACTIVITY 14

How do you know if you have HIV/AIDS?

Purpose

It is important for students to know that a person with HIV:

- **May have no signs or symptoms for a long time.**
- **Can infect others during this time.**
- **Gradually gets sicker and sicker and eventually dies.**

What the teacher does

1. Decide how to teach this activity.

   a) Provide each student with an activity sheet and have them do the activity individually or in pairs, following the instructions on the sheet.
   b) Read the three stories to the students and ask the questions under each story (only one sheet is needed for the whole class).
   c) Divide the class into small groups each of which reads one story and answers questions (only one sheet for each group is needed).

2. Review the information from activity 13 – unit 1.

3. Take up the questions under each story. The answers are provided below:

   - **Story 1**

Questions	Answers
1) How did Roberto become infected?	Used unsterilized needles to inject cocaine.
2) How did Carmencita become infected?	By having unprotected sexual intercourse.
3) Why does Carmencita have no symptoms?	People with HIV may not have symptoms for many years.
4) How long might it be before she gets AIDS?	It can be as long as 10 or more years, or as short as 6 months.
5) What should Carmencita do now?	She should get counselling for support, including advice on lifestyle and sexual behaviour.

How do you know if you have HIV/AIDS?

UNIT 1 STUDENT ACTIVITY 14

• Story 2

Questions	Answers
1) How did Jose become infected?	Sex with no condoms; multiple partners.
2) Why does he have these symptoms?	They often occur as the earliest symptoms of AIDS.
3) Can he spread HIV to others? How?	Yes. By having unprotected sexual intercourse, by sharing unclean needles and syringes.
4) What is likely to happen next?	He will probably get sicker and sicker.

• Story 3

Questions	Answers
1) Why would you suspect that Georginia has AIDS?	She has many symptoms of AIDS.
2) What should she do to find out if she is infected with HIV?	Get tested, see a doctor or nurse.
3) About what age was it possible that Georginia got the HIV infection?	From approximately 14 years onwards.
4) If she was infected at that age, how long has she been infectious (able to spread HIV)?	Up to 11 years.
5) What symptoms does Georginia have?	Fever, sweating, swollen glands, cough, sore throat, stomach problems, weight loss.
6) What is likely to happen next?	She will probably die.

Additional preparation

- Be sure to review the answers to the questions (above).
- Again, this activity may create some anxiety in students. Teachers should be prepared to listen and provide sources of help if needed.

UNIT 1 STUDENT ACTIVITY 15

Testing for HIV

Purpose

Basic information about testing may be needed by some students.

What the teacher does

1. Decide how to teach this activity:

   a) Have a peer leader or student read the questions by Marie. The teacher responds as Dr Matago.

   b) The teacher reads both the questions and answers or attempts to obtain answers from the students.

   c) Two students or peer leaders read the questions and the answers.

2. A pause should occur after each question and answer to allow students to ask additional questions.

3. The follow-up test (activity 16) should be given to students to test their attention and understanding (if there is enough time).

Additional preparation

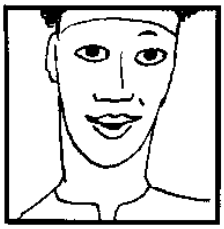
- It is important that you read the section When Should One Be Tested for HIV? included in section 7 of this guide.
- Teachers should be prepared to answer questions about testing facilities and practices in their local area, and what to do if counselling and/or testing are not available.

Test: What you know ...about testing

UNIT 1 STUDENT ACTIVITY 16

Purpose

This activity will help students recall information and understand concepts about testing.



What the teacher does

1. Decide how to teach this activity.

a) Provide each student with an activity sheet and have them do the test individually or in small groups.
b) Put column B on the blackboard and read each statement from column A. Have students select the correct response (only one sheet needed).
c) Place column A and B on the blackboard and have students do the activity individually or in small groups (only one sheet needed).

Note: For any of the above methods, it is possible to divide the class into two or more teams and have them compete.

2. Discuss the answers (provided below).

	Answers
The number of times you need to be tested in three months is:	**G** - twice
The test is accurate to:	**I** - 99 %
It is important to take the test so that you can:	**J** - tell your partners/**F** – not infect others
It is also important to take the test so that you will:	**F** - not infect others/**J** – tell your partners
The most common test for HIV is called:	**D** - "ELISA"
When no one else is told about the test that means that it is:	**H** - confidential
If you have HIV, you will be given:	**A** - advice and help
You can get tested at:	**C** - health centre or hospital
The test for HIV looks for:	**E** - antibodies
To get the results you probably have to:	**B** - come back later

Additional preparation

Be sure to go over the answers before doing the test.

UNIT 1 STUDENT ACTIVITY 17

AIDS help
Who? Where?

Friends, teacher or counsellor, family, religious leader, medical centre, STD or health clinic, AIDS hot line

Purpose

Information on help sources for HIV/AIDS/STD is essential for young people. Some students may develop AFRAIDS (acute fear regarding AIDS) and may need help and counselling.

What the teacher does

1. Decide how to teach this activity.

   a) Pass out the activity sheet to each student and have them work individually, in pairs or in small groups to provide the answers to the four situations.

   b) Read each situation to the students and ask them the questions. If they don't know the answers, provide the information for them.

> **Note: In some cases, the answers for all four situations will be the same.**

2. Be sure, before doing this activity, to identify the sources of help in your own community.

Additional preparation

Be sure to find sources of help if they are not available in your community (i.e. the nearest source of help; informed people in the community).

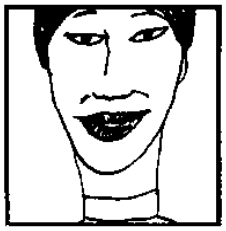
You be the doctor

UNIT 1 STUDENT ACTIVITY 18

Purpose

Information about drug use and abuse and its relationship to HIV/AIDS is important. The following topics are discussed:

- **Drug use and impairment of judgement**
- **Abstaining from injection of drugs**
- **Clean needle use for injection drugs**
- **Method of sterilizing unclean needles**



What the teacher does

1. Decide how to teach this activity.

a) Provide each student with an activity sheet and have them provide advice for one or more of the four situations individually, in pairs or in small groups.

b) Read each situation and have students provide advice (and why) from the doctor's bag which is written on the blackboard (only one activity sheet is needed).

c) Divide the class into small groups and give each group one or more situations for which to provide advice (only one activity sheet is needed for each group).

2. Have students read out their advice for each situation and discuss. Examples of appropriate advice are provided below:

• Situation 1

a) Advice: Don't use drugs and alcohol – they slow your judgement.

b) Why? You might make decisions that cause you to get pregnant or HIV/STD.

• Situation 2

a) Advice: Get clean (new) needles and syringes if you must use drugs.

b) Why? Used needles and syringes will have small amounts of blood left in them, which may contain HIV.

• Situation 3

a) Advice: Never use injection drugs.

b) Why? They can be damaging to your health and there is a possibility of getting HIV/STD.

• Situation 4

a) Advice: Clean needles with bleach and water if you must use drugs.

b) Why? There will be blood on the dirty needle that may contain HIV.

3. Students should be aware of how to clean needles and syringes. The procedure for this is found in the "questions" section of this guide.

UNIT 1 STUDENT ACTIVITY 19

Are you a Responsible person?

Purpose

As a summary to this unit, students are asked a number of questions about their behaviour and their behavioural intent. Behavioural intent indications may be good motivators to produce desired behaviour in the future.

What the teacher does

1. Decide how to teach this activity.

a) Provide an activity sheet for each student and have them do the activity individually.

b) Read out each question and have students write 3 for *yes (agree)*; 1 for *uncertain* and 0 for *no (disagree)*. Only one activity sheet needed.

c) Write the questions on the board and have students do the activity individually (only one activity sheet needed).

2. Students should total their score and refer to their "Responsibility score".

Yes	= 3 points
Uncertain	= 1 point
No	= 0 point

Responsibility score

33 - 36 points	Very responsible	**24 - 26 points**	Not very responsible
30 - 33 points	Responsible	**0 - 24 points**	You are taking risks!
27 - 29 points	Somewhat responsible		Maybe you should think again.

Additional preparation

Introduce this activity by telling the students that this activity is private (confidential) and scores will not be seen by the teacher or other students (unless revealed by the student).

UNIT 2

Responsible Behaviour: Delaying Sex

Unit 2: Responsible behaviour – delaying sex

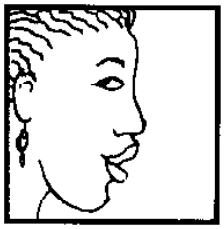
Student activities

Reasons to say NO

UNIT 2 STUDENT ACTIVITY 1

Purpose

It is important for students to know a variety of reasons for delaying sex.



What the teacher does

1. Decide how to teach this activity.

   a) Provide each student with an activity sheet so that everyone can do the activity.

   b) Write the activity on the blackboard and have students do it on a plain piece of paper (only one activity sheet needed).

2. Have students choose the four reasons they think young people usually have for delaying sexual intercourse.

3. Take a poll, by show of hands and discuss with the students the top three or four reasons for delaying sex. You might want to ask:

   a) Why they chose each reason as the top three or four.

   b) Do they think their reasons might change as they get older? How?

   c) Which of the four would be the best or most important reason (take another vote) and why?

Additional preparation

Depending on your community, there may be other reasons for delaying sex than those listed in this activity. If so, you should include these in the list.

UNIT 2 STUDENT ACTIVITY 2

To delay or not to delay (a, b)

Purpose

Students should be provided with an opportunity to explore reasons for having sex or not having sex.

What the teacher does

1. Decide how to teach this activity.

   a) Provide each student in the class with an activity sheet and have them follow the instructions individually, in pairs or in small groups.

   b) Read the story of Stoli and Yarmella and ask students to evaluate, as you read them, each reason for saying "yes" as 0 = poor reason, or 1 = good reason. Do the same thing for reasons for Stoli and reasons for Yarmella to say "no". (Only one activity sheet needed.)

2. Encourage discussion by asking the questions in "Teacher asks". You will probably have to poll the class to determine the answers to some of these questions. Answers will vary from person to person and class to class.

Additional preparation

Try not to moralize or push students into making a decision that you think is right or proper. This will often cause students to rebel and take the opposite point of view. They should make their own decisions without pressure.

"Lines" and more "lines"

UNIT 2 STUDENT ACTIVITY 3

Purpose

Students need practice in responding to typical arguments that are used to pressure individuals to have sex.

What the teacher does

Notice that for every reason for not having sex (in activity 1 and 2 – unit 2), lines have been invented to persuade someone to forget their reasons and say "yes" to sex.

1. Decide how to teach this activity.

a) Distribute an activity sheet to each student to complete individually, in pairs or in small groups. You may decide to divide the students into two groups so that each group only does 5 lines.

b) Draw 10 question and answer "bubbles" on the board. Discuss an answer to each one and have a student place the best response in the "bubble" (only one activity sheet needed). You would need to put the list of "possible responses" on the blackboard.

c) Divide the class into small groups – assign 5 lines to a group and have them decide on the best response (only one activity sheet per group is needed).

2. Add to the list of possible responses by asking students to suggest "lines" that they have heard.

3. Place the best response for each "line" in the appropriate bubble. There may be more than one good response.

4. Discuss or role-play.

a) The best way to make your response – verbally and non-verbally?

b) Try role-playing 5 or 6 responses by having two people say the "lines" and responses. Talk about the verbal and non-verbal actions of the role-players.

UNIT 2 STUDENT ACTIVITY 3

"Lines" and more "lines"

What the peer leader(s) does

- Be in charge of a small group.
- Draw the "bubbles" on the blackboard (if that method is used).
- Role-play the lines and responses to the lines.

Additional preparation

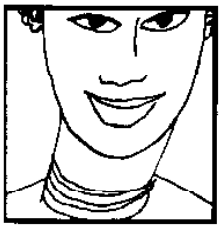
Teachers should decide on appropriate responses for each line before doing this activity with students.

Guidelines:
Help to delay sex

UNIT 2 STUDENT ACTIVITY 4

Purpose

Students need to know that they are not alone in delaying sex. They also need help in their decision to delay sex.



What the teacher does

1. Decide how to teach this activity.

   a) Provide an activity sheet for each student and have them do the activity individually.

   b) Read each "Help for delaying sex" and have students put an "E" for easy to do and "D" for difficult to do (only one activity sheet needed).

   c) Write the activity on the blackboard and have students complete it individually (only one activity sheet needed).

2. Discuss the following:

   a) Which ones did the students find difficult? Why were they difficult?
   (Answers will differ from student to student.)

   b) Which of the guidelines would be best to avoid unwanted sex with a friend?
   (Answers could include many of the guidelines.)

   c) Which guidelines would be most useful for selecting who to go out with?
   (Answers will differ from student to student.)

   d) Which guidelines would be most helpful for a first date?
   (Answers will vary but the first six would be important.)

   e) Which guidelines would you use if you really didn't want to date at this time in your life? (Answers 1, 7, 8 would be important.)

Additional preparation

It would be important to review the above questions to decide what answers would be acceptable for each question.

UNIT 2 STUDENT ACTIVITY 5

What to do?

Purpose

Students need to practise using the guidelines for delaying sex in real-life situations.

What the teacher does

1. Decide on a method for doing this activity.

   a) Provide an activity sheet for each student and have them work individually, in pairs or in small groups.

   b) Write the list "Help for delaying sex" on the blackboard and then read aloud each situation. Ask students to select the 3 best ways (from the list on the board) of helping the person in each situation (only one activity sheet needed).

   c) Divide students into small groups and provide one sheet for each group (only one sheet per group needed).

> **Note: If you need more time for this activity you might have one third of the class or groups do one situation each.**

2. Provide the answers for each situation. These may vary from group to group and student to student and are only suggested answers.

   - **Situation 1**
     Help for Jeline

   1) Decide how far you want to "go" (your sexual limits) before being in a pressure situation.

   2) Be honest from the beginning, by saying you do not want to have sex.

   3) Decide your alcohol limits before being in a pressure situation.

   - **Situation 2**
     Help for Romain

   1) Avoid going to someone's room (or house) when there is no one else there.

   2) Be honest from the beginning by saying you do not want to have sex.

   3) Pay attention to your feelings; when a situation becomes uncomfortable, leave.

What to do?

UNIT 2 STUDENT ACTIVITY 5

- **Situation 3**
  Help for Nadino

1) Do not accept presents and money from people whom you do not know very well.

2) Avoid secluded places where you could not get help.

3) Be honest from the beginning, by saying you do not want to have sex.

3. Have students select three guidelines that would be most useful personally for them (answers will vary from student to student).

What the peer leader(s) does

- Write the activity on the blackboard (if that method is used).
- Be a group leader and report back to the class (if that method is used).

What should be done by parent(s) (if a Parents' Guide is used):

Students might take this activity home and read and/or discuss the situations and answers with their parents (if each student is given an activity sheet).

Additional preparation

Teachers might want to decide on other (than those given here) acceptable answers for each situation, before doing this activity with students.

UNIT 2 STUDENT ACTIVITY 6

Affection without sex?

Purpose

It is unreasonable to expect young people not to show affection (both physical and emotional) during this stage of their lives. It is important to provide alternative activities for those who wish to delay sex.

What the teacher does

Special concern:

- **Students may suggest some physical activities during this exercise that may be difficult to talk about, i.e. oral sex, masturbation, petting with or without clothes, body rubbing with or without clothes.**

- **Be prepared to use local slang with the students.**

1. Decide how to teach this strategy.

a) Form pairs or small groups in the classroom and provide each pair/group with one activity sheet.

b) Draw the activity on the board and have students work in pairs or small groups to complete the task.

2. Look at ways of showing affection.

Ask the students to look at the list of ways of showing affection shown in the first heart. Then have them discuss in pairs or small groups other ways of showing affection. Their suggestions may be written on the blackboard and the class may discuss together whether or not they are safe and acceptable (i.e. do not put a person at risk for HIV/AIDS/STD). When agreement has been reached on this, the students may write in the second heart their preferred suggestions for ways of showing affection without sex. You might expect some of the more physical affections to include: touch on the shoulder; kissing; open-mouth kissing; petting while clothed (above and below the waist); mutual masturbation; body-to-body rubbing (clothed and without clothing); oral sex, etc. Students may use quite a different language in trying to express these physical affections.

Affection without sex?

3. Ask the following questions:

a) Why is it important for young people to show affection without sex?

It is important because it: promotes healthy communication; reduces the chance of HIV/STD; reduces the risk of pregnancy; promotes respect for self and partner; reduces the risk of unwanted sex; provides acceptance, warmth and touch to another person and yourself.

b) Is it important to discuss this topic with a partner? Why or why not?

Yes, but it might cause embarrassment or it might end a relationship.

c) What would make it easier to discuss this with a partner?

If there was respect, trust and openness in both people; if it was discussed before being in an emotional and sexual situation.

UNIT 2 STUDENT ACTIVITY 7

What's next?

Purpose

Physical affection can be very sexually arousing. The more sexually arousing the activity is, the more likely it will eventually lead to sex. Establishing limits, and knowing when to express these limits is very important for young people.

You may want to use the image of the mountain (see students' activities 2.7) in order to illustrate to students that the more physical one gets, the more difficult it is to stop. In this image, sexual arousal is shown as a continuum from least physical to most physical, and students are asked to place various sexual behaviours at different levels on this continuum.

What the teacher does

1. Decide how to teach this activity.

a) Provide each student with an activity sheet and have them work individually, in pairs or in small groups.
b) Draw the activity on the blackboard and have a class discussion as to where the various sexual behaviours should be placed (only one activity sheet needed).
c) Provide one activity sheet for each group and do the activity in small groups.

2. Check the answers to the **mountain climbing**. Explain the concept to the students (see box above).

1) Holding hands – *Least physical*
2) Hugging
3) Dry kissing
4) Deep (wet) kissing
5) Touching breasts and/or genitals on top of clothes
6) Touching breasts and/or genitals under clothes
7) Body rubbing with no clothes – *Most physical next to sexual intercourse*

What's next?

UNIT 2 STUDENT ACTIVITY 7

3. Discuss the answers to the questions in "Teacher asks".

1) Why is it hard to stop as you get closer physically?
Curiosity and sexual desire put pressure on the couple to move to the next step. It is hard to stop and certainly very difficult to go back a step.

2) Would it be easy to go back to a safer activity? Why or why not?
For most people it would be difficult to go back a step. Strong sexual urges, curiosity and risk-taking would probably lead one to go on rather than back.

3) Where do you think the limit is?
Answers will vary but it is very difficult to stop after 5 or 6. If it has been discussed and agreed upon by both partners not to have sex, then it is possible to set limits.

4) Who should decide where the limit is? When should this limit be decided?
If there is disagreement, one person may have to be very assertive with the other about where they want to stop. The best or safest time to do this is before you become too aroused, but you can stop whenever you feel uncomfortable.

UNIT 2 STUDENT ACTIVITY 8

Am I assertive?

Purpose

Being able to describe and recognize verbal and non-verbal aspects of assertive, passive and aggressive behaviour is an important first step in learning how to be assertive oneself.

What the teacher does

1. Decide how to teach this activity.

   a) Provide the information sheet for each student. Read the words and demonstrate, using body language, the non-verbal aspects of each behaviour.

   b) Put the words "Passive", "Aggressive", "Assertive" on the blackboard and ask students to describe verbal and non-verbal characteristics of each behaviour. Write these under each type of behaviour.

2. You might want to demonstrate or have students demonstrate the verbal and non-verbal aspects of each behaviour – using the verbal and non-verbal descriptions on the activity sheet.

3. You could add the following points to your lesson:

Passive behaviour	**Assertive behaviour**	**Aggressive behaviour**
Passive feelings	**Assertive feelings**	**Aggressive feelings**
• helpless	• you feel better about yourself	• angry
• resentful	• self confident	• frustrated
• disappointed	• in control	• bitter
• anxious	• respected by others	• guilty or lonely afterwards
Passive outcomes	**Assertive outcomes**	**Aggressive outcomes**
• you don't get what you want	• you don't hurt others	• you dominate
• anger builds up	• you gain respect for yourself	• you humiliate
• you feel lonely	• your rights and others' are respected	• you win at the expense of others
• rights are violated	• you both win	

Am I assertive?

UNIT 2 STUDENT ACTIVITY 8

What the peer leader(s) does

Peer leaders could be very helpful in suggesting additional characteristics of these three types of behaviour; and in demonstrating the three types of behaviours.

Additional preparation

Set up a role-play with your peer leaders that would demonstrate these three types of behaviours.

UNIT 2 STUDENT ACTIVITY 9

Who's assertive?

Purpose

Being able to recognize assertive, passive and aggressive behaviour in real-life situations is important for a person who wants to be assertive.

What the teacher does

1. Decide how to teach this activity.

   a) Provide an activity sheet for each student and have the students work on the activity individually, in pairs or in small groups.

   b) Read the two stories and ask the students to identify the behaviours of the three people in the stories (only one activity sheet is needed).

   c) Place the students in groups and give out one activity sheet for each group.

2. Give the students the answers to the questions about the three people in the stories.

   • **Story 1**

Rob's behaviour is:	Passive
Why?	
What said?	"I know you'll think I'm crazy ..." "Well, OK, I'll go".
How said?	Soft voice; low voice.
Body position?	Head down; hangs his head; eyes down; defeated.
Sulana's behaviour is:	Aggressive
Why?	
What said?	"You are crazy and not only that but you're stupid too".
How said?	Interrupts; loudly.
Body position?	Nose to nose; hands on hips.

   • **Story 2**

Tana's behaviour is:	Assertive
Why?	
What said?	"Could we talk where no one is around" (privacy); Asks for feedback and takes other person's feelings into account.
How said?	Calm but firm.
Body position?	Sits straight; looks person in the eye.

3. If time permits, ask students to role-play these two scenes.

Who's assertive?

UNIT 2 STUDENT ACTIVITY 9

What the peer leader(s) does

The peer leaders could:

- Work with a small group
- Role-play the two stories
- Write on the blackboard

Additional preparation

Teachers might want to prepare peer leaders to do a role-play of the two situations.

UNIT 2 STUDENT ACTIVITY 10

Assertive messages

Purpose

It is important for students to learn the specific steps in being assertive and to practise these steps through behavioural rehearsal.

What the teacher does

1. Decide how to teach this activity.

   a) Provide an activity sheet for each student so that they can follow the four steps to an assertive message.
   b) Write the four steps with the "words you might say" on the blackboard. Then, with another student (peer leader) role-play the situation described (only two activity sheets are needed).

2. Explain the four steps and the words that might be used, to the students. Point out that steps 3 and 4 – asking how the other person feels and thanking the other person – are ways of respecting and being assertive with that person.

3. Read the situation for the role-play and then act out the assertive message with another student (peer leader). Emphasize that in this role-play the person who is replying is accepting the assertive person's message.

What the peer leader(s) does

Peer leaders should be able to:

- Help the teacher in the role-play by being the person who replies to the assertive message.
- Write the activity on the blackboard (if this method is used).

Additional preparation

It is important to practise this assertive message with peer leaders or other students before you demonstrate to the students.

Your assertive message

UNIT 2 STUDENT ACTIVITY 11

Purpose

By preparing an assertive message with the whole class, it is easier for students to prepare their own assertive message during the next activity.

What the teacher does

1. Decide how you are going to do this activity:

   a) Provide each student with an activity sheet and have them fill in the "bubbles" as you do the activity with the whole class.
   b) Put the activity on the blackboard and fill in the "bubbles" with the suggestions from the class (only one activity sheet needed).
   c) Place students in small groups and provide each group with an activity sheet. Have the group develop ideas for step 1 and then ask for suggestions from each group. Select the best suggestion and have the recorder from each group enter that step in the "bubble". Do the same for steps 2, 3, 4.

2. Read the situation at the top of the page. Also read step 1.

3. Ask students for suggestions for the first "bubble". Take the best one and have the students write this on their activity sheet.

4. Do the same for steps 2, 3, response of the other person and step 4.

5. When the message is finished, role-play the message with a student playing the part of Adula.

What the peer leader(s) does

Peer leaders could:

- Be in charge of a small group
- Role-play the developed message with the teacher or another peer leader

UNIT 2 STUDENT ACTIVITY 12

Your assertive message

Purpose

Students are given the opportunity to develop and practise their own assertive message.

What the teacher does

1. Decide how to teach this activity:

   a) Provide an activity sheet for each student in the class and have them write out an assertive message individually or preferably in pairs.
   b) Divide the students into small groups and provide one activity sheet per group.

2. Either assign a situation (there are four) to the students or let them choose their own.

3. Have them write out an assertive message for their chosen situation.

4. a) Have the groups role-play the situations they have been assigned or have chosen.

   b) Ask for volunteers to role-play their script in front of the class. Look for verbal and non-verbal aspects of their message. Be very positive if they volunteer.

What the peer leader(s) does

Peer leaders could:

- Volunteer to role-play their script
- Lead a small group (if working in groups)

Responding to persuasion

UNIT 2 STUDENT ACTIVITY 13

Purpose

It is very important that students learn to deal assertively with people who try to distract or pressure them by persuading them to do something they do not think they should.

What the teacher does

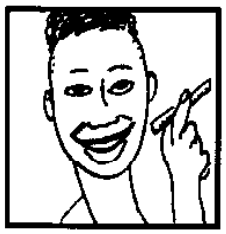
1. Decide how to teach this activity.

   a) Provide a copy to each student to follow as you go over each section.
   b) Read the various parts of the activity, putting the important parts on the blackboard, i.e., the ways to "get back on topic" and to "refuse", "delay", or "bargain".

2. Read "Ways people get you off the message or do not accept it". Role-play each line, e.g. "You're just afraid." Ask the students to provide other lines similar to the one read.

3. Show the students how to "Get back on topic" if they are distracted. Ask for additional ways.

4. Show the students ways to "refuse", "delay", and "bargain".



What the peer leader(s) does

The peer leaders should be able to:

- Role-play the parts or lines used by the teacher in his/her explanation
- Put the activity on the blackboard

Additional preparation

Teachers should read this activity carefully and decide how they might demonstrate the various sections.

UNIT 2 STUDENT ACTIVITY 13

Responding to persuasion

Purpose

Students need to know the techniques of an assertive message when someone is trying to distract them or persuade them to do something they don't want to do.

What the teacher does

1. Decide how to teach this activity.

   a) Provide an activity sheet for each student in the class. Let them follow you as you explain the activity.
   b) Read the activity and put important parts on the blackboard, e.g. the lines to use in order to refuse, delay and bargain.

2. Read each step and the persuader's statements and responses. After each step, statement or response, role-play the words in the "bubble". For example, step 1 – Explain your feelings and the problem: "I feel scared about driving with you when you have been drinking."

3. When you have finished each step, role-play the entire assertive message once more, using a student volunteer (peer leader) to play the part of the older brother. Do the role-play three times, using a different ending (refuse, delay, bargain) each time.

What the peer leader(s) does

Peer leaders should be able to help you by:

- Role-playing the situation with you
- Writing information on the blackboard
- Explaining the refuse, delay, and bargain endings

Additional preparation

It is very important to practise this script with a peer leader(s) or another student before demonstrating it in front of your class.

Responding to persuasion

UNIT 2 STUDENT ACTIVITY 14

Purpose

An example of distraction and persuasion makes it easier for students to learn to deal with these problems and develop their own strategies.

What the teacher does

1. Decide how to teach this activity

   a) Provide each student with an activity sheet and have them fill in the "bubbles" as you do the activity with the whole class.

   b) Put the activity on the blackboard and fill in the "bubbles" with the suggestions from the class (only one activity sheet needed).

   c) Divide students into small groups and provide each group with an activity sheet. Have the group develop ideas for step 1 and then ask for suggestions from each group. Select the best suggestion and have the recorder from each group enter that step in the "bubble" provided. Do the same for the other steps and responses in the activity.

2. Read the situation at the top of the page. Also read step one and the words that might be used.

3. Ask students for suggestions for step 1 and select the best one. Have the students put this in the first "bubble" on their activity sheet.

4. Do the same for the remaining steps and responses.

5. When the message is finished, role-play it with a volunteer student (or peer leader) three times using a different ending (refuse, delay, or bargain) each time.

6. Discuss the question; different answers are possible.

What the peer leader(s) does

The peer leaders should be able to:

- Role-play with the teacher
- Be in charge of a small group
- Write the activity on the blackboard

UNIT 2 STUDENT ACTIVITY 15

Responding to persuasion

Purpose

Students learn how to deal with distracting statements and how to be assertive when someone is pressuring them to do something they do not want to do.

What the teacher does

1. Decide how to teach this activity.

   a) Provide an activity sheet for each student in the class and have them write out an assertive message to a distracting and persuading person, individually or preferably in pairs.

   b) Place the students in small groups and provide one activity sheet for each group.

2. Either assign a situation (there are three) to the students or let them choose their own.

3. Have them write out an assertive message for the situation they have chosen, in the "bubbles" (as in the class activity).

4. They should read it to themselves, make changes and then read it once more.

5. Tell the students that they may be asked to role-play their situation in front of the class.

What the peer leader(s) does

The peer leaders can help you by:

- Volunteering to role-play his or her script
- Leading a small group (if working in groups)

You decide

UNIT 2 STUDENT ACTIVITY 16

Purpose

Boys/men often have different ideas about delaying sex from girls/women. Most of these are old ideas and need to be changed.

What the teacher does

1. Decide how to teach this activity.

   a) Provide an activity for each student and have them do the activity individually, in pairs or in small groups.

   b) Read the statement. Ask the students to indicate if they agree or disagree. (Only one activity sheet is needed.)

   c) Put the students in small groups and have them complete the activity (one sheet per group needed).

2. You will have to explain to the students that they should indicate "agree" if, generally speaking, they think the statement is correct or right for themselves, and "disagree" if they think that this is not the right way of thinking or this idea is incorrect or wrong.

3. Next, the students are asked to change the old statements into new ones by completing the unfinished statements.

4. After the students have completed the activity you should conduct a class discussion. The agree-disagree can be clarified by a show of hands. Ask students to volunteer their answers to the unfinished sentences.

5. Ask students to suggest new statements and choose the one that receives wide consensus.

UNIT 2 STUDENT ACTIVITY 17

Dealing with Threats and violence

Purpose

Women, particularly, need to be aware of situations that may lead to violent sex and of people who may put them in those situations. They also need to learn ways of avoiding or dealing with pressures and threats to have sex.

What the teacher does

1. Decide how to teach this activity:

   a) Provide each student with an activity sheet and have them work individually, in pairs or in small groups.

   b) Read the story to the students and ask the questions under "Teacher asks."

   c) Form small groups and provide each group with one activity sheet to use for discussion.

2. Discuss the questions with the students. Possible answers are suggested below.

   1) Do you think that Maria could have been aware of what was going to happen? What were the clues that could have told her?
   Yes. Walking alone on a possibly deserted country road; Carlos flirting and talking about sex; going into an abandoned house; touching her.

   2) Maria was silent and embarrassed when Carlos started talking about sex. What could she have done instead of being silent and embarrassed?
   She probably should have been assertive and told him that she did not like what he was doing and that she was going home.

   3) What should she do now? Keep it a secret? Tell someone she trusts (parents, teachers, religious leader)? Should she talk to Carlos about the matter? What might happen if she doesn't tell anyone about the situation?
   She has to make her own decision but generally it is a good idea to talk to someone she trusts. Whether she should tell the police and/or go to a hospital should be discussed with that person. She should arrange to be tested for STD/HIV (and pregnancy if necessary). It is not likely that anything can be accomplished by talking to Carlos. She may feel unnecessarily ashamed, lonely and worried if she doesn't tell anyone.

   4) List things you can do to help prevent violence and threats:

   a. When you're with someone who suggests having sex and you don't want to.
   Be assertive and tell the person in a firm manner that you are not interested. Leave with a friend. If possible, move to where there are other people. Phone someone if phones are available.

   b. When someone becomes physical and tries to force you to have sex.
   Scream; fight; kick in the testicles only if you can get away quickly; delay; bargain depending on the situation (if your life is threatened or a weapon is being used). Be very assertive.

   5) What do you think about Carlos? Are there other men like Carlos? What should he have done in this situation? Why did he do what he did?
   Responses will vary. If at all in doubt, he should not have tried to have sex. He did what he did because: he lacked respect for women and abused his physical power over Maria; he had a common male attitude that "no" doesn't really mean "no"; and perhaps because she agreed to go for a walk alone with him in the country.

Being assertive every day

UNIT 2 STUDENT ACTIVITY 18

Purpose

There is a need to transfer the skills that are taught in the classroom to everyday life. Therefore, it is important for the student to learn to be assertive in his/her daily activities.

What the teacher does

1. The teacher explains to the students how this activity is done. Have the students develop their plan at school and practise it at home. Here are a few key points that you should emphasize:

   - Tell the students the purpose of the activity – there is no sense in learning how to be assertive in the classroom if you don't apply what you have learned to your everyday life.
   - Explain that the "Personal plan" is a way of carrying out your plan, a contract with yourself and finally an evaluation of how you did.
   - Have them select an assertive goal – get them to make their goal specific, for example, "to say how I feel when Susan puts me down." Goals can include: handling criticism; giving compliments; asking a favour; showing you are hurt; giving your own opinion; making new friends; saying "no" to something, etc.
   - The dates should also be specific, for example, "start on Monday, July 1 at 9 a.m. and finish on Sunday, July 7 at 6 p.m."
   - Benefits should also be specific rather than general. "I will probably feel better about myself (self-respect); get what I need, and still not hurt my friend."
   - Rewards can include many things – food, drinks, a trip, buying something, a holiday, telling someone special about what you did, etc.
   - If the student signs a contract with her/himself, she/he is more likely to complete the task. Sometimes having a friend sign as a witness further reinforces the student's motivation.
   - Identifying obstacles that may get in the way of reaching a person's goal can be of help, if plans are made in advance, in overcoming these problems.

UNIT 2 STUDENT ACTIVITY 18

Being assertive every day

What should be done by parent(s) (if a Parents' Guide is used)

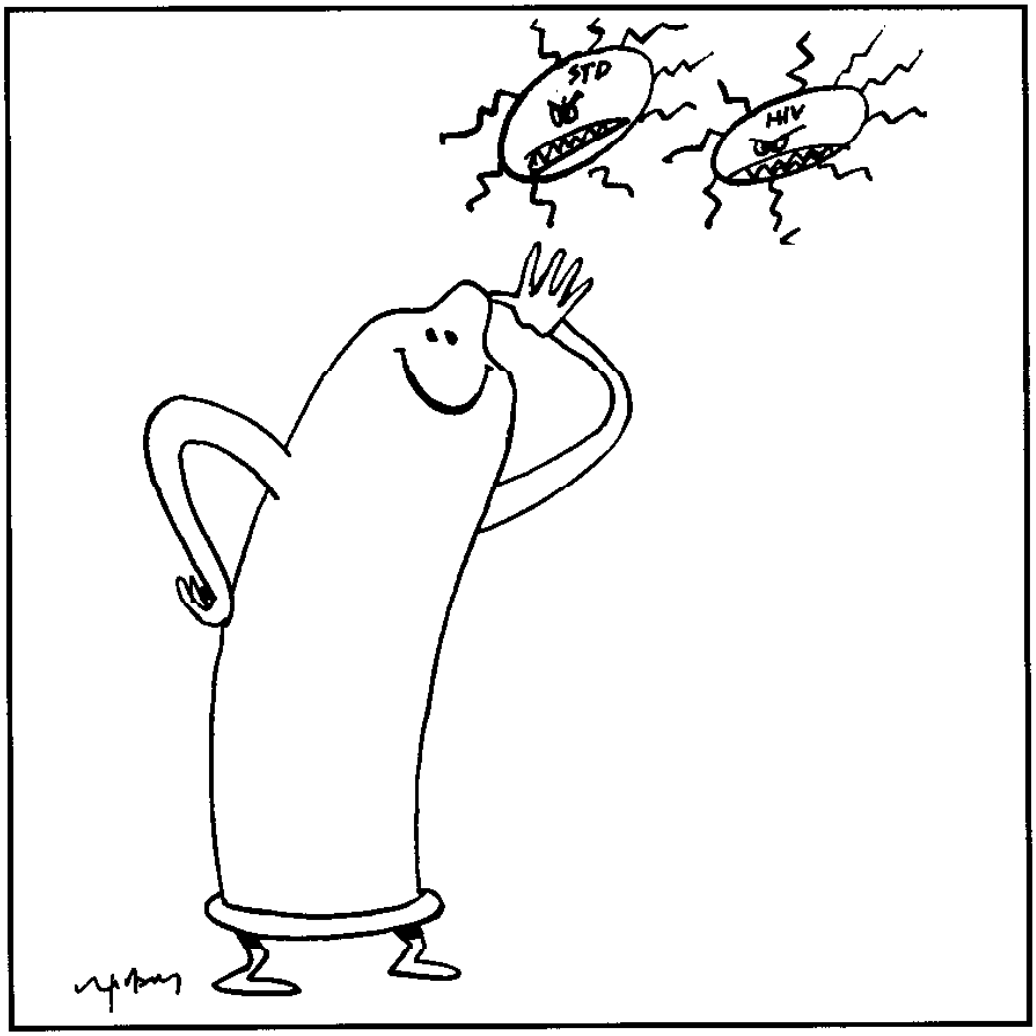
It would be useful for students to inform their parents of their action plan so that parents could help students follow through with their assertive message. Students could take their personal plan home and discuss it with their parents.

Additional preparation

Students should be advised to try their assertive message with someone who is likely to be positive about their being assertive (i.e. avoid someone who might get angry or violent).

UNIT 3

Responsible Behaviour: Protected Sex



Unit 3: Responsible behaviour – protected sex

Student activities

The condom

UNIT 3 STUDENT ACTIVITY 1

Purpose

Information about condoms is necessary for effective use.

What the teacher does

1. Provide an activity sheet for each student or read the questions and answers to the students.

2. Emphasis should be placed on the fact that condoms are strong, safe, sensitive and easy to use.

   Remind students that Vaseline and other oil-based lubricants should not be used as they weaken latex condoms. Only water-based lubricants such as KY-jelly, glycerin, egg white, spermicidal jelly or foam, MuKo and Lubafax should be used.

3. Ask if there are any questions about condoms and provide answers if you can. If not, tell the students you will find the answer for the next day.

UNIT 3 STUDENT ACTIVITY 2

Arguments people use against using condoms

Purpose

A person may be very positive about condom use but may have a partner who does not like condoms and doesn't want to use them. It is important to learn how to talk to a person who dislikes using condoms.

What the teacher does

1. Decide how you will use this activity.

   a) Provide an activity sheet for each student in the class and have them work individually or in pairs to complete the instructions.

   b) Read the "Arguments against" and give the three responses to the argument. Students choose what they think is the best response and write down the letter of the response (only one activity sheet is needed).

   c) Place the students in small groups and have the students make a group decision on the best response (one sheet per group is needed).

2. Ask for responses to each argument. It is best if you can have one student make the argument and another read their chosen response. For example, one student would say, "They spoil the mood", and the other responds, "Hey, condoms may even be fun".

How to use a condom
Condom practice

UNIT 3 STUDENT ACTIVITY 3/4

Purpose

One of the most important factors in condom failure is inexperience with its proper use. Therefore, a demonstration of its actual use is important.

What the teacher does

- **The teacher should explain to students that at first they might feel awkward but that these feelings pass with practice. If something humorous occurs, enjoy the moment (but don't accept put-downs).**
- **The teacher should inform the class that this is an optional activity. However, he/she should indicate to students that the reason for doing this activity is to acquire a skill that may be needed in the future. It is not taught to encourage sex and it is not an invitation to seek sex.**
- **It may be difficult for students to volunteer for this activity. To avoid embarrassment, it is suggested that the teacher select one or two students (or the peer leaders) to practise. The rest of the class can practise afterwards.**
- **Give support and positive feedback to the students practicing using a condom.**

1. Decide how to teach this activity.

   a) Provide each student with an activity sheet to follow the steps of effective condom use.

   b) Divide students into small groups and assign a peer leader to each group (one activity sheet needed per group).

2. Demonstrate how to use a condom with a student (peer leader) helping you by reading each step as you do it. (You will need one or two condoms and a model penis or a banana or a cucumber; alternatively students can practise on their fingers.) If time permits, change positions with the student and read the steps while the student (peer leader) demonstrates.

UNIT 3 STUDENT ACTIVITY 3/4

How to use a condom
Condom practice

3. If the class is divided into small groups, ask the peer leaders to demonstrate condom use to their group and encourage all students to practise themselves. The peer leaders may have to have had prior instruction.

4. Discuss questions with students (under Teacher asks). Students may share what they have heard about experience with condoms.

Note:
1. **Humour is important. A relaxed class atmosphere is important.**
2. **It is alright to make mistakes. It shows that students too can make mistakes while practising.**
3. **Having a student demonstrate is the best learning situation as peers will listen and follow their classmates more than they do their teachers.**
4. **You may need someone to hold the banana, cucumber or model penis (you need two hands).**

What the peer leader(s) does

Peer leaders could help you:

- Demonstrate
- Read the steps in effective condom use
- Hold the model penis, banana or cucumber

No to unprotected sex

UNIT 3 STUDENT ACTIVITY 5

Purpose

Using the skills learned in Unit 2 on assertive behaviour, students learn to use an assertive message with a partner who doesn't want to use a condom or doesn't have one to use.

What the teacher does

1. Decide how to teach this activity:

   a) Provide each student with an activity sheet and have them follow the script as the teacher reviews the steps and role-plays the situation.

   b) Review the steps and role-play the situation with another student (only two activity sheets are needed).

2. Have a student (peer leader) read each step as you (or another student) read the script.

3. Do the role-play three times – first with a refuse ending, then a delay ending, and finally with a bargain ending. You may want to use different students for the second and third role-play.

4. Tell them that the next step is for the whole class to develop the three different endings.

What the peer leader(s) does

Peer leaders can help the teacher by:

- Playing a role in the situation with the teacher.
- Role-playing an ending with another student (peer leader).

UNIT 3 STUDENT ACTIVITY 6

No to unprotected sex

Purpose

To provide the class with an opportunity to make an assertive response to a person who has negative attitudes towards condoms and is persuading a person to have sex without a condom.

What the teacher does

1. Decide how to teach this activity:

   a) Provide each student with an activity sheet. The teacher will read or role-play the situation and students will suggest refuse, delay, and bargain responses. The students and teacher will decide on the best response and put it in the appropriate space.

   b) The teacher will do the activity in a similar way as a) but the students will not have an activity sheet. Responses will be written on the blackboard and students will write the best response on a piece of paper (only one activity sheet is needed).

   c) Students are placed in small groups and one activity sheet is provided for each group. The group makes suggestions on responses and the best response is recorded. A class activity follows in which the best response from the various groups is recorded on the blackboard (only one activity sheet per group is needed).

2. Suggestions for refuse, delay and bargain responses are obtained from the students and the best response is recorded.

3. When completed, role-play the total scene three times – using refusal the first time, delay the second and bargain the third time. The teacher and a student (peer leader) or two students (two peer leaders) can do the role-play. An example is shown below of a possible refuse, delay and bargain ending.

   Refuse: You know I like you very much but I really don't want to have sex without a condom.

   Delay: I think it would be a good idea to wait until you feel less embarrassed about condoms.

   Bargain: Maybe we could buy condoms together and I could help you use one.

What the peer leader(s) does

Peer leaders can:

- Be in charge of a small group.
- Role-play the situation.

No to unprotected sex

UNIT 3 STUDENT ACTIVITY 7

Purpose

To allow students to make their own assertive responses to someone who is trying to persuade them to have sex without a condom.

What the teacher does

1. Decide how to teach this activity.

   a) Provide an activity sheet for each student and have them do the activity individually or in pairs.

   b) Read the situation and response and have the students write their refuse, delay and bargain ending on a piece of paper (only one activity sheet needed).

   c) Write the activity on the blackboard and have the students write their refuse, delay and bargain ending on a piece of paper (one activity sheet needed).

2. Ask the students to read out their suggestions for the three endings.

3. Ask for volunteers to read the entire script with a different ending each time. Examples of the three endings are provided below.

   Refuse: Even though I'd like to have sex with you. I definitely won't without a condom.

   Delay: It can't hurt to wait until we do have a condom. I'll feel so much safer.

   Bargain: Let's just fool around this time and have sex when we do have a condom.

What the peer leader(s) does

Peer leaders can:

- Write the activity on the blackboard.
- Role-play the three endings.

UNIT 4

Care and Support

Unit 4: Care and support

Student activities

Who discriminates?

UNIT 4 STUDENT ACTIVITY 1

Purpose

People who are HIV-positive or who are living with AIDS are often subject to discrimination. Young people need to be aware of discrimination and how it is expressed.

What the teacher does

1. Decide how to teach this activity:

   a) Provide each student with an activity sheet and have them work individually or in pairs to complete the activity.

   b) Read the definition and examples of discrimination. Then read the four quotes and have the students complete the unfinished sentences verbally, on a sheet of paper or on the blackboard (only one activity sheet is needed).

   c) Place the students in small groups and provide one activity sheet per group. Have the group complete the instructions.

2. Have the students complete the unfinished sentences. Suggested answers are given below:

   - **School discrimination**

   A person who has HIV infection is not allowed to attend school.

   This is wrong because: A person with HIV or AIDS can pass the virus to someone else only through sexual intercourse, transfer of blood products, or from mother to baby. There is no danger of transmission by day-to-day social contact.

   - **The village banning**

   The Council will not allow people with AIDS to live in the village.

   This is wrong because: It discriminates against a person's rights with no reason as the virus cannot be transmitted through daily activities, or by living near to a person with AIDS.

   - **Work in the fruit stand**

   Mancini, the owner of the fruit stand won't allow Harsi, who has HIV infection, to work for him.

   This is wrong because: Again, this is discrimination. The owner obviously does not know how HIV is transmitted and perhaps he is afraid he won't get business if other people know that Harsi has HIV infection.

UNIT 4 STUDENT ACTIVITY 1

Who discriminates?

- **A government decision**
  The government has decided not to allow people with HIV to enter the country. This will not stop AIDS because: there are many, many people with HIV who do not know they have the virus and are already in the country. Therefore it discriminates against those who have been tested.

Remember: testing everybody is not an effective method to stop the infection, and can lead to a sense of false security because:
- **The test would need to be repeated very often for all the population**
- **People would find a way to get false certificates**
- **One can get infected immediately after obtaining a HIV-negative test result**

3. Discuss the questions under "Teacher asks". Suggested answers are found below.

a) Why do people discriminate?

- They learn from parents, adults and their peers
- Lack of accurate information
- Fear of certain kinds of people
- Dislike of anyone who is different

b) Why is it important not to discriminate?

- It hurts other people
- It isn't fair
- We wouldn't want to be treated that way
- Equality is a fundamental human right

c) What could you do if you heard discriminating remarks about a person with HIV infection or AIDS from someone in your community?

- Inform the person that they are wrong and tell them why. Be assertive and tell the person you do not want to hear their comments.
- Explain why it is important to be compassionate and supportive to someone with HIV infection or AIDS.

Invite a person with HIV infection or AIDS, or a relative, to talk to the classroom; it will be a profound experience for you and the students.

The story of Two communities

UNIT 4 STUDENT ACTIVITY 2

Purpose

It is important for young people to feel what it is like to be discriminated against. This can be at least partially accomplished by reflecting on comments made by a person living with AIDS. This is a true story – only the names have been changed.

What the teacher does

1. Decide how to teach this activity:

   a) Provide each student with an activity sheet and have the students work individually or in pairs to complete the activity.

   b) Read the comments and actions from community A and community B once. Read them a second time and have the students individually decide on the three most hurtful and three most helpful and to explain why they chose those three. Ask the students to write a couple of sentences about how they feel about community A and about community B. (Only one activity sheet needed.)

2. Ask students to identify the three most hurtful and the three most helpful comments and to explain their choices. Then ask them about their feelings about community A and community B.

3. Finally, discuss the question at the end of the activity. Answers are suggested below.

   Why do you think there was such a difference between the two communities?

   - Ignorance about transmission in community A
   - Fear on the part of a large group of people
   - Education programme in community B
   - Peers supporting Ryando

What should be done by parent(s) (if a Parents' Guide is used)

This would be an excellent activity for students to take home to their parents. Students could compare their 3 answers for each community with those that their parents selected. (Students could read the comments if parents are unable to read.)

UNIT 4 STUDENT ACTIVITY 3

Why compassion?

Purpose

People who have compassion towards themselves and others are very much needed in this society. Understanding why compassion is important is the first step.

What the teacher does

1. Decide how to teach this activity.

   a) Provide an activity sheet for each student and have them complete the activity individually, in pairs, or in small groups.

   b) Read the three reasons for being compassionate and ask students for other reasons. Add these to the list. Then ask students to select the two that are most important to them (only one activity sheet is needed).

   c) Place the students in small groups and provide one activity sheet for each group. Have them add to the list and then each group member selects the two that are most important to them.

2. Ask the students for other reasons for being compassionate. Add these to the list. Some possibilities might be:

   - We have a moral duty to care for sick people
   - They are a minority and are therefore discriminated against
   - They are often rejected by people who care for the sick
   - They are often very young to be dying
   - They are often rejected by family and friends
   - It feels nice to help or care for someone
   - It will help you overcome your own fears of death and AIDS

3. Discuss the question under "Teacher asks". Suggested answers are provided below.

   Why is it difficult for some people to show compassion?
   - They have had a lot of pain themselves and are only able to look after themselves
   - They only think about themselves
   - They don't know how to be compassionate
   - They are afraid to be compassionate

What could you do?

UNIT 4 STUDENT ACTIVITY 4

Purpose

It is important to know of ways to be compassionate and when and how to help.

What the teacher does

1. Decide on a method to teach this activity:

   a) Provide each student with an activity sheet and have them complete the activity individually or in pairs.

   b) Write the stories on the blackboard and have the students complete the activity individually or in pairs (only one activity sheet needed).

   c) Place the students in small groups and give each group one activity sheet. The groups must reach a consensus on the ways to help Minori and Dwari.

2. Allow the students to suggest other ways of being compassionate. Have them place these in the blank spaces on the "Helping heart".

3. Ask for suggestions for ways to help with Minori's heart and Dwari's heart. Ask students to explain their choice.

4. Answer the question under "Teacher asks". Suggested answers are provided below.

   What would be most difficult for you if a friend or relative of yours had AIDS?

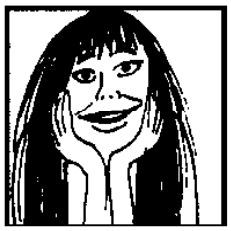
   Responses will vary but they may include: the death of a loved one; the pain and depression many will experience; the loss of health and vitality; the changes in appearance; the loss of control of bodily functions

   What would be most difficult for the person with AIDS?

   Responses may include: acting naturally; sharing emotions (laughing, crying); celebrating special days without showing despair.

UNIT 4 STUDENT ACTIVITY 4

What could you do?



What the peer leader(s) does

Peer leaders could help by:

- Putting the activity on the blackboard
- Being in charge of a small group
- Volunteering answers to various questions

What should be done by parent(s) (if a Parents' Guide is used)

This would be an excellent activity for students to take home and complete with parents. Students could pick their 4 "helps" and parents could do the same and they could explain to each other why they chose the ones they did.

How to's of caregiving

UNIT 4 STUDENT ACTIVITY 5

Purpose

Students may be living with a family member who has AIDS, or may know an HIV-infected person in their neighbourhood. It is important that they know how to give emotional and medical help to this person.

What the teacher does

1. Decide how to teach this activity:

a) Provide each student with an activity sheet and discuss the points made on the sheet. It might be important to have the students bring this sheet home to their parents (for parents who are helping someone with AIDS).

b) Read the points to the students (only one activity sheet needed).

2. You might ask if anyone in the class is caring for a person with AIDS. If so, they may be able to contribute valuable information and experiences.

3. You may invite a person with AIDS to talk to the class.

What should be done by parent(s) (if a Parents' Guide is used)

This activity is in the parents' guide and students could read the ways of providing caregiving to their parents.

> Invite a person with HIV or AIDS, or a relative, to talk to the class; it will be a profound experience for you and the students.

UNIT 4 STUDENT ACTIVITY 6

How to keep yourself safe

Purpose

It is important for individuals who are caring for people with AIDS to know basic hygiene and home care to protect themselves from HIV.

What the teacher does

1. Decide how to teach this activity.

a) Provide an activity sheet for each student and have them follow the points as you read them. This would be a good activity sheet to send home with students for parents who might be caring for someone who has AIDS.

b) Read the points to the students (only one activity sheet needed).

2. Ask students to read the points under each heading.

What should be done by parent(s) (if a Parents' Guide is used)

This is an important activity for parents who are looking after someone with HIV or AIDS. They should be aware of the health precautions they need to take to remain healthy.

What do you know?

UNIT 4 STUDENT ACTIVITY 7

Purpose **To review and check information on caregiving (Unit 4 – Activity 5).**

What the teacher does

1. Decide how to teach this activity:

a) Provide an activity sheet for each student and have them complete the activity following the instructions.
b) Put test 1 on the blackboard and read test 2. The students decide on the correct answer for each test (only one activity sheet is needed).
c) Place students in small groups and provide one activity sheet for each group. They decide as a group which are the correct answers.

Note: Tests 1 and 2 may be done as a team competition. The class can be divided into two teams with captains and half the questions can be given to team 1 and half to team 2. If small groups are used, they can do both tests and the group with the highest score is the winner.

2. Give the students the correct answers. These are provided below:

Test about caregiving – matching

- **A good caregiver is one who is a...**
  d) friend and companion
- **A person with AIDS who has "sweats", vomiting or diarrhoea needs...**
  c) extra fluids
- **To stop nausea and vomiting it is best to give...**
  f) small meals with little fat
- **For a person who is in bed a lot you should...**
  h) change their sleeping position
- **As a good caregiver you should also...**
  b) look after yourself
- **You may encourage people who are sad and depressed to express their feelings if they...**
  a) become angry or cry
- **People who are ill need to do...**
  g) what they can for themselves
- **The most important skill in being a good caregiver is to...**
  e) really listen

UNIT 4 STUDENT ACTIVITY 7

What do you know?

True - false statements

1) **Latex or rubber gloves should be used when touching body fluids.**
True

2) **Injection needles should be put in a plastic bag.**
False: in a plastic or metal box

3) **Thermometers can be used more than once without washing.**
False: wash with soap and water every time

4) **The most important thing in looking after yourself is to wash your hands with soap and warm water.**
True

5) **There have been no HIV infections from living in the same house as a person who has HIV infection or AIDS.**
True

6) **Soiled things should be put in a paper bag and then put in the garbage.**
False: double plastic bag

7) **It is very important to cover sores, cuts and rashes.**
True

8) **You should wash the bathroom with bleach solution that is 1 part bleach to 20 parts water.**
False: 1 part bleach to 10 parts water

3. Have students total their scores for Test 1 and Test 2 and look up their rating score (at the end of the activity).

What should be done by parent(s) (if a Parents' Guide is used)

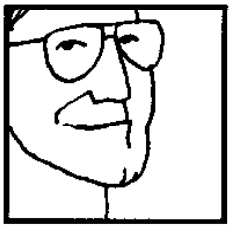
This activity is part of the Parents' Guide and after doing Unit 4 – Activity 5, students and parents could do the test to see how much they remember. (If reading ability is a problem, students could read the questions and possible answers to their parents.)

Support for Responsible behaviour

UNIT 4 STUDENT ACTIVITY 8

Purpose

It is important to encourage young people to support peers who: value abstinence, have made the decision to use a condom, or show tolerance and compassion to people with AIDS.



What the teacher does

1. Decide how to teach this activity:

   a) Provide an activity sheet for each student and have them work individually or in pairs to complete the activity.

   b) Read the four situations to the students and have them decide on support statements that they can make (only one activity sheet is needed).

   c) Divide the students into small groups and give one activity sheet to each group. Have the group decide on one or more support statements for each situation.

2. Ask students to read their support statements. Suggestions for each story are provided below.

   - **Story A – A decision not to have sex**

   "I really think you made a good decision. If he really loved you he wouldn't pressure you like that."

   - **Story B – No sex without a condom**

   "That must have been a tough decision but I think you made the right one – with AIDS and STD you can never be sure."

   - **Story C – To go to the candy store or not**

   "Look, people live with, eat, touch and hug people with AIDS and there hasn't been one reported case of transmission this way. We have nothing to worry about. I'd like to go."

   - **Story D – Who do you support**

   "You're taking a chance with AIDS around. I hope you know what you're doing."

UNIT 4 STUDENT ACTIVITY 8

Support for Responsible behaviour

3. Take up the questions in "Teacher asks". Suggested answers are provided below.

1) Why do many young people feel it is not "cool" to support healthy decisions?

- It is "cool" to take risks – even those that involve health and safety
- Some people need to be "macho" to draw attention to themselves
- Some young people need to show they are brave and courageous to enhance their self-esteem. They need to understand that being responsible is a way of being brave and courageous.

2) What difficulties might you have if you support healthy behaviours?

- Others might put you down or not agree with you
- You might be laughed at
- You might be excluded from the group.

3) How might you overcome these problems?

Take a good risk. Stand up for healthy behaviours. Realize that you are helping and supporting others, maybe even saving a life.

What the peer leader(s) does:

Peer leaders can:

- Act as a model for positive support in the classroom
- Be in charge of a small group
- Volunteer answers
- Read situations to students.

Compassion, tolerance and support

UNIT 4 STUDENT ACTIVITY 9

Purpose

Compassion, tolerance and support mean little to young people unless they are given the opportunity to actually practise these behaviours in everyday situations.

What the teacher does

1. Read the list "Am I really compassionate?", to the students. Ask if they have other suggestions and add these to the list.

2. Have the students choose one from the list or make up one of their own. Then have them fill out their "Action plan" (sections 1, 2 and 3; section 4 will be completed after the action plan is carried out).

3. Set a date (two weeks will probably be enough) for completing the action plan and reporting back, in section 4, "Summary of what happened and my feelings". This section might include: how I felt; how the person I helped felt; what I did; how I did it; did it feel artificial or real – why; would I do it again; were there things I would do differently, etc.

3. Collect the summaries when finished and check to see that they were completed. Invite the students to discuss their experiences in class.

What the teacher does

Teachers should work with peer leaders to develop their action plan before the class so that these plans can be used as an example.