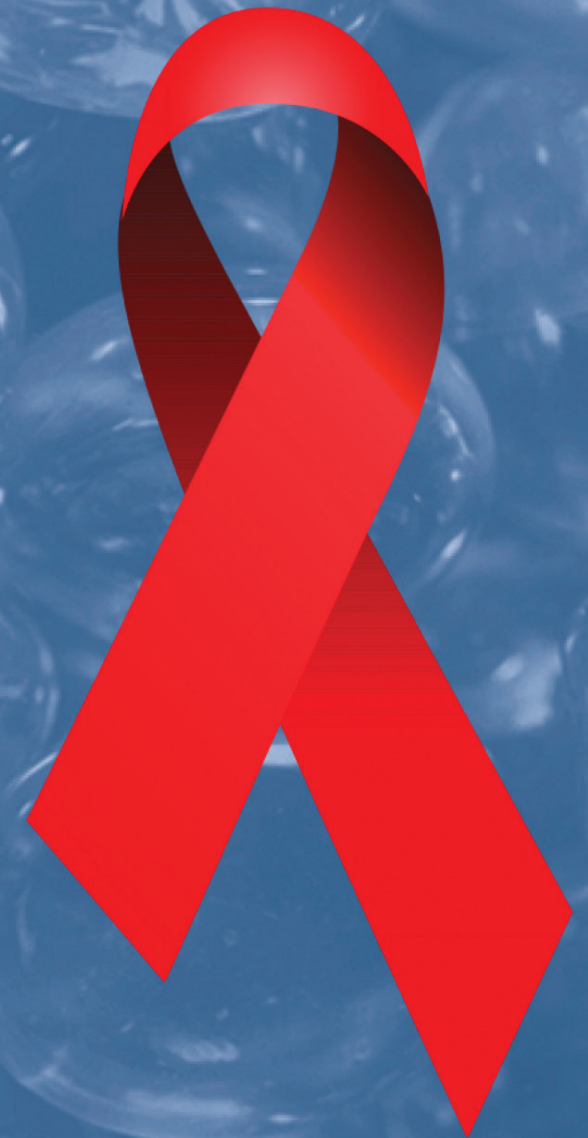


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This document is part of the **WHO Information Series on School Health**. Each document in this series provides arguments that can be used to gain support for addressing important health issues in schools. The documents illustrate how selected health issues can serve as entry points in planning, implementing, and evaluating health interventions as part of the development of a Health-Promoting School.

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**Participatory Learning Activities
from the
EI/WHO Training and Resources Manual on
School Health and HIV and AIDS Prevention**

**Education International
World Health Organisation
Education Development Center, Inc.**

This booklet contains all the participatory learning experiences that are included in the Training and Resource Manual on School Health and HIV and AIDS Prevention. It is to be given to all teachers who receive training as part of the EI/WHO School Health and HIV Prevention Project. Other groups may wish to copy and use the materials in this document to help adults and students prevent HIV infection and related discrimination.



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WHO LIBRARY CATALOGUING-IN-PUBLICATION DATA

Education International.

Participatory learning from EI/WHO Training and Resources Manual on School Health and HIV/AIDS Prevention - Education International, World Health Organization, Education Development Center, Inc.

(WHO Information Series on School Health; Document 6.1)

HIV infections - prevention and control. 2. Prejudice 3. Problem-based learning - methods 4. Adolescent 5. Child 6. Problems and exercises 7. Manuals I. World Health Organization II. Education Development Center, Inc. II.Series

ISBN 92 4 159196 X
ISSN 1727-2335

(NLM classification: WC 503.6)

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Printed by the WHO Document Production Services, Geneva, Switzerland

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ACKNOWLEDGEMENTS

The World Health Organisation (WHO)

Education International (EI)

Education Development Center, Inc. (EDC)

EI, WHO, and EDC would like to thank UNESCO, UNICEF, and the following EI affiliates for their contributions, suggestions, and recommendations in developing this manual:

Botswana: Botswana Teachers' Union (BTU)

Burkina Faso: Syndicat National des Enseignants Africains du Burkina (SNEAB); Syndicat National des Enseignants du Secondaire et du Supérieur (SNESS)

Côte d'Ivoire: Syndicat National de l'Enseignement Primaire Public de Côte d'Ivoire (SNEPPCI); Syndicat National des Enseignants d'Education Permanente de Côte d'Ivoire (SYNADEEPCI); Syndicat National de la Recherche et de l'Enseignement Supérieur (SYNARES); Syndicat National des Enseignants du Second Degré de Côte d'Ivoire (SYNESCI)

Guinea: Fédération Syndicale Professionnelle de l'Education (FSPE); Syndicat Libre des Enseignants et Chercheurs de Guinée (SLECG)

Haiti: Confédération Nationale des Educateurs d'Haïti (CNEH)

Lesotho: Lesotho Association of Teachers (LAT)

Malawi: Teachers Union of Malawi (TUM)

Mali: Syndicat National de l'Education et de la Culture (UNTM, SNEC/UNTM)

Namibia: Namibia National Teacher's Union (NANTU)

Rwanda: Syndicat National des Enseignants du Primaire (SNEP); Equipes Enseignantes du Rwanda (EER)

Senegal: Syndicat National de l'Enseignement Elémentaire (SNEEL); Syndicat Unique et Démocratique des Enseignants du Sénégal (SUDES); Syndicat des Professeurs du Sénégal (SYPROS); Union Démocratique des Enseignants du Sénégal (UDEN)

South Africa: South African Democratic Teachers Union (SADTU)

Swaziland: Swaziland National Association of teachers (SNAT)

Zambia: Zambia National Union of Teachers (ZNUT)

Zimbabwe: Zimbabwe Teachers' Association (ZIMTA)

EI, WHO, and EDC gratefully acknowledge the generous financial contributions provided for the development of this manual by UNAIDS and the Division of Adolescent and School Health, the US Centers for Disease Control and Prevention, which serves as the WHO Collaborating Center for Health Education and Promotion for School-aged Children and Adolescents.

FOREWORD

This booklet contains **participatory learning activities** that were designed by African teachers to prevent HIV infection and related discrimination. With these activities, you can help adults and students develop skills relevant to HIV and AIDS prevention. Each activity contains information that you can use to help other teachers learn to implement these activities, too. You can achieve much more by working with others than by working alone.

There are **three sets of learning activities** in this booklet. Each set is designed for a specific target group with specific purposes.

I. Five participatory learning activities to help adults avoid HIV infection

- 1.1 Understanding HIV and AIDS
- 1.2 Would You Take That Risk?
- 1.3 Why We Take Risks (For Getting HIV)
- 1.4 Skills to Protect Ourselves
- 1.5 Using Condoms (Male and Female)

II. Three participatory learning activities to help adults and young people advocate for effective HIV prevention efforts in schools

- 2.1 Using Role Plays and Small Groups to Develop Advocacy Skills
- 2.2 Thank You for Your Question
- 2.3 Breaking the Silence—Advocating for HIV and AIDS Education in Schools

III. Three sets (A, B, and C) of developmentally appropriate skill-building activities for young people

A. Two participatory learning activities to help young children acquire skills to prevent HIV infection and related discrimination

- 3.1 Our Family and Friends
- 3.2 What to Do When I Feel . . .

B. Ten participatory learning activities to help young pre-adolescents acquire skills to prevent HIV infection and related discrimination

- 4.1 Getting the Right Information Out
- 4.2 It's Okay to Wait
- 4.3 I Need to Know
- 4.4 Growing Up
- 4.5 The Choices We Make
- 4.6 Healthy Decisions

- 4.7 Refusing to Have Sex
- 4.8 Adopting a Constructive Attitude Toward Those Infected and Affected by HIV and AIDS
- 4.9 Expressing One's Feelings and Opinions
- 4.10 My Own Values

C. Four participatory learning activities to help adolescents acquire skills to prevent HIV infection and related discrimination

- 5.1 What's Risky and How Do I Stay Safe?
- 5.2 All About Condoms
- 5.3 Helping People at Risk
- 5.4 I Have No Condoms

TRAINING CONSIDERATIONS

The learning activities in this booklet address a logical order of needs:

- Before teachers can expect to help other adults and students avoid HIV infection, they will need to examine their own vulnerability to infection, their own knowledge of the disease and its spread, and their own attitudes toward helping others, especially students, avoid infection. *The first set of learning activities above addresses this need.*
- Before teachers can expect to implement effective HIV prevention efforts in schools, they will need to justify their intent and convince administrators, teachers, parents, and members of their community that HIV prevention through schools is appropriate and essential to the welfare of their children, their families, and their nations. *The second set of learning activities above addresses this need.*
- Before teachers can expect to help students acquire the skills needed to prevent HIV infection, teachers themselves will need to acquire skills to use participatory learning activities to enable their students to acquire prevention skills. *The third set of learning activities above addresses this need.*

It is likely that you will have difficulty obtaining the time to adequately train teachers to use these activities. Thus, it is important to consider the logic cited above and the situation of the teachers you plan to train. If the teachers face all of the needs cited above, then you will need to train them in all three sets of learning activities. Each learning activity includes an estimated amount of time to carry out training. The minimum amount of time you will need *to begin* training teachers who are facing all three needs is enough time to do *at least one activity from each set of learning activities*. To cover more learning activities, it will be necessary to set up a series of training sessions. It is important for teachers who are facing all three needs to be provided with a training session in which they can *experience one or more activities from each set of activities* so that they understand the logic of the activities contained in the booklet.

If teachers face only one or two of the needs cited above, then training can be focused on their particular area(s) of need. For example, if teachers have adequate knowledge of HIV and their own potential vulnerability, and if school personnel, parents, and community leaders fully

understand and support HIV prevention for students, training can be focused on building teachers' skills to use participatory learning activities with young children, pre-adolescents, and adolescents. If only a short period of time is available to train, it will be necessary to set up a series of training sessions.

IF YOU NEED IT, DEMAND IT!

Important: Demand the time you need to be adequately trained and to provide adequate training to others! HIV and AIDS and related discrimination are devastating children, families, and nations. Teachers alone have the scale of mass to significantly affect the further spread of this disease. They can significantly reduce HIV infection by avoiding HIV infection themselves and by helping young people avoid it. If you are not able to obtain the time you need to be adequately trained, to train other teachers, or to educate students with this booklet, you are facing all the needs listed above. Use this booklet to build a small skilled group of vocal advocates and use it to develop the skills you need to convince others that teachers and quality education are essential elements of an effective response to HIV and AIDS. It is time to give HIV and AIDS the attention it deserves!

INTRODUCTION

In 1995 Education International (EI) held its first World Congress in Harare, Zimbabwe. Recommendations formulated in Harare identified the importance and urgency for EI and member trade unions to:

- ◆ Advocate for governments to include HIV and AIDS education in national, regional, and local school curricula and to provide ongoing support for these efforts
- ◆ Collaborate with governments to develop and/or revise HIV and AIDS policy
- ◆ Advocate for government provision of training for teachers and other school personnel
- ◆ Ensure union involvement in curriculum development
- ◆ Join forces with other international, national, governmental, and non-governmental organisations to maximise resources for implementation and training

In a follow-up to the recommendations formulated at the first World Congress, EI joined forces with WHO, UNESCO, UNICEF, EDC, UNAIDS, CDC, and other agencies to conduct seminars for EI-affiliated organisations in Latin America (November 1996), Asia and the Pacific (July 1997), Eastern Europe (November 1997) and Southern Africa (September 1999). The alliance demonstrates the importance of providing teachers and trade union leaders with support to:

- ◆ Take advantage of their leadership positions and high levels of credibility to help communities in their efforts to determine the most appropriate ways to educate students about HIV prevention
- ◆ Receive necessary training by qualified professionals who are sensitive to the needs of teachers and the community at large
- ◆ Work in collaboration with other community members, including parents, health care workers, school administrators, and curriculum coordinators, to address HIV prevention and related discrimination in the schools

Drawing upon lessons learned and needs expressed in the regional seminars, this manual provides resources (including fact sheets and accurate information and data about HIV and STIs) and examples of interactive skill-building activities. Together, these tools can strengthen teaching and advocacy skills of teachers and trade union leaders. The manual can support and increase unions' efforts to apply their unique capacities and experiences to strengthen HIV-related curricula and training programmes for teachers and other members of the community.

THE OBJECTIVES OF THE MANUAL ARE TO:

1. Provide teacher trade union leaders, their constituency, and teachers with a sustainable product they can use in their countries to strengthen school health programmes, in general, and to prevent HIV infection, in particular
2. Support ongoing EI seminars in different countries, and assist EI members in implementing the EI Recommendations and Resolutions on Health Promotion and Education for HIV Prevention

3. Involve teacher trade union leaders, their constituency, and teachers (as local experts and implementers) throughout the design, development, and revision of the manual
4. Provide teacher trade union leaders, their constituency, and teachers with useful activities and resources to strengthen their advocacy skills and their use of participatory teaching methods to prevent HIV and STIs and related discrimination
5. Provide teacher trade union leaders, their constituency, and teachers with resources and learning activities to address their own risks and concerns about HIV and STIs and other health issues
6. Enable teacher trade union leaders, their constituency, and teachers to use modern, interactive learning experiences to help young people acquire the skills needed to avoid HIV and STIs and reduce related discrimination

OVERVIEW OF SKILLS-BASED HEALTH EDUCATION AND LIFE SKILLS

EI * WHO * EDC

TRAINING AND RESOURCE MANUAL ON SCHOOL HEALTH AND HIV AND STI PREVENTION

EI * WHO * EDC

TRAINING AND RESOURCE MANUAL ON SCHOOL HEALTH AND HIV AND STI PREVENTION

BACKGROUND OF SKILLS-BASED HEALTH EDUCATION AND LIFE SKILLS

Adapted from: Life Skills Approach to Child and Adolescent Healthy Human Development by Mangrulkar, L; Vince-Whitman, C; and Posner, M. Health and Human Development Programs, Education Development Center, Newton, MA, USA (unpublished document).

INTRODUCTION

By the year 2010, there will be 1.2 billion youth between the ages of 10 and 19. A growing proportion of these young people will be living Asia, Africa, and Latin America. Whether or not this generation will be able to reach its full potential depends on the capacity of families, schools, and communities to help youth acquire the skills they need not only for their basic survival, but also for the full development of their social, emotional, and cognitive abilities. The challenge of meeting their needs is both clear and compelling; skills-based health or “life skills” education is one way to meet this challenge.

WHAT IS SKILLS-BASED HEALTH (“LIFE SKILLS”) EDUCATION?

Skills-based health education focuses on the development of “abilities for adaptive and positive behaviour that enables individuals to deal effectively with the demands and challenges of everyday life” (WHO, 1993). The acquisition of life skills can greatly affect a person’s overall physical, emotional, social, and spiritual health, which, in turn, is linked to his or her ability to maximise upon life opportunities. The success of skills-based health education is tied to three factors: 1) the recognition of the developmental stages that youth pass through and the skills they need as they progress to adulthood, 2) a participatory and interactive method of pedagogy, and 3) the use of culturally relevant and gender-sensitive learning activities.

The primary goal of skills-based education is to change not only a student’s level of knowledge, but to enhance his or her ability to translate that knowledge into specific, positive behaviours. Participatory, interactive teaching and learning methods are critical components of this type of education. These methods include role plays, debates, situation analysis, and small-group work. It is through their participation in learning activities that use these methods that young people learn how to better manage themselves, their relationships, and their health decisions.

The foundation of this pedagogy is based on a wide body of theory-based research that has found that people learn what to do and how to act by observing others and that their behaviours are reinforced by the positive or negative consequences that result during these observations. In addition, many examples from educational and behavioural research show that retention of behaviours can be enhanced by rehearsal. As Albert Bandura, one of the leading social psychologists in the area has explained, “When people mentally rehearse or actually perform modelled response patterns, they are less likely to forget them than if they neither think about them nor practise what they have seen” (Bandura, 1977).

Cooperative learning or group learning is another important aspect of skills-based programmes. Many skills-based programmes capitalise on the power of peers to influence the acquisition and subsequent maintenance of positive behaviour. By working cooperatively with peers to develop prosocial behaviours, students change the normative peer environment to support positive health behaviours (Wodarski and Feit, 1997). “As an educational strategy, therefore, skills-based health

education relies on the presence of a group of people to be effective. The interactions that take place between students and among students and teachers are essential to the learning process.”¹

In addition to the use of participatory, interactive teaching methods, skills-based health education also considers the developmental stages (physical, emotional, and cognitive) of a person at the time of learning. Each learning activity is designed to be appropriate to the students’ age group, level of maturity, life experiences, and ways of thinking. At the same time, participatory activities provide the opportunity for students to learn from one another and appreciate the differences, as well as similarities, among individuals in the classroom setting.

In general, skills-based education targets three broad categories of life skills, depicted in Figure 1, cognitive skills, and emotional coping skills. Most programmes incorporate each of these skills into their lessons.

FIGURE 1: EXAMPLES OF LIFE SKILLS		
Social Skills	Cognitive Skills	Emotional Coping Skills
<ul style="list-style-type: none"> • Communication skills • Negotiation/refusal skills • Assertiveness skills • Interpersonal skills (for developing healthy relationships) • Cooperation skills 	<ul style="list-style-type: none"> • Decision-making/problem-solving skills <ul style="list-style-type: none"> ○ Understanding the consequences of actions ○ Determining alternative solutions to problems • Critical-thinking skills (to analyse peer and media influences) 	<ul style="list-style-type: none"> • Managing stress • Managing feelings, incl. anger • Skills for increasing internal locus of control (self-management, self-monitoring)

These three skill categories are not mutually exclusive, but rather complement and reinforce one another. For example, a programme aimed at promoting social competence in children would teach ways to think about and determine alternatives for handling a potentially violent situation (cognitive skills); to communicate feelings about the situation and get help from others, if needed (social skills); and to manage personal reactions to conflict (emotional coping skills).

To be effective in supporting quality learning outcomes, skills-based health education must be used in conjunction with a specific subject or content area.² Learning about decision-making, for example, is more meaningful if it is addressed in the context of a particular issue (e.g., the decisions we make about tobacco use). In addition, while skills-based education focuses somewhat on behaviour change, it is unlikely that a learning activity will affect behaviour change if knowledge and attitudinal aspects are not addressed (e.g., a student will not try to negotiate for effective condom use if he or she doesn’t know that they can prevent disease transmission or doesn’t believe that condoms are necessary). Therefore, it is important for skills-based approaches to be accompanied by activities that focus on students’ knowledge and attitude.

¹ “Handouts 1–5 on Life Skills Education,” Gillespie, A. UNICEF (unpublished document)

² This paragraph adapted from “Handouts 1–5 on Life Skills Education,” Gillespie, A. UNICEF (unpublished document).

The Figure 2 gives an overview of informational content on which skills-based health education can be applied:

FIGURE 2: INFORMATION CONTENT THAT CAN ACCOMPANY SKILLS-BASED HEALTH EDUCATION		
		Examples of Informational Content
Specific Content Areas	Violence Prevention/ Conflict Resolution	<ul style="list-style-type: none"> • Potential situations of conflict • Myths about violence perpetuated by the media • Roles of aggressor, victim, and bystander
	Alcohol, Tobacco and Other Substance Use	<ul style="list-style-type: none"> • Social influences to use alcohol, tobacco, and other drugs • Potential situations for being offered a substance • Misperceptions about levels of alcohol, tobacco, and other drug use in community or by peers
	Social Relationships	<ul style="list-style-type: none"> • Friendships • Dating • Parent/child relationship
	Sexual and Reproductive Health	<ul style="list-style-type: none"> • Information about STIs, HIV, and AIDS • Myths and misconceptions about HIV and AIDS • Myths about gender roles/body image perpetuated by media • Gender equity (or lack of it) in society • Social influences regarding sexual behaviours • Dating and relationships
	Physical Fitness/ Nutrition	<ul style="list-style-type: none"> • Healthy foods • Exercise/sports • Preventing anaemia and iron deficiency • Eating disorders

In addition, skills-based education emphasises the use of learning activities that are culturally relevant and gender-sensitive. To achieve this, the learning activities offer numerous opportunities for participants to provide their own input into the nature and content of the situations addressed during the learning activities (e.g., creating their own case studies, brainstorming possible scenarios, etc.). This approach ensures that the situations are realistic and relevant to the everyday lives of participants. It is critical that the skills youth build and practise in the classroom are easily transferable to their lives outside the classroom.

WHY IS SKILLS-BASED HEALTH EDUCATION IMPORTANT?

Over the last decade, a growing body of research has documented that skills-based interventions can promote numerous positive attitudes and behaviours, including greater sociability, improved communication, healthy decision-making, and effective conflict resolution. Studies demonstrate that these interventions are also effective in preventing negative or high-risk behaviours, such as use of tobacco, alcohol, and other drugs; unsafe sex; and violence. It is important to note that research has also found that programmes that incorporate skills development into their curricula

are more effective than programmes that focus only on the transfer of information (e.g., through lecture format).

RESEARCH SHOWS THAT SKILLS-BASED HEALTH EDUCATION PROGRAMMES CAN:

- Delay the onset age of the **abuse of tobacco, alcohol, and marijuana** (Botvin, Schinke, Epstein, and Diaz, 1995; Hansen, Johnson, Flay, Graham, and Sobel, 1988)
- Prevent **high-risk sexual behaviour** (O'Donnell et al., 1999; Kirby, 1994; Schinke, Blythe, and Gilchrest, 1981)
- Teach **anger control** (Deffenbacher, Oetting, Huff, and Thwaites, 1995; Deffenbacher, Lynch, Oetting, and Kemper, 1996; Feindler, Ecton, Kingsley, and Dubey, 1986)
- Prevent **delinquency** (Young, Kelley, and Denny, 1997)
- Promote positive **social adjustment criminal behaviour** (Englander-Golden, Jackson, Crane, Schwarkopf, and Lyle, 1989)
- Improve health-related behaviours and **self-esteem** (Elias, Gara, Schulyer, Branden-Muller, and Sayette, 1991)
- Improve **academic performance** (Elias et al., 1991)
- Prevent peer rejection (Mize and Ladd, 1990)

WHO CAN TEACH SKILLS-BASED HEALTH EDUCATION?

Teachers, counsellors, psychologists, school nurses, and other health care providers have all been involved in the delivery of skills-based health education. Key to the success of teaching these skills is comprehensive training for programme providers around the basic characteristics of skills-based education. Such training should aim to: 1) increase providers' knowledge around the content of what is being taught/learned; 2) increase providers' familiarity and level of comfort with using participatory and interactive teaching methodology in the classroom; 3) increase providers' understanding of developmental issues in learning; and 4) strengthen providers' skills in the management of classroom behaviour, given that skills-based education is used primarily in a large group setting and often deals with sensitive topics.

EFFECTIVE TRAINING ON SKILLS-BASED EDUCATION TEACHES PROVIDERS HOW TO:

- Establish an effective, safe, and supportive programme environment
- Access resources for health information and referral
- Address sensitive issues
- Model the skills addressed in the programme
- Apply interactive teaching methodologies in the classroom
- Provide constructive criticism, positive reinforcement, and feedback
- Manage the group process

Whichever agency plays the primary role in the implementation of skills-based health education, it is equally important for programme providers to collaborate with other local stakeholders and community members in all stages of planning and delivery. For example, providers may want to invite parents to attend training programmes to enhance their own skills for communicating with their children or for coping with difficult personal circumstances. Likewise, other community members (e.g., health care workers or police officers) might be invited to participate in specific learning activities both in and outside the classroom. The table below summarises who might be ideally suited to teach skills-based education.

Effective Life Skills Programme Providers		
Can be . . .	Should be perceived as . . .	Should have these qualities . . .
<ul style="list-style-type: none"> • Counsellors • Peer leaders • Social workers • Health workers • Teachers • Parents • Psychologists • Physicians • Other trusted adults 	<ul style="list-style-type: none"> • Credible • Trustworthy • High status • Positive role model • Successful • Competent 	<ul style="list-style-type: none"> • Competent in group process • Able to guide and facilitate • Respectful of children and adolescents • Warm, supportive, enthusiastic • Knowledgeable about specific content areas relevant to adolescence • Knowledgeable about community resources

WHAT ARE SOME OF THE CHALLENGES TO IMPLEMENTING SKILLS-BASED HEALTH EDUCATION?

Some of the major challenges associated with implementing skills-based education are:

1. Health care providers, youth workers, and teachers are often expected to help adolescents develop skills that they *themselves* may not possess. Programme providers may need help building assertiveness, stress-management, and/or problem-solving skills for themselves before being able to teach these skills in the classroom. Therefore, an important component of any training programme is the inclusion of activities in which potential providers can also address their own personal needs.
2. There is a need to train adults in using active teaching methodologies. Skills-based health education encourages participation by all students, and as a result, can create classroom dynamics with which some teachers are not familiar. Research, however, has found that teachers who were initially uncomfortable with the idea of using participatory methodologies in their classrooms overcame their reluctance after practising these methods during training sessions. Provider confidence is essential to the success of skills-based education.
3. Programme providers may feel uncomfortable addressing the sensitive issues and questions that may arise. Some providers may feel unprepared to communicate with their students about sensitive topics such as sexual and reproductive health, violence, and relationships. They also may not know where to go to access additional information on these topics. Again, training teachers prior to implementation on how to best address and respond to questions or comments about sensitive topics is key to overcoming this

challenge. Providers should also be encouraged to interact and meet with one another throughout the school year to share ideas and suggestions.

4. Programme providers are underpaid and overworked. Programme providers may not have the morale or energy to learn new teaching methodologies. Therefore, providers need to understand how skills-based education can have immediate and long-lasting benefits not only on their students' lives but also on their own personal and professional lives. Training programmes should include activities that help teachers build skills that they can use in their daily lives, e.g., to improve relationships, avoid sexual violence or harassment, or overcome alcohol or drug use. Studies have shown that skills-based education programmes can indeed improve attendance and morale among providers. (Allegrante, 1998)
5. Teachers are often asked to implement many different curricula and instructional efforts, without a clear understanding of the relationships among them and the relative benefits of each. A lack of coordination among school administrators, curriculum coordinators, and health and education sectors can result in a number of competing curricula. This can prove to be frustrating to overworked teachers who may start to view new programmes as just another addition to their existing workload. Key to overcoming this challenge is a close collaboration among all involved, including teachers, so that there is a clear understanding of how new curricula can realistically be used to complement what is already being implemented.

WHAT ARE SOME OF THE KEYS TO SUCCESS WHEN IMPLEMENTING SKILLS-BASED HEALTH EDUCATION?

At the heart of implementation is a planning process that begins with the end in mind. Ensuring a fit among the programme, the interests and needs of providers and young people, and local conditions and resources is essential. As the challenges suggest, nothing can be implemented without the enthusiasm, buy-in, and involvement of the providers.

Providers—i.e., teachers, health workers, counsellors, and volunteers—are perhaps the most critical component to the implementation process. In fact, many programmes have been successful, even in the absence of any national policies, due to the talent and commitment of local-level people. Examining, taking into account, and responding to the concerns, interests, and needs of providers' personal and professional working conditions is a major factor in programme success.

Despite the challenges that may accompany the implementation of skills-based education, the rewards and positive outcomes that may result from such programmes are immeasurable. By creating a coordinated effort among stakeholders, both local and national, programme planners, and advocates can help to ensure an educational programme that is both effective and sustainable.

REFERENCES

- Allegrante, J. (1998). School-Site Health Promotion for Staff. In *Health is Academic: A Guide to Coordinated School Health Programs*. Editors Marx, E and Frelick Wolley, S. New York: Teachers College Press.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Botvin, G.J. Schinke, S.P. Epstein, J. A., & Diaz, T. (1995). The effectiveness of culturally focused and generic skills training approaches to alcohol and drug abuse prevention among minority youth: Two-year follow up results. *Psychology of Addictive Behaviours*. 9: 183–194.
- Deffenbacher, J., Oetting, E., Huff, M., & Thwaites, G. (1995). Fifteen-month follow-up of social skills and cognitive-relaxation approaches to general anger reduction. *Journal of Counseling Psychology*. 42(3): 400–405.
- Deffenbacher, J., Lynch, R., Oetting, E., & Kemper, C. (1996). Anger reduction in early adolescents. *Journal of Counseling Psychology*. 41(2): 149–157.
- Elias, M., Gara, M., Schulyer, T., Brandon-Muller, L., & Sayette, M. (1991). The promotion of social competence. *American Journal of Orthopsychiatry*. 6(13): 409–417.
- Englander-Goldern, P., Jackson, J., Crane, K., Schwarkopf, A., & Lyle, P. (1989). Communication skills and self-esteem in prevention of destructive behaviours. *Adolescence*, 14: 481–501.
- Feindler, E., Ecton, R., Kingsley, D., & Dubey, D. (1986). Group anger-control training for institutional psychiatric male adolescents. *Behaviour Therapy*. 17: 109–123.
- Hansen, W., Johnson, C., Flay, B., Graham, J., & Sobel, J. (1988.) Affective and social influence approaches to the prevention of multiple substance abuse among seventh grade students: Results from Project SMART. *Preventive Medicine*. 17: 135–188.
- Kirby, D. (October 31, 1994). *School-based programs to reduce sexual risk-taking behaviours: Sexuality and HIV and AIDS education, health clinics, and condom availability programs*. Paper presented at the American Public Health Association Annual Meeting, San Diego, California.
- Mize, J. & Ladd, G. (1990). A cognitive-social learning approach to social skill training with low-status preschool children. *Developmental Psychology*. 26(3): 388–397.
- O'Donnell L. (1999). The effectiveness of the *Reach for Health* Community Youth Service Learning Program in reducing early and unprotected sex among urban middle school students. *American Journal of Public Health*. 89:176–181.
- Schinke, S., Blythe, B., & Gilchrest L.D. (1981) Cognitive-behavioural prevention of adolescent pregnancy. *Journal of Counseling Psychology* 28 451–454.
- Young, M., Kelley, R. and Denny, G. (1997). Evaluation of selected life-skills modules from the contemporary health series with students in Grade 6. *Perceptual and Motor Skills*. 84: 811–818.

Wodarski, J.S. & Feit, M.D. (1997) Adolescent Preventive Health: A Social and Life Group Skills Paradigm. *Family Therapy*. v. 24. no.3. 191–208.

World Health Organisation. Programme on Mental Health. (1993) *Life Skills Education in Schools*.

TIPS FOR DEALING WITH DIFFICULT SITUATIONS IN THE CLASSROOM

When teaching about HIV and AIDS, teachers will be dealing with some sensitive topics. As a result, students may react in different ways. Some may be embarrassed or shy; others may make jokes to try to ease some of the tension. It is important for teachers to be prepared to deal with potentially difficult situations in the classroom. This handout provides some suggestions for teachers on how to respond to these situations in an effective way.

I. ESTABLISHING GROUND RULES

“Ground Rules” or “Class Rules” are set up with students at the very start of the school year. They help students understand from the start what behaviour is expected from them throughout the year. Teachers should encourage students to develop their own rules, to create a sense of ownership. These rules are then posted in a prominent place so they can be referred to during related situations.

Examples of Ground Rules:

- ◆ We value and respect one another’s opinions.
- ◆ We treat one another in a positive way and are considerate of one another’s feelings.
- ◆ We do not discuss personal matters discussed in class with people outside the classroom.
- ◆ We do not interrupt one another.
- ◆ We have a right to “pass” if we do not want to answer a question.
- ◆ We do not put down or criticise other people in class.
- ◆ If you do not want to ask a question in front of everyone, you can ask it anonymously to the teacher (e.g., through a question drop box).

II. POSSIBLE DIFFICULT SITUATIONS AND WHAT TEACHERS CAN DO OR SAY*

POSSIBLE DIFFICULT SITUATIONS	WHAT COULD A TEACHER DO OR SAY?
<ul style="list-style-type: none"> Teachers feel unprepared to answer specific questions because they do not have sufficient information. 	<ul style="list-style-type: none"> It's okay not to know the answer. You might say, "I don't know the answer to that, but I'll try to find out and let you know" OR "Let's see if we can find the answer together."
<ul style="list-style-type: none"> Teachers feel uncomfortable talking about certain sensitive issues with mixed genders. 	<ul style="list-style-type: none"> It's okay to feel embarrassed or uncomfortable. Don't try to pretend you are not when you are. You might say, "It isn't easy for me to answer that question, but I'll try" OR "This is difficult for me to talk about, but it is too important not to talk about it."
<ul style="list-style-type: none"> Students make jokes about other students and/or the teacher. 	<ul style="list-style-type: none"> Start the class by saying it is often embarrassing to talk about these issues, and that when people are uncomfortable they may laugh or make jokes to cover up their nervousness. You may choose to ignore a situation by saying "okay" and going on with the discussion.
<ul style="list-style-type: none"> A student mentions to a teacher that he heard she is HIV-positive. 	<ul style="list-style-type: none"> Be assertive in responding to a breach of the group rules. You may tell the student that you do not wish to discuss information about your personal life in class, and that no one in the class should feel that they need to talk about things they don't want to discuss.
<ul style="list-style-type: none"> During a role play or group discussion, a student becomes upset or anxious. 	<ul style="list-style-type: none"> If the student's anxiety is obvious to everyone in the class, you might remind students that no one should feel that they have to participate in something that makes them feel uncomfortable, and then ask another student to take his or her place. After class, you may want to approach the student privately to see if he or she wants to talk or learn about services that may help him or her.
<ul style="list-style-type: none"> Students remain silent out of embarrassment. 	<ul style="list-style-type: none"> Use teaching methods that encourage participation, such as role plays and/or brainstorming. You may want to call on a student whose attentiveness, facial expression, eye contact, or other non-verbal signal communicates interest.

<ul style="list-style-type: none"> • Students try to shock or amuse other students or the teacher by describing sexually explicit behaviours. 	<ul style="list-style-type: none"> • Remind students to be considerate of others in the room and their feelings. It might be important to separate males from females during certain exercises. • Don't be overly critical of students' comments, even if they may seem inappropriate. This may discourage other students from being open and honest.
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** Adapted in part from Healthy Foundations. The Center for Family Life Education, Planned Parenthood of Greater Northern NJ, 1992.*

SAMPLE ICE BREAKERS

Sometimes when bringing a group of people together for a workshop who may not know one another, it is helpful to start off with an icebreaker. An icebreaker is a brief, interactive way to help participants get to know one another and feel more comfortable with one another before discussing sensitive topics. Four sample icebreakers are described below to get you started. These can be adapted to fit your particular group, or you may come up with your own icebreakers to achieve a similar purpose.

Concentric Circles

Purpose: This is an icebreaker that will help participants learn about others in the group.

Time: Needs to be determined by facilitator depending on the purpose of the icebreaker.

Instructions: Ask one half of the group to form a small circle facing outward while the other half of the group forms a circle around them, facing inward. Each person should be facing one other person. There should be exactly the same number of people in the inner circle as in the outer circle. Call out a question (e.g., “What is one thing you hope to learn about preventing HIV? What is one thing about yourself you would like to share? What is one thing you have accomplished that you are proud of?”), and those people in the inner circle have 20 seconds (or a minute, or five minutes, depending on the purpose of the exercise) to respond to the question. Then those in the outer circle have the same amount of time to give their response to the same question.

Before the next question, have the outer circle rotate counter-clockwise so that everyone has a new partner. Then call out another question and continue the activity.

Variations: Rotation continues in the same direction, OR the inner circle can rotate in one direction to switch partners, then the next time, the outer circle rotates in the opposite direction, OR the inner and outer circles can simultaneously rotate in opposite directions (which creates a situation where a person will only speak with every other person in the other circle).

Processing the Activity: Ask participants to volunteer to share their reactions and describe what they learned about their colleagues.

Who Are You?

Purpose: This is an icebreaker designed to help participants learn one another's names and to allow them to get to know something about one another before they begin a workshop.

Time: Approximately 20 minutes for 20–30 people.

Instructions: Ask participants to stand or sit in a circle. Explain that participants will introduce themselves and the people next to them using a word that starts with the same letter as their first name and that describes them. The first person introduces him or herself (“Hi, I’m Magnificent Madoda”). The next person introduces “Magnificent Madoda” and then presents him or herself (“and I’m Lovely Lindi”). The next person introduces “Magnificent Madoda” and “Lovely Lindi” and then presents him or herself (and I’m Nice Nongaba”). This continues until everyone has been presented. The last person will have to remember all of the names and descriptive words. After he or she does this, ask if anyone else in the group wants to try to remember them all.

Variations: Instead of having each person introduce themselves as well as those before them, simplify the activity. Have each person introduce themselves with a descriptive word and then say something they like about themselves (e.g., “I’m Radiant Rose and I like my cooking”).

Processing the Activity: Ask participants for their reactions and what they learned from the activity. Let participants know that this icebreaker introduces the importance of listening skills in a way that is fun and allows everyone an opportunity to become acquainted.

Fruit Salad

Purpose: This is an icebreaker that will energise the group.

Time: 15–20 minutes for 20–30 people

Instructions: Stand in the middle of the sitting circle. Everyone but you needs to have an established place to sit. For example, if participants are sitting on mats, agree how many should be sharing each mat before the game begins.

Ask the participants to choose three different fruit names. Then go around the circle, naming each participant with one of these fruits. For example, the first person could be a mango, the next a banana, the third an orange, and the fourth another mango. Go around the whole circle until everyone, including yourself, has one of the three fruit names.

Next, explain that you are going to call out one of the fruit names. Everyone with that name has to jump up and find somewhere else to sit. You are also going to find a place to sit. The person who doesn't find a new place will be left in the middle and will have to call out the next fruit.

Add that if someone calls out “fruit salad,” then everyone has to jump up and find another place to sit.

Processing the Activity: Ask participants if they enjoyed the opportunity to get to know one another and have fun.

Muddling Messages

Purpose: This is an icebreaker designed to make people laugh and help participants appreciate in a humorous way how easy it is to misunderstand what someone has said.

Time: 15–20 minutes for 20–30 participants

Instructions: Think of a phrase to whisper beforehand, such as “many people around here like eating bananas” or “the sun at this time of year is very hot” or anything you want. Then ask the group to sit in a circle or a line.

Whisper the phrase quietly to the person next to you and ask her or him to whisper it quietly to the next person. This should be repeated until the phrase has been whispered around the whole circle. Each person should only whisper what he or she hears and is not allowed to ask for the phrase to be repeated.

Processing the Activity: Ask the last person in the circle or line what he or she heard, then tell the whole group what the original phrase was. Ask participants what they learned from doing this activity. Ask for other comments or observations about how misinformation about HIV and AIDS can occur.

PARTICIPATORY LEARNING EXPERIENCES WITH LARGE GROUPS

Each activity in this exercise book calls for students to build their own skills through active participation in class. Some teachers may have as many as 60, 70, even 100 students in a class, and this may be a challenge to do the type of participatory learning activities described in this exercise book. A teacher with a large class may encounter difficulty:

- ◆ Managing discipline
- ◆ Getting full and equal participation of students
- ◆ Addressing the wide range of abilities and needs
- ◆ Addressing the wide range of opinions
- ◆ Improvising lessons
- ◆ Supplying sufficient materials
- ◆ Working within a limited space

In order to learn proper skill-based health education, students must be able to practise in a controlled and supportive environment. The activities in this exercise book are designed to be used in this way. Recognising that this may be difficult with large classes, we offer some suggestions for organising and conducting the class as well as a few evaluation pointers that might make using these exercises with large classes easier. Some of the suggestions below hold for any teaching experience, regardless of class size, though these are even more important with a large class so they are mentioned here. The purpose of these suggestions is to give teachers the confidence to try these activities with large classes.

ORGANISATION: MAKING LARGE CLASSES FEEL SMALL

A first step in working with large groups is to create a small-class feeling. Several activities in this exercise book ask students to perform active methods such as role-playing, so a teacher of a large class will need to form smaller groups to create more participation opportunities. There is no set number for the size of the small groups but keeping groups to 10 or fewer students is a good rule. It may be cumbersome at first breaking 80 students into 10 groups. Therefore, it is advisable that the class practise the process of forming groups. A teacher may decide to have a few different group options, for example: pairs, groups of 4, groups of 10, etc. A teacher may also decide to give each group option and each individual group a name for ease of reference. Once a system is established and becomes routine, teachers can use it for each activity in this exercise book. In this way, the focus will be on the new activity rather than the process of breaking into groups.

Teachers may also decide to organise groups with students of mixed ability; in others, similar abilities may be better depending on the task. In every group, however, it is important that each have a responsible person to serve as a leader or as a peer facilitator. The leader/facilitator can help the teacher to keep groups on task and provide valuable feedback to the teacher regarding the progress of each group. A teacher may choose to have a reporter in addition to the leader/facilitator. The reporter can be charged with keeping a record of the activities, challenges,

and lessons learnt. This function helps the teacher get a clear picture of what happens in each group, and it helps students to reinforce the activity by committing the process to writing. The record of the activity will also help if the teacher decides to have class-wide presentations. The positions of leader/facilitator and reporter can be by election or appointment, rotating or fixed, depending on the dynamics of the class. In either case, it's important that someone is responsible for moving the activity along and keeping a record and that there is a mechanism in place, such as a group election, to replace the positions if goals are not met. In sum, a teacher should consider:

Creating smaller groups within the class while trying not to exceed 10 students per group
Practising the logistics of breaking into groups so that students are familiar with the process and its expectations
Electing or assigning group leader/facilitators and reporters, and change as needed

The activities in this exercise book ask students to speak about the sensitive and sometimes controversial topics of HIV and sexuality. It is important that teachers establish an atmosphere of trust, tolerance, and respect. A way to accomplish this is to set ground rules or a code of behaviour. A sample list of ground rules might include the following:

- ◆ Respect others' opinions
- ◆ Talk through the facilitator instead of at the same time
- ◆ Do not ridicule classmates
- ◆ Use a conversational tone, especially when angry

PROCESS: KEEPING GROUPS FOCUSED AND PRODUCTIVE

With a large number of students, teachers might find it difficult to keep the class focussed and productive. To help, teachers may start each activity by introducing only one concept at a time, repeating key points often, and checking the class for their understanding. Teachers might find it useful to map the activity into short segments, 10 to 15 minutes, for example. This may help students digest new information. If possible, teachers can have students write down objectives, procedure, and ground rules. Before breaking into groups, it might be worthwhile for students to silently reflect on their expectations for the activity. This allows them to prepare themselves, and it also gives the teacher an opportunity to do a prognostic evaluation (see the following section on evaluation). In sum, teachers should:

- ◆ Introduce concepts in clear, simple, and manageable (short) segments
- ◆ Ask students to write down the key points of the activity before they break into groups
- ◆ Ask students to consider what the activity might mean to them as individuals before they break into groups

Once the class is divided into groups, the teacher should make sure to visit each group, which might be easier if he or she establishes a general timetable. On group visits a teacher should monitor the process of the activity (the extent to which the class is observing ground rules and performing tasks such as recording and facilitating) as well as the learning content (the extent to which the intended learning objective is met).

With so many groups working independently and actively the class may get loud. When a group gets too loud or begins to get rowdy, the teacher can send a non-verbal message by moving closer or standing next to the group to discourage that behaviour. Verbally a teacher can say the name of the group or the individual student in a soft voice to quiet the group.

The teacher can create a diverse learning environment when groups begin to interact with one another. At one level, interaction can foster healthy competition among groups, encouraging them to stay on task. For example presenting their experiences or demonstrating an activity in front of the whole class will serve to motivate students. At another level, interaction can foster interdependence and peer-learning as groups support one another. An example is the fishbowl technique, in which one group demonstrates an activity while the whole class looks on. Groups observing also participate by offering advice or by challenging or questioning the group in the fishbowl. This technique keeps the whole class engaged though only one or two will present, ideal for larger classes.

Just as a teacher might find it useful to begin an activity with individual reflection, he or she might also close the activity in a similar way, asking the students to summarise their main challenges and lessons learnt. In sum, a teacher should:

- ◆ Visit each group regularly
- ◆ Make sure each group follows the instructions and observes the ground rules
- ◆ Make sure each group works toward the skill-building objective stated in the activity
- ◆ Use verbal and non-verbal techniques to keep the class discussion at a conversational level
- ◆ Create opportunities for inter-group contact, such as presentations and demonstrations
- ◆ Close each activity with individual reflection

MONITORING AND EVALUATION: INVESTIGATING WHAT IS HAPPENING

Monitoring and evaluation (M and E) means different things to different people, and the distinction between the two can be blurred and confusing. For the purposes of this exercise book, we will consider that there are three main purposes of monitoring and evaluation activities. These are:

- ◆ Prognostic, to establish a baseline to know the starting point
- ◆ Formative, to make adjustments and monitor the activity
- ◆ Summative, to decide whether or not the objectives of the activity have been met

Specifically, for the participatory learning activities in this exercise book, a teacher should be able to answer the following evaluation questions regarding process:

1. To what extent is discipline maintained in the class?
2. To what extent does each student participate in the activities?
3. To what extent are each student's viewpoints addressed constructively?

Similarly, a teacher should be able to answer the following evaluation questions regarding content:

4. To what extent has each student increased his or her knowledge about STIs, HIV, and AIDS?
5. To what extent has each student adopted a healthy attitude towards reducing their own infection?
6. To what extent has each student developed the necessary skills to protect themselves?

In large classes teachers do not have the opportunity to evaluate each student in every lesson. Therefore a teacher will find it helpful to open as many channels of feedback as possible for receiving valuable M and E data. This includes collecting written assignments and notebooks, for example, comparing notes on individual reflection from before an activity and after; making guided observations in class while witnessing students demonstrate a skill; issuing a written assessment to gauge knowledge and attitudes; and encouraging self-evaluation by each group.

It is important for teachers to remember that HIV, AIDS, and sexuality are very sensitive topics, so teachers may want to create several opportunities for students to discuss their opinions and feelings regarding the subject. This can include making meeting times after class and establishing an anonymous question-and-answer box.

CONCLUSION

Working with large groups will definitely pose challenges. While traditional lectures with large groups may be easier, students will not be able to build the skills that are the objectives of this exercise book. Thus, teachers are strongly encouraged to try these activities using participatory methods, even with large classes. The suggestions above should help teachers, but success will also require teachers to trust themselves, their students, and the activities. If teachers are successful at using participatory methods, students will learn tolerance, solidarity, respect, democracy, and responsibility while building skills to protect themselves from HIV and STI infection.

SOURCES CONSULTED:

La Pedagogie Des Grands Groupes Au Burkina Faso; Fichier Pratique; Conombo, Ernest Tiri; Ouattara, Seydou; Tapsoba, Kortimi; Pottiez, Lionel

"Teaching large classes", Teachers in Action, BBC World Service / OLSET;
http://www.teachingenglish.org.uk/think/methodology/large_classes.shtml (last visited 8/12/03)

I.

**LEARNING ACTIVITIES TO
HELP ADULTS AVOID HIV
INFECTION**

LEARNING ACTIVITIES TO HELP ADULTS AVOID HIV INFECTION

WHAT IS THE PURPOSE OF THIS SECTION?

There are five activities in this section. Intended for teachers, trade union leaders, and other adults, they help build skills around communicating and negotiating to protect against HIV and STIs and strengthen overall health. The activities also provide participants with accurate information and facts about HIV and AIDS and condom use so they have the knowledge and information they need to protect themselves.

Specifically, by participating in the activities in this section, participants will:

- Strengthen their knowledge of the modes of transmission of HIV and AIDS
- Develop effective communication and negotiation skills to prevent HIV
- Understand options for acquiring and locating protective devices (including condoms and other barriers for safer sex)

WHOM IS THIS SECTION FOR?

Teachers, union leaders, and other adult learners

HOW LONG WILL IT TAKE TO IMPLEMENT THIS ENTIRE SECTION?

It should take about three hours to complete all the activities in this section, though this may vary depending on the audience. However, each activity can also be used on its own.

WHAT ACTIVITIES ARE IN THIS SECTION?

Activity 1.1:	Understanding HIV and AIDS	25 minutes
Activity 1.2:	Would You Take That Risk?	40 minutes
Activity 1.3:	Why We Take Risks (For Getting HIV)	40 minutes
Activity 1.4:	Skills to Protect Ourselves	50–65 minutes
Activity 1.5:	Using Condoms (Male and Female)	30 minutes

WORKSHEETS FOUND IN THIS SECTION:

Activity 1.1 Worksheet: True or False?

Activity 1.4 Worksheet: Let's Use a Condom!

ACTIVITY 1.1

UNDERSTANDING HIV AND AIDS

Purpose:	To assess and strengthen participants' knowledge of HIV and AIDS, their modes of transmission, and what can be done to prevent getting infected
Skills:	Increased comfort in discussing HIV with others; ability to assess accuracy of information about HIV and AIDS
Methods:	Small groups and group discussion
Materials:	Activity 1.1 Worksheet: True or False?; pens, pencils; fact sheets on HIV and AIDS
Time:	25 minutes
Overview:	Participants break into small groups to decide whether statements on their worksheets are true or false. They then present and discuss their answers with the larger group.

Key Points to Consider:

- ◆ Be sure to read the activity completely and carefully.
- ◆ Prepare overheads and gather and duplicate any materials you will need.
- ◆ Assess the usefulness and relevance of the activity for the target population.
- ◆ Consider whether the methods, skills, and knowledge taught in the activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask participants to think about ways to adapt the activity (e.g., adding new examples of myths and facts) to make it more relevant to their setting.
- ◆ Consider the best ways to divide participants into small groups for practise.
- ◆ Let participants know in advance that you will be asking for some volunteers at the end of the practise session to demonstrate the methods they used to *increase their comfort in discussing HIV with others and their ability to assess the accuracy of information about HIV and AIDS*.
- ◆ Be sure to let participants know before they begin to practise that each small group will be asked to briefly report back their reactions, conclusions, and recommendations regarding the activity (e.g., What they learned that could impact others or ways they would consider using the skills and knowledge they learned).
- ◆ Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: 5 minutes

- ◆ Introduce yourself and ask participants to introduce themselves.
- ◆ You might start this activity by saying:

“In order to teach HIV and AIDS prevention in the classroom, it is important for all of us to have accurate information about HIV and how people get it. Without this information, we may miss the opportunity to provide our students with the right information. We also need this information so that we can make the right decisions to keep ourselves healthy and reduce our own risk for HIV.”

TRUE OR FALSE? 15 minutes

- ◆ Divide participants into groups of five or six and hand out Activity 1.1 Worksheet: True or False? Give each group 15 minutes to decide if each of the statements on the worksheet is true or false. Remind participants to discuss each statement with others in the group before deciding on an answer.
- ◆ After 15 minutes, ask the large group to convene. Ask for a volunteer to read each statement aloud, and then ask a member of each small group to state whether their group believes it is true or false. After each group has given its answer, either state the correct answer and explanation or ask participants to give an explanation and then provide positive, corrective feedback. Some group discussion and/or questions may follow each statement.

**ACTIVITY 1.1 WORKSHEET
FOR PARTICIPANTS—TRUE OR FALSE?**

Circle whether the following statements are true or false.

- | | |
|---|------------|
| 1. HIV and AIDS are the same thing. | TRUE FALSE |
| 2. If a pregnant woman is HIV-positive, she will always have a baby who is infected with the virus. | TRUE FALSE |
| 3. There is no cure for HIV or AIDS. | TRUE FALSE |
| 4. Condoms break too often to be safe. | TRUE FALSE |
| 5. If you kiss someone with HIV, you will not get the virus. | TRUE FALSE |
| 6. Only same-sex couples (e.g., two men) are at risk for becoming infected with HIV and AIDS. | TRUE FALSE |
| 7. HIV is mainly present in semen, blood, vaginal secretions, and breast milk. | TRUE FALSE |
| 8. You can always tell if someone is infected with HIV. | TRUE FALSE |
| 9. You can get HIV from oral sex. | TRUE FALSE |
| 10. You can cure your HIV infection if you have sex with a virgin. | TRUE FALSE |
| 11. If you test negative for HIV, it is safe to have unprotected sex. | TRUE FALSE |
| 12. HIV is transmitted through sports. | TRUE FALSE |
| 13. Only people with multiple partners contract HIV. | TRUE FALSE |
| 14. Mosquitoes and bed bugs cannot transmit HIV. | TRUE FALSE |

ACTIVITY 1.1 WORKSHEET
ANSWER KEY: TRUE OR FALSE?

FALSE: HIV and AIDS are the same thing.

This is not true. HIV and AIDS are not the same thing. HIV is a virus that attacks the immune system and reduces the body's resistance to all kinds of illnesses, including flu, diarrhoea, pneumonia, TB, and certain cancers. AIDS is a clinical condition in which a person has one or more illnesses (e.g., pneumonia) or infections due to a deficient immune system caused by HIV. You can be infected with HIV for many years and not develop AIDS.

FALSE: If a pregnant woman is HIV-positive, she will always have a baby who is infected with the virus.

This is not true. About one in six infants born to an infected mother has HIV. Pregnant women who are infected can transmit the virus to their newborns either during delivery or through breastfeeding. However, several recent studies have shown that women who take certain types of anti-viral drugs are less likely to transmit the virus to their newborns.

TRUE: There is no cure for HIV or AIDS.

This is true. Medical researchers in many countries, including countries in Africa, are working urgently to develop vaccines to prevent HIV infections, but even when a vaccine is developed, it will take several years before it can be tested and approved. Prevention is the only sure way to defeat HIV and AIDS.

FALSE: Condoms break too often to be safe.

This is not true. Condoms are very safe and effective. Studies show that condoms are effective 98 percent to 100 percent of the time when used correctly. Most condom breaks occur because of improper use such as opening a package with fingernails or teeth, not storing them in a cool, dry place, unrolling them incorrectly, and using condoms that have passed their expiration date.

TRUE: If you kiss someone with HIV, you will not get the virus.

This is true. Kissing is not a high-risk behaviour for HIV transmission. HIV is a virus that spreads through sex—vaginal, oral, or anal—and blood-to-blood contact (e.g., if someone's blood gets into an open wound or cut) with infected people. While there is some potential for contact with blood during open-mouth kissing, the risk of acquiring HIV during open-mouth kissing is believed to be very low. The risk increases only if both partners have open cuts or sores in their mouths.

FALSE: Only same-sex couples (e.g., two men) are at risk for becoming infected with HIV and AIDS.

This is not true. Anyone who participates in unsafe behaviours can acquire HIV. In fact, in Africa, the two most common modes of transmission for HIV are heterosexual sex (sex between a man and a woman) and intravenous drug use. (UNAIDS 1999 AIDS Epidemic Update).

TRUE: HIV is mainly present in semen, blood, vaginal secretions, and breast milk.

This is true. These are the four body fluids that contain and transmit HIV.

FALSE: You can always tell if someone is infected with HIV.

This is not true. People with HIV can look perfectly healthy. In fact, many people who are HIV-positive do not know they are infected. HIV can live in the human body for 12 years—and sometimes longer—without causing symptoms, even though HIV may be reproducing at a rate of up to a billion new viruses a day inside the person. People with the virus can transmit it to others even if they are not yet showing any symptoms.

TRUE: You can get HIV from oral sex.

This is true. There have been a few cases of HIV transmission from performing oral sex on a person infected with HIV. While no one knows exactly what the degree of risk is, evidence suggests that the risk is less than that of unprotected anal or vaginal sex. The risk increases if:

You have cuts or sores around or in your mouth or throat.

Your partner ejaculates in your mouth.

Your partner has another sexually transmitted infection (STI).

FALSE: You can cure your HIV infection if you have sex with a virgin.

This is not true. There is no cure for HIV. Having sex with a virgin will in no way change or influence your own status as an HIV-positive individual. However, it is likely that the person with whom you are having sex will contract HIV from you.

FALSE: If you test negative for HIV, it is safe to have unprotected sex.

This is not true. If you test negative for HIV, you are still at risk for contracting HIV from your sexual partners. In addition, tests sometimes produce a “false-negative,” meaning the virus was not detected in the blood but is still present. Unprotected sex always puts you at a higher risk for HIV infection.

FALSE: HIV is transmitted through sports.

This is not true. The only possible risk of HIV transmission in sports is through contact sports where injuries can occur. Even then, the risk is extremely small, especially when certain precautions are taken, such as having first-aid kits with rubber gloves available, removing injured players from the field immediately, changing blood stained clothes, and making sure all open wounds and injuries are covered.

FALSE: Only people with multiple partners contract HIV.

This is not true. While people who have sex with many partners are more likely to acquire HIV, the disease affects everyone. You can get infected from a single partner if he or she is HIV-positive and you didn't use a condom during sex. You can get infected from a spouse if he or she is not being faithful, even if you have been faithful. Many women and children get infected with HIV each year when they are raped.

TRUE: Mosquitoes and bed bugs cannot transmit HIV.

This is true. Studies conducted by the Centers for Disease Control in the United States and elsewhere have shown no evidence of HIV transmission through mosquitoes or any other insects such as bed bugs, even in areas where there are many cases of AIDS and large populations of mosquitoes.

ACTIVITY CLOSING: 5 minutes

- ◆ Briefly review the facts at the end of this activity. You might ask one or two guiding questions:
 - How was this activity helpful?
 - How will you use what has been learned?
- ◆ You might end this activity by saying:

“These are not the only facts about HIV, but by talking about them and acquiring accurate information, we begin to get a better understanding about what we can do to prevent HIV, stay healthy, and to pass accurate information on to our families and friends.”

- ◆ Thank the group for participating in this activity.

ACTIVITY 1.2

WOULD YOU TAKE THAT RISK?

Purpose: To encourage participants to think about a time when they took a risk and how they might have a harsher judgement of others who take the same risk; to help participants recognise that different people are willing to take different kinds of risks and, therefore, it is very difficult to identify someone as more or less of a “risk-taker” than someone else

Skills: Critical-thinking skills (analyzing reasons why people take risks and if it is possible to judge who is more likely to take risks)

Materials: Paper, pens, pencils

Methods: Individual reflection, sharing in pairs, brief group discussion

Time: 40 minutes

Overview: Participants think about when they’ve taken a risk in their lives and how they might judge someone who took the same risk. They then break into pairs to discuss this past instance. The sharing in pairs is followed by a brief group discussion. After, participants play a game in which they decide which risks they would be willing to take.

Key Points to Consider:

- ◆ Be sure to read the activity completely and carefully.
- ◆ Prepare overheads and gather and duplicate any materials you will need.
- ◆ Assess the usefulness and relevance of the activity for the target population.
- ◆ Consider whether the methods, skills, and knowledge taught in the activity can be applied to participants’ real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask participants to think about ways to adapt the activity (e.g., providing alternative examples of risky behaviours) to make it more relevant to their setting.
- ◆ Consider the best ways to divide participants into small groups for practise.
- ◆ Let participants know in advance that you will be asking for some volunteers at the end of the practise session to demonstrate critical-thinking skills and reasons why people take risks.
- ◆ Be sure to let participants know before they begin to practise that each small group will be asked to briefly report back their reactions, conclusions, and recommendations regarding the activity (e.g., What other questions would you ask to facilitate the discussion about personal risk-taking?).
- ◆ Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

First exercise adapted from Stepping Stones: A training package on HIV and AIDS, communication and relationship skills. ACTIONAID, London, 1995.

INTRODUCTION: 5 minutes

- ◆ Introduce yourself and ask participants to introduce themselves.
- ◆ You might start this activity by saying:

“We all take risks in our lives. These risks may be big risks or small risks. This next activity will be about why we sometimes take risks in our lives. We will look at why we do things that we know might not have a positive outcome for ourselves, and what we might think about someone else who takes that same risk.”

I REMEMBER WHEN . . . : 5 minutes

- ◆ Ask everyone to think to himself or herself about a time that they took a risk, either big or small, and to think about the following questions:
 - What did you do?
 - Why did you do it?
 - What happened as a result?
 - What would you think about another person if he or she took the same risk? What about a family member or close friend?
 - If something went wrong, would judge that person harsher for taking the risk than you did for yourself?

NOTE TO FACILITATOR

Remind participants that this does NOT have to be related to HIV and AIDS and safer sex, but rather ANY risk, either negative (e.g., drove too fast, hung off the side of a moving bus, drank too much, went somewhere with a stranger) or positive (e.g., took a public stand for something that they knew might get them fired).

SHARING OUR STORIES: 10 minutes

- ◆ After about five minutes of reflection time, ask each participant to choose a partner and to share their answers with the other person. If they choose not to, they may just listen to the other person’s story. Participants may also choose to make up examples about risk, if they are uncomfortable using personal stories.

NOTE TO FACILITATOR

Remind participants of the importance of confidentiality in this sharing process, i.e., they should not use other people’s names or share anything that may disclose a person’s identity.

LARGE-GROUP DISCUSSION: 10 minutes

- ◆ Bring the group back together to share any general thoughts and observations about risk-taking. You might use these questions as guidelines for discussion:
 - How did people feel when they were taking the risk?
 - What are some of the reasons people had for doing what they did?
 - Did they know it was risky at the time? If yes, why did they do it?
 - How did people feel about their actions while they were doing it or afterwards?
 - Did they think about the long-term consequences vs. the immediate rewards?
 - Were there differences in how people said they would feel about another person who took the same risk and how they felt about themselves?
 - How might this relate to the problem of HIV and AIDS?

WOULD YOU TAKE THAT RISK? 10 minutes

- ◆ Continue by saying:

“We tend to think that it is okay to take a risk when things turn out well. We might even be praised for our courage. But we tend to blame others if they take risks and things go wrong. We are also usually less harsh when judging our own actions than we are when judging others who do the same thing.

However, we can never fully predict who is willing to take different kinds of risks. We just saw during our discussion with one another that we can’t tell just by looking at someone or even talking to someone what kinds of risks they have taken or are willing to take. In this next exercise, we’re going to explore this idea.”

- ◆ Post three pieces of paper on the wall with the following phrases
Unwilling.....Somewhat Willing.....Very Willing

Explain that you (or a volunteer) will now read aloud some activities or behaviours and that you would like participants to stand next to the phrase that describes whether or not they would be willing to engage in such activities. [You may choose to use some of those activities just mentioned in the previous exercise.]

ACTIVITIES/BEHAVIOUR TO READ TO PARTICIPANTS

- Smoke
- Ride a motorcycle
- Ride in a car without a seat belt
- Drink alcohol
- Drive too fast
- Hang off a bus
- Have a “one night stand” (have sex with someone you just met)
- Have unprotected sex (sex without a condom)
- Take a ride from a stranger

AFTER THIS EXERCISE, ASK PARTICIPANTS:

- Were you surprised at who was willing to do certain things? Why?
- Did you think you could tell who would be willing to take part in certain activities?

ACTIVITY CLOSING: 5 minutes

- ◆ You might end this activity by saying:

“We usually can’t tell by looking at or being with someone, even for a long time, what kinds of risks that person has taken or is willing to take. For this reason, it’s important to always protect ourselves.”

- ◆ Thank the group for participating in this activity.

ACTIVITY 1.3

WHY WE TAKE RISKS (FOR GETTING HIV)

Purpose: To encourage participants to consider the many different reasons why people might put themselves at risk for getting HIV, and how various factors in people's lives may affect their decisions or actions; to get participants to understand that who we are (e.g., younger woman vs. older man) often determines circumstances in our lives that may put us at risk

Skills: Critical-thinking skills (analyzing influences that affect one's actions)

Methods: Small-group work, brainstorming, presentations

Materials: Paper, pens, pencils, other art supplies (markers, crayons, paint, etc.)

Time: 40 minutes

Overview: Participants break up into small groups of four or five and discuss the various reasons why different groups of people (i.e., older men, younger men, older women, younger women) might put or find themselves at risk for HIV. They then present their findings to the whole group.

Key Points to Consider:

- ◆ Be sure to read the activity completely and carefully.
- ◆ Prepare overheads and gather and duplicate any materials you will need.
- ◆ Assess the usefulness and relevance of the activity for the target population.
- ◆ Consider whether the methods, skills, and knowledge taught in the activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask participants to think about ways to adapt the activity (e.g., thinking of additional examples or reasons why people take risks) to make it more relevant to their setting.
- ◆ Consider the best ways to divide participants into small groups for practise.
- ◆ Let participants know in advance that you will be asking for some volunteers at the end of the practise session to demonstrate the methods they used to strengthen their critical-thinking skills and their ability to analyse influences that affect an individual's actions to prevent HIV.
- ◆ Be sure to let participants know before they begin to practise that each small group will be asked to briefly report back their reactions, conclusions, and recommendations regarding the activity.
- ◆ Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

NOTE TO FACILITATOR

If you are using the activities together, this activity can provide a lead-in to the role plays in Activity 1.4.

INTRODUCTION: 5 minutes

- ◆ You might start this activity by saying:

“No one group of people is free from the risk of getting HIV. But different groups of people, such as men and women, may have different influences and reasons for not practising safe sex. In this activity, we will focus specifically on why people might put or find themselves at risk for HIV.”

SMALL-GROUP WORK: 20 minutes

- ◆ Divide the group into smaller groups of four or five people. Ask each group to write the following headings on four separate sheets of paper (one heading per page): Younger Woman, Older Woman, Younger Man, and Older Man. **If helpful, you may want to make the four headings more age-specific (e.g., a female adolescent, a middle-aged man, etc.).**
- ◆ Ask each group to use the four sheets of paper (and any other writing or art supplies) to list and explain reasons why people in each of the four groups might find themselves in situations where they had unprotected sex (had sexual intercourse but did not use a condom) and may have put themselves at risk for getting infected with HIV.
- ◆ You might want to provide one to two examples from the list on the next page. You can also rephrase or add any examples that you believe are more country-specific for your group. Explain that they will then present their ideas and thoughts to the entire group.

NOTES TO FACILITATOR

- ◆ Participants may define the context of the situation(s) in any way they feel is appropriate.
 - ◆ Participants are free to display this information in any way that their group chooses (e.g., through lists, words, pictures, story-telling, song).
 - ◆ If you decide to use any examples from the list below, you may want to rephrase or further explain any of the words, as necessary.
 - ◆ You may want to consider dividing small groups in a way that makes the participants most comfortable (e.g., females with females).
- ◆ **Ask participants to consider and discuss the following questions while they are compiling their ideas:**
 - What are some life events that a person in this group may be going through?
 - How would those events or circumstances affect whether or not they take risks that put them at risk for HIV and AIDS?
 - Who are the other people in their lives right now who might affect what they do?

- How much control do you think they have in making decisions about their health and safer sex?
- What kinds of internal factors (knowledge, self-esteem, empowerment) do you think might affect their actions?
- What kinds of external factors (money, partners, children, traditions, gender, culture, employment, poverty, drugs/alcohol) do you think might affect their actions?

SOME POSSIBLE REASONS/INFLUENCES THAT MAY BE MENTIONED BY PARTICIPANTS:

Younger Woman

- Condoms not available in her community
- Doesn't have knowledge about HIV or STIs
- Doesn't know where to get condoms
- Needs money from sexual partner to support children, buy food, or get shelter
- Is afraid to use condoms
- Wants to express love and affection for partner
- Is afraid that partner will get violent
- Is raped
- Is afraid of infertility from condom use
- Wants to have children
- Doesn't believe she can catch HIV

Older Woman

- Condoms not available in her community
- Doesn't feel at risk with husband of many years
- Is afraid to use condoms
- Husband hits her if she refuses sex
- Doesn't know how to use condoms
- Doesn't know where to get condoms
- Doesn't believe she can catch HIV

Younger Man

- Condoms not available in his community
- Doesn't have knowledge about HIV or STIs
- Condoms are too expensive
- Too embarrassed to buy condoms
- Doesn't like the feel of condoms when having sex

- Doesn't know where to get condoms
- Pressured by friends to have sex with many women
- Is drunk or high
- Doesn't believe he can catch HIV

Older Man

- Condoms not available in his community
- Condoms are too expensive
- Doesn't have knowledge about HIV transmission
- Has been with wife for many years
- Paid money for sex and doesn't feel he should use a condom
- Enjoys sex without a condom
- Doesn't know where to get condoms
- Doesn't believe men should have to use condoms with their wives
- Doesn't believe he can catch HIV

LARGE-GROUP PRESENTATION AND DISCUSSION: 15 minutes

- ◆ After 20 minutes, ask each group to present their ideas to the large group. You may use the following questions to guide these presentations. Remain open to any of the ideas/reasons that participants may give.
 - What are the reasons why this person/these people may not be able to stay safe?
 - How/why did these reasons differ depending on gender, age?
 - What are some factors that may affect actions and/or ability to make decisions of people in each group?
 - What are some of the similarities among the four groups of people?
 - Do you feel that any one group is more at risk for contracting HIV? Why?
- ◆ After the presentations, ask the group:
 - How were our presentations different? How were they similar? Why do you think that is? (e.g., country and cultural differences among group members)
 - In what ways has this activity made you think about your own vulnerability to risk, or risk among family and friends?
 - What are one or two important things you learned/might consider when assessing your personal risk for HIV or STIs?
 - What three steps are you going to take to ensure that you are protected from HIV?

ACTIVITY CLOSING: 5 minutes

- ◆ You might end by saying:

“Our age and gender often determines or impacts different reasons we may be at risk for HIV or STIs. Knowing and understanding this can help us determine how to protect ourselves and reduce our risk for HIV or STIs.”

ACTIVITY 1.4

SKILLS TO PROTECT OURSELVES

(COMMUNICATING AND NEGOTIATING FOR SAFER SEX)

Purpose:	To increase participants' communication and negotiation skills to help them reduce their risk for HIV
Skills:	Communication, negotiation, and decision-making about safer sex to reduce risk of HIV infection or STIs
Methods:	Role-playing; small-group work
Materials:	Flipcharts/chalkboard, Activity 1.4 Worksheet: Let's Use a Condom!
Time:	50–65 minutes
Overview:	Facilitator will explain what a role play is and demonstrate, with a volunteer, an example of a role play. Participants will then break into small groups and either practise the same role play or decide to create their own. During these role plays, they will determine effective and appropriate responses or actions to take in a situation where a person may be at risk for unsafe sex. The entire group will then reconvene to share their ideas and provide suggestions to other groups.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Duplicate any materials you will need.
- ◆ Assess the usefulness and relevance of the activity for the target population.
- ◆ Adapt the methods, skills, and knowledge in the activity to participants' real-life situations.
- ◆ Describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask participants to think about ways to adapt the activity (e.g., changing the role-play script) to make it more relevant to their setting.
- ◆ Consider the best ways to divide participants into small groups for practise.
- ◆ Let participants know in advance that you will be asking for some volunteers at the end of the practise session to demonstrate skills in communication, negotiation, and decision-making about safer sex to reduce risk of HIV infection or STIs.
- ◆ Let participants know before they begin to practise that each small group will be asked to briefly report back their reactions, conclusions, and recommendations regarding the activity.
- ◆ Ask participants if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

NOTE TO FACILITATOR

If you are using the activities together, you may choose to refer to the reasons generated in Activity 1.3 to shape the role plays.

INTRODUCTION: 5 minutes

- ◆ Introduce yourself and ask participants to introduce themselves.
- ◆ Explain that the group will practise some communication and negotiation skills that can be used to help them practise safe sex during various situations, and that they will be doing this through role plays.
- ◆ You might say:

“Even when we have knowledge about how HIV and STIs are spread and how to prevent them, we might not be able to translate the knowledge into action when we are in real-life situations. By practising communication and negotiation skills we can prepare ourselves for reacting in a way that positively affects our health and reduces our risk for HIV. In this activity, we will be practising these skills through role plays.”

ROLE-PLAY EXPLANATION: 5 minutes

- ◆ Ask the group if anyone has used role plays in their classes (or other settings) before, and if so, to describe how they used them.
- ◆ Briefly explain role plays:

“Role-playing is a teaching method that can help you understand what it feels like to be in a certain situation and to practise how to handle yourself in that situation. By participating in a role play, you can learn about how you might behave and feel in a situation, how the other person might react, and how your words and actions can affect the outcome of the situation. It gives you a chance to practise communication and negotiation skills and to get others’ reactions, without any fear of failure or negative consequences.”

ROLE-PLAY DEMONSTRATION AND DISCUSSION: 15 minutes

- ◆ Explain that you will now demonstrate a role play, but will need a volunteer to help you do this. Ask the volunteer to take out the Activity 1.4 Worksheet from his or her manual.

NOTE TO FACILITATOR

- ◆ Feel free to modify the role play to ensure that it is comfortable to you and acceptable to participants.
- ◆ You may consider having woman-to-woman role plays, depending on participants’ level of comfort with mixed-gender pairs.
- ◆ Don’t force any one to join you. If no one volunteers right away, play both roles yourself to give the group an example of what a role play is.

ACTIVITY 1.4 WORKSHEET
LET'S USE A CONDOM!
(ROLE-PLAY SCRIPT)

Thando: What about spending a quiet, romantic weekend with me?

Thandi: I would like that very much.

(At Thando's House)

Thandi: Thando, it's so wonderful to be with you. I've been longing for this moment for a long time.

(In the bedroom, Thando is now proposing to have sex with Thandi)

Thandi: I also feel like having sex with you, but on the condition that we use a condom.

Thando: Hey, Thandi, a condom? Why do you want to spoil our sexy evening?

Thandi: But, Thando, I don't want to get sick or infected with HIV.

Thando: But you know I don't have a disease. Look at me—do I look sick to you?

Thandi: Not at all. But we both could be sick and not even know it.

Thando: I can't believe it—I thought you trusted me!

Thandi: It's not about trust. It's about making sure we take care of ourselves.

Thando: But if we use a condom, our sex taste won't be natural.

Thandi: Thando, be clear, it is not a matter of experiencing a natural taste, but rather enjoying ourselves and also surviving.

Ask the group to add additional dialogue . . .

Thando: [What else might he say? How would he say it?]

Thandi: [What else can she say? How could she say it?]

- ◆ After the role play, encourage the group to discuss what happened. You might want to ask these questions:
 - What excuses did the young man use to not use a condom?
 - What else could she say?
 - How did non-verbal communication (e.g., eye contact, body language) play a role?

Explain that often non-verbal communication can be just as effective as verbal communication and give some examples, e.g., your words say “no” but your body says “yes.”

- What are some other things that they could “do” together to enjoy each other even if they don’t have a condom?
- Is it always the man who doesn’t want to use a condom? Why might a woman not want to?

ROLE-PLAY PRACTISE: 15–30 minutes

- ◆ Ask the group to break up into groups of three to practise role-playing themselves. Each group should have two role-players and one observer (they may take turns).

NOTE TO FACILITATOR

Depending on time, you may want to ask groups to choose either role-playing the situation just modelled by the facilitator and volunteer, or spending some time writing their own short role plays, based on other real-life situations, and then role-playing them. The latter will add approximately 15 more minutes to the activity.

- ◆ Go around the room during the role plays, providing feedback and praising the participants. Give groups about 15 minutes to role-play the situation.

LARGE-GROUP DISCUSSION: 10 minutes

- ◆ Ask each of the small groups to discuss and report its experience to the large group.
 - What kind of situation did your group role-play? What issue(s) did your group deal with during the role play?
 - How could the conversation/interaction have been more effective?
- ◆ Ask the role-players to comment on how it felt to role-play their parts:
 - How did they feel in that situation? What were the challenges?
 - What effect did the other person’s words or gestures have on them?
 - Did they notice a difference between what they knew in their head and what they said or did?
 - What did they learn about communication skills and protecting themselves from HIV or STIs?

- ◆ The group may then give their answers to the following sentence stem:

“Through these role plays, we learned that . . . ”

- ◆ Write their answers on the chalkboard or flipchart.

ACTIVITY CLOSING: 5 minutes

- ◆ You may end this activity by saying:

“In this activity, we’ve had a chance to practise, share strategies, and strengthen communication and negotiation skills that we can use to reduce our risk for HIV or STIs. There’s a big difference between having knowledge and using that knowledge effectively. We need both, and that’s why it’s so important to use participatory methods to build skills with adults and young people.”

ACTIVITY 1.5

USING CONDOMS (MALE AND FEMALE)

Purpose:	To increase participants' skills around using a condom safely and effectively to reduce HIV and STI risk; to increase participants' knowledge of where and how they can get condoms
Skills:	Effective condom use, increased comfort in talking about condoms with others
Materials:	Condom samples, fact sheet on condoms
Methods:	Demonstration and practise
Time:	30 minutes
Overview:	The group will discuss condoms, controversies that may exist about condoms, and how using condoms effectively can help reduce HIV and STIs. Facilitator will demonstrate the correct use of a condom. If appropriate, participants will practise putting on and taking off a condom using their fingers as models.

Key Points to Consider:

- ◆ Be sure to read the activity completely and carefully.
- ◆ Prepare overheads and gather and duplicate any materials you will need.
- ◆ Assess the usefulness and relevance of the activity for the target population.
- ◆ Consider whether the methods, skills, and knowledge taught in the activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask participants to think about ways to adapt the activity (e.g., additional topics for the conversation about using condoms) to make it more relevant to their setting.
- ◆ Consider the best ways to divide participants into small groups for practise.
- ◆ Let participants know in advance that you will be asking for some volunteers at the end of the practise session to demonstrate the methods they used to strengthen skills in effective condom use and increased comfort in talking about condoms with others.
- ◆ Be sure to let participants know before they begin to practise that each small group will be asked to briefly report back their reactions, conclusions, and recommendations regarding the activity.
- ◆ Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION AND GROUP DISCUSSION: 10 minutes

- ◆ You might start the group by saying:

“Condoms (also latex/rubbers), if used effectively, can prevent the transmission of HIV from one person to another. Even though condoms may not always be readily available, as educators, we should have some knowledge about them and where we can get them.”

- ◆ Engage the group in some discussion about condoms:
 - Is there access to condoms in your community? Are they free or do you have to buy them?
 - Where are some of the places that people can get them?
 - What are some general feelings about condoms in your community?
 - Can both men and women get condoms? Adolescents and young adults?
 - What are some of the reasons why people don't use condoms?

CONDOM DEMONSTRATION: 10 minutes

- ◆ Ask participants to turn to the fact sheet in their manual on correct condom use. Explain that you will demonstrate how to correctly use a condom, and will then ask participants, if they are willing, to practise using a condom by trying it on their fingers.
- ◆ Demonstrate, using your fingers as a model, the correct way to use a condom.

CONDOM PRACTISE AND DISCUSSION: 10 minutes

- ◆ After the demonstration continue to engage the group in a conversation on the following issues:
 - How to avoid any breakage during condom use (check expiration date; don't reuse a condom)
 - How to increase sensuality while using a condom
 - How to get a condom on and off without disrupting intimacy
 - What lubricants should be used with condoms
 - Things they have heard about condoms or any questions they may have about them (e.g., they break easily, they can get stuck inside)
 - The female condom; other options (e.g., spermicide)
- ◆ Depending on group comfort level, pass condoms around the group. Encourage participants to open the packets, examine the condoms and the expiration dates, and become familiar with them. If participants are willing, ask them to practise putting on and taking off a condom using their fingers as models. Provide them with a place to dispose of the condom at the end of this exercise.

ACTIVITY CLOSING: 5 minutes

- ◆ Answer any additional questions participants may have about condoms, now that they have had a chance to familiarise themselves with them.
- ◆ You might end this activity by saying:

“AIDS is preventable. We know that abstinence and condom use are two ways that people protect themselves from getting HIV. As you know, there are a lot of reasons why people do not use condoms—we just talked about some of these reasons. By educating ourselves and becoming comfortable with how to use condoms, we can help communicate accurate information to adults and young people who might not have this information.”

II.

LEARNING ACTIVITIES TO HELP ADULTS AND YOUNG PEOPLE ADVOCATE FOR EFFECTIVE HIV PREVENTION EFFORTS IN SCHOOLS

LEARNING ACTIVITIES TO HELP ADULTS AND YOUNG PEOPLE ADVOCATE FOR EFFECTIVE HIV PREVENTION EFFORTS IN SCHOOLS

◆ What Is the Purpose of This Section?

The three activities in this section are intended to build skills to conduct effective HIV prevention education programmes and to mobilise support for these programmes.

◆ Specifically, these activities aim to:

- Strengthen participants’ advocacy and communication skills to mobilise support and educate about HIV and AIDS both in and out of the classroom
- Strengthen participants’ knowledge and understanding of interactive skills-based teaching methods (e.g., brainstorming, role plays, small-group discussions) that have been proven effective in HIV and AIDS education programmes

◆ Whom Is This Section For?

- Teachers/Trade Union Leaders

◆ How Long Will It Take to Implement This Entire Section?

It should take about three hours and 45 minutes to complete all the activities in this section, depending on the audience. However, the activities are meant to stand alone, and therefore can be used on their own.

WHAT ACTIVITIES ARE IN THIS SECTION?

Activity 2.1:	Using Role Plays and Small Groups to Develop Advocacy Skills	60 minutes
Activity 2.2:	Thank You for Your Question (Brainstorming and Peer Feedback)	40 minutes
Activity 2.3:	Breaking the Silence—Advocating for HIV and AIDS Education in Schools	125 minutes

WORKSHEETS FOUND IN THIS SECTION:

Activity 2.2 Worksheet: Controversial and Challenging Questions About HIV and AIDS

Activity 2.3 Worksheet 1: Recording Sheet for Group Reporter

Activity 2.3 Worksheet 2: Examples of Ways in Which to Support Your Arguments

Activity 2.3 Worksheet 3: Additional Notes to Prepare for Group Presentation

Activity 2.3 Worksheet 4: Lessons Learned

ACTIVITY 2.1

USING ROLE PLAYS AND SMALL GROUPS TO DEVELOP ADVOCACY SKILLS

Purpose: To strengthen participants' knowledge about and skills in using role plays to teach about HIV and AIDS; to build skills to advocate for and support effective HIV and STI prevention education programmes and policies

Skills: Communication skills, interpersonal skills, decision-making skills, advocacy skills

Methods: Role-playing, small groups, group discussions

Materials: Common Questions and Controversies Regarding HIV and STI Prevention in Schools handout, flipcharts or chalkboard

Time: 60 minutes

Overview: Facilitator introduces the concept of role-playing as an effective teaching method. After a brief introduction to role-playing, and why it is useful, participants practise role-playing (through the role of advocate) using fact sheets and other handouts as resources.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Prepare overheads and gather or duplicate any materials you might need.
- ◆ Assess the usefulness and relevance of the activity for the target population.
- ◆ Consider whether the methods, skills, and knowledge taught in this activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised and the methods that will be used.
- ◆ Ask participants to think about ways to adapt the activity (e.g., adding some more examples of role-play situations) to make it more relevant to their setting.
- ◆ Consider the best ways to divide participants into small groups for practise.
- ◆ Let participants know in advance that you will ask for some volunteers at the end of the practise session to demonstrate the methods they used to strengthen communication, interpersonal, decision-making, and advocacy skills.
- ◆ Be sure to let participants know before you begin that each small group will be asked to briefly report back their reactions, conclusions, and recommendations regarding this activity.
- ◆ Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION AND ROLE-PLAY EXPLANATION: 10 minutes

- ◆ Introduce yourself and ask group participants to introduce themselves.
- ◆ Explain to the group that this activity will help familiarise them with the interactive teaching method of role-playing. To explain role-playing you might say:

(Adapted from Teenage Health Teaching Modules, Education Development Center, Inc., Newton, MA, 1991, and School Health Education to Prevent AIDS and STD, WHO/UNESCO, World Health Organisation, Geneva, 1994)

Role-playing is a method of acting out a real-life situation. It allows us to practise translating knowledge into action. A situation or idea is described to the role-players, who then enact the roles according to how they think those people would feel and behave in that situation.

The major steps to carrying out a role play are:

- Describe the situation briefly or provide a written script.
- Choose role-players or ask for volunteers and assign a role to each one. You may want to select students who are outgoing and energetic if you are not asking the whole class to participate or not playing one of the main roles yourself.
- One person may be assigned an “observer” role, in which they take note of what is happening but do not participate in the role play. This gives them an objective viewpoint.
- Give them instructions on what to do or think about during the role plays.
- Try to avoid assigning students negative roles, unless you feel it is necessary in order to address the issue at hand.
- Use “props” (hats, cards with names, etc.) if possible. Even the simplest props can make a difference.
- Use humour, if possible.
- Ask students to end the role play when they think the situation has resolved itself, has become repetitive, and/or when time has run out.
- Have students discuss what happened during the role play. Ask how each of the role-players felt, why they think it turned out the way it did, and what they might have done differently. The discussion after the role play is almost as important as the role play itself as it helps participants gain more insight into the situation.
- Praise all efforts.

ROLE-PLAY DEMONSTRATION: 20 minutes

- ◆ Explain that the group will be dividing into smaller groups of three to practise role-playing (two role-players and one observer) as advocates of school health programmes and policies around HIV and STI prevention.

- ◆ First demonstrate a role play with a volunteer in which a teacher is interacting with a parent who does not want HIV education in his or her school. You might use one to two questions and responses from “Common Questions and Controversies Regarding HIV and STI Prevention in Schools” to demonstrate.
- ◆ Afterwards, ask participants:
 - How effective was each of the role-players?
 - How might each one have been more effective?
 - How did non-verbal communication play a role (e.g., body language, eye contact)?

ROLE-PLAY PRACTISE: 20 minutes

- ◆ After a brief discussion, ask the participants to arrange themselves into groups of three.
- ◆ Ask each group to think of **ONE** controversy or issue they may face when advocating for or supporting HIV programmes in schools.
Some examples:
 - A parent does not want her daughter learning about HIV prevention or sexuality education in school.
 - The headmaster only wants to teach about abstinence as a way to prevent HIV and STIs.
 - Teachers feel it is the role of family members to educate their children about HIV.
- ◆ Have each group spend about 20 minutes role-playing a specific interaction between two people around the specific controversy or issue the group has chosen (e.g., between a teacher and the principal). They should turn to the Common Controversies and Suggested Responses handout in their manual and use these questions and answers as a resource if necessary.
- ◆ Ask participants to take turns role-playing the two parts, with one group member observing each interaction. The observer should try to note what is being said, how it is being communicated (e.g., what gestures or expressions are the group members using?), and if the role-players are effective in advocating their position.
- ◆ During their own role play, ask each group to think about the three questions discussed during the mock role play. Participants may choose to repeat the role play to see if their skills improve.

LARGE-GROUP DISCUSSION: 10 minutes

- ◆ After the role plays, reconvene the group and ask them to discuss these questions:
 - What issue or controversy did your group choose? Why?
 - What were the two roles that were played during your role play?
 - How effective was each role-player?
 - How could each one have been more effective?
 - How did non-verbal communication play a role (e.g., body language, eye contact)?
 - How could they use this method in the classroom with students?

- How does the method of role-playing strengthen teaching and advocacy skills (inside and outside the classroom) to prevent HIV and STIs?
- ◆ Ask participants to volunteer responses to the following sentence stem. Write their responses on the chalkboard or flipchart.

Role-playing is helpful when you want students to _____.

- ◆ Possible answers:
 - Try to understand how a person would feel in a particular situation.
 - Learn how others might react to certain behaviours or attitudes.
 - Try out new ways of behaving to see if they bring the intended results.
 - Try out new ways of behaving to see what they would feel like.
 - Take the risk of behaving in a certain way without fear of failure or negative consequences.

ACTIVITY CLOSING: 5 minutes

- ◆ You might conclude this activity by saying:

“Role-playing is an important teaching method. It can help students and others practise and build skills that prepare them to respond effectively during real-life situations. By considering possible scenarios and then playing them out, both students and adults can develop social and cognitive skills that help them think about and react in the most positive way.”

ACTIVITY 2.2

THANK YOU FOR YOUR QUESTION

(BRAINSTORMING AND PEER FEEDBACK)

- Purpose:** To strengthen participants' knowledge and understanding of brainstorming as a teaching method and to increase participants' communication and interpersonal skills for responding to controversial or challenging HIV-related questions both inside and outside the classroom
- Skills:** Communication skills, interpersonal skills
- Methods:** Brainstorming, peer feedback, small-group work
- Materials:** Activity 2.2 Worksheet: Controversial and Challenging Questions About HIV and AIDS, flipchart or chalkboard, pens or chalk
- Time:** 40 minutes
- Overview:** Facilitator introduces the concept of brainstorming and peer feedback as effective teaching methods. Participants then practise this method by brainstorming some controversial questions about HIV and AIDS and related discrimination when speaking with other adults or students. After the brainstorming session, participants break up into pairs to practise answering these questions and get feedback from their peers.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Prepare overheads and gather or duplicate any materials you might need.
- ◆ Assess the usefulness and relevance of the activity for the target population.
- ◆ Consider whether the methods, skills, and knowledge taught in this activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask participants to think about ways to adapt the activity (e.g., adding some additional controversial and challenging questions about HIV) to make it more relevant to their setting.
- ◆ Consider the best ways to divide participants into small groups for practise.
- ◆ Let participants know in advance that you will ask for some volunteers at the end of the practise session to demonstrate communication skills and interpersonal skills.
- ◆ Be sure to let participants know before you begin that each small group will be asked to briefly report back their reactions, conclusions, and recommendations regarding this activity.
- ◆ Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: 5 minutes

- ◆ Introduce yourself and ask participants to introduce themselves.
- ◆ You might start this activity by saying:

“As teachers and community leaders, we are often faced with numerous questions from both students and community members. For this reason, we want to make sure we are ready to respond to each of these questions when we have the educational opportunity to do so. In this activity, we will practise answering some of the tough questions related to HIV and AIDS, so that we do not miss future opportunities to provide someone else with accurate information and knowledge. We will also use peer feedback—the collecting of ideas and suggestions from others in the room—to try to improve our interpersonal skills when answering these questions.”

EXPLANATION OF BRAINSTORMING: 5 minutes

- ◆ Explain that this activity is designed to increase participants’ familiarity with brainstorming as a teaching method and to build their communication skills. It will also allow them to assess their own knowledge about HIV and AIDS.
- ◆ Explain brainstorming to the group. You might say:

(Adapted from Teenage Health Teaching Modules, Education Development Center, Inc., Newton, MA, 1991, and School Health Education to Prevent AIDS and STD, WHO/UNESCO, World Health Organisation, Geneva, 1994)

Brainstorming is a group technique for generating ideas quickly and spontaneously. When conducted properly, it enables students and adult learners to respond creatively, without fear of being judged. It also allows the teacher to determine participants’ level of knowledge and/or opinions about a certain topic and to tailor the educational activity to the needs of the learners. It is a very simple process that involves stating a question or issue and asking for ideas from everyone. Usually, ideas are recorded on a board or sheet of paper so that they can be used later.

You may want to go over a few ground rules about brainstorming before you begin:

- All ideas are welcome.
- The main objective is to generate as many ideas as possible.
- There is no discussion after each answer; the purpose is to get all ideas first.
- Ideas will not be judged as “good: or “bad.”
- Building on the ideas of others is fine.
- It is all right to have periods of silence when people are thinking.

You may want to explain that brainstorming is effective when you want to:

- Gather a lot of ideas quickly.
- Encourage participation from students who are hesitant to speak up during discussions.
- Explore sensitive or controversial issues.

**BRAINSTORMING CONTROVERSIAL OR CHALLENGING
QUESTIONS: 10 minutes**

- ◆ Ask the group to brainstorm some controversial questions about HIV and AIDS that both adults and students may ask them. Write these on a flipchart or chalkboard.

NOTE TO FACILITATOR

You may want to provide some examples from the list below to begin the brainstorming exercise, or add some additional questions that were not mentioned by the group at the end of the exercise.

**EXAMPLES OF CONTROVERSIAL AND CHALLENGING QUESTIONS
ABOUT HIV AND AIDS**

- ◆ Why should a student with HIV be allowed in school?
- ◆ Why should teachers who are infected with HIV be allowed to teach our children? Can't other people catch it from them?
- ◆ Where does AIDS come from?
- ◆ Have you been tested for HIV yourself?
- ◆ Have some members of your family died from AIDS? How many?
- ◆ Why can't the government offer free medication to people suffering from AIDS?
- ◆ You talk about being faithful to one partner. My father has five wives. Should I go and tell my father that my teacher says he is sick, and so are his five wives?
- ◆ Why do people think AIDS is a gay disease?
- ◆ Why do people think having sex with a virgin can cure HIV infection? Is that true?
- ◆ I think AIDS and HIV is a lie that the US and western cultures have made up to scare people. What do you think? I don't believe any of this.
- ◆ Why do people think condoms don't work?
- ◆ Someone in my country has developed a cure for AIDS. Have you heard anything about it? Why aren't these cures considered?
- ◆ I hear there is a cure/vaccine for AIDS. Is this true? Why isn't it available here?
- ◆ My religion says I shouldn't use condoms. I don't want my children in a class that discusses or promotes condom use. It's against our religion.
- ◆ My daughter won't have sex until she's married. Why does she need to participate in HIV and STI prevention education? It's not going to be a problem for her.

**ACTIVITY 2.2 WORKSHEET
FOR PARTICIPANTS
CONTROVERSIAL OR CHALLENGING QUESTIONS ABOUT HIV AND AIDS**

List 5 to 10 of the questions brainstormed by the group along with possible answers:

QUESTION #1:

ANSWER #1:

QUESTION #2:

ANSWER #2:

QUESTION #3:

ANSWER #3:

QUESTION #4:

ANSWER #4:

QUESTION #5:

ANSWER #5:

QUESTION #6:

ANSWER #6:

QUESTION #7:

ANSWER #7:

QUESTION #8:

ANSWER #8:

QUESTION #9:

ANSWER #9:

QUESTION #10:

ANSWER #10:

Once the group has finished brainstorming the list of questions, ask participants to select 5 to 10 of these questions. Have them write these questions in the Activity 2.2 Worksheet.

ANSWERING THE QUESTION (DEMONSTRATION): 5 minutes

- ◆ You might start this section by saying:

“We are now going to brainstorm some possible answers to these great questions, and then practise communicating these answers. For some of these questions, we may need to have additional knowledge about HIV and AIDS in order to correctly answer them. But, it is important to remember that it is okay not to know the answer. If we don’t know the answer, we can tell the person that we don’t know, but we will make every effort to get an answer. For now, we can also use the materials we have in this manual to help us with our answers.”

- ◆ Ask participants to brainstorm possible answers to each of the questions they have written on their Activity 2.2 Worksheet, and ask them to write the answers they think are most effective on their worksheet.
- ◆ Explain that you would now like to demonstrate answering one of these questions with a volunteer. Ask the volunteer to pose a question and then model an answer that is clear, accurate, and respectful. With the group, discuss some of the ways in which you were effective in providing the answer (e.g., had knowledge, made eye contact, did not raise your voice or act judgmental). What other suggestions do they have that could strengthen your response?

NOTE TO FACILITATOR

You may also want to role-play a situation in which one person becomes angry or confrontational, and you demonstrate an appropriate response. (See techniques below.)

ANSWERING THE QUESTION (PRACTISE AND PEER FEEDBACK): 15 minutes

- ◆ Ask participants to divide into groups of three to practise answering these questions on their own. One participant will ask the question, another will answer, and a third person will observe and provide peer feedback. Ask observers to pay close attention not only to what is being said, but HOW it is being said.
- ◆ After one person tries to answer the question, have the group briefly discuss how effectively it was communicated (both verbally and non-verbally).

NOTE TO FACILITATOR

You may want to ask participants to practise role-playing a situation in which one person becomes angry or confrontational.

LARGE-GROUP DISCUSSION: 5 minutes

- ◆ You may want the large group to reflect on and discuss some key points to effective communication and listening. Some of the key points you may want to mention are:

Some techniques for communicating effectively:

Listen carefully to what the person is saying.

- Restate and make the question legitimate by stating, for example, “That’s a good question” or “Thank you for asking that question.”
- Ask for clarification if you don’t understand.
- Try to keep your answers as clear and simple as possible.
- Check to be sure people understand your response [e.g., by asking, “Have I made myself clear?” or “Did I answer your question?”]
- Correct any misunderstandings, errors or omissions.
- It’s okay not to know the answer. If you don’t know the answer, say so and let the person know you will make every effort to get an answer.

If questions or statements are angry or confrontational:

- Acknowledge and validate feelings [e.g., “I know you’re upset, and I understand how you feel.”]
- Be aware of whether you are raising your voice in tone or loudness. Doing so may only escalate the situation.
- Listen carefully.
- Try to keep the interaction positive.

ACTIVITY CLOSING: 5 minutes

- ◆ You might end this activity by saying:

“When speaking with people about a controversial topic such as HIV and AIDS, how you say something or respond to their questions, is just as important as what you say. People may be sensitive about certain topics or may be feeling somewhat embarrassed or nervous talking about the subject. Together, we’ve seen that non-verbal gestures, as well as gestures that show that you are listening and that you respect their opinions, can be very effective in helping you to communicate your point without making other people angry or defensive.”

ACTIVITY 2.3

BREAKING THE SILENCE—ADVOCATING FOR HIV AND AIDS EDUCATION IN SCHOOLS

- Purpose:** To enable participants to mobilise support and resources for implementing and institutionalising interventions that can prevent HIV and AIDS and related discrimination through schools
- Skills:** Advocacy skills to support the implementation of effective HIV and AIDS education programmes and the development of school policies that minimise stigma and discrimination around HIV-positive students and teachers; classroom skills for teaching about HIV and AIDS and related sensitive topics
- Methods:** Small-group work, analysis and application of existing information, modelling/role-playing
- Materials:** Facilitator instructions, materials for creating presentation reports (overhead transparency sheets, markers, flipcharts and paper, writing tablets, pens, etc.), Activity 2.3 Worksheets 1–4
- Time:** 120–125 minutes
- Overview:** Participants will be convened in five working groups. Each group will focus on a specific challenge or controversy that teachers and schools routinely face in attempting to implement HIV prevention efforts and prevent related discrimination in schools. Participants will discuss their challenge, construct possible arguments to respond to this challenge, and spend time preparing for group presentations by practising and demonstrating the effective communication of these arguments and reporting any additional findings.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Prepare overheads and gather or duplicate any materials you might need.
- ◆ Assess the usefulness and relevance of the activity for the target population.
- ◆ Consider whether the methods, skills, and knowledge taught in this activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask participants to think about ways to adapt the activity (e.g., adding some additional challenges and objectives) to make it more relevant to their setting.
- ◆ Be sure to let participants know before you begin that each small group will be asked to briefly report back their reactions, conclusions, and recommendations regarding this activity.
- ◆ Before they begin, ask participants if they have any questions or need clarification regarding the instructions.

INTRODUCTION: 10 minutes

- ◆ Introduce yourself and ask participants to introduce themselves.
- ◆ Open the activity with a brief overview of the activity. You might say:

“As teachers and community leaders advocating for HIV and AIDS education programmes in our schools, we are or will be faced with numerous challenges as a result of our efforts. By anticipating these challenges and considering how we can most effectively respond to them, we can better prepare ourselves to be effective advocates and supporters of these programmes.

In this activity we will divide into five groups. One group leader will lead each group. (See Note to Facilitator below.) Each group will be given their own challenge related to HIV and AIDS education. Using the materials in the manual (e.g., fact sheets) and related worksheets, each group will work together to reach the objective related to that challenge.”

NOTE TO FACILITATOR

If you do not have five assigned group leaders beforehand, you may wish to select five participants who you think would be effective facilitators, and ask them to serve as group leaders. If you are unable to designate group leaders, it is possible for groups to discuss their challenges together as a group without a leader. In this case, they will each need to get copies of the written questions and talking points included in this manual. Remind all groups, however, to designate one person as a recorder who will record reasons and arguments as discussed/agreed by the group on the worksheets. These will then be used for the group presentations.

- ◆ Describe the structure and time frame of this activity.

To begin, each group will start by discussing their assigned challenge. After this discussion, each group will write the possible reasons behind this challenge into Activity 2.3 Worksheet 2. **[For groups without leaders: There will be guiding questions on the handouts to help participants think of these reasons.]** Once the group has spent time thinking about the challenge and reasons why this challenge exists, groups will then discuss the assigned objective, and try to construct effective arguments that a teacher/community leader could use to address each reason.

At the end of the working groups (60–70 minutes), groups will all reconvene. Each group will then present what they learned, share their challenge, and demonstrate their convincing arguments.

- ◆ Introduce the five group leaders (if available), and assign each participant to a working group.
- ◆ Ask group leaders and groups to decide who will serve as recorder and presenters(s) for the group.
- ◆ Pass out the necessary materials for each working group.
- ◆ Note the current time, and ask groups to meet for approximately 40–45 minutes to discuss their challenge and reasons behind the challenge, and to construct their arguments.

WORKING GROUPS: 40–45 MINUTES

NOTE TO FACILITATOR

If there are assigned leaders for each group, only the group leader needs to get copies of the instructions, questions, and talking points for each working group. The other group members only need their worksheets on which they will write their group challenge, objective, reasons, and constructive arguments.

If there are no group leaders, group members should each get a copy of or share the written materials for their group.

ACTIVITY 2.3 WORKSHEET 1
RECORDING SHEET FOR GROUP REPORTER

OUR GROUP CHALLENGE

OUR GROUP OBJECTIVE

[TO RECORD ON ACTIVITY 2.3 WORKSHEET 2]

- ◆ What were some of the reasons behind your challenge as determined by your group?
- ◆ What were the arguments your group determined to be most effective in responding to these reasons (e.g., providing examples of existing legislation, presenting results from research and evaluation studies)?
- ◆ What additional information (e.g., country- or province-specific statistics about HIV rates; research on the effectiveness of HIV prevention programmes in other schools) would have been helpful to have to respond to this challenge?

ACTIVITY 2.3 WORKSHEET 2

EXAMPLES OF WAYS IN WHICH TO SUPPORT YOUR ARGUMENTS

Reasons Behind the Challenge	Possible Constructive Arguments	Additional Information Needed

ACTIVITY 2.3 WORKSHEET 3

ADDITIONAL NOTES TO PREPARE FOR GROUP PRESENTATION

Large empty rectangular box for taking additional notes to prepare for group presentation.

ACTIVITY 2.3 WORKSHEET 4
LESSONS LEARNED

What were some of the major things you learned in your group about the challenges faced by teachers and schools?

What communications and/or negotiation skills did you find useful when modelling your arguments (e.g., creating analogies)?

ACTIVITY 2.3 WORKING GROUP A

GROUP CHALLENGE:

Parents and teachers at your local primary school (grades 1–5) believe that any instruction that includes HIV prevention education is not appropriate for young pupils.

POSSIBLE TALKING POINTS FOR DISCUSSION:

- ◆ Is this challenge realistic? Would parents and teachers feel this way? (**Groups may choose to revise or reshape their challenge to make it more suitable to their experiences and record it on Activity 2.2 Worksheet 1.**)
- ◆ Why might these parents and teachers be against implementing an HIV education program for younger students?
- ◆ What are some of the cultural, social, religious, gender, political, and/or economic norms that may have to be addressed to overcome this challenge?

Record some of the reasons presented on Activity 2.2 Worksheet 2 and a flipchart/chalkboard, so they can be referred to later when trying to construct arguments.

REASONS THAT MAY BE MENTIONED BY THE GROUP:

- ◆ Parents don't think that HIV is something that young children need to know about.
- ◆ Parents think that it is more important to spend time teaching children other things.
- ◆ Teachers are afraid that they will get in trouble with parents.
- ◆ Teachers are unsure about how to respond to some sensitive issues or questions.

Once the group has spent time thinking about the challenge and reasons why this challenge exists, present the group with the group objective.

GROUP OBJECTIVE:

Make a convincing argument to the parents and teachers about why it is essential for all schools, including primary schools, to create and implement developmentally appropriate interventions for preventing HIV and related discrimination.

POSSIBLE TALKING POINTS FOR DISCUSSION:

- ◆ Do you agree with this objective? Why or why not? If not, how would you change the objective to make it more agreeable to the group? (**Have a designated group member make any changes to the objective on Activity 2.3 Worksheet 1.**)
- ◆ What are some of the reasons why it is important for young children to receive education and develop skills related to HIV prevention?
- ◆ What does “developmentally appropriate” mean?
- ◆ Looking at the reasons why they might be against implementing such a program, let's construct some possible arguments that could address each reason.

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- ◆ What additional information might you need to construct an effective argument?

Depending on how the group leader and the group believe they would make the best use of their time, they may choose to:

- Brainstorm constructive arguments to each reason, with one group member acting as the recorder of ideas
- List additional information that would be useful to have in order to effectively construct these arguments (**you may want to refer to any additional materials provided**)
- Model specific arguments with one another

EXAMPLES OF WAYS IN WHICH TO SUPPORT YOUR ARGUMENTS

Reasons Behind the Challenge	Possible Constructive Arguments	Additional Information Needed
<ul style="list-style-type: none"> • [parents] HIV is something that young children don't need to know about. • [parents] It is more important to spend time teaching children other things. • [teachers] We will get in trouble with parents. • [parents] I want to teach my children about these things. • [teachers] I am unsure about how to respond to some sensitive issues or questions. • [parents] Teaching about these subjects may make young children more curious about and interested in sex. 	<ul style="list-style-type: none"> • Young children in our community are already aware of HIV. HIV education can help reduce their fear and provide them with the knowledge to make positive decisions about themselves and develop empathy for those who are infected. • HIV education can be taught in conjunction with other school subjects, and can help students develop skills that foster respect, caring, and enhance positive decision-making. • All parents and local stakeholders will be invited to participate in all stages of programme and policy development. • We can work with school administrators to provide teachers with training on how to implement classroom activities, and respond to difficult questions. • Studies (e.g., by UNAIDS) have shown that sex education does not lead to earlier or increased sexual activity among young people. 	<ul style="list-style-type: none"> • Epidemiological data about HIV infection rates in your community, particularly in families with young children • Information on parents and community leaders who are supportive to enlist their involvement • Examples of HIV curricula that have been used in the younger grades • Resources on how to set up a school task force or community advisory board to involve and educate parents • Examples of existing training resources for teachers on implementing HIV and AIDS programmes • Examples of existing HIV prevention curricula that are developmentally appropriate for young children

ACTIVITY 2.3 WORKING GROUP B

GROUP CHALLENGE:

The principal in your middle school (grades 6–8) is upset that teachers are using HIV prevention curricula that includes activities such as role plays, dramatic skits, and small-group discussions among boys and girls. Parents and other community leaders also feel the same way, and are asking for a more traditional approach to teaching this information in which the teacher provides information through lectures and written materials.

POSSIBLE TALKING POINTS FOR DISCUSSION:

- ◆ Is the challenge realistic? If not, what would make it more realistic? (**Groups may choose to revise or reshape their challenge to make it more suitable to their experiences and record it on Activity 2.3 Worksheet 1.**)
- ◆ Why do you think the principal is upset about using these different types of learning activities?
- ◆ Why might the parents be upset?
- ◆ What are some of the cultural, social, religious, gender, and/or economic norms that may be influencing this challenge?

Record some of the reasons presented on the flipchart/chalkboard and Activity 2.3 Worksheet 2, so they can be referred to later when trying to construct arguments.

REASONS THAT MAY BE MENTIONED BY THE GROUP:

- ◆ Parents think teachers should be in charge of what is being taught and said in the classroom.
- ◆ Parents don't believe that girls and boys should be interacting in this way.
- ◆ The principal is afraid that he will get in trouble with parents if something is discussed that is controversial.
- ◆ The teacher doesn't know how to teach using these methods and doesn't want to embarrass herself.
- ◆ Content of the curriculum may conflict with family and community values.
- ◆ Parents and school staff think talking about and role-playing risky behaviours may encourage youth to engage in these behaviours.

Once the group has spent time thinking about the challenge and reasons why this challenge exists, present the group with the group objective.

GROUP OBJECTIVE:

Convince the principal that it is important and necessary to provide students with an HIV prevention education programme that uses activities that have been proven effective in reducing risks among young people.

POSSIBLE TALKING POINTS FOR DISCUSSION:

- ◆ Do you agree with this objective? Why or why not? If not, how would you change the objective to make it more agreeable to the group? (Have a designated group member make any changes to the objective on Activity 2.3 Worksheet 1.)
- ◆ Why is it important to use these kinds of learning activities (e.g., role plays, small groups) when teaching about HIV and AIDS?
- ◆ Looking at the reasons why they might be against implementing such a program, let's construct some possible arguments that could address each reason.
- ◆ What additional information might you need to construct an effective argument?

Depending on how the group leader and the group believe they would make the best use of their time, they may choose to:

- Brainstorm constructive arguments to each reason, with one group member acting as the recorder of ideas on a flipchart/chalkboard.
- List additional information that would be useful to have in order to effectively construct these arguments (you may want to refer to any additional materials provided).
- Model specific arguments with one another.

EXAMPLES OF WAYS IN WHICH TO SUPPORT YOUR ARGUMENTS		
Reasons Behind the Challenge	Possible Constructive Arguments	Additional Information Needed
<ul style="list-style-type: none"> • [parents] Teachers should be in charge of what is being taught and said in the classroom. • [parents, staff] Talking about and role-playing risky behaviours may encourage youth to engage in these behaviours. • [parents] Girls and boys should not be interacting in this way. • [principal] I am afraid that I will get in trouble with parents if something is discussed that is controversial. • [teachers] I don't know how to teach using these methods, and I don't want to embarrass myself. • [teachers] I can't implement these activities with such a large class size. 	<ul style="list-style-type: none"> • Teachers will still be guiding students through the activities. These methods allow students to think about their own knowledge, behaviour, and real-life experiences, so that they can develop skills that have a practical impact on their lives. • Through these interactions, boys and girls model what they are already experiencing outside the classroom. These activities help them develop skills they can use to protect themselves in these situations. • Parents should be invited to a school meeting that helps them understand the importance of implementing HIV education programmes and invites them to participate on a community advisory board. • We can work with school administrators to provide teachers with training on how to effectively implement classroom activities (including classroom management), and respond to difficult questions. 	<ul style="list-style-type: none"> • Examples of studies that have demonstrated how programmes using these teaching methods are more effective in reducing risk behaviours than programs that use traditional teaching methods • Evidence that sex education does not lead to an increase in sexual activity • Behavioural and epidemiological data on middle-school-aged students in the community • Resources on how to set up a school task force or community advisory board to involve and educate parents • Examples of existing training resources for teachers on implementing HIV and AIDS programmes (including management of large class size)

ACTIVITY 2.3 WORKING GROUP C

GROUP CHALLENGE:

A teacher tells a colleague she is HIV-positive. This information has spread, and local community members, including parents, are pressuring school administrators to fire the teacher.

POSSIBLE TALKING POINTS FOR DISCUSSION:

- ◆ Do you think community members would react in this way? If not, how would they react? **(Groups may choose to alter their challenge on their worksheet to make it more suitable to their experiences. Any changes can be recorded on Activity 2.3 Worksheet 1.)**
- ◆ Why might local community members want the teacher fired?

Record some of the reasons presented on Activity 2.3 Worksheet 2 and a flipchart/chalkboard, so they can be referred to later when trying to construct arguments.

- ◆ Should the teacher be fired?
- ◆ How do you think other teachers would feel?
- ◆ How might such discrimination and stigmatisation affect the school environment and the community?
- ◆ What services are available to counsel teachers who are infected?

REASONS THAT MAY BE MENTIONED BY THE GROUP:

- ◆ They are afraid that HIV might be spread from the teacher to their children.
- ◆ They think teachers who are HIV-positive are bad role models for their children.
- ◆ They don't want their children to have a teacher who is sick.
- ◆ There are no good reasons to keep HIV-positive teachers and students in school.

Once the group has spent time thinking about the challenge and reasons why this challenge exists, present the group with the group objective.

GROUP OBJECTIVE:

Convince school administrators that the teacher has a right to remain employed in the school setting and that discrimination and stigmatisation can be harmful to the entire school community.

POSSIBLE TALKING POINTS FOR DISCUSSION:

- ◆ Do you agree with this objective? Why or why not? If not, how would you change the objective to make it more agreeable to the group? **[Have a designated group member make any changes to the objective on Activity 2.3 Worksheet 1.]**
- ◆ Why is it important for both teachers and students who are HIV-infected to be allowed to work and study at the school?

- ◆ Looking at the reasons why they might be against implementing such a program, let's construct some possible arguments that could address each reason.
- ◆ What additional information might you need to construct an effective argument?

Depending on how the group leader and the group believe they would make the best use of their time, they may choose to:

- Brainstorm constructive arguments with which to respond to each reason, with one group member acting as the recorder of ideas on a flipchart/chalkboard.
- List additional information that would be useful to have in order to effectively construct these arguments (**you may want to refer to any additional materials provided**).
- Model specific arguments with one another.

EXAMPLES OF WAYS IN WHICH TO SUPPORT YOUR ARGUMENTS

Reasons Behind the Challenge	Possible Constructive Arguments	Additional Information Needed
<ul style="list-style-type: none"> • I don't want HIV to be spread from the teacher to my child. • Teachers who are HIV-positive are bad role models for my children. • I don't want my child to have a teacher who is sick. • There are no good reasons to keep HIV-positive students and teachers in the school. 	<ul style="list-style-type: none"> • HIV is not transmitted by casual contact, such as shaking hands, hugging, or using toilet seats. It would be very difficult for your child to get HIV from his or her teacher. • There are different reasons why people become infected with HIV. It is the infection and not the infected against which we should fight. • People can be infected with the HIV virus for many years before developing any symptoms of AIDS. They can look and feel entirely healthy. • By developing school policies that prevent discrimination and stigmatisation toward individuals, schools can help to create a healthy school environment, free of fear, tension, isolation, and misinformation. This can positively affect all health outcomes. 	<ul style="list-style-type: none"> • Fact sheets about HIV and AIDS and the modes of transmission • Epidemiological data about rates of HIV in your community • Fact sheets about HIV and AIDS • Examples of existing legislation/policies that exist in other schools and communities around discrimination.

ACTIVITY 2.3
WORKING GROUP D

GROUP CHALLENGE:

Two teachers have just started to teach about HIV and AIDS in their classrooms, and they recently had two difficult experiences in front of their students. They have come to you with advice on what to do.

POSSIBLE POINTS FOR DISCUSSION:

- ◆ Do you think teachers will encounter “difficulties” when trying to teach about HIV and AIDS? (Groups may choose to revise their challenge on Activity 2.3 Worksheet 1 to make it more suitable to their experiences.)
- ◆ What specific kind of “difficulties” do you think the teachers may have had?
- ◆ How might the difficulties differ between male and female teachers? Why?
- ◆ Why do you think these events may have occurred?

Record some of the reasons presented on Activity 2.3 Worksheet 2 and a flipchart/chalkboard, so they can be referred to later when trying to construct arguments.

REASONS THAT MAY BE MENTIONED BY THE GROUP:

- ◆ Teachers feel unprepared to answer specific questions because they do not have sufficient information.
- ◆ Teachers feel uncomfortable talking about certain sensitive issues with mixed genders.
- ◆ A teacher’s own religious beliefs may make her feel unsettled about discussing sex with male students.
- ◆ Students feel uncomfortable and try to make themselves feel better by making jokes about other students and/or the teacher.
- ◆ A student mentions to a teacher that he heard she is HIV-positive.

Once the group has spent time thinking about the challenge and reasons why this challenge exists, present the group with the group objective.

GROUP OBJECTIVE:

Advise these teachers on some skills and strategies they can use in the classroom setting to respond to such difficult situations and experiences.

POSSIBLE TALKING POINTS FOR DISCUSSION:

- ◆ Do you agree with this objective? Why or why not? If not, how would you change the objective to make it more agreeable to the group? (Have a designated group member make any changes to the objective on Activity 2.3 Worksheet 1.)

- ◆ What specific skills is it important for teachers to have before going into a classroom to teach HIV and AIDS education?
- ◆ Looking at some of the reasons we have just listed, what are some possible things that teachers can do or say to effectively respond to these situations?
- ◆ How might these skills and strategies relate to advocating for or creating institutionalised school policies that encourage professional development and training for teachers?

Depending on how the group leader and the group believe they would make the best use of their time, they may choose to:

- Brainstorm constructive arguments with which to respond to each reason, with one group member acting as recorder of ideas.
- List additional information that would be useful to have in order to effectively construct these arguments (you may want to refer to any additional materials provided).
- Model specific arguments with one another.

EXAMPLES OF WAYS IN WHICH TO RESPOND TO THE SITUATIONS		
Reasons Behind the Challenge	Possible Ways That Teachers Can Respond	Additional Information Needed
<ul style="list-style-type: none"> • Teachers feel unprepared to answer specific questions because they do not have sufficient information. • Teachers feel uncomfortable talking about certain sensitive issues with mixed genders. • Students make jokes about other students and/or the teacher. • A student mentions to a teacher that he heard she is HIV-positive. 	<ul style="list-style-type: none"> • It's okay not to know the answer. You might say, "I don't know the answer to that, but I'll try to find out and let you know" OR "Let's see if we can find the answer together." • It's okay to feel embarrassed or uncomfortable. Don't try to pretend you are not when you are. You might say, "It isn't easy for me to answer that question, but I'll try" OR "This is difficult for me to talk about, but it is too important not to talk about it." • Start the class by saying it is often embarrassing to talk about these issues and that when people are uncomfortable, they may laugh or make jokes to cover up their nervousness. • You may choose to ignore a situation by saying "okay" and going on with the discussion. • You may tell the student that you do not wish to discuss information about your personal life in class, and that no one in the class should feel that they need to talk about things they don't want to discuss. 	<ul style="list-style-type: none"> • Accurate curricula and training materials related to HIV and AIDS • Fact sheets and other data about HIV and AIDS • Resources on developing school health policies that institutionalise training and professional development opportunities for teachers who are implementing HIV education programmes

ACTIVITY 2.3 WORKING GROUP E

GROUP CHALLENGE:

School administrators and local leaders are in the process of discussing an HIV education programme to be implemented at your school. They have agreed to implement a programme as long as the curriculum uses an abstinence-only approach. This would mean there could be no discussion in the classroom about safer sex, condoms, or intravenous drug use.

POSSIBLE TALKING POINTS FOR DISCUSSION:

- ◆ Is the challenge being presented a realistic one? If not, what would make it more realistic? (Groups may choose to alter their challenge on their worksheet to make it more suitable to their experiences. Any changes can be recorded on Activity 2.3 Worksheet 1.)
- ◆ Why might school administrators and local leaders advocate an abstinence-only approach?

Record some of the reasons presented on Activity 2.3 Worksheet 2 and a flipchart/chalkboard, so they can be referred to later when trying to construct arguments.

REASONS THAT MAY BE MENTIONED BY THE GROUP:

- ◆ They believe that teaching students about sex, condoms, or drugs will encourage them to be sexually active or encourage drug use.
- ◆ They believe it is wrong for girls and young women to talk about sex or sexuality at school.
- ◆ School administrators think parents and teachers will only support an abstinence-only approach.

Once the group has spent time thinking about the challenge and reasons why this challenge exists, present the group with the group objective.

GROUP OBJECTIVE:

Construct effective arguments for the implementation of an HIV education programme that includes information on safer sex, condoms, and intravenous drug use.

POSSIBLE TALKING POINTS FOR DISCUSSION:

- ◆ Do you agree with this objective? Why or why not? If not, how would you change the objective to make it more agreeable to the group? [Have a designated group Reporter make any changes to the objective on Activity 2.3 Worksheet 1.]
- ◆ Why is it important to include information about safer sex and condoms in a programme?
- ◆ What kind of information do you need about existing HIV programmes to make your argument?
- ◆ Looking at some of the reasons we have just listed, what are some possible ways that the group can construct their argument?

Depending on how the group leader and the group believe they would make the best use of their time, they may choose to:

- Brainstorm constructive arguments with which to respond to each reason, with one group member acting as the recorder of ideas.
- List additional information that would be useful to have in order to effectively construct these arguments (you may want to refer to any additional materials provided).
- Model specific arguments with one another.

EXAMPLES OF WAYS IN WHICH TO SUPPORT YOUR ARGUMENTS

Reasons Behind the Challenge	Possible Constructive Arguments	Additional Information Needed
<ul style="list-style-type: none"> • Teaching students about sex, condoms, and drugs will encourage them to be sexually active and/or use drugs. • It is wrong for girls and young women to talk about sex or sexuality at school. • Parents and teachers will only support an abstinence-only approach. • The only way to prevent HIV infection is by abstinence. 	<ul style="list-style-type: none"> • Studies (e.g., by UNAIDS) have found that sex and drug education programmes do not lead to earlier or increased sexual activity or drug use among young people. In fact, a large percentage of these programmes either delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy. • Rates of HIV infection among women worldwide are increasing and women are more vulnerable to the virus than men. It is very important that young women and girls develop the skills they need to protect themselves. • Both parents and teachers should be invited to participate in a schoolwide meeting to address this issue. This meeting can familiarise them with the characteristics of effective programmes and the fact that they do not result in increased sexual activity among students. They may also choose to participate in a community advisory board. • Programmes that promote postponement of sex or protected sex are more successful than programmes that promote abstinence-only. 	<ul style="list-style-type: none"> • Evidence that sex/drug education programmes do not lead to increased sexual activity or drug use • Evidence that programmes that promote postponement of sex or protected sex are more successful than programmes that promote abstinence-only • Epidemiological data on HIV rates in the community and other parts of the country, especially among women and girls • Resources on how to set up a school task force or community advisory board to involve and educate parents • Behavioural data on school-aged children in your community

PREPARING FOR THE GROUP PRESENTATION: 20–25 MINUTES

- ◆ After approximately 40–45 minutes, ask each group to spend time preparing for the group demonstration by reviewing the arguments, shaping a convincing argument to be presented, and practising how to effectively communicate these arguments with other members of their group.
- ◆ Specifically, ask groups to do the following steps:
 - I. Review constructive arguments determined during the exercise. (See Activity 2.3 Worksheets 2 and 3.)
 - What arguments seem most effective in responding to this challenge (e.g., providing examples of existing legislation, presenting results from research and evaluation studies)? Why?
 - What additional information (e.g. country- or province-specific statistics about HIV rates; research on the effectiveness of HIV prevention programmes in other schools) would have been helpful to have to respond to this challenge?
 - Where might you get this information?
 - II. Shape convincing arguments in a way that can be presented/demonstrated to the whole group. (Use Activity 2.3 Worksheet 3.)
 - III. Practise communicating and modelling these arguments within the group.
 - IV. Determine what will be presented/demonstrated to the whole group, how it will be presented (e.g., through role plays, by presenting a speech using convincing arguments, etc.), and who the presenters will be.

NOTE TO FACILITATOR AND GROUP

Group presentations can be made a variety of ways, e.g., through skits, role plays, speeches, songs, etc.

In addition to the argument(s) to be demonstrated to the entire group, group members may also consider presenting answers to the following questions (Activity 2.3 Worksheet 4):

- What were some of the major things you learned in your group, particularly about the challenges faced by teachers and schools?
- What communications and/or negotiation skills did you find useful when modelling and role-playing your arguments (e.g., creating analogies)?

GROUP PRESENTATIONS: 45–60 MINUTES

- ◆ After 20–25 minutes of preparation time, ask the entire group to reconvene.
- ◆ Ask the designated presenter(s) of each group to share their group's challenge, objective, reasons behind the challenge, and constructive arguments (allocate approximately 10 minutes per working group).
- ◆ Ask each group to share any lessons learned, including lessons about effective communication and negotiation, when advocating for HIV and AIDS education programmes.
- ◆ Provide other participants with the opportunity to ask questions, share their thoughts about the specific challenge, and give their feedback.

ACTIVITY CLOSING: 5 minutes

- ◆ You might conclude by saying:

“We’ve just discussed some of the many challenges that teachers and/or community leaders may face when they advocate for HIV and AIDS education programmes in their schools and communities. Through our group work, however, we have come up with some very effective ways that we can respond to these challenges through constructive arguments, the use of effective communication and negotiation skills, and a better understanding of the kinds of related information and knowledge we need as advocates and supporters of these programmes. By anticipating the challenges we may encounter in our communities, we can better prepare ourselves to respond effectively during real-life situations

III.

**DEVELOPMENTALLY
APPROPRIATE SKILL-
BUILDING ACTIVITIES FOR
YOUNG PEOPLE**

A. LEARNING ACTIVITIES TO HELP YOUNG CHILDREN ACQUIRE SKILLS TO PREVENT HIV INFECTION AND RELATED DISCRIMINATION

◆ What Is the Purpose of This Section?

This section contains two classroom activities that use participatory, interactive teaching methods. Because these activities focus primarily on skill-building activities, it is important to first establish a knowledge base that students can use to effectively support the activities.

◆ Who Are These Activities For?

Students and school-aged children (young children)

◆ How Long Will It Take to Implement This Entire Section?

It should take about one hour to complete all the activities in this section, though the time may vary depending on the audience. However, the activities are meant to stand alone and be used with students at different developmental phases.

WHAT SKILLS DO THESE ACTIVITIES HELP BUILD?*

* *From Preventing HIV and AIDS/STI and Related Discrimination: An Important Responsibility of a Health Promoting School (WHO Information Series on School Health)*

- Fundamental skills for healthy interpersonal communication 25 minutes
- Practical and positive methods for dealing with emotions and stress 25 minutes

WHAT ACTIVITIES ARE IN THIS SECTION?

Activity 3.1: Talking with Our Family and Friends (Develop fundamental skills for healthy interpersonal communication)

Activity 3.2: What to Do When I Feel . . . (Acquire practical and positive methods for dealing with emotions and stress)

ACTIVITY 3.1

OUR FAMILY AND FRIENDS

Purpose:	To help students understand the importance of communicating with friends and family in a positive way. Students will think about the ways in which what they say, and how they say it, can make a difference in how another person feels or reacts. They will also understand the importance of communicating with an adult if something or someone makes them nervous, frightened, or uncomfortable.
Skills:	Healthy communication skills for young children, including decision-making skills and interpersonal skills
Age Group:	Young children
Methods:	Case studies, group discussion
Materials:	Stories
Time:	25 minutes
Overview:	In this activity, young students are presented with four different situations and then asked for their ideas on what the people in these situations should say or do, and why.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Prepare overheads and gather or duplicate any materials you might need.
- ◆ Assess the usefulness, relevance, and appropriateness of the activity for the students you plan to teach.
- ◆ Consider whether the methods, skills, and knowledge taught in this activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask students to think about ways they might want to change the activity (e.g., coming up with some additional stories to read aloud) to make it more useful for them.
- ◆ Consider the best ways to divide students into small groups for practise, discussion, and role plays.
- ◆ Let students know in advance that you will ask for some volunteers at the end of the practise session to demonstrate examples of healthy communication and decision-making skills.
- ◆ Be sure to let students know before you begin that you will ask them for their reactions, conclusions, and recommendations regarding this activity.
- ◆ Before they begin, ask students if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

EI * WHO * EDC

INTRODUCTION TO ACTIVITY: 5 minutes

- ◆ You might start this activity by saying:

“We’re going to read four very short stories about boys and girls who find themselves in different situations. As you listen to the stories, think about the kinds of feelings and thoughts the boys and girls might have.”

- ◆ Guiding questions are listed below each situation. After reading each story, engage students in a conversation using the guiding questions.

NOTE TO TEACHER

Try to help students understand that it is important for them to think before they say anything, and that what they say to someone can make that person feel better or worse. At the same time, students should understand that if something or someone makes them feel scared, nervous, or worried, they should tell a family member or adult who cares about them.

FOUR STORIES AND CLASS DISCUSSION: 20 minutes

- ◆ Read aloud situation #1.

Thabane is walking with his friend Bongani when they see Siphso, another boy in their class, walking toward them. Siphso has been sick lately, so he is coughing and sneezing. As he gets closer to them, Siphso begins to say “Hi, Bongani and Tha—”, but before Siphso can finish, Bongani says loudly so Siphso can hear, “Hmmp, I don’t want him to get me sick. Quick, Thabane, let’s get out of here before he gets too close.”

- ◆ Ask the students:
 - How do you think Siphso felt when he heard Bongani say that? Why?
 - What do you think Thabane can do or say to Siphso to make him feel better?
 - What could Thabane do or say that would make Siphso feel even worse?
 - What do you think Thabane can say to Bongani to try to make sure he doesn’t say something like that to someone else?

◆ Read aloud situation #2.

Itumelang is with her friend Tsietsi. They are outside their school when two other boys, Molefe and Thabo, ask Tsietsi if he wants to play football with them. Tsietsi says yes and looks at Itumelang. Itumelang says, "I want to play too! My brother taught me how." But Molefe laughs and says, "You? You're just a girl! You can't do anything as well as us boys!"

◆ Ask the students:

- How do you think Itumelang felt when Molefe said that?
- Do you think what he said about girls is true? Why or why not?
- What do you think Tsietsi could do or say to Molefe to make Itumelang feel better?
- What could Itumelang say to Molefe?

◆ Read aloud situation #3.

Chipo is waiting for her auntie to pick her up from school. A man who she does not know comes over to her. He is as old as her father. He asks her whom she is waiting for, and she tells him she is waiting for her auntie. "Oh, I know your auntie," he says. "We are good friends. Why don't you come with me, and we can meet her down near the market." He is smiling and looks friendly.

◆ Ask the students:

- What do you think Chipo should do? Why? (Explain the importance of not going anywhere with strangers, etc.)
- What can she say to this man?
- When she sees her aunt, do you think she should tell her about this man? What do you think she can say?
- Whom else do you think she should tell about this man?

◆ Read aloud situation #4.

Tsakani and Tinyiko are sitting outside the steps of Tsakani's house. Tinyiko says, "I'm bored; there's nothing to do here. Maybe I'll just go home." Tsakani says, "I know what we can do . . . I took a cigarette from my uncle's jacket yesterday. Want to try it with me?" Tinyiko is not sure what he should do because he heard from his mother that cigarettes are not good for you. Tinyiko doesn't say anything, so Tsakani says, "Don't be boring! Are you scared?"

◆ Ask the students:

- Do you think Tinyiko should smoke the cigarette? Why or why not?
- How do you think Tinyiko is feeling?
- What do you think Tinyiko should say to Tsakani?

ACTIVITY CLOSING: 5 minutes

- ◆ You might end this activity by saying:

“When we are talking with our friends and people in our family, it is important for us to think about what we are saying and how we are saying it before we actually speak. Sometimes we say something quickly without thinking about how it will make someone else feel. Sometimes it will make them feel bad or angry even though we didn’t mean it to. At the same time, we need to make sure that if somebody or something is making us feel uncomfortable, scared, or nervous, we let another adult who cares about us (like your parents, sisters, and brothers, or an aunt or uncle) know about this.”

ACTIVITY 3.2

WHAT TO DO WHEN I FEEL . . .

Purpose:	To help younger students build skills for dealing with negative emotions in a positive way; to help them understand what they can do when experiencing feelings of anger or sadness
Skills:	Acquire practical and positive methods (by building decision-making skills and emotional-coping skills) for dealing with emotions and stress
Age Group:	Young children
Methods:	Brainstorming, small-group discussion, case studies
Materials:	Chalkboard or flipchart, chalk or markers, story
Time:	25 minutes
Overview:	Students are asked to list things that make them feel bad and things that make them feel good. They then hear a story about Tapiwa, a young girl, and what she did when she felt sad and angry about something. Then, students think about other things they can do when they are feeling unhappy that could make them feel better.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Prepare overheads and gather or duplicate any materials you might need.
- ◆ Assess the usefulness, relevance, and appropriateness of the activity for the students you plan to teach.
- ◆ Consider whether the methods, skills, and knowledge taught in this activity can be applied to students' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask students to think about ways they might want to change the activity (e.g., another situation to use in place of Tapiwa's Story) to make it more useful for them.
- ◆ Consider the best ways to divide students into small groups for practise, discussion, and role plays.
- ◆ Let students know in advance that you will ask for some volunteers at the end of the practise session to demonstrate some ways they practised how to deal with emotions and stress.
- ◆ Be sure to let students know before you begin that you will ask them for their reactions, conclusions, and recommendations regarding this activity.
- ◆ Before they begin, ask students if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

EI * WHO * EDC

INTRODUCTION AND CLASS DISCUSSION: 5 minutes

- ◆ You might start this activity by saying:

“We all have different feelings that can make us feel good or bad. When we are feeling angry at someone or worried about something, for example, we don’t feel very good. When we are doing something we like and having fun with friends, we feel good.”

- ◆ Ask students to answer the following questions, and write their answers on the board:
 - What are some things that make you feel bad?
 - What are some things that make you feel good?

TAPIWA’S STORY: 15 minutes

- ◆ Continue by saying:

“These are great answers! Sometimes when we’re angry or sad, we do things that make us feel worse instead of better. That’s because we might not always know what we can do to feel better. I’m going to read you a short story about Tapiwa. She had a day when she felt both good and bad. Let’s see what she did.”

Tapiwa was seven years old. She was living with her mother and father and three brothers and sisters. It was her sister’s birthday, so her mother was going to cook a nice meal for the family. Tapiwa was very happy because she loved to eat a lot of food! But later that day, her mother told her and her brothers and sisters that she was not feeling well. She needed to rest and would not be able to cook dinner that day. Tapiwa and her brothers and sisters all felt sad and a little angry because they were looking forward to the meal.

Her sister Vonghi cried behind the house and refused to talk to anyone. Her brother Zuze yelled, “You’re always sick! It’s not fair!” and ran out of the house.

Tapiwa and her other brother Tatenda decided to do something that could make themselves and other people feel better. They got a piece of paper and some markers, and made two cards: a card for their mother and a birthday card for their sister Vonghi. When they finished and gave their mother and Vonghi the cards, Tapiwa and Tatenda felt much better. Vonghi also looked happier, and their mother promised to cook a nice big meal as soon as she felt stronger.

- ◆ Next ask students the following questions:
 - How did Tapiwa feel about the birthday meal her mother was supposed to cook?
 - How did she feel when she found out that her mother could not cook because she felt sick?
 - How did her brothers and sisters feel?
 - What did her sister Vonghi do?
 - What did her brother Zuze do?
 - What did Tapiwa and her brother Tatenda do?

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- Who felt better afterwards?
- What else do you think Tapiwa could have done to make her and other people in her family feel better?

WHAT YOU CAN DO (CLASS DISCUSSION): 5 minutes

- ◆ Continue by saying:

“Now let’s look at some of the things that you said make you feel bad. Together let’s think of some of the things you can do by yourself or with friends or family that can help you feel better when these things happen.”

- ◆ Ask the class to come up with suggestions on what they can do. Praise all ideas.

ACTIVITY CLOSING: 5 minutes

- ◆ You can end the activity by saying:

“We all have times when we feel bad and don’t know what to do about it. So, sometimes we’ll do things that just make us feel worse. We won’t talk to anyone, or we’ll yell or throw things. But, you’ve just come up with some great ideas about things you can do when you’re feeling angry or worried that can make you feel better without hurting anyone else. You might do something that makes you happy, like play jump rope or football with your friends, or you can talk with someone, like a friend or someone in your family, about how you feel and what you can do. Talking with someone can help you understand that you are not alone and that there are people who might be able to make you feel better.”

B. LEARNING ACTIVITIES TO HELP PRE-ADOLESCENTS ACQUIRE SKILLS TO PREVENT HIV INFECTION AND RELATED DISCRIMINATION

◆ What Is the Purpose of This Section?

This section contains 10 classroom activities that use participatory, interactive teaching methods. Because these activities focus primarily on skill-building activities, it is important to first establish a knowledge base that students can use to effectively support the activities.

◆ Whom Are These Activities For?

Students and school-aged children (pre-adolescents)

◆ How Long Will It Take to Implement This Entire Section?

It should take about six and a half hours to complete all the activities in this section, though the time may vary depending on the audience. However, the activities are meant to stand alone and be used with students at different developmental phases.

WHAT SKILLS DO THESE ACTIVITIES HELP BUILD?*

From Preventing HIV and AIDS/STI and Related Discrimination: An Important Responsibility of a Health Promoting School (WHO Information Series on School Health)

- | | |
|---|---------------|
| • Skills for communicating messages about HIV prevention to families, peers, and members of the community | 35 minutes |
| • Skills for communicating clearly and effectively a desire to delay initiation of intercourse | 60 minutes |
| • Skills related to help-seeking and to interviewing to increase knowledge about sexuality | 90 minutes |
| • Skills for communicating about sexuality with peers and adults | 45 minutes |
| • Skills for critical thinking about consequences of making decisions | 45 minutes |
| • Skills for problem-solving to make healthy decisions in life | 45 minutes |
| • Skills for communicating refusal to have sexual intercourse | 60–75 minutes |

WHAT ACTIVITIES ARE IN THIS SECTION?

- Activity 4.1: Getting the Right Information Out (communicate messages about HIV prevention to families, peers, and members of the community)
- Activity 4.2: It's Okay to Wait (communicate clearly and effectively a desire to delay initiation of intercourse)
- Activity 4.3: I Need to Know (interview to increase knowledge about sexuality)
- Activity 4.4: Growing Up (communicate about sexuality with peers and adults)
- Activity 4.5: The Choices We Make (critical thinking about consequences of making decisions)
- Activity 4.6: Healthy Decisions (Problem-solving skills to make healthy decisions in life)

- Activity 4.7: Refusing to Have Sex (communicate refusal to have sexual intercourse)
- Activity 4.8: Adopting a Constructive Attitude Toward Those Infected and Affected by HIV and AIDS
- Activity 4.9: Expressing One's Feelings and Opinions
- Activity 4.10: My Own Values

WORKSHEETS FOUND IN THIS SECTION:

- Activity 4.1 Worksheet: Questions/Statements You Might Hear About HIV
- Activity 4.2 Worksheet: What Someone Might Say to Persuade You to Have Sex
- Activity 4.3 Worksheet: Questionnaire
- Activity 4.4 Worksheet: Growing Up
- Activity 4.5 Worksheet: What Can Mpho Do?
- Activity 4.7 Worksheet: I Don't Want to Have Sex
- Activity 4.8 Worksheet: I'd Rather Stay Away from Him
- Activity 4.9 Worksheet: Talking with a Friend
- Activity 4.10 Worksheet: My Own Values

ACTIVITY 4.1

GETTING THE RIGHT INFORMATION OUT

Purpose:	To practise communicating about HIV and AIDS to family members, friends, and other community members in an accurate and effective way
Skills:	Effectively communicate messages about HIV prevention to families, peers, and members of the community by developing communication and interpersonal skills
Age Group:	Pre-adolescents
Methods:	Responding to questions through role-playing
Materials:	Activity 4.1 Worksheet: Questions/Statements You Might Hear About HIV, fact sheets
Time:	35 minutes
Overview:	This activity should follow a learning session on basic information about HIV and AIDS, modes of transmission, and what can be done to prevent infection. Students are paired into groups of two to practise answering questions they might hear when talking to friends or family members about HIV.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Prepare overheads and gather or duplicate any materials you might need.
- ◆ Assess the usefulness, relevance, and appropriateness of the activity for the students you plan to teach.
- ◆ Consider whether the methods, skills, and knowledge taught in this activity can be applied to students' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask students to think about ways they might want to change the activity (e.g., additional statements and questions you might hear about HIV) to make it more useful for them.
- ◆ Consider the best ways to divide students into small groups for practise, discussion, and role plays.
- ◆ Let students know in advance that you will ask for some volunteers at the end of the practise session to demonstrate communication and interpersonal skills necessary to convey messages about HIV prevention to family, peers, and members of the community.
- ◆ Be sure to let students know before you begin that you will ask them for their reactions, conclusions, and recommendations regarding this activity.
- ◆ Before they begin, ask students if they have any questions or need clarification regarding the instructions.

- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: 5 minutes

- ◆ You may want to start off by saying to the class:

“Now that you’ve learned about what HIV and AIDS are, and how we can get it or pass it on to others, you have a lot of information that could be useful to other people. There is not only one setting where HIV education can be communicated—so it’s important for everyone in the community to be educated about this disease. If they hear that you are learning about HIV at school, they might come to you with some questions. Even if they don’t know you’re learning about HIV in class, you might hear things outside the classroom that people are saying about HIV that you know are not correct. It’s important for people to get the right information so that they can protect themselves and also treat people who have HIV with respect. You can help make sure that people you know and love have the right information. But first, we’re going to practise here so that you feel ready to communicate information about HIV to your family and friends.”

WHAT WOULD I SAY? (ROLE PLAYS): 20 minutes

- ◆ Give each group the Activity 4.1 Worksheet, which includes a list of possible questions or situations that students may encounter outside of the classroom. Ask students if there are any other questions they would like to add to this list.
- ◆ Divide the class into pairs. Ask students to take turns reading a question or statement with the other student trying to answer or correct it. Tell the students to provide feedback to each other on how they felt when their questions were answered or their statements corrected.

NOTE TO TEACHER

The size of the class will determine how to best divide the students. You may need to divide into small groups of three or four rather than pairs. You may also want to consider whether it will be more effective to use mixed-gender or same-gender pairs.

ACTIVITY 4.1 WORKSHEET
QUESTIONS/STATEMENTS YOU MIGHT HEAR ABOUT HIV

1. What is HIV?
2. What is AIDS?
3. How does someone get AIDS?
4. Who can get HIV?
5. How do I know if I might be HIV-infected?
6. I'm too young to get AIDS.
7. I don't think I should hang around her too much; I heard she is HIV-positive.
8. I heard there's a cure for HIV.
9. It's harder for a girl to get HIV than it is for a boy.
10. I don't think he has AIDS—he looks too healthy.
11. I feel nervous using the toilet after she has because I'm afraid I'll get HIV.
12. Ask students to add their own

ACTIVITY 4.1 WORKSHEET

ANSWER KEY: QUESTIONS/STATEMENTS YOU MIGHT HEAR ABOUT HIV

If participants have difficulty coming up with answers to the questions, use the following responses to prompt them.

What is HIV?

HIV, Human Immunodeficiency Virus, is the virus that causes AIDS. It slowly makes an infected person sicker and sicker.

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. It is an illness that occurs in the body when its immune or defence system is weakened.

How does someone get AIDS?

HIV transmission can occur when blood, semen (including pre-seminal fluid, or “pre-cum”), vaginal fluid, or breast milk from an infected person enters the body of an uninfected person. These fluids are often exchanged through sharing injection drug needles, having unprotected sexual intercourse (anal, vaginal, or oral sex without a condom), breastfeeding, or any other time fluids come in contact with a cut or sore.

Who can get HIV?

Anyone who engages in risky behaviour can catch the AIDS virus (HIV). It does not matter if you are young or old, rich or poor, big or small, man or woman.

How do I know if I might be HIV-infected?

Often there are no symptoms for many years, so you may not be able to tell if you have HIV. Usually the first symptoms to appear are like those of many other common illnesses such as swollen glands, fatigue, weight loss, fever, or diarrhoea. Different people have different symptoms. The only way to find out for sure if you have HIV is to have a blood test.

I’m too young to get AIDS.

There is no age limit on AIDS. Anyone who is engaging in risky behaviour has a chance of contracting the virus. In fact, young girls who engage in unprotected sex are even more susceptible to HIV infection than older women because they are more likely to experience vaginal tearing during intercourse.

I don’t think I should hang around her too much; I heard she is HIV-positive.

You can’t catch HIV and AIDS by coming into casual contact with a person who has the disease. HIV is only transmitted through bodily fluids such as semen, blood, vaginal fluid, and breast milk. It is safe to hang out with a person who has HIV as long as you aren’t exchanging any fluids.

I heard there's a cure for HIV.

There is NO cure or vaccine for AIDS. Some medications have been proven to lessen the effects or prolong the life of someone infected with the virus. However, these medications ARE NOT a cure.

It's harder for a girl to get HIV than it is for a boy.

Anyone can contract HIV if he OR she engages in risky behaviour. Activities like exchanging needles for intravenous drug use are equally dangerous for men and women. However, women are more vulnerable to HIV infection through sexual intercourse for both biological and social/cultural reasons. Because they are always the receptive partner and there is more virus in sperm than vaginal secretions, women are exposed to more of the virus more often. Further, it is often not socially or culturally acceptable for women to say no to sex or to talk about using condoms with a partner, putting them at higher risk for unprotected sex.

I don't think he has AIDS—he looks too healthy.

You often can't tell by looking at someone if he or she is infected with HIV. It can take years for symptoms to show up so many people who have the disease actually look quite healthy, can exercise and work normally, and feel good.

I feel nervous using the toilet after she has because I'm afraid I'll get HIV.

HIV can only be transmitted through bodily fluids including blood, semen, vaginal fluid, and breast milk. You cannot catch HIV by sitting on the same toilet as someone who has the virus.

- ◆ Go around the room while students are role-playing these questions to make sure they have the correct information.

NOTE TO TEACHER

Students may want to try one round using fact sheets and other materials, and one round without using any materials to see how much they remember on their own.

CLASS DISCUSSION: 10 minutes

- ◆ After about 15 minutes, reconvene the class and ask for volunteers to describe how they responded to the questions or the statements. Get feedback from the class to see if any of them responded differently or if they have any suggestions. Some questions you might ask:
 - Were some of the questions harder to respond to than others? Why?
 - What did you do to make sure the person wouldn't get angry with you?
 - How did you respond to someone with the wrong information without sounding too critical? Without making them angry?
- ◆ Praise the efforts of the volunteers and the entire class.

ACTIVITY CLOSING: 5 minutes

- ◆ You might end this activity by saying:

“By communicating HIV information to our family and friends, we can play a big role in making sure they stay healthy. We can also play an important role in making sure that we live in a community where people with HIV are supported and respected. When people have the right information about HIV and how it is passed from one person to another, they may not be as scared or nervous about interacting with people who have HIV.”

ACTIVITY 4.2

IT'S OKAY TO WAIT

Purpose:	To enable young people to communicate a desire to delay sexual intercourse
Skills:	Communicate clearly and effectively a desire to delay initiation of intercourse by building communication, negotiation, and decision-making skills
Age Group:	Pre-adolescents
Methods:	Brainstorming, role-playing, group discussion
Materials:	Chalkboard or flipchart, chalk or markers, Activity 4.2 Worksheet: What Someone Might Say to Persuade You to Have Sex
Time:	60 minutes
Overview:	This activity allows students to brainstorm reasons why it is okay to delay sex; they will then practise developing communication skills to defend these reasons.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Prepare overheads and gather or duplicate any materials you might need.
- ◆ Assess the usefulness, relevance, and appropriateness of the activity for the students you plan to teach.
- ◆ Consider whether the methods, skills, and knowledge taught in this activity can be applied to students' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask students to think about ways they might want to change the activity (e.g., additional statements and questions you might hear about HIV) to make it more useful for them.
- ◆ Consider the best ways to divide students into small groups for practise, discussion, and role plays.
- ◆ Let students know in advance that you will ask for some volunteers at the end of the practise session to demonstrate skills necessary to communicate clearly and effectively a desire to delay initiation of intercourse.
- ◆ Be sure to let students know before you begin that you will ask them for their reactions, conclusions, and recommendations regarding this activity.
- ◆ Before they begin, ask students if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION AND WHY IT'S OKAY TO WAIT (BRAINSTORMING): 10 minutes

- ◆ You might start this activity by saying:

“There are lots of good reasons why you should wait before having sex. But, some people might also feel pressured by friends or boyfriends and girlfriends to have sex soon. Let’s think first about some of the reasons why it’s okay not to have sex right now.”

- ◆ Ask the class to list reasons why it is okay to wait until you are older to have sex, or to decide not to have sex for a while even if you’ve already had sex with someone before. Remind students that there is no right or wrong answer, and you just want the group to come up with things they might have heard. Write their responses on the chalkboard or flipchart.

NOTE TO FACILITATOR

If the class is large, it might be helpful to divide into smaller groups. Also, depending on the comfort level of students in talking about this topic with one another, it might be helpful to divide up by gender. If smaller groups are used, ask for a volunteer to serve as recorder of the group’s ideas.

REASONS STUDENTS MAY MENTION:

- You don’t want to get pregnant.
- You don’t want to get HIV and other STIs.
- Parents expect you to not have sex.
- You don’t feel ready to have sex.
- The other person is drunk.
- Someone is forcing you to have sex or is getting violent.
- Your religion says you shouldn’t have sex until you are married.
- You don’t love the person.
- You feel pressured by an older person or someone in an authority role.

WHAT SOMEONE MIGHT SAY: 15 minutes

- ◆ You might then say:

“Even with all these good reasons, you might still feel pressure from another person or other people around you to have sex. For each of the reasons we just listed in our groups, let’s think of something someone might say to try to convince you that this is not a good reason. Let’s also think about how someone might act in that situation.”

RESPONSES STUDENTS MAY GIVE	
Reason to Delay	What Someone Might Say to You to Try to Persuade You to Have Sex
<ul style="list-style-type: none"> • You don't want to get pregnant. • You don't want to get HIV or an STI. • Parents expect you to not have sex. • You don't feel ready to have sex. • Your partner is drunk. • Someone is forcing you to have sex or is getting violent. • Your religion says you shouldn't have sex until you are married. • You don't love the person. • You feel pressured by an authority figure. 	<ul style="list-style-type: none"> • You can't get pregnant the first time you have sex. • I'm sure I don't have a disease—do I look sick to you? • Your parents will never know. • Everyone else is doing it—do you want to be the last one? • Come on, have a drink. It will get you in the mood. • You're my girlfriend, so you have to do what I say! • No one will ever know, so it doesn't matter. • You won't get another chance like this. • You should listen to what I say.

- ◆ Ask students to take out the Activity 4.2 Worksheet and, in the column provided, to write down some examples of what someone might say to them to try to persuade them to have sex.
- ◆ Keep the energy level up, but try to make sure you cover all the different reasons.

ACTIVITY 4.2	
WORKSHEET FOR STUDENTS	
WHAT SOMEONE MIGHT SAY TO TRY TO PERSUADE YOU TO HAVE SEX	
What Someone Might Say to Try to Persuade You to Have Sex	What Could You Say or Do in Response?

ACTIVITY 4.2 ANSWER KEY FOR TEACHERS WHAT SOMEONE MIGHT SAY TO TRY TO PERSUADE YOU TO HAVE SEX	
What Someone Might Say to Try to Persuade You to Have Sex	What Could You Say or Do in Response?
<ul style="list-style-type: none"> • You can't get pregnant the first time you have sex. • I'm sure I don't have a disease—do I look sick to you? • Your parents will never know. • Everyone else is doing it—do you want to be the last one? • Come on, have a drink. It will get you in the mood. • You're my girlfriend, so you have to do what I say! • No one will ever know, so it doesn't matter. • You won't get another chance like this. • You should listen to what I say. 	<ul style="list-style-type: none"> • Yes, you can. Once is all it takes. This isn't a joke. I don't want to get pregnant or get an STI. • No, you look good, but sometimes you can have a disease and not even know it. I want to take care of myself and not take any risks. • Maybe not, but that doesn't matter because I'll know. I'm not ready to have sex. • I know that not everyone is having sex. Besides, I really just don't want sex right now. • I don't need a drink, I just don't want to have sex. • No, I don't! I don't feel good when I am pressured, so I am leaving. • No, but I'll know about it, and I know I don't want to have sex. • Look, I'm not having sex until I'm older. There will be other chances when I am ready. • I feel okay about myself without sex. I don't need to listen to you to know what I want. I trust myself and I don't want sex.

WHAT I COULD SAY BACK: 15 minutes

- ◆ Opposite each “line” on the Activity 4.2 Worksheet, have the students write down what they could say or do in response.

LET’S PRACTISE: 10 minutes

- ◆ Once a list of responses has been created, break students into groups of three, and have them practise these responses with one other (ask students to take turns serving as the observer).

NOTE TO FACILITATOR

Students may want to write the “lines” and the “responses” into their worksheets before beginning the role plays.

- ◆ Before they begin, ask them to also think about the importance of the following:
 - **Use body language.** Non-verbal expressions (eye contact, standing tall, being serious) can reinforce your message.
 - **Be clear about what you don’t want to happen. Use the word “No!”** to demonstrate that this is not what you want (e.g., “No! I won’t have sex, even if we use a condom!”).
 - **Try to explain** why you won’t do something.
 - **Suggest alternatives.** If you still want to be in an intimate relationship with this person, suggest other things you can do while still staying safe (e.g., kiss and hug; go to a movie).
 - **Communicate your feelings** to the other person. Use “I” statements (e.g., “I really like you, but I just don’t want to have sex without a condom”) vs. “You” statements (e.g., “You are so selfish!”)
 - Find alternatives to talking **if a situation gets violent or uncomfortable (e.g., Try to leave the room. You should also let a friend or family member know).**

CLASS DISCUSSION: 10 minutes

- ◆ After the groups have had time to practise their responses, ask them to share their experiences with the rest of the class.
 - Which situations or statements were the hardest to respond to? Which ones were the easiest? Why?
 - Do you think the other person was convinced? Why or why not?
 - Do you think these situations are realistic?
 - Are there any other things you could have said or done?
- ◆ Also, remind students that sometimes there are things they can **do** so that they **don’t find themselves in a potentially risky situation**. For example, they might go out with a group of friends who they think might help prevent them from getting into a risky situation. Ask for other suggestions about what they can do to keep themselves in a safe situation at all times.

POSSIBLE EXAMPLES:

- Go out with a group of friends.
- Avoid places that seem dangerous.
- Don't go anywhere alone with someone you don't know well.
- Let family members know where you will be before going out.

ACTIVITY CLOSING: 5 minutes

- ◆ You might end this activity by saying:

“It’s not always easy to make the best decisions for ourselves, especially if we are feeling pressured by someone else to do something. But, we’ve just seen through this activity that there are things we can do or say if someone is trying to make us do something we don’t want to do, or don’t feel ready to do, like having sex.”

ACTIVITY 4.3

I NEED TO KNOW

Purpose:	To increase students' knowledge about sexuality, health services, or substance abuse that are relevant to their health and well-being
Skills:	Interviewing skills, skills related to help-seeking
Age Group:	Pre-adolescents
Methods:	Group work, interviewing, class discussion
Materials:	Activity 4.3 Worksheet: Questionnaire, pens and/or pencils
Time:	60–90 minutes
Overview:	Students use a questionnaire to gather information about sexuality, health services, and/or substance abuse from teachers in their school.

Key Points to Consider:

- ◆ Be sure to read the activity completely and carefully.
- ◆ Prepare overheads and gather and duplicate any materials you will need.
- ◆ Assess the usefulness and relevance of the activity for the target population.
- ◆ Consider whether the methods, skills, and knowledge taught in the activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask students to think about ways they may want to change the activity (e.g., changing or adding new questions) to make it more useful for them.
- ◆ Consider the best ways to divide students into small groups for practise and discussion.
- ◆ Let students know in advance that you will be asking for some volunteers to demonstrate how to interview someone.
- ◆ Be sure to let participants know before they begin to practise that each small group will be asked to briefly report back their reactions, conclusions, and recommendations regarding the activity.
- ◆ Before they begin, ask students if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: 5 minutes

- ◆ You might start this activity by saying:

“Many times, we do not know how and where to go to get information on things that are related to our health, like HIV, drugs and alcohol, and sex, and where to get health services. Today, we’re going to find out how we can collect correct information about these different things.

ACTIVITY DESCRIPTION AND INTERVIEW PRACTISE: 15 minutes

- ◆ Explain to students that an interview is a method of gathering information by asking well-prepared questions. You might say:

“To get the information you need, you are going to interview other teachers in the school about questions related to your health. You will use the questions on this sheet of paper, which is known as a questionnaire.”

- ◆ Hand out Activity 4.3 Worksheet: Questionnaire and a pen or pencil to each student.
- ◆ Review all of the questions on the questionnaire with the student. You may want to ask for a student volunteer to read each of the questions.

ACTIVITY 4.3 WORKSHEET
QUESTIONNAIRE

1. Where could I go if I wanted to get more information on different diseases, like HIV?

2. What should I do if I have not been feeling well lately?

3. If I have a family member who I think is using drugs or alcohol too often, whom should I ask for help?

4. What should I do if I'm afraid that someone I know is infected with HIV?

5. If I know someone with AIDS who is not feeling well, where can I go to get help for that person?

ASK STUDENTS TO ADD THEIR OWN QUESTIONS:

6.

7.

- ◆ Ask for a few volunteers to demonstrate how to interview another person.

NOTE TO TEACHER

During these demonstrations, you may want to review the importance of eye contact and body language. Also, make sure that students know to thank the person they have interviewed at the end of each question and at the end of the interview.

- ◆ After students have finished practising asking the questions, divide the class into groups of five or six students.
- ◆ Explain that you would like each group to work together to interview other teachers in the school, in order to find the answers to the questions on the questionnaire. Students should designate one interviewer and one recorder for their group for each interview that they conduct. The other students in the group should record additional information in their notebooks as well.

CONDUCTING THE INTERVIEWS: 30–60 minutes

Depending on the amount of time students need, the availability of other teachers in the school, and the size of the class, teachers can choose from the following options:

- ◆ Ask students to leave the classroom or learning area and find other teachers in the school whom they can interview. Ask them to return to the learning area or classroom in approximately 30 minutes.
- ◆ Ask students to conduct the interviews as part of their school assignment. They have until the next day to interview other teachers in the school. They will be asked to report back their findings the following day (or whichever day is most suitable).

WHAT WE LEARNED: 15 minutes

- ◆ Once students have finished with the interviewing activity, ask them to share their findings. You might ask one or two guiding questions:
 - What was the hardest part about interviewing someone with these questions?
 - Were some questions harder than others?
 - Did you add any of your own questions?
 - Were you able to ask all of your questions? Why or why not?
 - Were you able to get answers to all of your questions? Why or why not?
 - If the person didn't know the answer, what did you do?
 - How was this activity helpful?
 - How will you use what has been learned?
- ◆ Summarise on the board some of the things students learned through their interview (e.g., where they can go for health services, substance abuse problems, etc.).

ACTIVITY CLOSING: 5 minutes

- ◆ You might end this activity by saying:

“Many times we have questions that we do not know the answers to. By interviewing other people—like the teachers in this school—you can get information about things that are important to your health, including things like HIV, drugs and alcohol, and sex. If the person you ask does not know the answer, you can try to find someone else who does, including a family member, another teacher, or a doctor or nurse. You can also get information in other ways. For example, you can try reading more about the topic.”

ACTIVITY 4.4

GROWING UP

Purpose:	To increase students' ability to communicate about sexuality with their peers and adults
Skills:	Communication skills
Age Group:	Pre-adolescents
Methods:	Story-telling, brainstorming, group discussion
Materials:	Flipchart/chalkboard, Activity 4.4 Worksheet: Growing Up
Time:	45 minutes
Overview:	Students are asked to read two stories and to think about how communicating with others, such as their friends, might help the character in the story. They then brainstorm words related to "sexuality" and define what "healthy sexuality" means.

Key Points to Consider:

- ◆ Be sure to read the activity completely and carefully.
- ◆ Prepare overheads and gather and duplicate any materials you will need.
- ◆ Assess the usefulness and relevance of the activity for the target population.
- ◆ Consider whether the methods, skills, and knowledge taught in the activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask students to think about ways they may want to change the activity (e.g., changing the story) to make it more useful for them.
- ◆ Consider the best ways to divide students into small groups for practise and discussion.
- ◆ Be sure to let participants know before they begin to practise that each small group will be asked to briefly report back their reactions, conclusions, and recommendations regarding the activity.
- ◆ Before they begin, ask students if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: 5 minutes

- ◆ You might start this activity by saying:

“All of us have found ourselves in situations when we felt embarrassed or unsure about ourselves. We may notice some changes in our bodies and we may not be sure what those changes mean. Or, we may notice changes in the way we feel about other people, including feeling attracted to them. We may sometimes feel confused by these feelings. During these times, we may want to talk to a friend or an adult, but we may worry about how they will react.”

TWO STORIES: 15 minutes

- ◆ Ask students to break into groups of two or three. Each group should read the two stories on the Activity 4.4 Worksheet, and then take about 10 minutes to answer each of the questions that follow the stories.

NOTE TO TEACHER

- ◆ You may decide to break the students into same-gender groups. In addition, you may want to remind students after about 10 minutes to move to the next story.
- ◆ When discussing the story, it is important to point out that menstruation for girls and wet dreams for boys are normal, biological processes that occur during puberty.

ACTIVITY 4.4 WORKSHEET
GROWING UP

STORY #1

Thembi is in the schoolyard with her friend Bongoni who is in standard six. She has her period for the first time and feels embarrassed about it. She hopes that no one else will notice. Bongoni notices that Thembi is acting strange and asks her what is wrong. Even though Thembi tells Bongoni nothing is wrong, she feels like everyone at school is looking at her and laughing.

- ◆ Do you think Thembi should tell Bongoni that she is having her period? Why or why not?

- ◆ What do you think Bongoni will say if Thembi tells him?

- ◆ What do you think Bongoni can say to make Thembi feel better?

STORY #2

Thabo is planning to go out with his girlfriend tonight. His friends have been pressuring him to have sex with her, and they tell him tonight is the perfect night. They say that everyone is having sex, so why is he waiting. Thabo is attracted to his girlfriend, but he is not sure that he wants to have sex right now. He wants to tell his best friend Pheto about feeling unsure, but he is afraid Pheto will make fun of him too.

- ◆ Why do you think it is hard for Thabo to talk to his best friend?

- ◆ Do you think Thabo should tell Pheto about how he is feeling? Why or why not?

- ◆ What do you think Pheto will say if Thabo tells him he is unsure about having sex?

- ◆ Whom else could Thabo talk to?

- ◆ After about 25 minutes, ask the students to volunteer their answers to the questions to the whole class.

WHAT IS SEXUALITY? 20 minutes

[This second exercise is adapted from Teenage Health Teaching Modules, Communicating with Caring, EDC and MCET, Newton, MA, USA 1996.]

- ◆ You might start this next section by saying:

“Through the two stories, we’ve looked at some of the different issues related to sexuality that people your age may be facing. What are some other things that you think of when you think of the word ‘sexuality’?”

- ◆ Write the word “sexuality” on the board. As students give their answers, create a chart or a web of their words. You may want to draw a line between words that are related.

NOTE TO TEACHER

If you don’t think students will be comfortable volunteering words in front of others, you can ask each student to write down three words that relate to sexuality and to then give you their list. You can then use their written answers to create the chart or web.

- ◆ When you have enough words related to sexuality on the board, lead a discussion about sexuality and what it means to them. You may ask the following questions:
 - Which of the words have to do with a person’s physical body?
 - Which of the words have to do with a person’s feelings or emotions?
 - What is the difference between sex and sexuality?
 - Why do some adolescents have sexual intercourse?
 - What do you think it means to have a “healthy sexuality”?

SOME KEY POINTS TO MAKE WHEN TALKING ABOUT HEALTHY SEXUALITY:

- Respecting yourself and taking responsibility for your actions
- Respecting other people
- Protecting yourself and other people against the risks of sexual intercourse
- Thinking about people’s minds and feelings, not just their bodies
- Understanding that everyone’s body grows in different ways

ACTIVITY CLOSING: 5 minutes

- ◆ You might end this activity by saying:

“Sexuality means much more than just sexual intercourse. We’ve seen from the two stories that it involves feelings and emotions as well. Having a healthy sexuality means respecting our bodies and respecting other people. Communicating with others, especially people who care about us like our friends or family members, can sometimes help us to better understand, or feel better about, our sexuality.”

ACTIVITY 4.5

THE CHOICES WE MAKE

Purpose:	To develop students' critical-thinking skills to analyse complex situations that require decisions from a variety of alternatives
Skills:	Critical-thinking skills about the consequences of making decisions
Age Group:	Pre-adolescents
Methods:	Story-telling, small-group discussions
Materials:	Flipchart or chalkboard, Activity 4.5 Worksheet: What Can Mpho Do?
Time:	45 minutes
Overview:	Students read a story and are asked to answer questions about what they think the main character in the story should do. They are encouraged to consider a variety of alternative actions and consequences of each of these actions. They are then divided into small groups and asked to answer similar questions about another story. A class discussion follows.

Key Points to Consider:

- ◆ Be sure to read the activity completely and carefully.
- ◆ Prepare overheads and gather and duplicate any materials you will need.
- ◆ Assess the usefulness and relevance of the activity for the target population.
- ◆ Consider whether the methods, skills, and knowledge taught in the activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask students to think about ways they may want to change the activity (e.g., changing the story) to make it more useful for them.
- ◆ Consider the best ways to divide students into small groups for practise or discussion.
- ◆ Be sure to let participants know before they begin to practise that each small group will be asked to briefly report back their reactions, conclusions, and recommendations regarding the activity.
- ◆ Before they begin, ask students if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: 5 minutes

- ◆ You might start this activity by saying:

“Many times in our lives, we will find ourselves in a situation where we will need to make an important decision about what we should do next. During these times, it is important for us to think about all the different choices we have, and to consider how each choice can affect what happens to ourselves and others.”

WHAT MIGHT HAPPEN IF . . . : 25 minutes

- ◆ Read the following story to the students. When you are finished, ask them to think of different things that the main character in the story, Shatho, can do. Write their answers on the board or paper. Once a list of alternative actions has been made, ask them what they think will happen if she does the various things on the list.

Shatho is returning home from school when she sees one of her father’s friends talking with some other older men on the street. He asks her where she is going, and she tells him that she is walking home. “Come, I will walk with you,” he says. Even though she wants to walk alone, she says okay. When they get to an open field, the older man takes her hand. Shatho feels uncomfortable. She is 12 years old and does not feel she needs to have her hand held. Then the man suddenly hugs her and says, “Why don’t we stay here a little while and rest.” Shatho is not sure why, but she starts to feel afraid.

- What do you think Shatho is afraid her father’s friend might do?
- What could Shatho do or say to him? With your group, make a list of different things that Shatho can say or do.
- What do you think her father’s friend will say or do in response to each of the different things?

NOTE TO TEACHER

Emphasise that there is no right or wrong answer to any of the questions, and encourage students to think about the consequences of each alternative action.

- ◆ Now, assign students into groups of three or four and ask them to read the story on the Activity 4.5 Worksheet with their group. After they have read the story, ask them to make their own list of what the main character can do, and what the consequences of each of the different alternatives might be.

ACTIVITY 4.5 WORKSHEET
WHAT CAN MPH0 DO?

Mpho and her friend Fiona are going to Mpho’s parents’ house to study for a test. Mpho’s parents are not home. The girls are talking and laughing when Baruti, a boy whom Mpho likes, stops to talk to them. He asks them where they are going, and Mpho tells him they are going home to study. “Why study now when your parents are not home?” he says, “Let’s go do something fun.” Mpho feels excited that Baruti is paying attention to her. But, she has already promised Fiona that they would study.

- ◆ What can Mpho do or say to Baruti? With your group, make a list of the different things Mpho can do or say.
- ◆ What do you think will happen if she says or does each of the different things? (What will Baruti do or say? What will Fiona do or say?)

Actions Mpho Can Take	What Might Happen

CLASS DISCUSSION: 10 minutes

- ◆ Ask for a volunteer to read their list of actions that the main character could take, and what they thought the consequences of each of the actions would be.
- ◆ Ask students if they were surprised at how many different alternatives there were for each of the characters.

ACTIVITY CLOSING: 5 minutes

- ◆ You might end this activity by saying:

“Every day, we make choices that will affect what happens to us and others around us. By stopping and thinking about the different alternatives we have before we do anything, we can help to make sure that what we do or say leads to the best consequence.”

ACTIVITY 4.6

HEALTHY DECISIONS

Purpose:	To use problem-solving skills to identify a range of decisions and their consequences in relation to health issues that are experienced by young persons
Skills:	Problem-solving skills to make healthy decisions in life
Age Group:	Pre-adolescents
Methods:	Brainstorming, small-group work
Materials:	Flipchart or chalkboard
Time:	45 minutes
Overview:	Students are asked to list some actions a person can take that will lead to negative health consequences. They are then read a story and told to finish writing the end of the story in small groups.

Key Points to Consider:

- ◆ Be sure to read the activity completely and carefully.
- ◆ Prepare overheads and gather and duplicate any materials you will need.
- ◆ Assess the usefulness and relevance of the activity for the target population.
- ◆ Consider whether the methods, skills, and knowledge taught in the activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask students to think about ways they may want to change the activity (e.g., changing the story) to make it more useful for them.
- ◆ Consider the best ways to divide students into small groups for practise and discussion.
- ◆ Be sure to let participants know before they begin to practise that each small group will be asked to briefly report back their reactions, conclusions, and recommendations regarding the activity.
- ◆ Before they begin, ask students if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: 5 minutes

- ◆ You might start this activity by saying:

“We all make decisions in our lives. Many of the decisions that we make can affect our own health and the health of other people we love.”

CONTROLLING OUR HEALTH: 15 minutes

- ◆ Ask students to give you examples of something a person does that can affect how healthy they are. Write their examples on the chalkboard or a piece of paper.

Possible examples that students may mention:

- Smoke a cigarette
- Have sex without a condom
- Ride a motorcycle too fast
- Cross the street without looking

- ◆ After the list is complete, ask students to think about some of the health consequences that can occur as a result of these actions. Write the health consequences next to each action.

Possible examples that students may mention:

- Smoke a cigarette > Get lung disease; get sick
- Have sex without a condom > Get HIV and AIDS; get pregnant
- Ride a motorcycle too fast > Get in an accident
- Cross the street without looking > Get hit by a car or bus

- ◆ Ask students to talk about why people may do certain things even when they know it could lead to negative health consequences, and what might make it easier for people to change their behaviour.

KABO AND LINDI: 20 minutes

- ◆ Read the following story to students.

Kabo and Lindi are in standard eight. They are starting to feel serious about each other. One day, after school, they go to Kabo’s parents’ house when no one else is home. They start to hug and kiss each other, and Kabo tells Lindi he loves her. She is happy to hear that, but when he says he wants to have sex with her, she doesn’t know what to say. She remembers a friend of hers telling her that everyone is having sex.

- ◆ Ask students to write two endings to this story. For the first ending, ask students to have both Kabo and Lindi make decisions that will negatively affect their health. They can choose whatever health consequences they wish, but they must be negative. For the second ending, ask them to change the story, so that health consequences are positive.
- ◆ After 20 minutes, ask the students to come together and have a volunteer from each group read their two endings. You may want all groups to read their first (negative) ending first, and then have each group read their second (positive endings).

ACTIVITY CLOSING: 5 minutes

- ◆ Close the lesson with a discussion about how people need to think carefully about how the decisions they are making can greatly affect our lives, in both a positive or negative way.

ACTIVITY 4.7

REFUSING TO HAVE SEX

Purpose:	To learn skills to refuse to have sexual intercourse
Skills:	Communication skills
Age Group:	Pre-adolescents
Methods:	Small groups, role plays
Materials:	Flipchart or chalkboard, Activity 4.7 Worksheet: I Don't Want to Have Sex
Time:	60–75 minutes
Overview:	Students are asked to brainstorm reasons why people should refuse to have sex and why people might find it hard to do so. The teacher then demonstrates a role play that students practise in smaller groups. A class discussion on effective communication skills follows.

Key Points to Consider:

- ◆ Be sure to read the activity completely and carefully.
- ◆ Prepare overheads and gather and duplicate any materials you will need.
- ◆ Assess the usefulness and relevance of the activity for the target population.
- ◆ Consider whether the methods, skills, and knowledge taught in the activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask students to think about ways they may want to change the activity (e.g., changing the story) to make it more useful for them.
- ◆ Consider the best ways to divide students into small groups for practise and discussion.
- ◆ Be sure to let participants know before they begin to practise that each small group will be asked to briefly report back their reactions, conclusions, and recommendations regarding the activity.
- ◆ Before they begin, ask students if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: 5 minutes

- ◆ You might start this activity by saying:

“There are many different reasons why someone might try to pressure you to have sex. Even if you know in your mind that you don’t want to have sex, refusing to have sex is sometimes harder than just saying “no” to another person. Today, we’re going to role-play some of the ways that a person can refuse to have sex.”

WHY WE SHOULD REFUSE TO HAVE SEX: 10 minutes

- ◆ Ask students to think of all the reasons why people should say “no” to having sex
- ◆ Possible reasons that students may mention:
 - They don’t want to get HIV or another STI.
 - They don’t want to get pregnant.
 - They don’t feel ready.
 - They don’t want to have sex with that person.

- ◆ You may continue by saying:

“Those are very good reasons. Now, let’s think of some reasons why it might be hard to refuse to have sex with someone even if you don’t want to.”

- ◆ Write their answers on the flipchart or chalkboard.

Possible reasons that students may mention:

- You want to show the person you love them.
- You are afraid of what they will say or do if you refuse.
- You think everyone else is having sex.
- You are afraid to hurt their feelings.
- The person says he or she will hurt you if you don’t.

ROLE-PLAY DEMONSTRATION: 10 minutes

- ◆ When you have finished writing down all the reasons, you might say:

“Those are great reasons. Sometimes, even when we have good reasons, it is still hard for us to refuse to have sex, especially if the other person is pressuring us. Now, we are going to spend some time role-playing what people can do when they find themselves in a situation where they are trying to refuse having sex with someone. I will first read you a role play from the Activity 4.7 Worksheet; then, we will break up into groups of three and practise our own role plays.”

- ◆ Read the following role play to the class. While you are reading the role play, you can decide whether you want Kefilwe to respond to Glody’s pressure to have sex in a way that is effective or ineffective. Students will be able to discuss afterwards why her refusal to have sex may or may not have convinced Glody to respect her wishes.

ACTIVITY 4.7 WORKSHEET
I DON'T WANT TO HAVE SEX
(ROLE-PLAY SCRIPT)

Kefilwe and Glody are walking down a deserted road in the late evening. They are enjoying each other's company and flirting with each other. Glody suggests that they walk down a small path and Kefilwe agrees. When they get to an open area, Glody begins to pressure Kefilwe to have sex with him. Even though they have had sex before, Kefilwe does not want to have sex now. She has heard of HIV and AIDS, and does not want to have sex again until she is older.

Glody: Kefilwe, why don't you want to have sex with me?

Kefilwe: It is not only with you. I just don't want to have sex now.

Glody: We already had sex before. Why are you changing now?

Kefilwe: It would be better for the both of us to be safe. We don't want to catch a disease or something.

Glody: You think I have HIV? I cannot believe it!

Kefilwe: I don't think you have HIV. But we can both have an infection and not know about it.

Glody: You are being ridiculous. You walked here with me, so you must want to have sex.

Kefilwe: I already said no. I do not want to have sex with you or anyone else right now. Please respect me and my feelings.

- ◆ Ask the students to comment on the way Kefilwe let Glody know that she did not want to have sex.
 - What was Kefilwe’s tone of voice?
 - What do you think Glody will say or do next?
 - What do you think Kefilwe should say or do next?

[You may want to suggest some non-verbal alternatives, like leaving the area.]

ROLE-PLAY PRACTISE: 15–30 minutes

- ◆ Ask the class to break into groups of three to practise role-playing themselves. Each group should have two role-players and one observer (they may take turns).

NOTE TO TEACHER

You may choose to make the groups single-gender. Depending on the time, you may want to ask students to either role-play the situation in the worksheet or spend some time writing their own short role plays in which someone refuses to have sex. The latter will add approximately 15 more minutes to the activity. They may also take turns role-playing different parts, so that they know how it feels to be each character.

- ◆ Before they begin, ask them to think about the importance of the following:
 - **Use body language.** Non-verbal expressions (eye contact, standing tall, being serious) can reinforce your message.
 - **Be clear about what you don’t want to happen.** Use the word “No!” to demonstrate that this is not what you want (e.g., No! I won’t have sex with you.).
 - **Explain why you won’t do something.**
 - **Suggest alternatives.** If you still want to be in an intimate relationship with this person, suggest other things you can do besides sex (e.g., kiss and hug; go to a movie).
 - **Communicate your feelings to the other person.** Use “I” statements (e.g., “I really like you, but I don’t want to have sex right now.”).
 - **Find alternatives to talking if a situation gets violent or uncomfortable** (e.g., try to leave the area; you should also let a friend or family know).

CLASS DISCUSSION: 15 minutes

- ◆ Ask each of the small groups to discuss and report their experiences to the class:
 - What kind of situation did your group role-play? What issue(s) did your group deal with during the role play?
 - (Observers) How could the conversation/interaction have been more effective?
 - How did people use body language? Did anyone do anything else besides talk (e.g., leave the scene)?
- ◆ Ask the role-players to comment on how it felt to role-play their parts
 - How did they feel in that situation? Was it hard?

- What effect did the other person’s words or gestures have on them?
- What did they learn about communicating with someone whom they do not want to have sex?

ACTIVITY CLOSING: 5 minutes

- ◆ You may end this activity by saying:

“Sometimes even when we know what we want in our minds, it is harder to communicate it to another person. Refusing to have sex, especially when someone else is pressuring you, can be very difficult. But, through the role plays, you have seen that there are ways you can communicate what you want or don’t want effectively. In some situations, you will need to think about your own safety, and consider some non-verbal actions you can take to protect yourself.

ACTIVITY 4.8

ADOPTING A CONSTRUCTIVE ATTITUDE TOWARD THOSE INFECTED AND AFFECTED BY HIV AND AIDS

Purpose:	To adopt a positive attitude and/or learn to express empathy toward people infected with, or affected by, AIDS in order to ensure moral support for patients in the community
Skills:	Demonstrate how one will express empathy toward a person who is infected or affected with HIV and AIDS
Age Group:	Pre-adolescents
Methods:	Group discussions, role play
Materials:	Blackboard or writing board, chalks, felt-tips, Activity 4.8 Worksheet: I'd Rather Stay Away from Him
Time:	60 minutes
Overview:	Students are invited to take part in a role play to understand how to express empathy to someone who is infected or affected by HIV and AIDS. The students are then invited to discuss and practise different ways they can express empathy and compassion.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Prepare overheads and gather or duplicate any materials you might need.
- ◆ Assess the usefulness, relevance, and appropriateness of the activity for the students you plan to teach.
- ◆ Consider whether the methods, skills, and knowledge taught in this activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask participants to think about ways of adapting the activity (e.g., by changing the story line) in order to make it more relevant to their specific situations.
- ◆ Consider the best ways to divide students into small groups for practise, discussion, and role plays.
- ◆ Let participants know in advance that you will ask for some volunteers at the end of the practise session to perform a demonstration of the methods used.
- ◆ Be sure to let participants know before you begin that you will ask them for their reactions, conclusions, and recommendations regarding this activity.
- ◆ Before they begin, ask participants if they have any questions or need clarification regarding the instructions.

- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: 5 minutes

- ◆ You might start this activity by saying:

“Some HIV-positive people suffer because they become an object of contempt, discrimination, mistrust, and rejection from others. Children who lose their parents to AIDS also suffer from discrimination and negative attitudes of others. People around them know the reason for the death of their parents, so AIDS orphans may feel that everybody is pointing a finger at them. I’m going to invite you to perform a role play, and we shall then talk about the behaviour and the attitudes of the characters in the story.”

PERFORMANCE OF THE ROLE PLAY: 20 minutes

- ◆ Explain that you require two volunteers. Ask them to use the Activity 4.8 Worksheet and to perform the role play.

NOTE TO TEACHER

- Do not hesitate to modify the role play so as to feel comfortable with it and enable participants to accept it.
- Do not force anyone to join the role play. If no volunteers come forward, play both parts yourself in order to give the group a fairly good idea of what a role play actually involves.

ACTIVITY 4.8 WORKSHEET
I'D RATHER STAY AWAY FROM HIM

Jeanette and Odile are both 12 years old. They are in the same class and are friends. At the beginning of the year, Pierre was also in their class. The three of them got on well and sometimes met after school to go for a walk together. But a few days ago—three months into the academic year—Pierre suddenly left school. Jeanette and Odile wonder why . . .

Jeanette: I really don't understand why Pierre dropped out of school! I wonder what's wrong. I haven't seen him since last week, and I don't even know where he lives.

Odile: I was wondering myself . . . he said he enjoyed coming to school. He didn't say a word, did he?—I mean about leaving . . . it's not very kind on his part!

Jeanette: Have you heard nothing about him?

Odile: Well, actually my mother mentioned something, but it's hard to believe.

Jeanette: What do you know? Come on, tell me the whole story!

Odile: I don't know if it's true, but my mother said that his mother died.

Jeanette: Ah . . . I'm sorry . . . could you imagine how he must be feeling about it?

Odile: It's hard. I can't even think of it. He must be feeling very lonely. No one can fill the love of one's mother.

Jeanette: But his mother was quite young, wasn't she? Was she ill?

Odile: Apparently, according to what my mother has been told, she died of AIDS and Pierre might also be infected with AIDS, I don't know.

Jeanette: He lost his mother and he is infected with AIDS! It can't be true. I'm really concerned about him. He's only 12 . . . I can't believe it.

Odile: My mother told me to stay away from him. I really don't know what to do . . . perhaps we should avoid him! We might catch the disease.

Jeanette: Hmm . . . we learned that AIDS can't spread by meeting with infected people. I think he needs our support. After all, he is our friend.

Odile: Maybe you're right. How can we support him?

Jeanette: Without his mother I am sure he will need help in the house. I also remember my father saying a way to support a person affected by AIDS is to continue the friendship: spend some time with them so that they can share feelings and get support. Imagine how we would feel if you or I lost our mother and people were avoiding us.

Odile: Yes, I would feel scared and lonely. Let's not waste time . . . let's go and meet him.

Jeanette and Odile went to Pierre's place. They talked, played football, and made dinner. Pierre was happy to have friends like Odile and Jeanette.

SMALL-GROUP DISCUSSION: 15 minutes

- ◆ After the role play, ask students to imagine that they are in Pierre's place. Ask them to break up in groups to describe how they would feel and what they would need if:
 - They lost their mother or father due to AIDS?
 - They became infected with HIV?
 - Their friends stay away from them because they were infected with HIV?

CLASS DISCUSSION: 15 minutes

- ◆ Ask each of the small groups to discuss the feelings they explored. Consider the following:
 - Lonely
 - Sad
 - Demoralised
 - Depressed
- ◆ Ask each of the small groups to discuss the needs they described. Consider the following:
 - Someone to talk to
 - Someone to play with
 - Someone to need them
- ◆ Ask each of the small groups to discuss what they would not want from others. Consider the following:
 - Mistrust
 - Contempt
 - Rejection
- ◆ Write the responses on the blackboard or writing board and discuss the following questions. Turn the focus of the discussion to how they can express empathy or compassion. Start by asking:
 - What would you say to your friend who lost a mother/father to AIDS?
 - What would you say to your friend who is HIV-infected?
- ◆ Ask students to act out the final scene of the role play as they would support Pierre or a friend who was infected or affected by HIV and AIDS.

ACTIVITY CLOSING: 5 minutes

- ◆ You can end the activity by saying:

“It is hard to imagine the feelings of those who lost their beloved ones, especially parents due to HIV and AIDS. Many people avoid an HIV-positive person when they find out he or she is infected. Orphans are also rejected for no good reason. People mistakenly believe that they may contract the disease just by touching or standing close to an infected person. But people who are ill or who have lost their parents are in particular need of affection and compassion in order to be able to bear their suffering more easily. A sense of rejection contributes to undermining their morale.”

ACTIVITY 4.9

EXPRESSING ONE'S FEELINGS AND OPINIONS

Purpose:	To express one's opinions and feelings on different issues, particularly those concerning sexuality
Skills:	Being able to talk about sexual behaviour and other personal issues confidently
Age Group:	Pre-adolescents
Methods:	Story-telling, small-group discussions
Materials:	Blackboard or writing board, chalks, felt-tips, Activity 4.9 Worksheet: Talking with a Friend
Time:	60 minutes
Overview:	This activity could follow Activity 4.5: The Choices We Make, in which students talk about sexuality. Students are invited to take part in a role play and then are divided into small groups to discuss the behaviour of the characters and imagine themselves as a character in the story. This is followed by a classroom discussion where students will practise talking about sexuality.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Prepare overheads and gather or duplicate any materials you might need.
- ◆ Assess the usefulness, relevance, and appropriateness of the activity for the students you plan to teach.
- ◆ Consider whether the methods, skills, and knowledge taught in this activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask participants to think about ways of adapting the activity (e.g., by changing the story line) in order to make it more relevant to their specific situation.
- ◆ Consider the best ways to divide students into small groups for practise, discussion, and role plays.
- ◆ Let participants know in advance that you will ask for some volunteers at the end of the practise session to perform a demonstration of the methods used.
- ◆ Be sure to let participants know before you begin that you will ask them for their reactions, conclusions, and recommendations regarding this activity.
- ◆ Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: 5 minutes

- ◆ You can start the activity by saying:

“We have all been in situations where we had to express our views and feelings about personal or sensitive issues, particularly sexual matters. However, we often feel embarrassed in this kind of situation: We lack assurance and self-confidence, so that in the end, we do not dare give our opinions and speak up to protect friends or ourselves.”

PERFORMANCE OF THE ROLE PLAY: 20 minutes

- ◆ Explain that you require two volunteers. Ask them to use the Activity 4.9 Worksheet and to perform the role play.

NOTE TO TEACHER

- Do not hesitate to modify the role play so as to feel comfortable with it and enable participants to accept it.
- Do not force anyone to join the role play. If no volunteers come forward, play both parts yourself in order to give the group a fairly good idea of what a role play actually involves.

ACTIVITY 4.9 WORKSHEET
TALKING WITH A FRIEND

Assiba and Ayaba are two high-school classmates. Assiba is an elegant, fashionably dressed girl, very much admired by the boys. She regularly goes to discos and has many boyfriends. She is considered a modern, independently minded girl while her girlfriend, Ayaba, always listens to her parents' advice and avoids frequenting "dangerous" places and meeting "questionable" people. Assiba has no time for studying because she is preoccupied with her relationships and her image. Ayaba, on the other hand, is a hard-working student.

Assiba: Hi, Ayaba, I'd like to share something with you.

Ayaba: Okay. What is it?

Assiba: You know Jim, the guy I have been dating for the past couple of months? I really like him and want to go "all the way" with him.

Ayaba: Are you serious? I advise you to wait a while until you finish high school.

Assiba: Maybe you're right. But I cannot control myself.

Ayaba: I would suggest taking your time.

Assiba: I will try. But I am not sure about it.

Ayaba: Do you know that if you don't protect yourself, you can be infected with HIV and AIDS?

Assiba: Hmm . . . I've heard a lot about HIV and AIDS, and I know it is dangerous.

Ayaba: Yeah! It's very dangerous. If you abstain from sex, you will protect yourself for sure. If you consider having sex with Jim, make sure you use a condom.

Assiba: Thanks, Ayaba. It's good to talk to you. How do you know so much?

Ayaba: Because I believe that knowledge is power. So if I don't know, I ask.

Assiba: You are so right.

- ◆ When you have finished role-playing the story, ask the students to divide into small groups of three to four to discuss the characters' behaviour. Ask them to consider themselves as Ayaba and answer the following question:
 - What would you say to Assiba after knowing she is thinking of having sex with her boyfriend?
- ◆ Ask them to consider themselves as Assiba and answer the following question:
 - What would you ask Ayaba?
- ◆ Write the responses on the blackboard or writing board and discuss them. Conclude this section by asking:
 - What might have happened if Assiba and Ayaba did not talk about sex?
 - Why do you think that Ayaba was able to talk about sex?

CLASS DISCUSSION: 25 minutes

- ◆ Next, ask the students to express their views on sexual behaviours. You might break them into small groups and have them consider the following questions:
 - Which sexual behaviours are “unsafe”? Why do you think this?
 - Which sexual behaviours are “safer”? Why do you think this?
 - What might you say to a friend who had risky sexual behaviours?
 - What would you want a friend to say to you if you were taking risks?
- ◆ Reconvene the class and discuss the responses of the small groups.

ACTIVITY CLOSING: 5 minutes

- ◆ You can end the activity by saying:

“Some people take risks without knowing it. It may be uncomfortable at first to discuss sexuality, but it is important to talk about it and get the right answers from trusted sources. By discussing these issues you can find ways to protect yourself and friends.”

ACTIVITY 4.10

MY OWN VALUES

Purpose:	To help young people to define their own system of values in order to make good decisions
Skills:	Being capable of maintaining a personal system of values independent of peer influence
Age Group:	Pre-adolescents
Methods:	Role play and classroom debate
Materials:	Blackboard or flipchart chalks, felt-tips, Activity 4.10 Worksheet: My Own Values
Time:	60 minutes
Overview:	Students are invited to take part in a role play to reflect on the meaning of the term “values.” The students are then invited to discuss their own values, how they will make decisions on the basis of values, and how to react to peer pressure against their own values.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Prepare overheads and gather or duplicate any materials you might need.
- ◆ Assess the usefulness, relevance, and appropriateness of the activity for the students you plan to teach.
- ◆ Consider whether the methods, skills, and knowledge taught in this activity can be applied to participants’ real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask participants to think about ways of adapting the activity (e.g., by changing the story line) in order to make it more relevant to their specific situation.
- ◆ Consider the best ways to divide students into small groups for practise, discussion, and role plays.
- ◆ Let participants know in advance that you will ask for some volunteers at the end of the practise session to perform a demonstration of the methods used.
- ◆ Be sure to let participants know before you begin that you will ask them for their reactions, conclusions, and recommendations regarding this activity.
- ◆ Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: 5 minutes

- ◆ You may start the activity by saying:

“In every culture we find a system of values that gives meaning to life and conveys a certain view of the world. This is reflected in language, gestures, symbols, and lifestyles. Young people should be able to build their own system of values that must include responsibility, self-respect, respect for others, civic values, self-confidence, and social awareness. Such a system of values must also include an awareness of the negative effects of alcohol, drugs, and tobacco addiction as well as the risk of HIV infection.”

PERFORMANCE OF THE ROLE PLAY: 20 minutes

- ◆ Explain that you require two volunteers. Ask them to use the Activity 4.10 Worksheet and to perform the role play.

NOTE TO TEACHER

- Do not hesitate to modify the role play so as to feel comfortable with it and enable participants to accept it.
- Do not force anyone to join the role play. If no volunteers come forward, play both parts yourself in order to give the group a fairly good idea of what a role play actually involves.

ACTIVITY 4.10 WORKSHEET
MY OWN VALUES

Bongoni and Zuze are classmates. Yesterday, in a class break they met each other:

Bongoni: Look at you. Why are you smiling?

Zuze: I am happy. I think I'm falling for that girl I told you about.

Bongoni: Wow! That girl Assiba?

Zuze: Yeah . . . we have been dating for the past couple of months. And in fact, I'll be meeting her again tonight.

Bongoni: Excellent . . . that's why you're excited. So you've gone to bed with her?

Zuze: No, it's not like that.

Bongoni: Oh, come on! You said you both are in love?

Zuze: Yeah . . . we're in love, but she made it clear that she doesn't want to have sex. I love her, and I respect her decision to abstain from sex.

Bongoni: Yeah, that's what she says. But tonight, you both can have a lot of beer and . . .

Zuze: I don't think so.

Bongoni: C'mon, man, what's wrong with you?

Zuze: She trusts me, and I don't want to violate that trust by forcing myself on her.

Bongoni: Okay. I got it. It's time to go back to class.

CLASS DISCUSSION AND PRACTISE: 30 minutes

- ◆ After the role play, encourage the group to discuss the role play. You may ask the following questions:
 - What values does Zuze display in this role play?
 - How does he use his values to make decisions?
 - How does Zuze respond to peer pressure?
 - What might happen if Zuze gave in to peer pressure and tried to force Assiba to have sex?
 - What are some values you hold?
 - What would you do if someone asked you to go against your values?
- ◆ Ask the class to form small groups and re-enact the role play from above by inserting their own values into the character of Zuze. Each one in the group should get an opportunity to defend his or her personal values against peer pressure.

ACTIVITY CLOSING: 5 minutes

- ◆ You can end the activity by saying:

“By establishing your own value system, you will have developed a way to deal with peer pressure, remain faithful in your relationships, and keep yourself healthy.”

C. LEARNING ACTIVITIES TO HELP ADOLESCENTS ACQUIRE SKILLS TO PREVENT HIV INFECTION AND RELATED DISCRIMINATION

◆ What Is the Purpose of This Section?

This section contains two classroom activities that use participatory, interactive teaching methods. Because these activities focus primarily on skill-building activities, it is important to first establish a knowledge base that students can use to effectively support the activities.

◆ Whom Are These Activities For?

Students and school-aged children (adolescents)

◆ How Long Will It Take to Implement This Entire Section?

It should take about one and a half hours to complete all the activities in this section, though the time may vary depending on the audience. However, the activities are meant to stand alone and be used with students at different developmental phases.

WHAT SKILLS DO THESE ACTIVITIES HELP BUILD?*

* *From Preventing HIV and AIDS/STI and Related Discrimination: An Important Responsibility of a Health Promoting School (WHO Information Series on School Health)*

- Skills for assessing risk and negotiating for less risky alternatives 60 minutes
- Skills for appropriately using health products, e.g., condoms 30 minutes

WHAT ACTIVITIES ARE IN THIS SECTION?

- Activity 5.1: What’s Risky and How Do I Stay Safe? (assess risk and negotiate for less risky alternatives)
- Activity 5.2: All About Condoms (appropriately use health products, e.g., condoms)
- Activity 5.3: Helping People at Risk
- Activity 5.4: I Have No Condoms

WORKSHEETS FOUND IN THIS SECTION:

- Activity 5.3 Worksheet: I Can’t Stop Drinking
- Activity 5.4 Worksheet: I Have No Condoms

ACTIVITY 5.1

WHAT'S RISKY AND HOW DO I STAY SAFE?

Purpose:	To provide students with knowledge to assess the level of risk of specific behaviours and to develop skills to effectively negotiate safer sex
Skills:	Assess risk and negotiate for less risky alternatives by building decision-making, communication, and negotiation skills
Age Group:	Adolescents
Methods:	Game, role-playing, group discussion
Materials:	Index cards, chalk or markers, chalkboard or flipchart
Time:	60 minutes
Overview:	Students play a game in which they decide whether specific behaviours would put someone at “no risk,” low risk,” or “high risk” for getting HIV. They then practise role-playing situations to negotiate for safer sex.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Prepare overheads and gather or duplicate any materials you might need.
- ◆ Assess the usefulness, relevance, and appropriateness of the activity for the students you plan to teach.
- ◆ Consider whether the methods, skills, and knowledge taught in this activity can be applied to students' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask students to think about ways they might want to change the activity (e.g., additional examples of no-, low- and high-risk behaviours; other possible excuses and responses about using condoms) to make it more useful for them.
- ◆ Consider the best ways to divide students into small groups for practise, discussion, and role plays.
- ◆ Let students know in advance that you will ask for some volunteers at the end of the practise session to the kinds of skills they might use to assess risk and negotiate for less risky alternatives.
- ◆ Be sure to let students know before you begin that you will ask them for their reactions, conclusions, and recommendations regarding this activity.
- ◆ Before they begin, ask students if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: 5 minutes

- ◆ You might start this activity by saying:

“In order to act responsibly and keep ourselves and those we love safe, we need to understand what behaviours are more or less risky than others. There are lots of ways that we can show our affection and love to another person, and we’re going to talk about some of those ways.”*

* Adapted from *Jemmott, Jemmott and McCaffree, Be Proud! Be Responsible! Strategies to Empower Youth to Reduce Their Risk for HIV Infection, Select Media, Inc., New York, 1996.*

LOW RISK . . . HIGH RISK: 10 minutes

- ◆ Write the following diagram on the chalkboard or on pieces of paper on a wall

No Risk.....Low Risk.....High Risk

- ◆ Divide the class into two groups, and give each group index cards or slips of paper. Ask them to write one behaviour per card/slip.

High Risk . . . Low Risk Behaviours	
Write each of these behaviours on separate slips of paper.	
<i>Behaviour</i>	<i>Risk Level</i>
Vaginal sex without a condom	High Risk
Vaginal sex with a condom	Low Risk
Anal sex without a condom	High Risk
Anal sex with a condom	High/Low Risk
Self-masturbation	No Risk
Mutual masturbation	Low Risk
Wet kissing	Low/No Risk
Dry kissing	No Risk
Massage	No Risk
Sharing needles	High Risk
Reusing a needle that was cleaned with water	High Risk
Hugging someone	No Risk
Flirting with someone	No Risk
Sharing eating utensils with someone who is HIV+	No Risk
Touching someone who is HIV+	No Risk

- ◆ Explain the following to the class:
 - Each card contains a behaviour. It is up to each group to decide whether or not that behaviour would put someone at “no risk,” “low risk,” or “high risk” for getting HIV.
 - “High Risk” behaviours involve an exchange of blood, semen, breast milk, or vaginal secretions and pose a definite risk of transmitting HIV.
 - “Low Risk” behaviours involve a barrier, such as a condom, but they are activities during which exchange of body fluids may create some danger of transmitting HIV.
 - “No Risk” behaviours involve no exchange of blood, semen, or vaginal secretions and therefore pose no risk of HIV transmission.
- ◆ Give each group a stack of cards or slips of paper with each of the behaviours. Explain that they have five minutes to decide under which category each one falls.
- ◆ Afterwards, reconvene the entire class. Go through each behaviour on the list and see if each team placed them in the correct categories.
- ◆ Ask students to explain their decisions.

WHAT WOULD WE SAY OR DO IF . . . : 10 minutes

- ◆ Continue by saying:

“Knowing what kinds of behaviour are safe or not safe can help us decide how to stay responsible and healthy for the sake of ourselves, our families and our friends. Sometimes, though, even though we know which activities can put us at risk, we feel pressured by someone else to engage in that activity. Our friends might make us feel that we should have sex with a lot of people, or our boyfriend or girlfriend might not want to use a condom during sexual intercourse. Now that we each have the knowledge of what can keep us safe, let’s think about ways that we can convince others to do the same.”

- ◆ Ask students to list excuses that they might hear from someone who wants to have unsafe sex with them (sex without a condom). **You may need to provide an example or two to get started.** Write these excuses on the chalkboard or flipchart.
- ◆ When the class has agreed on a list, ask students what they think they could say back to someone who uses each excuse.

NOTE TO TEACHER

You may want to remind students about the previous exercise and what sexual behaviours are “safer” than having sexual intercourse without a condom.

POSSIBLE EXCUSES THAT STUDENTS MAY MENTION AND POSSIBLE RESPONSES:

If they don't have a condom:

Excuse: I don't have/can't get a condom.

Response(s): Let's do other things that will make us both feel good.
Let's wait and have sex another time when we have a condom.
I know how we can do other things that feel just as good.

Excuse: I love you—would I give you an infection?

Response: No. But most people don't know if they are infected with an STI. We could both have a disease and not even know.

If they have a condom:

Excuse: Condoms kill the mood for sex.

Response: I won't be in the mood if I'm worried. Feeling safe will make me much more relaxed.

Excuse: None of my friends use condoms!

Response(s): Maybe they aren't as responsible as you are.
Maybe they don't know where to get them—you can tell them.

Excuse: I heard that condoms can get stuck inside you and make you sick.

Response: I know that's not true. If a condom is put on the right way, it will not come off.

Excuse: Condoms are for people with diseases—do I look sick to you?

Response: Not at all—but a lot of times, you can't tell by looking at someone if they have an STI. I just want both of us to be safe.

LET'S PRACTISE (ROLE PLAYS): 20 minutes

- ◆ Continue by saying:

“These were great answers! We're going to take some time now to actually practise saying these responses. That's because even when we know what we want to say in our heads, sometimes it becomes harder to say the words in the right way when we are in the actual situation. By practising, we develop skills that we can use to translate the knowledge we have into action.”

- ◆ Ask students to break up into groups of three. Ask them to choose three scenarios that they can role-play with each other, and to take turns so that one person serves as an “observer” for each of the scenarios. Before they begin, ask them to also think about the importance of the following:
 - **Use body language.** Non-verbal expressions (eye contact, standing tall, being serious) can reinforce your message.

- **Be clear about what you don't want to happen. Use the word "No!"** to demonstrate that this is not what you want (e.g., "No! I won't have sex, even if we use a condom!").
 - **Try to explain why you won't do something.**
 - **Suggest alternatives.** If you still want to be in an intimate relationship with this person, suggest other things you can do while still staying safe (e.g., kiss and hug; go to a movie).
 - **Communicate your feelings** to the other person. Use "I" statements (e.g., "I really like you, but I just don't want to have sex without a condom") vs. "You" statements (e.g., "You are so selfish!").
 - Find alternatives to talking **if a situation gets violent or uncomfortable (e.g., Try to leave the room. You should also let a friend or family member know).**
- ◆ Give students 20 minutes to practise role-playing the three situations they choose. Go around the room and offer feedback and/or praise.

CLASS DISCUSSION: 5 minutes

- ◆ After 20 minutes, reconvene the entire class and engage them in a discussion about what happened. You might use the following guiding questions:
- Which situations did you choose? Why?
 - Who is having sex?
 - Which situations were the hardest to role-play? Which were easiest? Why?
 - Did you feel that your responses were effective with each other?
 - How might you have changed your response now that you've seen its effect?
 - How did you use body language to convey your message? What body language was most/least effective?
 - What alternatives did you suggest?

ACTIVITY CLOSING: 5 minutes

- ◆ You might close the activity by saying:

"It might seem hard at first to try to convince someone to use a condom or to engage in behaviours that are not as risky as sex without a condom. But we've just seen here that there are things we can do or say when we are in different situations that can help us act responsibly and stay healthy for our families and ourselves. You can support your friends by practising these skills with one another and encouraging safe behaviour when you're together."

ACTIVITY 5.2

ALL ABOUT CONDOMS

Purpose:	To increase students' knowledge about obtaining condoms and developing their skills for using them effectively
Skills:	Effective use of health products (i.e., condoms) and increased comfort in talking with others about condoms
Age Group:	Adolescents
Methods:	Demonstration, group discussion, condom use practise
Time:	30 minutes
Materials:	Condoms, fact sheets for male and female condoms
Overview:	The class will discuss condoms, controversies that exist about condoms, and how condoms used effectively can help reduce HIV and STIs. The teacher will demonstrate the correct use of a condom and, depending on level of comfort, students will practise putting on and taking off a condom using their fingers as models.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Prepare overheads and gather or duplicate any materials you might need.
- ◆ Assess the usefulness, relevance, and appropriateness of the activity for the students you plan to teach.
- ◆ Consider whether the methods, skills, and knowledge taught in this activity can be applied to students' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask students to think about ways they might want to change the activity (e.g., alternative ways to conduct the condom demonstration including other topics to address) to make it more useful for them.
- ◆ Consider the best ways to divide students into small groups for practise, discussion, and role plays.
- ◆ Let students know in advance that you will ask for some volunteers at the end of the practise session to demonstrate how to use health products (i.e., condoms) and how they might demonstrate comfort in talking with others about condoms.
- ◆ Be sure to let students know before you begin that you will ask them for their reactions, conclusions, and recommendations regarding this activity.
- ◆ Before they begin, ask students if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION AND CLASS DISCUSSION: 5 minutes

- ◆ You might start this activity by saying:

“Sometimes even when both people agree to use a condom, they are not always sure how to use one correctly, or they don’t know where to get one. It may also be hard to get a condom. Let’s talk about condoms before we practise using one.”

- ◆ Engage the class in a brief discussion:
 - Do you think most people your age use condoms? Why or why not?
 - Where can you get condoms?
 - Can you talk to your friends about condoms?
 - What have you heard about condoms?
 - Can both boys and girls get condoms?

CONDOM DEMONSTRATION: 25 minutes

- ◆ Ask students to refer to the fact sheets on male and female condoms. Explain that you will now demonstrate how to correctly use a condom and will then ask participants, if they are willing, to practise using a condom by trying it on their fingers.
- ◆ Demonstrate, using your fingers as a model, the correct way to use a condom. After the demonstration continue to engage the group in a conversation on the following issues:
 - How to avoid any breakage during condom use (check expiration date; don’t reuse a condom)
 - How to increase sensuality while using a condom
 - How to get a condom on and off without disrupting intimacy
 - What lubricants should be used with condoms
 - Things they have heard about condoms or any questions they may have about them (e.g., they break easily; they can get stuck inside)
 - The female condom; other options (e.g., spermicide)
- ◆ Depending on comfort level, pass condoms around the class. Encourage students to open the packets, examine the different types of condoms, and become familiar with them. Have students practise putting on and taking off a condom using their fingers as models.

NOTE TO TEACHER

Be sensitive to the comfort level of your students. Students who have been raped or abused, for example, may feel uncomfortable during this activity and should not be required to participate.

- ◆ Continue to engage the class in any discussion or questions they may have about condoms, now that they have had a chance to familiarise themselves with them.

ACTIVITY CLOSING: 5 minutes

- ◆ You might end this activity by saying:

“STIs, HIV, and AIDS are preventable. If we act responsibly, we can do a lot to protect ourselves and the ones we love. Each one of you is a worthwhile and unique individual who has a lot to contribute to your community. By making informed and healthy decisions now and with one another, you can reach your future goals for both you and your families.”

ACTIVITY 5.3

HELPING PEOPLE AT RISK

Purpose:	To help young people identify places and sources where they can get information about making healthy decisions related to substance abuse (alcohol, tobacco, and other drugs)
Skills:	Being able to look for and identify sources that can provide help for substance use problems
Age Group:	Adolescents
Methods:	Role play, group discussion, contribution from the teacher
Materials:	Blackboard or writing board, chalks, felt-tips, Activity 5.3 Worksheet: I Can't Stop Drinking
Time:	60 minutes
Overview:	In this activity learners are presented with different alternatives to consider how they can get information, services, and products regarding substance abuse. They will discuss a scenario where a friend helps another get help for his problem. The activity ends with learners practising how they will get information.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Prepare overheads and gather or duplicate any materials you might need.
- ◆ Assess the usefulness, relevance, and appropriateness of the activity for the students you plan to teach.
- ◆ Consider whether the methods, skills, and knowledge taught in this activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask participants to think about ways of adapting the activity (e.g., by modifying the script/situation of the role play) in order to make it more relevant to their specific situations.
- ◆ Consider the best ways to divide students into small groups for practise, discussion, and role plays.
- ◆ Let participants know in advance that you will ask for some volunteers at the end of the practise session to perform a demonstration of the methods used.
- ◆ Be sure to let participants know before you begin that you will ask them for their reactions, conclusions, and recommendations regarding this activity.
- ◆ Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: 5 minutes

- ◆ You might start this activity by saying:

“Alcohol, tobacco, and drug addiction is a complicated issue and in order to address it, we need good information and support. Each community has different resources, such as written materials, counselling services, and clean needles to help people with substance abuse. In this activity we will identify and practise ways of getting help.”

CLASS BRAINSTORM: 20 minutes

NOTE TO TEACHER

This exercise is to help learners identify sources from where they can get help and information related to substance abuse (alcohol, tobacco, and other drugs). Thus, teachers should familiarise themselves with the local sources before giving this lesson.

- ◆ The teacher may begin by asking the class:

“What types of help can we get for substance abuse problems?”

- ◆ Consider the list below:

- Services (counselling, cessation techniques, and consultations, etc.)
- Information (brochures, handouts, lectures, multimedia, etc.)
- Products (clean needles, medication, etc.)

- ◆ Write responses on the board and discuss each with the class.

“Where can we obtain information and other forms of help?”

- ◆ Consider the list below:

- Health centres/hospitals
- Doctors’ offices
- Community centres
- Health education centres
- Religious organisations
- Schools

- ◆ Write responses on the board and discuss each with the class.

- ◆ Invite the class to ask questions they may still have about access to places where they can get help.

PERFORMANCE OF THE ROLE PLAY AND DISCUSSION: 30 minutes

- ◆ Explain that you need two volunteers. Ask them to refer to the Activity 5.3 Worksheet and to perform the role play.

NOTE TO TEACHER

- Do not hesitate to modify the role play so as to feel comfortable with it and enable participants to accept it.
- Do not force anyone to join the role play. If no volunteers come forward, play both parts yourself in order to give the group a fairly good idea of what a role play actually involves.

ACTIVITY 5.3 WORKSHEET
I CAN'T STOP DRINKING
(ROLE-PLAY SCRIPT)

Kefilwe and Thabo are friends. Thabo knows that Kefilwe likes drinking and her drinking habit is increasing month by month. Today he was surprised that Kefilwe was drunk when she came to school; he also found that Kefilwe has been drinking every day for the last week. Thabo became worried about his friend and wanted to help her. He discussed the matter with Kefilwe and realised that Kefilwe too wanted to stop drinking but could not. Thabo has now decided to help his friend. He asked his teacher where one could get help for substance abuse. He learned about a local counselling service centre to help people who are addicted.

Thabo: Hi, Counsellor, I am here to seek your advice and help for my friend who is addicted to alcohol.

Counsellor: I welcome you to the centre and appreciate you've shown care for your friend. How can I help you?

Thabo: My friend has started drinking occasionally a year ago, and over time she increased to the point where she now drinks every day.

Counsellor: Hmm . . . it sounds like your friend needs your support.

Thabo: I'll be happy to support her. What do I have to do?

Counsellor: You can take this brochure, which explains how to identify drinking problems and gives advice to recover. Ask your friend to read it and encourage her to seek help from a professional. You can be a source of emotional support for her while your friend is considering the advice in this brochure. And if you need any additional help or want to discuss any other thing, please feel free to stop by my office.

Thabo: Thank you for your help. I will try to encourage her, and I'll be in touch if I need more help.

Thabo met with Kefilwe. They both read the brochure together. Kefilwe, with Thabo's support, started meeting with the counsellor. After a few weeks of determination, Kefilwe stopped drinking. She still visits the counsellor occasionally for continued support. She remains healthy and happy, and grateful to Thabo for getting her the help she needed.

- ◆ After the role play, encourage the group to discuss the scene that has just been enacted. You may, for example, ask the following questions:
 - What kinds of help might your friends need?
 - Where would you go to seek help?
 - If you needed help with substance abuse problems, what would you do?
- ◆ Write the answers on the blackboard or writing board.
- ◆ Ask the class to make small groups and demonstrate how they can identify and get support for substance abuse problems. Consider using the role-play script as a model, but ask learners to insert dialogue and situations applicable to their lives.

ACTIVITY CLOSING: 5 minutes

- ◆ You can end the activity by saying:

“Substance use is a complex issue that requires great support from friends and professionals. With a little effort, we can find out all the related information and ways to help the one who is addicted to any substance. Kefilwe was not able to stop drinking until she was supported by her friend and counsellor.”

ACTIVITY 5.4

I HAVE NO CONDOMS

Purpose:	To help teenagers identify where they can obtain condoms
Skills:	Being able to look for and identify where condoms can be obtained
Age Group:	Adolescents
Methods:	Role play, group discussion, contribution from the teacher
Materials:	Blackboard or writing board, chalk, felt-tips, Activity 5.4 Worksheet: I Have No Condoms
Time:	60 minutes
Overview:	A role play is performed in order to stimulate a classroom discussion on the availability of condoms and, more specifically, the places where they can be obtained. The teacher then provides the students with information on these places and asks students to re-enact the role play to demonstrate they know the sources of condoms.

Key Points to Consider:

- ◆ Read the activity completely and carefully.
- ◆ Prepare overheads and gather or duplicate any materials you might need.
- ◆ Assess the usefulness, relevance, and appropriateness of the activity for the students you plan to teach.
- ◆ Consider whether the methods, skills, and knowledge taught in this activity can be applied to participants' real-life situations.
- ◆ Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- ◆ Ask participants to think about ways of adapting the activity (e.g., by modifying the script/situation of the role play) to make it more relevant to their specific situations.
- ◆ Consider the best ways to divide students into small groups for practise, discussion, and role plays.
- ◆ Let participants know in advance that you will ask for some volunteers at the end of the practise session to perform a demonstration of the methods used.
- ◆ Be sure to let participants know before you begin that you will ask them for their reactions, conclusions, and recommendations regarding this activity.
- ◆ Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- ◆ Let them know how much time they have to practise each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: 5 minutes

- ◆ You might start this activity by saying:

“We know that the proper use of condoms can contribute to reducing the risk of HIV infection and STIs. Even though condoms may not be always easily available, we should be able to identify where we can obtain them. I shall now invite you to perform a role play, and we shall then discuss together the situation experienced by the characters.”

PERFORMANCE OF THE ROLE PLAY AND DISCUSSION: 20 minutes

- ◆ Explain that you need two volunteers. Ask them to refer to the Activity 5.4 Worksheet and to perform the role play.

NOTE TO TEACHER

- Do not hesitate to modify the role play so as to feel comfortable with it and enable participants to accept it.
- Do not force anyone to join the role play. If no volunteers come forward, play both parts yourself in order to give the group a fairly good idea of what a role play actually involves.

ACTIVITY 5.4 WORKSHEET
I HAVE NO CONDOMS
(ROLE-PLAY SCRIPT)

Mamadou and Aya are both 16 years old. They are high-school students and have grown up together. They confide in each other and talk about their feelings and experiences freely. Mamadou is very excited at the idea of telling Aya about his latest adventure. Mamadou has a girlfriend called Kossiwa. Yesterday, after school, Mamadou met with Kossiwa.

Mamadou: Aya, you know, I had a rather difficult experience yesterday . . .

Aya: Really? Do you want to tell me about it?

Mamadou: Well, the fact is my girlfriend, Kossiwa, came to my place yesterday, and we played around and kissed for a while, and I was really tempted to go all the way.

Aya: So? What kept you?

Mamadou: Well, you know all these stories about AIDS one hears all the time—it's rather frightening. You know my uncle Kokouvi—you met him—he died recently, apparently from AIDS. So I was sort of scared because I had no condoms with me . . . actually, I don't even know where to get a hold of them.

Aya: Hmm . . . well, why don't you have a word with one of our teachers, for example, Mr Diallo? He might be able to tell us for sure.

Mamadou: I'd rather leave teachers out of my private life! I'm afraid of discussing this issue with him.

Aya: We can always go to the district health centre or the clinic if you'd like. Mr Diallo is quite a nice guy, actually. I bet he can help us with this matter. Either way, it is important for your health, and the health of Kossiwa, to find out.

- ◆ After the role play, encourage the group to discuss the scene that has just been enacted. You may, for example, ask the following questions:
 - In our community, where can people buy condoms?
 - Can you name any places where condoms are available at no cost?
 - Can women, as well as men, obtain condoms? What about teenagers and young adults?
 - If you did not know where to get condoms, how might you find out?
- ◆ Write the responses on the blackboard or writing board and discuss each.

GETTING INFORMATION AND REVISITING THE ROLE PLAY:
30 minutes

NOTE TO TEACHER

This exercise is to build skills in identifying sources of condoms. Thus, teachers are expected to be familiar with local sources before giving this lesson. You may decide to bring some brochures and documentation of these local places to carry out your presentation more efficiently and be able to answer any questions asked by the students. It is also advised to speak with your local area counselling or help centre for updated information before doing this activity.

- ◆ The teacher will provide information to the students about reliable places where they can obtain condoms:
 - Chemists
 - Counselling and help centres
 - Local NAP (National AIDS Programme) centres
 - Health education centres
 - Family Planning Associations
 - Vending machines (if available)
 - Markets
- ◆ The teacher may also indicate certain places where condoms are sold but that should be avoided since the condoms are poor-quality or have not been properly packed/stored (e.g., they have been exposed to the elements, etc.). These places may include stalls and open-air “pharmacies.”
- ◆ Invite participants to re-enact the role play of Mamadou and Aya, but this time Aya tells Mamadou how to get access to condoms.
- ◆ If enough time is available, the teacher may provide some safety tips for using condoms like:
 - Use a good-quality condom.
 - Check the use-by date on the packet.
 - Use the condom for the entire time you are having intercourse.
 - Do not re-use a condom.
- ◆ Invite participants to ask any questions they may still have about access to condoms.

ACTIVITY CLOSING: 5 minutes

- ◆ You can end the activity by saying:

“AIDS is a disease that can be prevented by using a condom properly. You can obtain condoms from the places we identified today. Now that you know where to get a hold of condoms, you will be able to protect your own health as well as advise other people how to do so.”

**COMMON QUESTIONS AND
CONTROVERSIES CONCERNING
HIV AND SUGGESTED
RESPONSES**

COMMON QUESTIONS AND CONTROVERSIES REGARDING HIV AND STI AND SUGGESTED RESPONSES

FREQUENTLY ASKED QUESTIONS ABOUT CULTURE AND CONTROVERSY

Issue: Talking openly about sex is against our culture!

Response: Talking openly about sex has not always been a part of our cultural tradition. However, we now have a completely new challenge with HIV. It is a disease that was not there when our old customs were created.

Changing our ways about discussing sex doesn't mean our culture or traditions will be threatened.

As educators we have a responsibility to adapt our customary attitudes toward sex and talking about sex because the lives of our partners, children, and students depend on it.

Question: Teaching young people about sex and sexuality will make them promiscuous or immoral. Shouldn't we just tell young people not to have sex?

Response: We should encourage students to remain abstinent, but they must also be given accurate information on safer sex, as they will be making their own decisions.

Research shows that if we give young people accurate information about sex, about risks associated with sexual activity, and how they can protect themselves, then they will be more likely to decide for themselves to delay the start of sexual activity.

If young people have knowledge and the opportunity to discuss their questions openly and without fear, they are more likely to practise safer sex when they do become sexually active. Children have the right to information about sexual health and HIV prevention.

Question: How do we know this epidemic isn't exaggerated?

Response: Surveillance systems in many countries provide estimates of the proportion of selected populations that are infected, such as pregnant women or persons attending STI/HIV clinics. Each country has data that health officials can use to estimate the impact of HIV on their country.

Question: If AIDS is real, why don't we hear of many people dying from HIV and AIDS in our community?

Response: Because of the time period (7–10 years) between HIV infection and full-blown AIDS that leads to death, some regions within countries are only now beginning to experience substantial numbers of deaths due to HIV.

Because often people infected with HIV die as a result of other familiar diseases like TB or pneumonia, people may not be sure if deaths in their villages or communities were AIDS-related.

Often family members may not know or may be unwilling to admit the truth. Many people are ashamed or frightened to admit that they are HIV-positive for fear of stigmatisation and discrimination.

Some people who have admitted being HIV-positive have been killed. Such actions have scared people and prevented them from disclosing their HIV infection.

Some people still deny there is such a disease. In fact HIV is a worldwide epidemic that affects people of every race.

Many people, including teachers and trade union leaders, are fearful they will lose their jobs if they disclose that they are HIV-positive or have AIDS.

Question: Isn't AIDS a gay disease?

Response: No. AIDS, a result of HIV infection, is caused by a virus. Anyone can get HIV through the exchange of blood, vaginal fluid, breast milk, or embryonic fluids with an infected person.

Like anyone else, men who have sex with men are at higher risk if they engage in unprotected sexual activities that include the exchange of these fluids.

FREQUENTLY ASKED QUESTIONS ABOUT GENDER, EQUITY, AND HUMAN RIGHTS

Question: How can teachers and trade union leaders support policies and practises in schools that will reduce discrimination and promote equity?

Response: Teachers can demonstrate no tolerance for discriminatory remarks by students or other teachers; union leaders can mobilise for solidarity and apply union sanctions to oppose schools that violate the rights of students to attend school and the rights of employees to work in school settings.

According to the Convention on the Rights of the Child, the right of children, even those with impairments, to receive education should not be prevented or denied.

In response to the challenge of HIV, teachers and trade union leaders can monitor and implement policies to ensure that the rights of young people and teachers remain protected within the school environment.

Schools can ensure that teachers and pupils infected with HIV have the same opportunities as others.

Schools can ensure that both boys and girls receive complete information about HIV, AIDS, STIs, and their prevention.

Question: Why is it important to pay special attention to the needs of women and girls?

Response: Worldwide, rates of HIV are increasing among women. Women are more physically vulnerable than men are. Because of inequality that exists in many countries, poor access to education, economic need, and lack of job opportunities, women are often prevented from making choices and decisions regarding sexual risks and protecting their health.

Young women are often more socially and economically vulnerable to conditions that force people to accept the risk of HIV infection in order to survive.

In Africa, south of the Sahara, there are already six women with HIV for every five men with HIV.

In sub-Saharan Africa, adolescent females are becoming infected in their early teens, and peak infection rates occur before age 25.

FREQUENTLY ASKED QUESTIONS ABOUT HIV TRANSMISSION

Question: If staff and students have HIV and attend school, will the rest of us catch it?

Response: You cannot be infected with HIV by sharing a classroom or house, book, pencil, desk, chair, car or taxi, locker, telephone, cup, fork, plate, toilet, towel, sheets, or clothes with someone who is infected.

You cannot be infected or catch HIV by sharing food or drinking water or by shaking hands or playing sports with someone who is HIV-infected.

HIV infection is preventable. There are only certain situations in which people who have the virus can pass it along to others.

Sexual behaviours that increase risk for HIV include:

- Unprotected sexual intercourse (vaginal or anal intercourse without a condom). This is the most common way through which people become infected.
- Semen or vaginal fluid taken into the mouth during oral-genital sex.
- Any sexual act that involves contact with blood, semen and/or vaginal fluid between two or more persons.

Question: How can we prevent HIV transmission during sports events?

Response: The possibility of HIV transmission occurs only during contact sports where injuries result that break the skin and bleeding takes place.

No one should play a sport with uncovered wounds or injuries. First-aid kits with latex gloves should be available during all sports events.

If an injury occurs, the player should be called off the field, treated by an individual wearing rubber gloves, and should be allowed to return to sport only with the injury cleaned and covered.

No one should put himself or herself at risk by coming in direct contact with blood without wearing rubber gloves. Blood-stained clothes should be changed.

Question: If someone has only one partner (not many boyfriends and girlfriends), are they still at risk for HIV?

Response: You don't need to have lots of partners to get HIV. People who have unprotected sex without a condom and with multiple partners are at the highest risk to become HIV-infected. But many people have caught the virus after having unprotected sex just once with someone who is infected.

Even people who are faithful to their partner can become infected if their partner has been unfaithful to them or has used injection drugs without the partner's knowledge.

Other risks individuals face for becoming infected:

- Each year many children, students, and women become infected because they are raped.
- Some children acquire HIV through their mothers either through perinatal transmission (before they are born or during the birth process) or by drinking infected breast milk while nursing.
- People also become infected through unprotected contact with infected blood such as from contaminated needles (tattoos, injection drug use) or shared razors or blades.

Question: How can I tell if someone is HIV-infected?

Response: Most people who are sexually active don't know if they are infected with HIV. People need to practise safer sex and use condoms correctly every time they have sex. They need to behave as though they are at risk and could possibly become infected or infect others.

The only way to tell if someone is HIV-positive is through a blood test. The test detects the presence of antibodies to HIV. If the antibodies to the virus are present, the person is considered to be "HIV-positive."

FREQUENTLY ASKED QUESTIONS ABOUT TESTING AND TREATMENT

Question: What is an HIV test?

Response: A small blood sample is taken from your arm or finger. It is sent to a laboratory to be scientifically analysed.

The test results usually take two weeks but may be available sooner. Before you have an HIV test, you should speak with a counsellor about the test and what you will do or need for support when you receive your results.

Question: Is there a cure for HIV and AIDS?

Response: Currently there is no cure for AIDS. Prevention is the only way to defeat HIV and AIDS. We can avoid becoming infected and infecting others by acting responsibly in our sexual behaviour.

Medical researchers in many countries are working urgently to develop and test a vaccine. However, it will take time to test, approve, and create widespread availability.

Medicines that delay the onset of full-blown AIDS can be given to people with HIV. However, they are not vaccines and will not cure AIDS. They are expensive and not generally available to everyone who needs them.

FREQUENTLY ASKED QUESTIONS ABOUT CONDOMS

Question: How effective are condoms in preventing HIV and STIs?

Response: The safest option is to practise abstinence. If you are sexually active, condoms, used properly, can help you have safer sex. If used properly, latex (rubber) condoms are highly effective in preventing HIV and STIs.

Proper use of condoms means: using only latex condoms; using condoms that have been stored in a cool, dark place (not a wallet or in direct heat of the sun); handling condoms carefully to avoid damage from finger nails or rings; putting the condom on as soon as erection is achieved; leaving

some room at the tip when condom is put on; withdrawing immediately after ejaculation; changing condoms after each ejaculation.

Question: I've heard that condoms aren't safe. Is that true?

Response: Latex condoms help protect you from the transmission of HIV and STI. They greatly reduce your risk of infection, but they are not 100 percent effective. Condom failures usually result from improper use.

FREQUENTLY ASKED QUESTIONS ABOUT DRUGS, ALCOHOL AND HIV TRANSMISSION

Question: What do drugs and alcohol have to do with HIV risk?

Response: Drug and alcohol use are often linked to HIV infection. When people are drunk or on drugs they often forget to use condoms. They take advantage of each other and have unprotected sex.

Question: Why are injection drug users at high risk for HIV?

Response: AIDS, a result of HIV infection, is caused by a virus.

Injection drug users who share needles with others have an increased risk of getting this virus because drops of blood can cling to the needle and be passed from one person to another.

When shooting up, infected blood can pass HIV directly into the blood stream of another person.

Question: How can someone get AIDS from a needle?

Response: Because HIV can be spread through blood-to-blood contact, the person using a contaminated needle or syringe is at high risk of becoming HIV-infected.

A contaminated needle can carry the virus directly into the blood stream.

Needles used for body piercing and tattooing can also transmit HIV in this way.

Question: My team mates and I use needles only to take steroids. I share needles only with my friends. Can I get HIV?

Response: Yes. If any of your friends or team mates has HIV and you share needles or syringes with them, you could become infected.

It's the behaviour, not the type of drug you use, that can put you at risk for HIV. Also, you can't tell by the way someone looks whether he or she has HIV.

GUIDELINES FOR DEALING WITH AND RESPONDING TO DIFFICULT AND EMBARRASSING QUESTIONS*

POSSIBLE DIFFICULT SITUATIONS	WHAT COULD A TEACHER DO OR SAY?
<ul style="list-style-type: none"> • Teachers feel unprepared to answer specific questions because they do not have sufficient information. • Teachers feel uncomfortable talking about certain sensitive issues with mixed genders. • Students make jokes about other students and/or the teacher. • A student mentions to a teacher that he heard she is HIV-positive. • During a role play or group discussion, a student becomes upset or anxious. • Students remain silent out of embarrassment. • Students try to shock or amuse other students or the teacher by describing sexually explicit behaviours. 	<ul style="list-style-type: none"> • It's okay not to know the answer. You might say, "I don't know the answer to that, but I'll try to find out and let you know" OR "Let's see if we can find the answer together." • It's okay to feel embarrassed or uncomfortable. Don't try to pretend you are not when you are. You might say, "It isn't easy for me to answer that question, but I'll try" OR "This is difficult for me to talk about, but it is too important not to talk about it." • Start the class by saying it is often embarrassing to talk about these issues, and that when people are uncomfortable they may laugh or make jokes to cover up their nervousness. • You may choose to ignore a situation by saying "okay" and going on with the discussion. • Be assertive in responding to a breach of the group rules. You may tell the student that you do not wish to discuss information about your personal life in class, and that no one in the class should feel that they need to talk about things they don't want to discuss. • If the student's anxiety is obvious to everyone in the class, you might remind students that no one should feel that they have to participate in something that makes them feel uncomfortable, and then ask another student to take his/her place. After class, you may want to approach the student privately to see if he/she wants to talk or learn about services that may help him/her. • Use teaching methods that encourage participation, such as role plays and/or brainstorming. You may want to call on a student whose attentiveness, facial expression, eye contact, or other non-verbal signal communicates interest. • Remind students to be considerate of others in the room and their feelings. It might be important to separate males from females during certain exercises. • Don't be overly critical of students' comments, even if they may seem inappropriate. This may discourage other students from being open and honest.

*Adapted in part from Healthy Foundations. The Center for Family Life Education, Planned Parenthood of Greater Northern NJ, USA 1992.

**TEXT FROM THE FOLLOWING SOURCES WAS DIRECTLY INCLUDED
AND/OR ADAPTED TO CREATE THIS DOCUMENT:**

Seminar on Health Education and HIV/AIDS & STI Prevention in Southern Africa, Seminar Report, Harare, Zimbabwe, 6–9 September, 1999. Organised by Education International with the support of WHO & UNAIDS in collaboration with UNESCO and Education Development Center, Inc. (EDC).

International Conference on “ School Health and HIV/AIDS Prevention,” Harare, Zimbabwe, 24–26 July, 1995. Organised by Education International, WHO, UNESCO, with participation of: Centers for Disease Control and Prevention (CDC), Education Development Center, Inc. (EDC), National Education Association (NEA).

UNAIDS Program Coordinating Board Report, *HIV/AIDS and the Education Sector*, Ninth Meeting, Geneva, Switzerland, 25–26 May, 2000.

WHO Information Series on School Health, Document Six, *Preventing HIV/AIDS/STI and Related Discrimination: An Important Responsibility of Health-Promoting Schools*, Geneva, 1999.

Jemmott LS, Jemmott JB III, McCaffree KA. 1996. *Be Proud! Be Responsible! Strategies to Empower Youth to Reduce Their Risk for AIDS*. New York: Select Media.

Kader Asmal, MP, Minister of Education, South Africa. *The HIV/AIDS Emergency Guidelines for Educators*.

FACT SHEETS ABOUT HIV AND AIDS

FACT SHEETS ABOUT HIV AND AIDS

WHAT FACT SHEETS ARE IN THIS SECTION?

What You Need to Know About HIV and AIDS
How Is HIV Passed from One Person to Another?
How HIV Is Not Spread
Common Behaviours Related to HIV Infection
Male Condom Checklist
How to Use a Male Condom to Prevent HIV and AIDS and Other STIs
Female Condom Checklist
Mother-to-Child Transmission
Women, Girls, and HIV and AIDS
The African Potato
Circumcision and HIV Infection
Voluntary Counselling and Testing
HIV Therapy
Coping with the Loss of a Loved One

FACT SHEET: WHAT YOU NEED TO KNOW ABOUT HIV AND AIDS

AIDS (acquired immunodeficiency syndrome) is caused by HIV (human immunodeficiency virus). People who are infected with HIV can look and feel healthy and may not know for years that they are infected. However, they can infect other people no matter how healthy they seem. HIV slowly wipes out parts of the body's immune system, then the HIV-infected person gets sick because the body can't fight off diseases. Some of these diseases can be fatal.

Signs of HIV infection are like those of many other common illnesses, such as swollen glands, tiring easily, losing weight, fever, or diarrhoea. Different people have different symptoms.

Because HIV is contained in people's blood, semen, vaginal fluid, and breast milk, **the only way to tell if someone is infected with HIV is with a blood test.**

There is no vaccine to prevent HIV infection and no cure for AIDS.

There are treatments that can keep infected people healthy longer and prevent diseases that people with AIDS often get. Research is ongoing.

HIV slowly makes an infected person sicker and sicker. Diseases and infections will cause serious illness, but people often get better in between serious illness.

Sometimes, HIV can damage the brain and cause changes in feelings and moods, even make it hard to think clearly.

Someone with AIDS can feel fine in the morning and be very sick in the afternoon.

Adapted from: [Caring for Someone with AIDS at Home: A Guide](http://www.hivatis.org/caring/care3.html). U.S. Department of Health and Human Services Public Health Service. Centers for Disease Control and Prevention (CDC). www.hivatis.org/caring/care3.html.

FACT SHEET: HOW IS HIV PASSED FROM ONE PERSON TO ANOTHER?

HIV transmission can occur when **blood, semen** (including pre-seminal fluid, or “pre-cum”), **vaginal fluid**, or **breast milk** from an infected person enters the body of an uninfected person.

HIV can enter the body through a vein (e.g., injection drug use), the anus or rectum, the vagina, the penis, the mouth, other mucous membranes (e.g., eyes or inside of the nose), or cuts and sores. Intact, healthy skin is an excellent barrier against HIV and other viruses and bacteria.

HIV infection is spread through shared use of unsterilised skin or ear-piercing equipment, tattooing, sexual mutilations, or shaving or cutting equipment in countries where blood screening is not routine.

These are the most common ways that HIV is transmitted from one person to another:

- By having unprotected sexual intercourse (anal, vaginal, or oral sex without a condom) with an HIV-infected person
- By sharing needles or injection equipment with an injection drug user who is infected with HIV
- From HIV-infected women to babies before or during birth, or through breastfeeding after birth

Some health care workers have become infected after being stuck with needles containing HIV-infected blood or, less frequently, after infected blood contact with the worker’s open cut or through splashes into the worker’s eyes or inside their nose.

Adapted from: www.cdc.gov/hiv/pubs/faq/faq16.htm. Last updated: November 30, 1998. Centers for Disease Control & Prevention; National Center for HIV, STD, and TB Prevention; Divisions of HIV and AIDS Prevention.

**FACT SHEET:
HOW HIV IS *NOT* SPREAD**

HIV is spread through blood, semen, vaginal fluids, and breast milk.

HIV is *NOT* spread by:

- | | |
|--|--|
| Breathing air | Working with someone who is HIV+ |
| Drinking water | Sharing clothing with someone who is HIV+ |
| Getting bitten by an insect | Shaking hands with someone who is HIV+ |
| Touching or playing with animals | Touching or caring for someone who is HIV+ |
| Participating in or being a victim of witchcraft | Kissing or hugging someone who is HIV+ |
| Sharing food with someone who is HIV+ | Being near an HIV+ person who is coughing or sneezing |
| Sharing cooking pots or pans with someone who is HIV+ | Participating in any other activities that do not involve coming in direct contact with blood, semen, vaginal fluids, or breast milk |
| Washing or eating off of the same dishes as an HIV+ person | |
| Eating with knives, forks, or spoons | |
| Sitting on or touching toilet seats | |

Unless blood is present or mixed into it, you CANNOT get HIV from touching, tasting, or coming into contact in any way with the following body fluids or products:

- | | |
|-------------|-------|
| Faeces | Tears |
| Nasal fluid | Urine |
| Saliva | Vomit |
| Sweat | |

Adapted from: [Caring for Someone with AIDS at Home: A Guide](http://www.hivatis.org/caring/care3.html). U.S. Department of Health and Human Services Public Health Service. Centers for Disease Control and Prevention (CDC). www.hivatis.org/caring/care3.html.

**FACT SHEET:
COMMON BEHAVIOURS RELATED TO HIV INFECTION**

SEXUAL BEHAVIOURS THAT INCREASE RISK FOR CONTRACTING HIV INFECTION

- Vaginal intercourse without a condom with an infected person
- Anal intercourse without a condom with an infected person
- Semen or vaginal fluid taken into the mouth during oral-genital sex
- Any sexual act that involves the contact of blood, semen, and/or vaginal fluid between two or more persons

SUBSTANCE USE BEHAVIOURS THAT INCREASE RISK OF HIV INFECTION

- Sharing needles with HIV-infected persons or persons who do not know their health status
- Using alcohol and other substances that lower inhibitions and increase the chances of engaging in unsafe sexual practises or substance use
- Failure to boil equipment if clean needles are not available
- Failure to clean shared needles (by rinsing them twice with water, twice with bleach, twice with water)

PERINATAL BEHAVIOURS THAT INCREASE RISK OF INFECTING THE UNBORN CHILD

- Failure to obtain prenatal testing and treatment, when available, to reduce risk of infecting the unborn child
- Failure to assess risk of infection to child via breastfeeding

TRANSFUSION OR USE OF BLOOD PRODUCTS OR EQUIPMENT THAT PRESENT RISK OF INFECTION

- Failure to consider the degree of risk before accepting blood in countries that do not conduct routine testing of blood donations
- Receiving donated blood of unknown origin in countries that have not achieved a safe blood supply
- Using needles, syringes, or other drug-injecting equipment that are not sterilised

BEHAVIOUR INVOLVING INSTRUMENTS THAT PRESENT RISK OF INFECTION

- Failure to clean instruments that may involve blood, such as tattoo, skin-piercing, and shaving instruments, dental equipment, and medicinal drugs administered through injectors

World Health Organisation, 1999. WHO Information Series on School Health, Document Six.

FACT SHEET: MALE CONDOM

Be sure you have a condom before you need it.

Each time you have sex, a new and unused condom should be put on the penis before it enters the vagina, rectum, or mouth. **DO NOT REUSE THE SAME CONDOM.**

Put the condom on only when the penis is erect.

When putting on the condom, hold it so that the rolled rim is on the outside.

If the male is not circumcised, first pull the foreskin of the penis back.

Do not pull the condom tightly against the tip of the penis, but pinch the end of the condom when unrolling it—this leaves a small, empty space to hold the semen.

Unroll the condom all the way to the base of the penis.

If the condom tears during sex, the penis should be withdrawn immediately and a new condom put on.

After ejaculation, the male partner should hold on to the bottom of the condom as the penis is pulled out, so that the condom does not slip off.

Carefully take the condom off without spilling any semen.

Wrap the condom in paper (such as tissue paper or newspaper) until it can be disposed of in a toilet, a pit latrine, a closed garbage bag, or by burying or burning it.

The following tips will help prevent condoms from breaking or leaking:

If lubricant is needed, use a water-based one (KY Jelly, glycerin). Do not use a lubricant made with oil, like Vaseline.

Store condoms in a cool, dark, dry place. Heat, light, and humidity can damage condoms.

If possible, choose pre-lubricated condoms that are packaged so that light does not reach them.

Open the wrapper carefully so that the condom does not tear (don't use teeth, scissors, or a knife to open the package).

Do not use condoms that are sticky, brittle, discolored, or damaged in any way.

Adapted from: WOMEN & HIV/AIDS Prevention and Care Strategies, Pan American Health Organization Regional Office of the World Health Organization, 1999

**FACT SHEET:
HOW TO USE A MALE CONDOM TO PREVENT
HIV AND AIDS AND OTHER STIS**

Use a new latex condom for each act of vaginal, anal, or oral intercourse.

Latex (rubber) serves as a barrier to HIV. “Lambskin” or “natural membrane” condoms may not be as good because of the pores in the material. Look for the word “latex” on the package.

Use the condom throughout sex—from start to finish.

Check the expiration or the manufacturing date.

If stored properly, condoms are good for five years after the manufacturing date. Condoms lubricated with spermicide may remain good for only two years.

Do not use a condom that is brittle or that has been stored near heat or in your wallet for a long time.

Put on the condom as soon the penis becomes erect, and before it comes in contact with your partner’s mouth, genitals, or anus.

Leave a small space in the top of the condom to catch the semen so it doesn’t spill out, or use a condom with a reservoir tip.

Pinch the tip of the condom and unroll it onto the erect penis, all the way down to the base. Make sure that no air is trapped in the condom’s tip.

Do NOT use oil-based lubricants.

Adequate lubrication is important to prevent condom breakage, but use only water-based lubricants, such as glycerin or lubricating jellies (e.g., KY Jelly).

Oil-based lubricants, such as petroleum jelly, cold cream, hand lotion, or baby oil **will weaken the latex** condom and can cause it to break.

If you feel the condom break while you are having sex, stop immediately and pull out.

Do not continue until after you have put on a new condom.

Withdraw from the partner immediately after ejaculation, while the penis is still hard, holding the rim of the condom firmly to the base of the penis to keep it from slipping off.

Adapted from: *AIDS Prevention Guide*, Centers for Disease Control and Prevention, cdc.gov/hiv/pubs/brochure/book3.pdf; and *Condoms and Their Use in Preventing HIV Infection and Other STDs*, Centers for Disease Control and Prevention, cdc.gov/hiv/pubs/facts/condoms.pdf, September 1999.

FACT SHEET: FEMALE CONDOM

Make sure the condom is completely lubricated on the outside and the inside. Rub the condom to spread the lubricant

While holding the sheath at the closed end, grasp the soft, flexible inner ring and squeeze it with your thumb and middle finger so it becomes long and narrow

With the other hand, separate the outer lips of the vagina

Gently insert the inner ring into the vaginal canal — it should be possible to feel the inner ring go up and move into place

Place the index finger on the inside of the condom, and push the inner ring up as far as it will go. Make sure the sheath is not twisted

The outer ring remains on the outside of the vagina

During sex, gently guide the penis into the vagina. Make sure that the penis is not entering to the side of the sheath

If the condom is pulled out or pushed in, there is not enough lubricant.

Add more to either the inside of the condom or to the outside of the penis

To remove the condom, twist the outer ring and gently pull the condom out. Pull it out before standing up to avoid any spillage

Other important points to remember:

The female condom can be placed in the vagina several hours before sexual activity (up to 8 hours) or immediately before intercourse

The female condom does not have to be immediately removed after intercourse— there is no need for immediate withdrawal after ejaculation

Each condom is currently effective for one use—a new condom is necessary for each act of sexual intercourse. **DO NOT REUSE THE SAME CONDOM**

Practice inserting the condom several times prior to having sexual intercourse to feel comfortable with how it works

For protection against STIs, it can be used at the same time as the IUD, hormonal methods and sterilization

The female condom can also be used as a barrier method for anal intercourse

It should not be used at the same time as the male condom as friction will cause the male condom to slip off and the female condom to be pushed in

The female condom is made of polyurethane that is not affected by differences in temperature and humidity and can be used with an oil-based lubricant

Adapted from: WOMEN & HIV/AIDS Prevention and Care Strategies, Pan American Health Organization Regional Office of the World Health Organization, 1999

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TRAINING AND RESOURCE MANUAL ON SCHOOL HEALTH AND HIV AND STI PREVENTION

FACT SHEET: MOTHER-TO-CHILD TRANSMISSION

HIV can be passed from a mother to the baby in the following ways:

- Pregnancy
- Labour and delivery
- Breastfeeding

HIV Transmission Before and During Birth

At birth when the baby travels through the mother's birth canal, damage can occur to the baby's skin and HIV can be transmitted to the baby as it comes into contact with the mother's blood. This is why the time of labour and birth are the most common moments of HIV entering the baby's system.

In Uganda, it is estimated that 3 out of 10 babies born to HIV-positive mothers will be HIV-infected. That means that the majority of mothers with HIV will not pass the virus to their newborn babies. Most babies do not contract HIV from their mothers while in the womb because the placenta acts as a barrier between the baby's and the mother's blood circulatory systems. In rare cases, HIV can leak across the placenta to the unborn baby who will then acquire the virus.

Couples who are considering having a baby are encouraged to have an HIV test to enable them to make appropriate decisions based on their HIV results.

If an HIV-negative woman gets infected with HIV during pregnancy or when she is breastfeeding, she is very likely to pass on the virus to her baby.

Pregnant women who are HIV-negative should be counselled on the importance of remaining HIV-negative during pregnancy and breastfeeding because of the risk of passing HIV to their baby and for their own safety.

Partners of pregnant women who are HIV-positive or who have not been tested for HIV, should use condoms every time they have sex.

HIV Transmission Through Breastfeeding

Some babies are infected after birth through breast milk. HIV transmission through breastfeeding is more likely if the mother is very ill with HIV-related illnesses. Women who are very ill with HIV-related illnesses need to consider substituting breastfeeding with animal milk or infant formula. HIV transmission through breastfeeding is also more likely if the mother has cracked nipples or breast abscesses. Women who are breastfeeding should therefore seek more information from a health worker about good breastfeeding techniques. Babies who have sores in the mouth or oral thrush (oral candida) are more likely to be infected with HIV through breastfeeding. Mothers should check their babies' mouths for the presence of thrush (white spots or patches inside the mouth). Thrush also results in loss of appetite. If a mother sees that her baby has sores in the mouth, she should take him/her to a health worker for treatment and guidance.

Prevention of Mother-to-Child HIV Transmission (PMTCT)

There are several things that an HIV-positive mother can do to help reduce HIV transmission to her baby. The following are some useful tips:

Taking special anti-HIV medicines to prevent MTCT. The anti-HIV drug that is usually given (at the time of writing) is nevirapine and it is given as a single dose at the onset of labour, and to the baby within the first 72 hours after birth.

Making sure your baby is delivered safely. Delivery is the time of greatest risk for HIV transmission to a baby. It is very important for the mother to have her baby delivered with help from trained midwives who ensure that all necessary precautions are taken and that she and the baby are safe. Pregnant women need to start attending antenatal clinics at the nearest health centre as early as the third month of pregnancy. Good antenatal care reduces MTCT in utero.

Making infant feeding as safe as possible. As mentioned earlier, HIV occurs in the breast milk of an HIV-infected mother and she can pass it on to her baby by breastfeeding. Consider the following Scenario Options for Discussion to Help Clarify Decision Making for HIV-Infected Women Living in Different Circumstances in Resource-Poor Settings [Source WHO]:

Scenario A

In settings where the water supply is generally unsafe without additional preparation, where infant mortality is high, where the cultural norms foster breastfeeding, and where social harms from not breastfeeding are substantial, then exclusive breastfeeding followed by weaning at around six months could be the general approach supported for most HIV-infected women. However, since it remains her individual choice, the HIV-infected woman should also be told that formula is available if she chooses that option and be made aware of the preparation necessary to make water safe and how to use a cup for formula feeding. HIV-infected women in such circumstances who choose breastfeeding need skilled help including advice on feeding techniques, prevention of mastitis and cracked nipples, and general breast care. Once a woman makes her choice of feeding type, then she should be strongly supported in that choice.

Scenario B

In settings where the water supply is generally safe, and infant mortality is relatively low but the social stigma of not breastfeeding remains high, then discussion with the HIV-infected woman should include specific suggestions for lessening the stigma of using formula. HIV-infected women in such circumstances should receive skilled help in safe formula preparation. Again the choice of feeding remains with the individual woman and the counsellor should support the woman in whatever choice she makes.

Scenario C

In settings where the water supply is generally safe and the social stigma of not breastfeeding can be effectively dealt with, then HIV-infected women should be encouraged to formula feed from birth. As with other scenarios, the choice of feeding remains with the individual woman and the counsellor should support the woman in whatever choice she makes.

Adapted from: Care for children infected and those affected by HIV/AIDS, A Handbook for Community Health workers, Save the Children UK, 2003

FACT SHEET: WOMEN, GIRLS, AND HIV AND AIDS

FACTS AND FIGURES

33.6 million people are living with HIV and AIDS, 14.8 million of whom are women
5 million adults were newly infected in 1999, 2.3 million of whom were women
2.1 million people died of AIDS in 1999, 1.1 million of whom were women
12–13 African women are currently infected for every 10 African men
Half a million infections in children (under 15), most of which have been transmitted from mother to child
55% of adult infections in sub-Saharan Africa are in women, 30% in SE Asia, 20% in Europe and USA.

WHY ARE WOMEN MORE VULNERABLE TO HIV INFECTION?

Biologically

Larger mucosal surface; microlesions that can occur during intercourse may be entry points for the virus; very young women even more vulnerable in this respect.

More virus in sperm than in vaginal secretions

As with STIs, women are at least four times more vulnerable to infection; the presence of untreated STIs is a risk factor for HIV.

Coerced sex increases risk of microlesions.

Economically

Financial or material dependence on men means that women cannot control when, with whom, and in what circumstances they have sex.

Many women have to exchange sex for material favours, for daily survival. There is formal sex work but there is also this exchange, which in many poor settings, is many women's only way of providing for themselves and their children.

Socially and culturally

Women are not expected to discuss or make decisions about sexuality.

They cannot request, let alone insist on, using a condom or any form of protection.

If they refuse sex or request condom use, they often risk abuse, as there is a suspicion of infidelity.

The many forms of violence against women mean that sex is often coerced, which is itself a risk factor for HIV infection.

For married and unmarried men, multiple partners (including sex workers) are culturally accepted.

Women are expected to have relations with or marry older men, who are more experienced, and more likely to be infected. Men are seeking younger and younger partners in order to avoid infection and in the belief that sex with a virgin cures AIDS and other diseases.

FACT SHEET: THE AFRICAN POTATO

WHAT IS THE AFRICAN POTATO?

The African potato looks like an overgrown onion that is almost rotting. It is black in colour and has a lot of fibres about it. The leaves are like those of an onion but much flatter. The leaves dry off around February or March, leaving beautiful yellow flowers.

The African potato is considered to be an amazing cure.

Traditional healers use it to treat a range of illnesses and have long known of its special qualities.

Unlike its cousin, the Irish potato, the African potato cannot be reproduced from its tuber. It reproduces by dying off and another one grows in its place.

WHAT ARE THE SO-CALLED SPECIAL QUALITIES OF THE AFRICAN POTATO?

For the African potato to be effective, it has to be properly prepared.

It cleans the colon, which is the source of many ailments in man. It's an immunity booster and gives energy. It also works on people with ulcerated stomachs and helps with insomnia.

WHY DO PEOPLE USE THE AFRICAN POTATO WHEN THEY ARE HIV-POSITIVE OR LIVING WITH AIDS?

Most people are too poor to afford any kind of medication, and when it comes to HIV and AIDS, people are willing to try anything. With no prospect of treatment with the kind of expensive drugs available in Western nations, any home-grown alternative is eagerly received.

WHAT ARE THE DANGERS OF THE AFRICAN POTATO?

Studies have been done and show that while some special chemicals in the vegetable could help boost the immune system, you would have to eat kilos and kilos of the African potato to see any real effect. But it is not a cure for AIDS.

There are several species of the African potato and if the wrong tuber is consumed, it can lead to serious complications. There are only two species of the African potato that should be consumed, the yellow and white tubers. The other types cause continuous diarrhoea and headaches.

With the HIV and AIDS epidemic, the African potato has found a ready market in Africa. Since its discovery, hundreds of people are buying it in bulk for re-sale. Unfortunately, some unscrupulous individuals have been digging up tubers that have a passing resemblance to the African potato and selling it to unsuspecting customers.

Adapted from: [Zambia's amazing potato cure](#) by Ishbel Matheson in BBC News, 7 November, 1999.

FACT SHEET: CIRCUMCISION AND HIV INFECTION

Findings from multiple studies in Africa regarding male circumcision and its relationship to HIV transmission remain inconsistent.

A causal relationship between the foreskin and HIV infection cannot be definitively demonstrated. Other factors such as age, sexual practises, social/cultural/religious beliefs, safety of medical procedures, hygiene, presence of genital herpes or warts, and abrasions and friction during intercourse may play a significant role in HIV transmission.

The practise of dry vaginal sex may cause damage and trauma to skin membranes in both men and women, which can contribute to infection with HIV.

Multiple factors, including the presence of STIs, have been associated with the acquisition and transmission of HIV and make it impossible to identify the significance of circumcision as a single contributing factor or intervention for HIV infection.

The presence of genital ulcers has repeatedly proven to be a more important factor in HIV transmission than circumcision.

Sexual intercourse is considered a proof of manhood in some cultures and often follows soon after circumcision. Because this may take place in the commercial sex market with a circumcision wound that has not completely healed, it may contribute to HIV transmission.

In some parts of Africa, circumcision is the leading cause of tetanus (59.4% of cases).

The use of dirty instruments and mass ritual events, including group circumcision, may increase the number of young boys contracting the HIV virus.

Based on studies published in scientific literature, it is incorrect to assert definitively that circumcision prevents HIV infection. Even if studies are able to prove the benefits of circumcision, the procedure's risks may outweigh its benefits.

It is dangerous to depend on circumcision to protect against HIV transmission instead of using condoms, which are proven to be effective.

The effect of female circumcision on the reception and transmission of HIV has not been studied. Although more than 40 studies have looked at male circumcision, female circumcision remains a factor of unknown magnitude in HIV transmission and reception.

Although the evidence increasingly suggests that circumcising men before they become sexually active does provide some protection from HIV, universal male circumcision should not be considered a proven prevention measure. Any apparent protective effects of the procedure are likely to be related not to the removal of the foreskin but to the behaviours prevalent in the ethnic or religious group in which male circumcision is practised.

Circumcision does not act as a "natural condom." Circumcised men and their partners should not abandon safer sex practises such as condom use. While circumcision may reduce the likelihood of HIV infection, it does not eliminate it.

Information compiled from the following sources: Circumcision Information and Resource Pages. "Circumcision and HIV Infection." Viewed Feb. 15, 2001. www.cirp.org/library/disease/HIV/; UNAIDS. (2000). Male Circumcision and HIV Infection. *Report on the Global HIV and AIDS Epidemic*. Viewed Feb. 15, 2001. www.circumstitions.com/HIV.html; Van Howe, R. (1999). Circumcision and HIV Infection: Review of the Literature and Meta-Analysis. *International Journal of STD & AIDS*. 10: 8-16.

FACT SHEET: VOLUNTARY COUNSELLING AND TESTING (VCT)

If you want to know whether you have HIV or not, you can discuss this with a trained HIV counsellor. A counsellor is trained to listen to you, to help you understand your situation, to think about possible solutions to problems, and to answer questions you may have. He/she will discuss the advantages and disadvantages of being tested for HIV and help you make your own plans and decisions about how to enable you to cope with your problem. Should you test positive, she or he will discuss any worries you might have about being HIV-positive and how you could live better with the result. This is called pre-test counselling.

During pre-test counselling, the counsellor will discuss with you issues about HIV prevention and your personal and family life. Once you feel that you are ready to go ahead with the HIV test, a blood sample will be taken from you. Sometimes people will want some time to think about HIV testing or want to discuss it with their partner or family first. If this is your situation, you can ask to see the counsellor again after a few days. You can come back on your own or bring your partner or a close family member. The counsellor will tell you that everything you have discussed is confidential and only the counsellor and you will know your test result.

If you decide to share your test result with anyone, this will be your personal choice. In some voluntary counselling and testing centres, you will not have to give your name. This is called anonymous testing.

When the HIV test result is ready, you will meet the counsellor again for post-test counselling.

During post-test counselling the counsellor will review information that you discussed during pre-test counselling and tell you your HIV test result.

The result is that you are either HIV-positive or HIV-negative.

The counsellor will explain to you what your result means.

The counsellor will help to support you and will listen to the worries you want to express.

The counsellor will help you make plans for the next few days and make sure that there is someone to support you at home if you need it.

The counsellor will also help you decide whom, if anyone, you want to tell about your result.

Often, when people have tested positive, they can not take in much information immediately after they get their test results, due to worry, confusion, or anxiety.

The counsellor may therefore ask you to come back in the next few days, to help you understand your result better and also guide you on what you can do to live positively.

The counsellor will help you identify organisations and government agencies that can provide further counselling and support to you and your family members.

Some people find it helpful to see their counsellor several times. This supports them to understand their situation and be able to live a better and meaningful life with their HIV result and to plan for the future.

If your result is HIV-negative, the counsellor will discuss the options available for you to remain HIV-negative forever.

Adapted from: Care for children infected and those affected by HIV/AIDS, A Handbook for Community Health workers, Save the Children UK, 2003

FACT SHEET: HIV THERAPY

What is the current status of HIV therapy?

The use of anti-retroviral (ARV) drugs in combinations of three or more drugs has dramatically reduced AIDS-related morbidity and mortality since 1996 in countries where they are widely accessible. While not a cure for AIDS, combination ARV therapy has enabled HIV-positive people to live longer, healthier, more productive lives by reducing viremia (the amount of HIV in the blood) and increasing the number of CD4+ cells (white blood cells that are central to the effective functioning of the immune system).

ARV treatment regimens must be adhered to closely. Dosing requirements, number of pills per dose, and dietary restrictions are some of the factors that may inhibit an individual's ability to take these medications regularly and as prescribed. Failure to maintain adherence can result in treatment failure and the emergence of drug-resistant HIV. Short-term toxicities, such as nausea, diarrhoea, central nervous system side effects, and rash, must be closely monitored during the early stages of treatment. Long-term complications, such as body shape changes, elevations in blood lipids, peripheral neuropathy, diabetes, and kidney and liver function abnormalities may also occur.

Until recently, the high cost of the medicines, inadequate health care infrastructure, and lack of financing has prevented wide use of combination ARV treatment in low- and middle-income countries. However, increased political and economic commitment in recent years, stimulated by people living with HIV/AIDS, civil society and other partners, has opened the scope for dramatic expansion of access to HIV therapy. Twelve ARV medicines have been included in the WHO Essential Medicines List following careful analysis of current evidence of ARV efficacy in developing countries that shows that these medicines can be used effectively and safely in poor settings. The long-sought inclusion of ARVs in WHO's Essential Medicines List will encourage governments in hard-hit countries to further expand the distribution of these vital drugs to those who need them.

Adapted from: Q&A III: Selected issues: prevention and care, UNAIDS Questions & Answers, November 2003

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FACT SHEET: COPING WITH THE LOSS OF A LOVED ONE

People are overcome with grief when they lose people or things that are important to them. One can even start to express grief before a loss happens. When children lose someone close to them, the way they react will depend on their age and what they are like as people.

DIFFERENT WAYS OF COPING BY CHILDREN BY AGE

Babies younger than 6 months are not able to remember people for long. They may not always know when someone close to them is missing. Babies therefore should not be upset by the loss of their mother if someone else is able to take good care of them.

Between the ages of 6 months and two years, children are able to recognise their close family members and search for them when they disappear. They become very attached to the people caring for them. But they cannot understand what death means, even if they have actually seen their dead parent or dead animals.

So they will not understand that the person they are attached to will not come back. You may observe some of the following behaviour in these children:

They may protest, showing grief and anger with loud wailing.

They may refuse to be comforted by any person.

They may become withdrawn and perhaps rock their body or sit still for a long time in despair.

They may become very active and sometimes aggressive toward other persons or any objects they associate with the missing person.

Children between the ages of 3 and 5 years may not show grief openly, particularly if they feel secure in the knowledge that they will be cared for. They need to be given this assurance to prevent the fear that they will not be cared for.

Between the ages of 5 and 8 years, children can understand the meaning of death. At this age they may blame themselves for the death. They can think that something they have done or failed to do has caused the death. The child may behave unpleasantly due to anger and the feeling that they deserve to be punished for their parent's death. They may deny that the death has happened. Some children will ask again and again where their missing parent is. Others will behave as if nothing has happened; they do not want to think that their parent will never come back.

By the age of 8 years, the child has a greater understanding of what death means. They know that death is a natural process. They know that it cannot be changed and that it can happen to anyone, including themselves. Children of 8 or 9 years can overreact to death much like adults. They are tearful and withdrawn and are not interested in anything. They may be very angry, either with the dead person or with others. Anger in a child may seem very strange, but this is a common feeling in adults who have lost someone. Grief can occur in different stages. Some children go through all these stages, but in a different order. Others go through only some of the stages. These stages are described briefly below.

Denial or disbelief: Children may not believe what they are told. They may behave as though nothing has happened. They may say that the person telling them is wrong. Sometimes they may deny ever being told that their parent has died.

Making sense of the loss: The child may try and understand what has happened by asking many questions. They may feel guilty that they have caused the death or failed to stop it from happening. Some things they say may be unreasonable. This is normal.

Anxiety and hopelessness: The child may be very worried about what will happen next. They may fear that they have no future.

Anger: The child may feel angry with the deceased person, feeling that they allowed themselves to die. They may feel angry with people who they think caused the death or did not care for the deceased person.

Sadness: The child may cry and it may not be easy to comfort them. They may be quiet and not want to do the things they normally do, or may isolate themselves from other children.

Accepting what has happened: As time goes on, the child will look to the future when they have got used to not having the person they have missed. They will still miss them and will sometimes be sad, but not so often. You may find that they complain of headaches or stomach pains. This can be the way they feel their grief. They may find it hard to concentrate and this can be a problem at school.

HERE ARE SOME IDEAS ON HOW TO COPE WITH THE DEMANDS FOR SUPPORTING CHILDREN WHO HAVE TO COPE WITH GRIEVING:

Be honest with the child. Tell them what has happened. You need to tell them in a way they can understand. Some children will want to ask questions about the death. Answer them honestly, in words they understand. If you do not know the answer to a question, tell them this and do not try to make something up.

Accept the child's feelings. Understand that they will behave in a way that perhaps you do not expect but that this is normal. Allow them to cry. Do not be angry with them if they are angry with their dead parent. Do not be surprised if they behave as though the parent were not dead.

Reassure the child. Allow them to ask questions and talk to them about the future.

Try to keep as many things as normal as possible. The child will feel safer if they can do some things as usual.

Talk about the deceased parent. Remember happier times. Laugh about good memories. But do not make the child talk about these if they are not ready for this. Allow the child to take part in ceremonies. This could include allowing them to attend the funeral or join in other rituals normally attended by adults. If this is not possible, you can hold your own ceremony especially for the child.

Allow the child to use something belonging to their dead parent. This could be something that their parent used or wore often that would remind the child of their life together.

The child may like to have a box or a basket to keep small items that remind them of the deceased person.

Some children are helped by writing or drawing about their deceased parent or the way they feel. They could write a letter to the deceased or draw a picture of them.

Remember the deceased family member at special times. Traditional family celebrations and birthdays are good times to talk about the person.

Grief can take a long time to pass. Be patient with the child. Support them when they are feeling sad and encourage them if they are feeling hopeless. In time these feelings will be easier for them to cope with.

Adapted from: Care for children infected and those affected by HIV/AIDS, A Handbook for Community Health workers, Save the Children UK, 2003

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