Caring for Someone with HIV/AIDS at Home

Description of tool:
This tool provides important information for anyone who helps to care for an HIV-infected person at home. It deals specifically with measures that help to prevent the spread of germs from, or to, the person with HIV. Teachers could use this information to improve students’ understanding of universal infection control procedures, to support students who may be living with and/or caring for HIV infected relatives, and to reduce the fear, stigma and discrimination that surrounds HIV and AIDS.

The information in this tool was adapted by UNESCO from the following publication:

Centers for Disease Control and Prevention (CDC), n.d. Caring for Someone with AIDS at Home. Web published at:

Description of document:
The Centers for Disease Control and Prevention (CDC), an agency of the United States Department of Health and Human Services, is the federal government agency with primary responsibility for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to protect and improve the health and safety of the people of the United States. The publication referenced is a comprehensive guide for caregivers of people infected with HIV. In addition to the information provided here, the document addresses a range of other issues, including basic information about HIV/AIDS, tips for providing physical, emotional and practical assistance, disease progression and the making of final arrangements. Though developed for residents of the United States, most of the information is relevant for caregivers everywhere.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education.** It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Introduction

One of the best places for people with AIDS to be cared for is at home, surrounded by the people who love them. Many people living with HIV or AIDS can lead an active life for long periods of time. Most of the time, people with AIDS do not need to be in a hospital. Being at home is usually cheaper, more comfortable, more familiar, and gives the person more control of his/her life. In fact, people with AIDS-related illnesses often get better faster and with less discomfort at home with the help of their friends and loved ones.

Caring for someone with HIV or AIDS is a serious responsibility. AIDS is stressful both for the person who is sick and the person who is providing care. By rising to the challenges of caring for someone with HIV or AIDS, you can share emotionally satisfying experiences, even joy, with people you love, and you may find new strengths within yourself. But you must take care of yourself as well as the person with AIDS.

To take good care of the person with HIV or AIDS, you may need to:

■ **Learn the basics, and more if possible, about HIV and AIDS.** It is especially important for you to know how HIV is spread, and how it is NOT spread, but it will also be helpful to know what to expect as the disease progresses, and what is involved in various treatment regimens.

■ **Take a home care course, if possible.** Learn the skills you need to take care of someone at home and how to manage special situations. Public health departments, the local Red Cross/Red Crescent chapter and other state or local HIV/AIDS service organizations may be able to help you find a home care course.

■ **With permission from the person you are caring for, talk with the doctor, nurse, social worker, case manager, and other health care workers who are also providing care.** You need to know about medicines you will be administering (including possible side effects), about changes in the person’s health or behaviour that require medical intervention, and where to go for information and support of various kinds.

■ **Talk to a lawyer or AIDS support organization.** For some medical care or life support decisions, you may need to be legally named as the care coordinator. If you are going to help file insurance claims, apply for government aid, pay bills, or handle other business for the person with AIDS, you may also need a power of attorney. There are many sources of help for people with AIDS, and you can help the person with AIDS get what they are entitled to.

To take good care of yourself, you may need to:

■ **Think about joining a support group or talking to a counsellor.** Taking care of someone who is sick can be hard emotionally as well as physically. Talking about it with people with the same kinds of worries can sometimes help. You can learn how other people cope and realize that you are not alone.

■ **Attend to your own feelings and needs.** You can't take care of someone else if you are sick or upset. Get the rest and exercise you need to keep going. Make time to do
some of the things you enjoy, such as visit your friends and relatives. Some AIDS service organizations can help by providing "respite care", i.e., sending someone to be with the person you're caring for while you get out of the house for awhile.

A very important aspect of caregiving is preventing the spread of infections. This includes protecting the person who has HIV (and, thus, a weakened immune system) from germs that you or others in the environment might be carrying, and protecting yourself (and others) from being infected by HIV or other germs from the person you are caring for. Correct and consistent practice of some basic safety measures is all that is required.

I. Guarding Against Infections

People living with AIDS can get very sick from common germs and infections. Hugging, holding hands, giving massages, and many other types of touching are safe for you, and needed by the person with AIDS. But you have to be careful not to spread germs that can hurt the person you are caring for.

√  Wash your hands

Washing your hands is the single best way to kill germs. Do it often! Wash your hands after you go to the bathroom and before you fix food. Wash your hands again before and after feeding them, bathing them, helping them go to the bathroom, or giving other care. Wash your hands if you sneeze or cough; touch your nose, mouth, or genitals; handle garbage or animal litter; or clean the house. If you touch anybody's blood, semen, urine, vaginal fluid, or faeces, wash your hands immediately. If you are caring for more than one person, wash your hands after helping one person and before helping the next person. Wash your hands with warm, soapy water for at least 15 seconds. Clean under your fingernails and between your fingers. If your hands get dry or sore, put on hand cream or lotion, but keep washing your hands frequently.

√  Cover your sores

If you have any cuts or sores, especially on your hands, you must take extra care not to infect the person with AIDS or yourself. If you have cold sores, fever blisters, or any other skin infection, don't touch the person or their things. You could pass your infection to them. If you have to give care, cover your sores with bandages, and wash your hands before touching the person. If the rash or sores are on your hands, wear disposable gloves. Do not use gloves more than one time; throw them away and get a new pair. If you have boils, impetigo, or shingles, if at all possible, stay away from the person with AIDS until you are well.

√  Keep sick people away

If you or anybody else is sick, stay away from the person with AIDS until you're well. A person with AIDS often can't fight off colds, flu, or other common illnesses. If you are sick and nobody else can do what needs to be done for the person with AIDS, wear a well-fitting, surgical-type mask that covers your mouth and nose and wash your hands before coming near the person with AIDS.

√  Watch out for chickenpox

Chickenpox can kill a person with AIDS. If the person you are caring for has already had the chickenpox, they probably won't get it again. But, just to be on the safe side:
Never let anybody with chickenpox in the same room as a person with AIDS, at least not until all the chickenpox sores have completely crusted over.

Don't let anybody who recently has been near somebody with chickenpox in the same room as a person who has AIDS. After 3 weeks, the person who was exposed to the chickenpox can visit, if they aren't sick. Most adults have had chickenpox, but you have be very careful about children visiting or living in the house if they have not yet had chickenpox. If you are the person who was near somebody with chickenpox and you have to help the person with AIDS, wear a well-fitting, surgical-type mask, wash your hands before doing what you have to do for the person with AIDS, and stay in the room as short a time as possible. Tell the person with AIDS why you are staying away.

Don't let anybody with shingles (herpes zoster) near a person with AIDS until all the shingles have healed over. The germ that causes shingles can also cause chickenpox. If you have shingles and have to help the person with AIDS, cover all the sores completely and wash your hands carefully before helping the person with AIDS.

Call the doctor as soon as possible if the person with AIDS does get near somebody with chickenpox or shingles. There is a medicine that can make the chickenpox less dangerous, but it must be given very soon after the person has been around someone with the germ.

Get your shots

Everybody living with or helping take care of a person with AIDS should make sure they received all their "childhood" shots (immunizations). This is not only to keep you from getting sick, but also to keep you from getting sick and accidentally spreading the illness to the person with AIDS. Just to be sure, ask your doctor if you need any shots or boosters for measles, mumps, or rubella since these shots may not have been available when you were a child. Discuss any vaccinations with your doctor and the doctor of the person with AIDS before you get the shot. If the person with AIDS is near a person with measles, call the doctor that day. There is a medicine that can make the measles less dangerous, but it has to be given very soon after the person is exposed to the germ.

Children or adults who live with someone with AIDS and who need to get vaccinated against polio should get an injection with "inactivated virus" vaccine. The regular oral polio vaccine has weakened polio virus that can spread from the person who got the vaccine to the person with AIDS and give them polio.

Everyone living with a person with AIDS should get a flu shot every year to reduce the chances of spreading the flu to the person with AIDS. Everyone living with a person with AIDS should be checked for tuberculosis (TB) every year.

Be careful with pets and gardening

Pets can give love and companionship. Having a pet around can make a person with AIDS feel better and enjoy life more. However, people with HIV or AIDS should not touch pet litter boxes, faeces, bird droppings, or water in fish tanks. Many pet animals carry germs that don't make healthy people sick, but can make the person with AIDS very sick. A person with AIDS can have pets, but must wash his/her hands with soap and water after handling the pet. Someone who does not have HIV infection must clean the litter boxes, cages, fish tanks, pet beds, and other things. Wear rubber gloves when you clean up after pets and wash your hands before and after cleaning. Empty litter boxes every day, don't just sift. Just like the
people living with AIDS, pets need yearly checkups and current vaccinations. If the pet gets sick, take it to the veterinarian right away. Someone with AIDS should not touch a sick animal.

Gardening can also be a problem. Germs live in garden or potting soil. A person with AIDS can garden, but they must wear work gloves while handling dirt and must wash their hands before and after handling dirt. You should do the same.

√ Personal items
People with HIV infection should not share razors, toothbrushes, tweezers, nail or cuticle scissors, pierced earrings or other "pierced" jewellery, or any other item that might have their blood on it.

√ Laundry
Clothes and bed sheets used by someone with AIDS can be washed the same way as other laundry. If you use a washing machine, either hot or cold water can be used, with regular laundry detergent. If clothes or sheets have blood, vomit, semen, vaginal fluids, urine, or faeces on them, use disposable gloves and handle the clothes or sheets as little as possible. Put them in plastic bags until you can wash them. You can but you don't need to add bleach to kill HIV; a normal wash cycle will kill the virus. Clothes may also be dry cleaned or hand-washed. If stains from blood, semen, or vaginal fluids are on the clothes, soaking them in cold water before washing will help remove the stains. Fabrics and furniture can be cleaned with soap and water or cleansers you can buy in a store; just follow the directions on the box. Wear gloves while cleaning. See the section on gloves for more information on types of gloves.

√ Cleaning house
Cleaning kills germs that may be dangerous to the person with AIDS. You may want to clean and dust the house every week. Clean tubs, showers, and sinks often; use household cleaners, then rinse with fresh water. You may want to mop floors at least once a week. Clean the toilet often; use bleach mixed with water or a commercial toilet bowl cleaner. You may clean urinals and bedpans with bleach after each use. Replace plastic urinals and bedpans every month or so. About 1/4 cup of bleach mixed with 1 gallon of water makes a good disinfectant for floors, showers, tubs, sinks, mops, sponges, etc. (Or 1 tablespoon for bleach in 1 quart of water for small jobs). Make a new batch each time because it stops working after about 24 hours. Be sure to keep the bleach and the bleach and water mix, like other dangerous chemicals, away from children.

√ Food
Someone with AIDS can eat almost anything they want; in fact, the more the better. A well-balanced diet with plenty of nutrients, fibre, and liquids is healthy for everybody. Fixing food for a person with AIDS takes a little care, although you should follow these same rules for fixing food for anybody.

- Don't use raw (unpasteurized) milk.
- Don't use raw eggs. Be careful: raw eggs may be in homemade mayonnaise, hollandaise sauce, ice cream, fruit drinks (smoothies), or other homemade foods.
• All beef, pork, chicken, fish, and other meats should be cooked well done, with no pink in the middle.

• Don't use raw fish or shellfish (like oysters).

• Wash your hands before handling food and wash them again between handling different foods.

• Wash all utensils (knives, spatulas, mixing spoons, etc.) before reusing them with other foods. If you taste food while cooking, use a clean spoon every time you taste; do not stir with the spoon you taste with.

• Don't let blood from uncooked beef, pork, or chicken or water from shrimp, fish, or other seafood touch other food.

• Use a cutting board to cut things on and wash it with soap and hot water between each food you cut.

• Wash fresh fruits and vegetables thoroughly. Cook or peel organic fruits and vegetables because they may have germs on the skins. Don't use organic lettuce or other organic vegetables that cannot be peeled or cooked.

A person living with AIDS does not need separate dishes, knives, forks, or spoons. Their dishes don't need special cleaning either. Just wash all the dishes together with soap or detergent in hot water.

A person with AIDS can fix food for other people. Just like everybody else who fixes food, people with AIDS should wash their hands first and not lick their fingers or the utensils while they are cooking. However, no one who has diarrhoea should fix food.

To keep food from spoiling, serve hot foods hot and cold foods cold. Cover leftover food and store it in the refrigerator as soon as possible.

### Protect Yourself

A person who has AIDS may sometimes have infections that can make you sick. You can protect yourself, however. Talk to the doctor or nurse to find out what germs can infect you and other people in the house. This is very important if you have HIV infection yourself.

For example, diarrhoea can be caused by several different germs. Wear disposable gloves if you have to clean up after or help a person with diarrhoea and wash your hands carefully after you take the gloves off. Do not use disposable gloves more than one time.

Another cause of diarrhoea is the *cryptosporidiosis* parasite. It is spread from the faeces of one person or animal to another person or animal, often by contaminated water, raw food, or food that isn't cooked well enough. Again, wash your hands after using the bathroom and before fixing food. You can check with your local health department to see if *cryptosporidiosis* is in the water. If you hear that the water in your community may have *cryptosporidiosis* parasites, boil your drinking water for at least 1 minute to kill the parasite, then let the water cool before drinking. You may want to buy bottled (distilled) water for cooking and drinking if the *cryptosporidiosis* parasite or other organisms that might make a person with HIV infection sick could be in the tap water.
If the person with AIDS has a cough that lasts longer than a week, the doctor should check them for TB. If they do have TB, then you and everybody else living in the house should be checked for TB infection, even if you aren't coughing. If you are infected with TB germs, you can take medicine that will prevent you from developing TB.

If the person with AIDS gets yellow jaundice (a sign of acute hepatitis) or has chronic hepatitis B infection, you and everybody else living in the house and any people the person with AIDS has had sex with should talk to their doctor to see if anyone needs to take medicine to prevent hepatitis. All children should get hepatitis B vaccine whether or not they are around a person with AIDS.

If the person with AIDS has fever blisters or cold sores (herpes simplex) around the mouth or nose, don't kiss or touch the sores. If you have to touch the sores to help the person, wear gloves and wash your hands carefully as soon as you take the gloves off. This is especially important if you have eczema (allergic skin) since the herpes simplex virus can cause severe skin disease in people with eczema. Throw the used gloves away; never use disposable gloves more than once.

Many persons with or without AIDS are infected with a virus called cytomegalovirus (CMV), which can be spread in urine or saliva. Wash your hands after touching urine or saliva from a person with AIDS. This is especially important for someone who may be pregnant because a pregnant woman infected with CMV can also infect her unborn child. CMV causes birth defects such as deafness.

Remember, to protect yourself and the person with AIDS from these diseases and others, be sure to wash your hands with soap and water before and after giving care, when handling food, after taking gloves off, and after going to the bathroom.

✓ Gloves

Because the virus that causes AIDS is in the blood of infected persons, blood or other body fluids (such as bloody faeces) that have blood in them could infect you. You can protect yourself by following some simple steps. Wear gloves if you have to touch semen, vaginal fluid, cuts or sores on the person with AIDS, or blood or body fluids that may have blood in them. Wear gloves to give care to the mouth, rectum, or genitals of the person with AIDS. Wear gloves to change diapers or sanitary pads or to empty bedpans or urinals. If you have any cuts, sores, rashes, or breaks in your skin, cover them with a bandage. If the cuts or sores are on your hands, use bandages and gloves. Wear gloves to clean up urine, faeces, or vomit to avoid all the germs, HIV and other kinds, that might be there.

There are two types of gloves you can use. Use disposable, hospital-type latex or vinyl gloves to take care of the person with AIDS if there is any blood you might touch. Use these gloves one time, then throw them away. Do not use latex gloves more than one time even if they are marked "reusable". You can buy hospital-type gloves by the box at most drug stores, along with urinals, bedpans, and many other medical supplies. For cleaning blood or bloody fluids from floors, bed, etc., you can use household rubber gloves, which are sold at any drug or grocery store. These gloves can be cleaned and reused. Clean them with hot, soapy water and with a mixture of bleach and water (about 1/4 cup bleach to 1 gallon of water). Be sure not to use gloves that are peeling, cracked, or have holes in them. Don't use the rubber gloves to take care of a person with AIDS; they are too thick and bulky.

To take gloves off, peel them down by turning them inside out. This will keep the wet side on the inside, away from your skin and other people. When you take the gloves off, wash your hands with soap and water right away. If there is a lot of blood, you can wear an apron or smock to keep your clothes from getting bloody. (If the person with AIDS is bleeding a lot or
very often, call the doctor or nurse.) Clean up spilled blood as soon as you can. Put on
gloves, wipe up the blood with paper towels or rags, put the used paper towels or rags in
plastic bags to get rid of later, then wash the area where the blood was with a mix of bleach
and water.

Since HIV can be in semen, vaginal fluid, or breast milk just as it can be in blood, you should
be as careful with these fluids as you are with blood.

If you get blood, semen, vaginal fluid, breast milk, or other body fluid that might have blood
in it in your eyes, nose, or mouth, immediately pour as much water as possible over where
you got splashed, then call the doctor, explain what happened, and ask what else you
should do.

✓ **Needles and Syringes**

A person with AIDS may need needles and syringes to take medicine for diseases caused
by AIDS or for diabetes, haemophilia, or other illnesses. If you have to handle these needles
and syringes, you must be very careful not to stick yourself. That is one way you could get
infected with HIV.

Use a needle and syringe only one time. Do not put caps back on needles. Do not take
needles off syringes. Do not break or bend needles. If a needle falls off a syringe, use
something like tweezers or pliers to pick it up; do not use your fingers. Touch needles and
syringes only by the barrel of the syringe. Hold the sharp end away from yourself.

Put the used needle and syringe in a puncture-proof container. The doctor, nurse, or an
AIDS service organization can give you a special container. If you don't have one, use a
puncture-proof container with a plastic top, such as a coffee can. Keep a container in any
room where needles and syringes are used. Put it well out of the reach of children or visitors,
but in a place you can easily and quickly put the needle and syringe after they are used.
When the container gets nearly full, seal it and get a new container. Ask the doctor or nurse
how to get rid of the container with the used needles and syringes.

If you get stuck with a needle used on the person with AIDS, don't panic. The chances are
very good (better than 99%) that you will not be infected. However, you need to act quickly
to get medical care. Put the needle in the used needle container, then wash where you stuck
yourself as soon as you can, using warm, soapy water. Right after washing, call the doctor
or the emergency room of a hospital, no matter what time it is, explain what happened, and
ask what else you should do. Your doctor may want you to take medicine, such as AZT. If
you are going to take AZT, you should begin taking it as soon as possible, certainly within a
few hours of the needlestick.

✓ **Wastes**

Flush all liquid waste (urine, vomit, etc.) that has blood in it down the toilet. Be careful not to
splash anything when you are pouring liquids into the toilet. Toilet paper and tissues with
blood, semen, vaginal fluid, or breast milk may also be flushed down the toilet.

Paper towels, sanitary pads and tampons, wound dressings and bandages, diapers, and
other items with blood, semen, or vaginal fluid on them that cannot be flushed should be put
in plastic bags. Put the items in the bag, then close and seal the bag. Ask the doctor, nurse,
or local health department about how to get rid of things with blood, urine, vomit, semen,
vaginal fluid, or breast milk on them. If you can't have plastic bags handy, wrap the materials
in enough newspaper to stop any leaks. Wear gloves when handling anything with blood, semen, vaginal fluids, or breast milk on it.

√ Sex

If you used to or are still having sex with a person with HIV infection, and you haven’t used latex condoms the right way every time you had sex, you could have HIV infection, too. You should talk to your doctor or a counsellor about taking an HIV antibody test. The idea of being tested for HIV may be scary, but if you are infected, the sooner you find out and start getting medical care, the better off you will be. Talk to your sex partner about what will need to change.

It is particularly important that you protect yourself and your partner from transmitting HIV infection and other sexually transmitted infections (STIs). Talk about types of sex that don't risk spreading infection. If you decide to have sexual intercourse (vaginal, anal, or oral), use latex condoms for every sexual act to protect yourself from becoming infected with HIV or other STIs. Get complete and up-to-date information about safer sex, testing and treatment from your doctor, counsellor, or local/regional/national AIDS organisations.

Guidelines for Teaching Two Topics on HIV and AIDS
Using the Child-to-Child Approach

Description of tool:
Taking as examples two topics in the area of HIV/AIDS, this tool shows how content would be developed and presented based on the principles and methods of the child-to-child approach to health education and promotion. This approach calls for children to use basic research/study methods to improve their understanding of how a given health problem affects them and others in their communities, and to guide them in choosing, planning and implementing action to reduce the problem and/or the harmful effects of the problem on themselves and others. This “learning by doing” methodology is consistent with the findings of behavioural science and learning theory research which indicate that individuals must develop not only knowledge, but also attitudes and skills in order to practise behaviours that protect and promote health.

The information in this tool was excerpted by UNESCO from the following publication:


Description of document:
This first of a two-booklet series developed by the Child-to-Child Trust provides information and ideas for teachers, health workers and other development workers involved in teaching children and young people about sexual health, HIV and AIDS. The main aim of Booklet 1 is to protect children and young people from the many risks of early sex. It is also useful for those caring for children from families affected by HIV and AIDS. Booklet 2, also available on the CTC website, looks at how to identify, strengthen and develop practical community-based strategies to help children and their families cope with the impact of HIV and AIDS.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: skills-based health education. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Introduction

Most adults agree that children should not have sexual intercourse until they are fully prepared – physically, economically and emotionally – to cope with the potential consequences. The reality, however, is that a certain number of children in every country of the world do become sexually active at a young age, either because they choose to or because they are forced to. Of those who agree to sex, some will do so to satisfy their developing sexual feelings and curiosity. Many, however, will be exchanging sex for money or drugs, for 'gifts' such as clothes and cosmetics, or ‘favours’ such as good results from a teacher at school or inclusion in an admired group of peers. Among those who are sexually abused or forced into prostitution, children and youth who are disadvantaged by poverty or disability are particularly vulnerable.

Sex causes strong emotions. It is deeply linked with personal and cultural values. Many people feel that children should not be given information about sex and that it stimulates their curiosity and encourages sexual activity at a young age. In fact, the opposite has been shown to be true. Many studies have demonstrated that when children are informed, when they have the skills to cope with information about sex and when they live in an environment that supports healthy choices, they are more likely to delay having sex.

In the age of AIDS, timely and effective sexual health education for young people is more important than ever before. Adults must help children understand what sex is, that it is something important and good at the right age and in a safe and loving relationship, and that it should be about love and happiness but that it can also cause unhappiness, unplanned pregnancy and sexually transmitted infections, including HIV/AIDS. To protect themselves and others from the risks associated with sexual activity as they develop their potential to establish healthy love relationships, children need factual and complete information, help to form positive attitudes and opportunities to develop and practice specific skills.

The risks attached to even a single incidence of unprotected sexual intercourse are such that children must be taught about sexual health, HIV and AIDS before they reach an age when they might choose or be forced to engage in sexual activity. This means that their education must begin in primary school.

Presented below are two examples of how content related to the topic of HIV and AIDS could be developed and presented using the child-to-child approach to health education. This “learning by doing” methodology is recommended because it is consistent with behavioural science and learning theory research findings that individuals must develop not only knowledge, but also attitudes and skills in order to practise behaviours that protect and promote health. This is what experts in the field of health education now call "skills-based health education" where the skills referred to are both practical health skills (e.g. preparing an oral rehydration drink) and psychosocial life skills (e.g. making and communicating the decision to abstain from sex). Life skills development is an integral part of the Child-to-Child approach, as is practising new skills by taking action in the community to address the health problem under consideration. For a detailed description of the six-step model that guides the Child-to-Child approach, see Children for Health: a Methodology for Learning by Doing.
Before starting this topic it is important that the children have already learned basic information about HIV and AIDS. This can be done using stories, quizzes and small group discussion with the tools Information on Sexual Health, HIV and AIDS or Basic Questions and Answers about HIV, AIDS and STIs or other materials. The children will then be prepared to think about how HIV and AIDS are affecting their community.

### Steps and activities for Topic 1: HIV and AIDS in our community

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(In this topic the life skills session comes in Step One, before the survey activity, because the skills the children practise in this session should make it easier for them to do the survey.)

**Step One: Understanding the topic**  
Session 1

- Begin by doing a quick question and answer activity to review basic information about HIV and AIDS.
- Explain that HIV and AIDS can cause many problems in communities – for adults and for children. Divide the children into small groups and have each group draw a chart labelled like the one below. Tell the children to use the chart to list three ways that HIV and AIDS cause problems (or could cause problems) for the children in the community. The most important problem goes in the first box and the least important in the last. Beside each problem, ask them to write what could be done to help. For example:

<table>
<thead>
<tr>
<th>HIV and AIDS in our community</th>
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<tbody>
<tr>
<td><strong>Problems caused by HIV &amp; AIDS</strong></td>
</tr>
<tr>
<td>1 Children have to drop out of school to care for sick relatives and younger children.</td>
</tr>
<tr>
<td>2 Younger children are afraid because they don’t know what HIV and AIDS are.</td>
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<tr>
<td>3 Children whose friends or relatives are sick with an AIDS-related illness are unhappy.</td>
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</tbody>
</table>
When finished, have each small group present their chart to the whole group and develop a master chart on the blackboard. At the end, get the children to vote to find out which action they consider to be the most important, the second most important, and the least important.

To prepare for the survey, children draw additional blank charts.

**Step One: Understanding the topic**

**Session 2: Life skills: Talking about HIV and AIDS**

- **Talking circles (see illustration).**
  In groups of five or six, children read out the comments. They discuss whether any of the comments are wrong – if so, why? They then take turns filling in the last speech bubble with either a right or a wrong comment, and discussing why it is right or wrong.

- **Role-play**
  In pairs or threes, children act out people talking about HIV and AIDS – maybe they are old men sitting under a tree, or teenagers or women waiting at a clinic. Some characters have the wrong information and some have the right information. Give the children a time limit of five minutes. Get them to practise their conversation at least twice.

Select one or two groups to perform their role-play. Discuss each role-play, making sure that the children know the correct information. Discuss these questions:
- Was it easy to talk about HIV and AIDS? Why/Why not?
- Do you think people in the community find it easy to talk about HIV and AIDS?
- Will you find it easy or difficult to do your survey on HIV and AIDS in the community? Why/Why not?

**Step Two: Finding out more**

**After School:** Children have discussions with their friends or family in order to complete their survey charts.
Step Three: Discussing results and planning action  
Session 3: Feedback from the survey

In the whole group, develop a second chart using the results of the survey. Using the following questions, compare the results of the group work in Session One with the results of the survey:
- What are the differences?
- What are the reasons for these differences?

IMPORTANT!
The rest of the activities suggested for Steps Three to Six are to be used as guidelines only. They are based on what children might find out rather than what YOUR group of children DID find out. It is very important that you respond to what your group of children find out in Step Two and develop activities for Steps Three to Six from this.

Step Three: Discussing results and planning action  
Session 4: Selecting a problem and planning action to raise awareness

In small groups children select one of the problems identified in either chart and develop a song, story, poster, fact sheet or drama to raise awareness about it. If appropriate, children can take action to resolve a specific problem faced by a child or children in the community or school. This must be handled very sensitively.

Step Four: Taking action
At a school and/or community event, children perform their songs, stories or drama, distribute their information sheets, display their posters, etc. to raise awareness of the problems caused by HIV and AIDS for children in the community. Activities to help specific children in the community need to be monitored carefully by the adults.

Step Five: Discussing what we did  
Session 5

One session or a part of a session can be used to work with the children on what they thought worked well at Step Four and what they have learnt:
- Did people understand the messages behind our actions? How do we know?
- How do adults feel about talking about HIV and AIDS to children?
- Should we repeat the actions or do other actions? What would we change when we do the activities again?
- Do the children have any other questions or fears about this topic?

Step Six: Doing it better

This is an ongoing process. After Step Five there may be activities that the teacher feels need repeating in order to deepen the children’s understanding. There may be mistakes that need correcting or songs/letters that need rewriting to make the messages more clear. It is important to spend time doing this. During this topic other issues, problems or anxieties may have emerged that teachers wish to explore further. If you can be flexible, new topics can be discussed and selected with children at Step Six.
Topic 2: People living positively with HIV and AIDS

As with Topic 1, children should understand basic information about HIV and AIDS before you begin Topic 2.

<table>
<thead>
<tr>
<th>Steps and activities for Topic 2: People living positively with HIV and AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td><strong>Step One: Understanding the topic</strong></td>
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<td></td>
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<td></td>
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<td><strong>Step Two: Finding out more</strong></td>
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<td><strong>Step Three: Planning action</strong></td>
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<tr>
<td><strong>Step Four: Taking action</strong></td>
</tr>
<tr>
<td><strong>Step Five: Discussing what we did</strong></td>
</tr>
<tr>
<td><strong>Step Six: Doing it better</strong></td>
</tr>
</tbody>
</table>

**Step One: Understanding the topic
Session 1: Living positively with HIV and AIDS**

- Give children the following passage to read (or tell them the passage as a story). At the end, ask them to discuss the questions. Feed back in the whole group.

When Mr Tukei found out that he had been infected with HIV, his head was filled with sad thoughts. At the clinic they told him about a group where he could go to discuss his worries. At the group they told him how to ‘live positively with HIV’. (The illustration shows some of the things they said.)

![Illustration of Mr Tukei discussing how to live positively with HIV](image-url)
Mr Tukei was a smoker and he often skipped meals to go and smoke and drink beer with his friends. He knew that his house was a bit of a mess.

Mr Tukei talked to his wife and children about his HIV and told them he wanted to live positively. He asked them for help. The family cleaned up the house and promised to keep themselves and the house clean. They tidied the neglected garden and with their neighbours’ help, sowed fruit and vegetables. Mr Tukei gave up his cigarettes and his beer and learnt how to cook good food for himself and his family.

Mr Tukei told his brother Sam about his HIV. Sam came to visit. Instead of a house full of sadness, Sam found a family trying to make life better.

Mr Tukei died a few years later. Although they are sad when he was gone, the Tukei family had some of their happiest times together when their father was HIV-positive.

Questions about this story:
- Name five things that help people to live positively with HIV.
- When people take medicines for HIV, how can they help the medicines work well?

**Step One: Understanding the topic**
**Session 2: Life skills: creative thinking**

- Closed door or open door

(Please warn teachers in the neighbouring classes that they may hear the sound of slamming doors during this session, or find a room where the sound will not disturb others!)

The teacher stands by the classroom door. She tells the children: *When bad things happen and people have big problems to solve, they can feel angry and sad and that life has nothing for them now. Instead of having lots of chances to do things in the world outside (point through the door), they feel the door has shut on their lives (slam the door shut).*

The teacher puts on a hat/scarf to indicate becoming another person and says: *My name is Mrs Obeng, I have just been told that I am HIV positive. Now I have many problems. Each problem feels like a door closing in my life. Help me to find ways to open the door.*

Using the list below for ideas, ‘Mrs Obeng’ says:

*I am HIV positive so …* and completes the sentence with a statement such as the ones from the ‘closed door’ list below. As she says the statement, she slams the door shut. In pairs the children try to think of ideas that open the door for her again. The teacher then selects a child who comes up to the door and says the ‘open door’ idea. If the class agrees, the child can open the door. The teacher makes another ‘closed door’ statement and the exercise is repeated several times.

<table>
<thead>
<tr>
<th>Closed door</th>
<th>Open door</th>
</tr>
</thead>
<tbody>
<tr>
<td>I may lose my job…</td>
<td>But I can try to keep this job or find another job.</td>
</tr>
<tr>
<td>I will lose my health</td>
<td>But I can make my body strong now.</td>
</tr>
<tr>
<td>I will get sad…</td>
<td>But I can learn to share my problems and get support from my loved ones.</td>
</tr>
<tr>
<td>I will lose my friends…</td>
<td>Your best friends will stay by you and you can make new ones.</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>I will die soon…</td>
<td>No one knows when they will die. I can live well during the life I have left.</td>
</tr>
<tr>
<td>My children will suffer…</td>
<td>But I can make things as good as possible for my children and explain everything to them so they are prepared.</td>
</tr>
<tr>
<td>Add others …</td>
<td></td>
</tr>
</tbody>
</table>

Discussion
– Was it easy or difficult to think up the ‘open door’ ideas?
– Do you think the open door ideas would help Mrs Obeng?
– Can creative thinking help other people cope with their problems? How?
– Can children help others who are HIV positive? How?
– Can children help other children whose parents/relatives are living with HIV or AIDS? How?

Step One: Understanding the topic
Session 3: Preparing the survey activity

Here are three different activities to help children find out more. Choose the one that is most appropriate in your community and for your group of children.

- Talking to people who are HIV positive
  Invite people in the community who are HIV positive and who are happy to speak to children about being HIV positive. Children can prepare questions for them. It is best if there are at least two visitors. Check the questions first. Tell both the visitors and the children that the visitors do not have to answer any questions they do not want to.

  Questions for our visitors
  – When did you get HIV?
  – How did you know?
  – How did you feel when you were first told?
  – How do you feel about it now?

- Visiting the health clinic
  Children can visit the health clinic to ask the health workers questions about how people can live positively with HIV and about the medicines that can help people with HIV.
  – How can you tell if someone has HIV?
  – What advice do you give people who have HIV?
  – How can children help people living with HIV?
  – Are there any medicines that can help people with HIV?

- A survey on ‘good food’
  Children can do a survey with a health worker or others in the community (mothers, traditional healers, birth attendants, etc.) to find out:
  – What is ‘good food’?
  – What is the best food to keep a body strong?
  – What are the traditional foods given to people who are sick? (Teachers must check these findings as some traditional ideas/practices can be harmful).
Children can select one of these questions and make notes on the answers. They can ask up to five different people and finally list the foods or combinations of foods that are the ‘best’ according to the survey.

**Step Two: Finding out more**
Children hear from the HIV positive presenters or, in pairs or threes, conduct their interviews/surveys in the community.

**Step Three: Planning action**
**Session 4: Feedback from the survey**

Methods used to give feedback from the survey depend on the survey selected in Session Three. In each case, children need to share their ideas, think about them again and list what children can do to help people live positively with HIV. Here are some ideas:

- Raise awareness about the need to accept and support people with HIV or an AIDS-related illness.
- Raise awareness about the need for those with HIV to have good food.
- Show acceptance and support for people with HIV and AIDS.
- Show acceptance and support for children whose family members have HIV or an AIDS-related illness.
- Help to grow food which can be used by people with HIV or who have an AIDS-related illness.
- Raise awareness about the need for anti-retroviral medicines for people with HIV.

**IMPORTANT!**
The rest of the activities suggested for Steps Three to Six are to be used as guidelines only. They are based on what children might find out rather than what YOUR group of children DID find out. It is very important that you respond to what your group of children find out in Step Two and develop activities for Steps Three to Six from this.

**Step Three: Planning action**
**Session 5: Planning action**

In small groups children select one ‘awareness-raising’ activity and, if appropriate, one direct activity to support people in the community living with HIV and/or AIDS. Methods such as songs, stories, posters or drama can be used to raise awareness about how to support people with HIV and AIDS. If appropriate, people with HIV can help to advise and guide the children at this step. As before, children can take action to resolve a specific problem faced

* Although great efforts are being made to provide antiretroviral drugs (ARVs) for resource poor communities, the reality is that for many communities it will be some time before ARVs are available. Where antiretroviral therapy (ART) is not available, teachers may wish to address this as a separate issue. In general, access to ART is limited by the high cost of the drugs and the fact that certain basic infrastructure (trained health care providers and technicians, laboratories, equipment, etc.) is needed to correctly prescribe and monitor the treatment. It must be emphasised, however, that ART is just a part of the treatment and care that can be provided for HIV positive people. Other things that will help a person to live longer and more positively with HIV/AIDS include healthy nutrition, good hygiene, prompt diagnosis and treatment of sexually-transmitted diseases and opportunistic infections, spiritual and emotional support, protection from stigma and discrimination, etc. For more about these actions, see *Caring for Someone with HIV/AIDS at Home* or *Special Eating Needs of People Living with HIV*. 
by a child or children in the community or school but this needs to be handled very sensitively.

**Step Four: Taking action**

At a school and/or community event, children perform their songs, stories, drama, etc. to raise awareness about how to support people with HIV and AIDS. Specific activities to help people living with HIV and AIDS or their families need to be monitored carefully by the adults.

**Step Five: Discussing what we did**

**Session 6**

One session or a part of a session can be used to work with the children on what they thought worked well at Step Four and what they have learnt:

- Did people in the wider community understand the messages behind our activities? How do we know?
- How do people with HIV and/or AIDS feel about our activities?
- Should we repeat the activities or do other activities? What do we need to change when we do the activities again?
- What have we learnt from our activities?
- Do the children have any other questions or fears about this topic?

**Step Six: Doing it better**

As with the previous topics, this is an ongoing process. After Step Five there may be activities that the teacher feels need repeating in order to deepen the children’s understanding. There may be mistakes that need correcting or written materials that need rewriting to make the messages clearer. It is important that time is spent doing this. During this topic other issues, problems or anxieties may have come up that teachers need to explore further. If you can be flexible, new topics can be discussed and selected with children at Step Six.
Annex 1: Tips for teachers and facilitators

This section gives guidelines on some extra issues for people teaching sexual health, HIV and AIDS to children and young people.

★ **Teaching girls and boys together**
In some classes/groups you may be required to teach sexual health to girls and boys separately. For most of the topics, however, it is useful if they can learn together, dividing into single sex groups for some of the discussions and activities.

★ **Teaching about sexual health at school but out of school hours**
In some countries, teaching about sexual health is not done in normal school hours although often it is linked to school. It may be a club activity (such as the anti-AIDS clubs in Zambia) or part of a special lunchtime or after-school programme such as some of the peer education projects.

These extra activities are very useful but it is important to make sure that all the children in the community are reached, and that the quality of the information and the effects of the learning on the children are being monitored.

★ **Teaching about sexual health as part of a school curriculum**
In the regular school environment, and as part of the regular curriculum, the teaching of sexual health can be given proper status. If possible, parents, other teachers and even local health care providers can be involved and help to support the teaching of the subject in a controlled and caring way.

★ **Teaching children whose families are affected by HIV and AIDS**
Some of the children in the class or group may have parents, relatives or friends with HIV or AIDS. These children may be caring for a very sick parent in the full knowledge of what is happening, or they may not know the full story but be aware that something is not right at home.

Children who are coping with HIV/AIDS in their families are likely to be anxious. They may even think that they are HIV-infected because they have a relative who is infected. Children's sadness and anxiety can lead to 'problem behaviour'. If a teacher suspects that problem behaviour may be related to a child's situation at home, he/she can play an important role by talking to the child, trying to understand the child's fears and anxieties and helping other children to support him or her. It is useful if a special teacher can help to support children in this situation. If there are several children needing support it can help to set up a small group in which they can share their worries as well as the strategies they have developed to help them cope.

Many adults think they can protect children by hiding bad news from them but this usually makes the situation worse. Children of all ages need adults to talk with them about important issues that are affecting their lives. This prevents children from feeling that they are somehow responsible for unhappiness or illness in the family. Many parents will find it difficult to tell their children that they are HIV positive and may need help to do so. It is better for the child to know about the illness but it is the decision and the responsibility of the parent to tell.
Teachers should be especially sensitive to children coping with HIV/AIDS in their family during a course on sexual health. They must ensure that other children do not stigmatize them. Teachers should not draw attention to the special problems of any child unless the child is willing and able to contribute something special to the discussion and has had time to prepare.

★ **Working with parents and traditional sex educators in the community**

Educating children on sexual health, HIV and AIDS will be most effective when families discuss the issues and repeat the same messages. In many communities there are traditional ways in which sex education is conducted such as special intensive camps or courses that take place during the holidays or at a special time in the child’s life (such as initiation ceremonies or special courses at puberty). It is important that the information given by traditional sex educators reinforces what is taught in school and in the home. Teachers and traditional sex educators need to discuss their education programmes and make sure that they reinforce one another.

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The Facts about How HIV Is and Isn’t Transmitted

Description of tool:
The information in this tool is intended to clarify what research and experience in the fields of medicine, science and public health have revealed about how HIV is, and is not, transmitted. It makes the case that given the limitations imposed by the structure and biology of the virus, transmission (and transmission patterns) are largely the result of specific human behaviours and practices. Teachers can use this information to dispel myths and other falsehoods which lead people to engage in unsafe behaviours or reject risk-reducing practices, and which contribute to unjustified fear, stigma and discrimination.

The information in this tool was excerpted by UNESCO from the following organization’s website:

Centers for Disease Control and Prevention: http://www.cdc.gov
The page that provided the information in this tool is: http://www.cdc.gov/hiv/pubs/facts/transmission.htm.

Description of organization:
The Centers for Disease Control and Prevention (CDC), an agency of the United States Department of Health and Human Services, is the federal government agency with primary responsibility for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to protect and improve the health and safety of the people of the United States.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education.** It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Introduction

Research has revealed a great deal of valuable medical, scientific, and public health information about the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The ways in which HIV can be transmitted have been clearly identified. Unfortunately, false information or statements that are not supported by scientific findings continue to be shared widely through the Internet or popular press. The United States Centers for Disease Control and Prevention (CDC) prepared this fact sheet to correct some of the common misperceptions about HIV.

How HIV is Transmitted

HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected, or, less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors. In addition, babies born to HIV-infected women may become infected before or during birth or through breastfeeding after birth.

In the health care setting, workers have been infected with HIV after being stuck with needles containing HIV-infected blood or, less frequently, after infected blood gets into a worker’s open cut or a mucous membrane (for example, the eyes or inside of the nose). There has been only one instance of patients being infected by a health care worker in the United States; this involved HIV transmission from one infected dentist to six patients. Investigations have been completed involving more than 22,000 patients of 63 HIV-infected physicians, surgeons, and dentists, and no other cases of this type of transmission have been identified in the United States.

Some people fear that HIV might be transmitted in other ways; however, no scientific evidence to support any of these fears has been found. If HIV were being transmitted through other routes (such as through air, water, or insects), the pattern of reported AIDS cases would be very different from what has been observed. For example, if mosquitoes could transmit HIV infection, many more young children and preadolescents would have been diagnosed with AIDS.

All reported cases suggesting new or potentially unknown routes of transmission are thoroughly investigated by state and local health departments with the assistance, guidance, and laboratory support from CDC. No additional routes of transmission have been recorded, despite a national sentinel system designed to detect just such an occurrence.

The following paragraphs specifically address some of the common misperceptions about HIV transmission.

Survival of HIV in the Environment

Scientists and medical authorities agree that HIV does not survive well in the environment, making the possibility of environmental transmission remote. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva, and tears. (See below, Saliva, Tears, and Sweat.) To obtain data on the survival of HIV, laboratory studies have required the use of artificially high concentrations of laboratory-grown virus. Although these unnatural concentrations of HIV can be kept alive for days or even weeks under
precisely controlled and limited laboratory conditions, CDC studies have shown that drying of even these high concentrations of HIV reduces the amount of infectious virus by 90 to 99 percent within several hours. Since the HIV concentrations used in laboratory studies are much higher than those actually found in blood or other specimens, drying of HIV-infected human blood or other body fluids reduces the theoretical risk of environmental transmission to that which has been observed--essentially zero. Incorrect interpretation of conclusions drawn from laboratory studies have unnecessarily alarmed some people.

Results from laboratory studies should not be used to assess specific personal risk of infection because (1) the amount of virus studied is not found in human specimens or elsewhere in nature, and (2) no one has been identified as infected with HIV due to contact with an environmental surface. Additionally, HIV is unable to reproduce outside its living host (unlike many bacteria or fungi, which may do so under suitable conditions), except under laboratory conditions, therefore, it does not spread or maintain infectiousness outside its host.

**Households**

Although HIV has been transmitted between family members in a household setting, this type of transmission is very rare. These transmissions are believed to have resulted from contact between skin or mucous membranes and infected blood. To prevent even such rare occurrences, precautions should be taken in all settings, including the home, to prevent exposures to the blood of persons who are HIV infected, at risk for HIV infection, or whose infection and risk status are unknown. For example,

- Gloves should be worn during contact with blood or other body fluids that could possibly contain visible blood, such as urine, faeces, or vomit.
- Cuts, sores, or breaks on both the care giver’s and patient’s exposed skin should be covered with bandages.
- Hands and other parts of the body should be washed immediately after contact with blood or other infectious body fluids, and surfaces soiled with blood or other infectious body fluids should be disinfected appropriately.
- Practices that increase the likelihood of blood contact, such as sharing of razors and toothbrushes, should be avoided.
- Needles and other sharp instruments should be used only when medically necessary and handled according to recommendations for health-care settings. (Do not put caps back on needles by hand or remove needles from syringes; dispose of needles in puncture-proof containers; use needles only once or properly sterilize before re-use.)

**Businesses and Other Settings**

There is no known risk of HIV transmission to co-workers, clients, or consumers from contact in industries such as food-service establishments (see information on survival of HIV in the environment, above). Food-service workers known to be infected with HIV need not be restricted from work unless they have other infections or illnesses (such as diarrhoea or hepatitis A) for which any food-service worker, regardless of HIV infection status, should be restricted. CDC recommends that all food-service workers follow recommended standards and practices of good personal hygiene and food sanitation.

In 1985, CDC issued routine precautions that all personal-service workers (such as hairdressers, barbers, cosmetologists, and massage therapists) should follow, even though there is no evidence of transmission from a personal-service worker to a client or vice versa.
Instruments that are intended to penetrate the skin (such as tattooing and acupuncture needles, ear piercing devices) should be used once and disposed of or thoroughly cleaned and sterilized. Instruments not intended to penetrate the skin but which may become contaminated with blood (for example, razors) should be used for only one client and disposed of or thoroughly cleaned and disinfected after each use. Personal-service workers can use the same cleaning procedures that are recommended for health care institutions.

CDC knows of no instances of HIV transmission through tattooing or body piercing, although hepatitis B virus has been transmitted during some of these practices. One case of HIV transmission from acupuncture has been documented. Body piercing (other than ear piercing) is relatively new in the United States, and the medical complications for body piercing appear to be greater than for tattoos. Healing of piercings generally will take weeks, and sometimes even months, and the pierced tissue could conceivably be abraded (torn or cut) or inflamed even after healing. Therefore, a theoretical HIV transmission risk does exist if the unhealed or abraded tissues come into contact with an infected person's blood or other infectious body fluid. Additionally, HIV could be transmitted if instruments contaminated with blood are not sterilized or disinfected between clients.

**Kissing**

Casual contact through closed-mouth or "social" kissing is not a risk for transmission of HIV. Because of the potential for contact with blood during "French" or open-mouth kissing, CDC recommends against engaging in this activity with a person known to be infected. However, the risk of acquiring HIV during open-mouth kissing is believed to be very low. CDC has investigated only one case of HIV infection that may be attributed to contact with blood during open-mouth kissing.

**Biting**

In 1997, CDC published findings from a state health department investigation of an incident that suggested blood-to-blood transmission of HIV by a human bite. There have been other reports in the medical literature in which HIV appeared to have been transmitted by a bite. Severe trauma with extensive tissue tearing and damage and presence of blood were reported in each of these instances. Biting is not a common way of transmitting HIV. In fact, there are numerous reports of bites that did not result in HIV infection.

**Saliva, Tears, and Sweat**

HIV has been found in saliva and tears in very low quantities from some AIDS patients. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be transmitted by that body fluid. HIV has not been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.

**Insects**

From the onset of the HIV epidemic, there has been concern about transmission of the virus by biting and bloodsucking insects. However, studies conducted by researchers at CDC and elsewhere have shown no evidence of HIV transmission through insects—even in areas where there are many cases of AIDS and large populations of insects such as mosquitoes. Lack of such outbreaks, despite intense efforts to detect them, supports the conclusion that HIV is not transmitted by insects.

The results of experiments and observations of insect biting behaviour indicate that when an insect bites a person, it does not inject its own or a previously bitten person's or animal’s
blood into the next person bitten. Rather, it injects saliva, which acts as a lubricant or anticoagulant so the insect can feed efficiently. Such diseases as yellow fever and malaria are transmitted through the saliva of specific species of mosquitoes. However, HIV lives for only a short time inside an insect and, unlike organisms that are transmitted via insect bites, HIV does not reproduce (and does not survive) in insects. Thus, even if the virus enters a mosquito or another sucking or biting insect, the insect does not become infected and cannot transmit HIV to the next human it feeds on or bites. HIV is not found in insect faeces.

There is also no reason to fear that a biting or bloodsucking insect, such as a mosquito, could transmit HIV from one person to another through HIV-infected blood left on its mouth parts. Two factors serve to explain why this is so--first, infected people do not have constant, high levels of HIV in their bloodstream and, second, insect mouth parts do not retain large amounts of blood on their surfaces. Further, scientists who study insects have determined that biting insects normally do not travel from one person to the next immediately after ingesting blood. Rather, they fly to a resting place to digest this blood meal.

Effectiveness of Condoms

Condoms are classified as medical devices and are regulated by the Food and Drug Administration (FDA). Condom manufacturers in the United States test each latex condom for defects, including holes, before it is packaged. The proper and consistent use of latex or polyurethane (a type of plastic) condoms when engaging in sexual intercourse--vaginal, anal, or oral--can greatly reduce a person’s risk of acquiring or transmitting sexually transmitted diseases, including HIV infection.

There are many different types and brands of condoms available--however, only latex or polyurethane condoms provide a highly effective mechanical barrier to HIV. In laboratories, viruses occasionally have been shown to pass through natural membrane ("skin" or lambskin) condoms, which may contain natural pores and are therefore not recommended for disease prevention (they are documented to be effective for contraception). Women may wish to consider using the female condom when a male condom cannot be used.

For condoms to provide maximum protection, they must be used consistently (every time) and correctly. Several studies of correct and consistent condom use clearly show that latex condom breakage rates in this country are less than 2 percent. Even when condoms do break, one study showed that more than half of such breaks occurred prior to ejaculation.

When condoms are used reliably, they have been shown to prevent pregnancy up to 98 percent of the time among couples using them as their only method of contraception. Similarly, numerous studies among sexually active people have demonstrated that a properly used latex condom provides a high degree of protection against a variety of sexually transmitted infections, including HIV.

For more detailed information about condoms, see The Truth About Condoms.

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What You Should Know about Oral Sex

Description of tool:
This tool contains information about the risk of transmission of HIV and other sexually transmitted infections (STIs) during oral sex. Evidence shows that many people (especially young people) think that oral sex is ‘safe’ and/or that one can have oral sex but still be “abstinent” or a “virgin”. Because HIV and other STIs CAN be passed during oral sex, it is essential that young people know the facts about oral sex.

The information in this tool was adapted by UNESCO from the following organization’s website:

Centers for Disease Control and Prevention: http://www.cdc.gov
The page that provided the information in this tool is:

Description of organization:
The Centers for Disease Control and Prevention (CDC), an agency of the United States Department of Health and Human Services, is the federal government agency with primary responsibility for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to protect and improve the health and safety of the people of the United States.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: skills-based health education. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
What You Should Know about Oral Sex

Oral Sex Is Not Considered Safe Sex

Like all sexual activity, oral sex carries some risk, particularly when one partner or the other is known to be infected with HIV, when either partner’s HIV status is not known, and/or when one or the other partner is not monogamous or injects drugs. Numerous studies have demonstrated that oral sex can result in the transmission of HIV and other sexually transmitted diseases (STDs). Abstaining from oral, anal, and vaginal sex all together or having sex only with a mutually monogamous, uninfected partner are the only ways that individuals can be completely protected from the sexual transmission of HIV.

Oral Sex is a Common Practice

Oral sex involves giving or receiving oral stimulation (i.e. sucking or licking) to the penis, the vagina, and/or the anus. Fellatio is the technical term used to describe oral contact with the penis. Cunnilingus is the technical term that describes oral-vaginal sex. Anilingus (sometimes called “rimming”) refers to oral-anal contact. Studies indicate that oral sex is commonly practiced by sexually active male-female and same-gender couples of various ages, including adolescents. Although there are only limited data about how often adolescents engage in oral sex, some data suggest that many adolescents who engage in oral sex do not consider it to be sex; therefore they may use oral sex as an option to experience sex while still, in their minds, remaining abstinent. Moreover, many consider oral sex to be a safe or no risk sexual practice. In a recent survey of American teens conducted for The Kaiser Family Foundation, 26% of sexually active 15 to 17 year olds surveyed responded that one “cannot become infected with HIV by having unprotected oral sex”, and an additional 15% didn’t know whether or not one could become infected in that manner.

Oral Sex and the Risk of HIV Transmission

The risk of HIV transmission from an infected partner through oral sex is much smaller than the risk of HIV transmission from anal or vaginal sex. Because of this, measuring the exact risk of HIV transmission as a result of oral sex is very difficult. In addition, since most sexually active individuals practice oral sex in addition to other forms of sex, such as vaginal and/or anal sex, when transmission occurs, it is difficult to determine whether or not it occurred as a result of oral sex or other more risky sexual activities. Finally, several cofactors can increase the risk of HIV transmission through oral sex, including: oral ulcers, bleeding gums, genital sores, and the presence of other STDs.

When scientists describe the risk of transmitting an infectious disease, like HIV, the term “theoretical risk” is often used. Very simply, “theoretical risk” means that passing an infection from one person to another is possible, even though there may not yet be any actual documented cases. “Theoretical risk” is not the same as likelihood. In other words, stating that HIV infection is “theoretically possible” does not necessarily mean it is likely to happen—only that it might. Documented risk, on the other hand, is used to describe transmission that has actually occurred, been investigated, and documented in the scientific literature.
### Theoretical and Documented Risk of HIV Transmission During Oral-Penile Contact (Fellatio)

**Theoretical:**
In fellatio, there is a theoretical risk of transmission for the receptive partner (the person who is sucking) because infected pre-ejaculate ("pre-cum") fluid or semen can get into the mouth.

For the insertive partner (the person who is being sucked), there is a theoretical risk of infection because infected blood from a partner's bleeding gums or an open sore could come in contact with a scratch, cut, or sore on the penis.

**Documented:**
Although the risk is many times smaller than anal or vaginal sex, HIV has been transmitted to receptive partners through fellatio, even in cases when insertive partners didn't ejaculate ("cum").

### Theoretical and Documented Risk of HIV Transmission During Oral-Vaginal Contact (Cunnilingus)

**Theoretical:**
Cunnilingus carries a theoretical risk of HIV transmission for the insertive partner (the person who is licking or sucking the vaginal area) because infected vaginal fluids and blood can get into the mouth. (This includes, but is not limited to, menstrual blood).

Likewise, there is a theoretical risk of HIV transmission during cunnilingus for the receptive partner (the person who is having her vagina licked or sucked) if infected blood from oral sores or bleeding gums comes in contact with vulvar or vaginal cuts or sores.

**Documented:**
The risk of HIV transmission during cunnilingus is extremely low compared to vaginal and anal sex. However, there have been a few cases of HIV transmission most likely resulting from oral-vaginal sex.

### Theoretical and Documented Risk of HIV Transmission During Oral-Anal Contact (Anilingus)

**Theoretical:**
Anilingus carries a theoretical risk of transmission for the insertive partner (the person who is licking or sucking the anus) if there is exposure to infected blood, either through bloody faecal matter (bodily waste) or cuts/sores in the anal area.

Anilingus carries a theoretical risk to the receptive partner (the person who is being licked/sucked) if infected blood in saliva comes in contact with anal/rectal lining.

**Documented:**
There has been one published case of HIV transmission associated with oral-anal sexual contact.

### Other STDs Can Also Be Transmitted From Oral Sex

Scientists have documented a number of other sexually transmitted diseases that have also been transmitted through oral sex. Herpes, syphilis, gonorrhoea, genital warts (HPV), intestinal parasites (amebiasis), and hepatitis A are examples of STDs that can be transmitted during oral sex with an infected partner. For more information see Sexually Transmitted Diseases: Facts & Information.
Reducing the Risk of HIV Transmission Through Oral Sex

The consequences of HIV infection are life-long, life threatening, and extremely serious. You can lower any already low risk of getting HIV from oral sex by using latex condoms each and every time. For cunnilingus or anilingus, plastic food wrap, a condom cut open, or a dental dam can serve as a physical barrier to prevent transmission of HIV and many other STDs. Because anal and vaginal sex are much riskier and because most individuals who engage in unprotected (i.e. without a condom) oral sex also engage in unprotected anal and/or vaginal sex, the exact proportion of HIV infections attributable to oral sex alone is unknown, but is likely to be very small. This has led some people to believe that oral sex is completely safe. **It is not.**

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1 Adapted from: Centers for Disease Control and Prevention: http://www.cdc.gov/hiv/pubs/Facts/oralsex.pdf
Using Life Skills-based Education to Address Gender Issues in the context of HIV/AIDS

Description of tool:
This tool makes the case for using life skills-based education to address the gender dimension of HIV/AIDS. It provides tips for ‘gender-sensitizing’ the content of HIV/AIDS education programmes and includes a checklist for evaluating the extent to which gender issues are addressed in a given HIV/AIDS education programme and some ideas for stimulating group discussion about how gender stereotypes affect the spread of HIV/AIDS.

The information in this tool was adapted by UNESCO from the following publication:


Description of document:
This booklet provides a set of training materials for teachers and other educators in formal or non-formal settings. The critical need for educators and trainers to understand gender and HIV/AIDS issues is a central theme, and assisting them to apply a gender analysis to classroom materials, strategies and methodologies is the main objective of this publication. The ideas and activities are presented as examples to be adapted to local circumstances and conditions, and some tools for doing this are provided.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education**. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Using Life Skills-based Education to Address Gender Issues in the context of HIV/AIDS

Introduction

Being a girl or a boy, a woman or man, influences both the nature of the risk of contracting HIV/AIDS and the way in which a person experiences the illness and the epidemic. Women’s and girls’ greater vulnerability to HIV infection, their disadvantaged position in coping with it and their greater suffering from its effects is partly due to biological factors, but mostly the result of skewed power relations and concepts of masculinity that undermine their right, and their ability, to make their own decisions in the family and in society. In other words, the fact that girls and woman are disproportionately harmed by HIV and AIDS is not so much a matter of sex as it is of gender.

Sex versus Gender

**Sex** refers to the physiological attributes that identify a person as male or female. This includes the type of genital organs the individual has (penis, testicles, vagina, womb, breasts), the predominant hormones circulating in the body (oestrogen, testosterone); and the individual’s ability to produce sperm or ova (eggs), give birth and breastfeed children.

**Gender** refers to widely shared ideas and expectations (norms) concerning women and men. These include ideas about ‘typically’ female/feminine and male/masculine characteristics and abilities and commonly shared expectations about how women and men should behave in various situations. These ideas and expectations are learned: from family, friends, opinion leaders, religious and cultural institutions, schools, the workplace, advertising and the media. They influence and reflect the different roles, responsibilities, social status, economic and political power of women and men in society.

Leading global institutions working in HIV/AIDS prevention agree that there is a significant gender dimension to this epidemic that programmes must address. It is further recognized that while concerted action from all sectors will be necessary to turn the tide of this epidemic, educators are strategically placed to make a difference, because educational institutions reach further into communities around the world than any others. Finally, experience and research in the field of health education have shown that for individuals to adopt and maintain healthy lifestyles, knowledge alone is not enough. Attitudes that predispose the individual to behave in certain ways, and mastery of the skills needed to practice the desired behaviours, must also be developed. For all of these reasons, experts are widely in agreement that life skills-based education offers the best hope of empowering both women and men to protect themselves and others from being infected with HIV, and lessen the devastation wrecked on individuals, families and societies as the result of this disease.
Life skills-based education (often called skills-based health education when the content is about health) goes beyond efforts to improve learners' knowledge of factual information to include learning experiences that help individuals develop a range of psychosocial competencies and interpersonal skills which, according to the definition developed by the World Health Organization, “enable individuals to deal effectively with the demands and challenges of everyday life”. These competencies and skills—the so-called 'life skills’—include such things as communication, assertiveness and decision-making skills; values analysis and clarification skills; anger and stress management skills; and negotiation and conflict resolution skills. In the context of HIV/AIDS prevention, the focus is on linking these skills to sexuality, reproduction and HIV risk and vulnerability, and helping learners to see how gender roles and stereotypes influence the way women and men are infected and affected by HIV and AIDS.

Life skills-based HIV/AIDS education focuses on relevant content and uses participatory methods to address prevention within a continuum of care and support. Asking the following questions can help identify to what extent a given programme is life skills-based education:

- √ Is it planned around student needs?
- √ Is it gender sensitive throughout?
- √ Is behaviour change part of the programme goal?
- √ Is there a balance of knowledge, attitudes & skills?
- √ Are participatory methods used for teaching and learning?
- √ Are sensitive issues placed in the context of other relevant and related issues?

Some tips for ‘gender-sensitizing’ the content of HIV/AIDS education programmes

- **Link gender issues to HIV/AIDS prevention. Include the following:**
  - Women’s political and economic empowerment as a factor in reducing personal and family health risks.
  - The broad range of women’s and girls’ sexual and reproductive health, human rights and legal rights for successfully coping with HIV/AIDS and preventing its spread.
  - Power issues between women/girls and men/boys related to acquisition and use of HIV prevention skills.
  - The need for boys and men to change their sexual behaviours if the spread of HIV is to be slowed and eventually halted.
  - The gender dimensions of economics in bereavement, such as married women’s rights to family property, and women being inherited as property by the deceased husband’s relatives.

- **Promote protective and positive behaviours**
  - Emphasise the value of delaying sex for both girls and boys as a social norm.
  - Emphasise the consequences of unprotected sex, and the many options available for avoiding this and other risky situations.
• Provide accurate estimates of how many young people engage in sex at early ages, to make it clear that most young people do not.

• Ensure that young people know how to use condoms (both male and female) correctly and where to obtain them, as well as how to practice other protective behaviours such as abstinence and peer group support.

• Promote discussion between girls and boys, and their parents, on sexuality and human relationships education and the social factors, such as the media, that influence relationships.

• Provide opportunities for both girls and boys to practice communication, negotiation and decision making skills in the context of romantic/sexual relationships.

• Provide opportunities for both girls and boys to develop positive attitudes towards people living with HIV and AIDS, and to acquire practical caring and nurturing skills for people infected or affected by HIV.

• Encourage positive values in relationships, such as assertiveness and self-confidence, particularly among girls, and learning to listen and show respect, particularly among boys.

• Help young people to access information and resources. Develop lists of affordable, youth-friendly health centres for treatment of sexually transmitted infections and HIV testing and counselling services; and institutions with information on how to access drugs and health care for HIV/AIDS affected persons. Include information about other services, such as telephone helplines.

➢ Promote gender-sensitive language and illustrations

Encourage the use of non-sexist words and phrases by teachers, girls and boys in classroom projects and by administrators and curriculum planners in documents, letters, memos, speeches and publications. Some guidelines for assessing content and form:

Language

Use descriptive terms preferred by those described—for example, “sex-workers” is generally preferred to “prostitutes”; and “people living with AIDS” is preferable to “HIV or AIDS victims”. Avoid derogatory terms such as “promiscuous” or “drug abuse”, which may alienate rather than create trust and respect, and “victim” or “sufferer”, which suggest powerlessness. The term “living with HIV” recognises that infected persons can have worthwhile and productive lives. (See What’s in a Word?)

Instead of routinely using the pronouns “his” or “him” in general references (for example, “Anyone with an STI should seek treatment at his nearest clinic”), substitute the gender-neutral “those” and “their” (“Those with an STI should seek treatment at their nearest clinic”). Other gender-neutral substitutes: chairperson rather than chairman; workforce or human resources instead of manpower; artisan or craft worker instead of craftsman.

Use language that acknowledges women and girls’ potential. For instance, instead of “Research scientists often neglect their wives and children,” which implies that only men are research scientists, use “Research scientists often neglect their families”, which correctly recognises that both women and men are research scientists. Avoid rendering women invisible by lumping them with their spouses as in Mr and Mrs John Smith. Use instead, Jane and John Smith.
Images

In the home, show women and men sharing domestic chores and nurturing babies, children and AIDS afflicted family members. Go beyond gender stereotypes with visuals of both women and men performing a range of work from fixing household items or appliances to fetching water for household use; or men/boys paying for oral contraceptives or sanitary items and women/girls buying condoms.

In the workplace, depict both men and women as all types of professionals and workers—doctors and nurses, pilots and stewards, managers and secretaries, labourers and bookkeepers; and in all professional settings—hospitals, big companies, laboratories and construction sites. In school settings, show girls as well as boys doing well in mathematics and science and aspiring to technical careers.

In community life, include visuals of men as community health aides and preschool teachers, and women in leadership positions such as priest, chief, member of parliament, judge and police officer. Highlight the critical contribution of women’s traditional roles, such as child rearing, to social development. Include images of happy, active women and men, girls and boys, coping with HIV/AIDS.

**Using life skills education in a gender sensitive approach to HIV/AIDS education**

As described above, gender issues can be effectively addressed through life skills-based education, which is characterised by both relevant content and the use of active (experiential) teaching/learning methods. Provided below is a checklist that can be used to evaluate the extent to which gender is addressed in a given HIV/AIDS prevention education programme, and some examples of life skills-based teaching/learning activities that address gender.
# CHECKLIST: Addressing Gender Issues in HIV/AIDS Education Programmes

**How well do current materials address the following issues?**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Well</th>
<th>Not well</th>
<th>Not at all</th>
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<tbody>
<tr>
<td>1. The differential biological risk of HIV transmission for women/girls and men/boys.</td>
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<tr>
<td>2. The differential risk of HIV transmission due to the presence of STIs (sexually transmitted infections).</td>
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<td>3. The reproductive rights of women.</td>
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<td>4. Impacts of the double standard of female purity and early male sexual initiation.</td>
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<td>5. Unequal gender socialisation of girls and boys and its consequences.</td>
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<td>6. Risky behaviours by young girls (e.g., sex with older men) and the reasons for this.</td>
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<td>7. All the factors contributing to teenage pregnancy.</td>
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<td>8. Women's/girls' lack of control over condom use.</td>
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<td>9. Harmful local myths and traditional practices.</td>
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<td>10. Women's/girls' disproportionate responsibility for caring for persons who are ill because of HIV/AIDS.</td>
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<td>11. Harmful consequences for men/boys due to negative gender socialisation.</td>
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<td>12. Women's/girls' low paid and unpaid work.</td>
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<td>13. Exchange of sex for money.</td>
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<td>15. Harmful consequences to women/girls of migration, trafficking, armed conflict.</td>
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<tr>
<td>16. Harmful consequences of women’s financial dependence on men.</td>
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<tr>
<td>17. Allocation of scarce resources in favour of men and boys.</td>
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**What improvements could be made?**

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Sample Life Skills-based Learning Experiences

Try these teaching/learning methods to stimulate group discussion about how gender stereotypes affect the spread of HIV/AIDS.

Step One
Ask members of the group to discuss beliefs in their community in relation to the following statements:

- HIV positive women should not have children
- There’s something wrong with girls/women who are not married by a certain age
- Girls/women should not enjoy sex
- Girls/women who dress in skimpy clothing are asking for trouble
- Boys/men just can’t help themselves when it comes to sex
- Marriage between a much older woman and younger man is acceptable
- Sex is a duty of girls/women to satisfy their male partner/husband
- Girls/women should always be faithful to their partner/husband
- Boys/men need to have sex outside of a steady relationship

Step Two
Swap the genders in each statement and initiate a second round of the discussion. To what extent have opinions changed? In what ways? Why?

Step Three
Use role-play to explore negative sexual behaviours and how these can be changed.

Example A: Divide participants into groups of 4-6 males and females. Ask the groups to develop a skit set in a household affected by HIV/AIDS. In discussion among the whole group after presentation of the skits, explore how gender-based power dynamics affected the ability of the household to cope.

Example B: Divide participants into mixed-sex pairs. Ask each pair, playing the roles of girlfriend and boyfriend or wife and husband, to negotiate using condoms. Have them switch roles and start again. In discussion among the group as a whole, ask each pair to say how the negotiation ended, and to describe how the negotiation was affected by the gender roles they played. (If need be, this exercise can also be done in same-sex pairs, where the participants take turns playing the role of either the boyfriend/husband or girlfriend/wife.)

HIV/AIDS Glossary of Terms

Description of tool:
This tool provides definitions for vocabulary commonly used to discuss HIV and AIDS. Teachers can use this information to simplify and clarify the language used in learning materials and presentations about HIV/AIDS. They might also use this information to ensure that students who are not native English speakers know what these words mean in their own language(s) and thus see the relevance and applicability of what they learn in school to their lives and experiences outside of school.

The information in this tool was adapted by UNESCO from the following sources:


Description
The AFAO/ANCAHRD Media guide, though designed primarily for people working in the media, is a useful resource for a range of people dealing with HIV/AIDS. The first part of the guide deals with the challenges faced by governments and affected communities in their response to HIV/AIDS. Other sections cover the history of the virus, transmission, treatments, terminology and a chronological account of HIV/AIDS in Australia.

The CDC publication is a comprehensive guide for caregivers of people affected by HIV-related illnesses. Though developed for residents of the United States (CDC is an agency of the U.S. Department of Health and Human Services), most of the information is relevant for caregivers everywhere.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: skills-based health education. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
**HIV/AIDS Glossary of Terms**

**AIDS** – Acquired Immunodeficiency Syndrome, a syndrome defined by the development of opportunistic infections resulting from immune system damage caused by a virus called Human Immunodeficiency Virus (HIV).

**Adherence** – strict compliance with a prescribed drug therapy in order to avoid resistance. This can be difficult due to the number of tablets that need to be taken, dose frequency, and side effects.

**Anal sex** – sexual intercourse in which the penis is put into the anus (rectum) of the sex partner.

**Antiretroviral** – a drug that inhibits the replication of retroviruses such as HIV.

**AZT** – a medicine to slow the growth of HIV. (An HIV nucleoside analogue antiviral drug.)

**Booster** – an extra dose of a vaccine to bring immunity back to full strength and stop illnesses.

**CD4 (lymphocyte) cell** – a white blood cell also known as a T-4 cell, these cells orchestrate the immune system’s response to infection and are the cells mainly targeted by HIV.

**Chickenpox** – a very contagious viral disease, very common in children, that causes sores (called pox) on the skin. (One of the ‘opportunistic infections’ that can cause serious discomfort and/or illness in someone whose immune system has been damaged by HIV.)

**CMV** – cytomegalovirus, a virus that causes a flu-like illness and, in severe cases, swollen glands, pneumonia, eye infections (retinitis), and birth defects. (One of the ‘opportunistic infections’ that can cause serious discomfort and/or illness in someone whose immune system has been damaged by HIV.)

**Combination therapy** – the use of two or more types of treatment in combination to achieve optimum results in suppressing HIV/AIDS and reducing the virus’s toxicity.

**Communicable disease** – an illness caused by a specific infectious agent or its toxic products, that arises through transmission of that agent or its products from an infected person to a susceptible host.

**Condom** – a thin protective sheath that fits over the penis during vaginal, anal, or oral sex to prevent sexually transmitted disease or pregnancy. There are also female condoms that fit inside the vagina.

**Dementia** – severe mental problems caused by disease affecting the brain; "losing one's mind”.

**Diarrhoea** – excessive or loose, watery bowel movements; "the runs”.

**Drug resistance** – can occur when HIV goes through genetic changes when it replicates, which allows the virus to escape the control of a drug, or a whole class of drugs.
Early intervention – an approach to treatment characterised by action in the early stages of a condition, in order to prevent disease progression in someone with HIV.

Eczema -- a skin condition with itching, sores, redness, and scaling of the skin. (One of the 'opportunistic infections' that can cause serious discomfort and/or illness in someone whose immune system has been damaged by HIV.)

Epidemic -- a disease attacking many in a community simultaneously.

Epidemiology – the study of the health of particular populations and the application of this knowledge to control health problems.

Faeces – waste from the bowels, excrement, bowel movements, "crap".

Gay man – a homosexually active man who identifies himself as gay or is attached to the gay community, or both. Education programs differentiate between gay men and other homosexually active men.

Genitals – the sex organs: penis and testicles for males, vagina and uterus for females.

Genotype – a definable gene or pattern of genes.

HAART – Highly Active Antiretroviral Therapy.

Haemophilia – a hereditary disorder in which the blood does not clot normally, so that cuts or sores bleed for longer than normal.

Harm Minimisation – the spectrum of strategies for dealing with illicit drug use at the societal level that includes supply reduction, demand reduction and harm reduction initiatives.

Harm Reduction -- the spectrum of strategies for dealing with illicit drug at the individual level that includes abstinence, peer-based and other education programs, needle and syringe programs, and detoxification and other treatment options.

Health promotion – a broad, holistic and environmental understanding of health, with an emphasis on equity and social justice, as a means of improving health via education, social mobilisation and advocacy.

Hepatitis – an infectious viral disease that inflames the liver, caused by one of a number of viruses (hepatitis A, B, C, D, E or G).

HIV – human immunodeficiency virus, the virus that causes AIDS.

Homosexually active man – a man who engages in male-to-male sexual behaviour, regardless of whether he identifies as gay, heterosexual or bisexual.

Hospice -- services provided for dying people.

Immune system – the parts of the body that fight germs in order to maintain health.

Immunizations -- shots or other medical treatments that protect a person from getting a particular infectious illness.
**Impetigo** — a bacterial, infectious disease in which the skin erupts with sores filled with pus. (One of the ‘opportunistic infections’ that can cause serious discomfort and/or illness in someone whose immune system has been damaged by HIV.)

**Incidence** — the number of new cases of a disease in a defined population over a defined period (usually measured annually).

**Infection** — germs (bacteria, viruses, or parasites) present in the body. Infection may or may not result in illness.

**Infectious disease** — a disease caused by a germ (bacteria, viruses, fungi, parasites).

**Jaundice** — a condition sometimes caused by an infection (hepatitis) that causes the eyes, skin, and urine to turn unusually yellow; can result from damage to the liver.

**Latex** — a type of rubber used to make condoms, medical gloves, and other very thin, flexible materials.

**Measles** — also called rubella, a very contagious viral disease, usually in children, which causes red spots on the skin and high fevers. All children should receive a measles vaccine. (One of the ‘opportunistic infections’ that can cause serious discomfort and/or illness in someone whose immune system has been damaged by HIV.)

**Mumps** — a very contagious viral disease, common in children, which causes swelling of the salivary glands. All children should receive a mumps vaccine. (One of the ‘opportunistic infections’ that can cause serious discomfort and/or illness in someone whose immune system has been damaged by HIV.)

**Nasal fluid** — mucus that comes out of the nose; "snot".

**Needle and syringe programs** — authorised programs that distribute, safely dispose of, or sell needles, syringes and other injecting equipment, as well as provide public health information to people who inject drugs.

**Opportunistic infection** — an infection which rarely causes illness in people with intact immune systems, but which can become life-threatening for someone with HIV whose immune system is compromised.

**Oral sex** — sexual intercourse in which the mouth of one person touches the genitals or anus of another person.

**Pandemic** — a disease affecting or attacking the population of an extensive region.

**Parasite** — a plant or animal that lives on or in another plant or animal, usually hurting its "host".

**Peer education** — any education process devised and implemented by members of a population group which aims to alter the behaviours and attitudes of other members of the group, for example, gay men delivering gay education programs.

**Pneumonia** — an infection of the lungs often producing cough, fever, and difficulty breathing. (One of the ‘opportunistic infections’ that can cause serious discomfort and/or illness in someone whose immune system has been damaged by HIV.)
Polio – a viral disease (poliomyelitis) that causes inflammation of the spinal cord, often causing paralysis.

Pre-ejaculate – a clear liquid that lines the urethra during sexual stimulation and can be released prior to ejaculation.

Prevalence – the total number of all people who have an attribute or disease at a particular time, divided by the total population at this time.

Prophylaxis – treatment or drugs intended to prevent an infection or disease.

Protease inhibitor – an antiviral drug that inhibits protease – an enzyme HIV needs for replication.

Replicate – when the virus produces copies of itself.

Risk practice – any behaviour, sexual or otherwise, that can transmit HIV.

Reverse transcriptase inhibitor – a drug that inhibits reverse transcriptase, an enzyme that is important to the function of HIV.

Rubella – also called German measles, a viral disease that causes birth defects in babies of women who are infected early in pregnancy. All children should receive a rubella vaccine. (One of the ‘opportunistic infections’ that can cause serious discomfort and/or illness in someone whose immune system has been damaged by HIV.)

Safe sex, safe sexual practice – sexual activity in which there is no exchange of body fluids such as semen, pre-ejaculate, vaginal fluids or blood.

Saliva – the fluid in the mouth; “spit”.

Semen – greyish-yellowish fluid that contains sperm and comes out of the penis at orgasm; "cum".

Seroconversion – the development of a detectable level of antibodies that occurs after a person has been exposed to, and infected by, a virus such as HIV.

Shingles – a viral infection (herpes zoster) that causes painful sores on the skin. (One of the ‘opportunistic infections’ that can cause serious discomfort and/or illness in someone whose immune system has been damaged by HIV.)

Side effects – things, usually bad, that medicines do to some people in addition to the good things they are supposed to do; for example, a drug could make a person dizzy, make his joints ache, make her feel like throwing up, etc.

Surveillance – the continuing scrutiny of all aspects of occurrence and spread of a disease.

TB – a disease (tuberculosis) that usually affects the lungs; formerly called consumption.

Toxoplasmosis – an infection that can damage the eyes and central nervous system, as well as some internal organs. (One of the ‘opportunistic infections’ that can cause serious discomfort and/or illness in someone whose immune system has been damaged by HIV.)

Transfusion – a transfer of blood or blood products into the body from one or more other people.
Urine – the liquid waste product of the body excreted by the kidneys, "piss," "pee."

Vaccine – an injection (shot) of dead or weakened germs intended to cause the immune system to make antibodies to a particular germ.

Vaginal sex – sexual intercourse in which the penis is put into the vagina.

Vaginal fluids – the secretions (wetness) produced inside the vagina. During sexual arousal these secretions usually increase to lubricate the vagina for sexual intercourse.

Viral load – the amount of HIV in blood or semen.

Vomit – matter from the stomach ejected through the mouth, “throw up,” “spit-up.”

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Information on Sexual Health, HIV and AIDS

Description of tool:
This tool provides basic information about puberty, sex and sexual relationships. It is intended to be used for lesson planning by teachers and others to present the facts to children at upper primary and lower secondary age. It is vital that children are provided with information before they become sexually active so that they understand the physical changes and emotions developing at this time.

The information in this tool was excerpted by UNESCO from the following publication:

The Child-to-Child Trust, n.d. Sexual Health, HIV and AIDS. Booklet 1: Information and activities for teaching children and adolescents. Published on the web at:

Description of document:
This first of a two-booklet series developed by the Child-to-Child Trust provides information and ideas for teachers, health workers and other development workers involved in teaching children and young people about sexual health, HIV and AIDS. The main aim of Booklet 1 is to protect children and young people from the many risks of early sex. It is also useful for those caring for children from families affected by HIV and AIDS. Booklet 2, also available on the CTC website, looks at how to identify, strengthen and develop practical community-based strategies to help children and their families cope with the impact of HIV and AIDS.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: skills-based health education. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Information on Sexual Health, HIV and AIDS

I. Sexual health

Introduction
This section outlines basic facts on sex and sexual relationships. The information can be used for lesson planning by teachers and others to present the facts to children at upper primary and lower secondary age. It is vital that children are provided with information before they become sexually active so that they understand the physical changes and emotions developing at this time. This will help them to keep themselves safe. As children grow older they need to understand about sexual feelings so they can develop responsible, loving and mutually fulfilling emotional and sexual relationships. It is important to answer children’s questions honestly and frankly. Myths and half-information can be damaging.

Sex causes strong emotions. It is deeply linked with personal and cultural values. Many people feel that children should not be given information about sex and that it stimulates their curiosity and encourages sexual activity at a young age. However, studies show that when children are informed, have the skills to cope with information about sex and live in an environment that supports healthy choices, it is more likely that children will delay having sex.

Whether adults like it or not, it is a fact that many children experiment with sex before they reach secondary school age and many children at a young age will encounter sexual admiration, attention and even harassment and abuse from their peers, older children and adults. Children need to be prepared to understand and cope with this attention and with their own developing sexual feelings and curiosity so that they are able to protect themselves and help protect others from harm.

Of those children who agree to sex, many will be exchanging sex for money. They may also exchange sex for ‘gifts’ such as clothes and cosmetics or be tempted into exchanging sex for favours, such as good results from a teacher at school, or becoming included as a ‘girlfriend’ of a boy who belongs to an admired group of peers. Children who choose to have sex need to know that sex is important and good but only at the right age and in a safe and loving relationship and that it can also cause unhappiness, unwanted pregnancy and sexually transmitted diseases (STDs). STDs themselves lead to ill health, less pleasure in sex, future difficulties in having children, infertility, and also to increased risk of HIV and AIDS. Unfortunately there is also a large group of children who are forced into sex.

HIV/AIDS affects millions of children worldwide. The most common way it spreads is through sex. It is vital and urgent that everything is done to prevent the spread of the disease. An important step is to make sure that children:

• Know the importance of sex.
• Understand their own and others’ sexual feelings.
• Know the risks of early, unprotected sex.
• Know how to make healthy choices.

To do this, children need information about sexual health and about the changes in their bodies that happen at puberty. Children also need the skills to cope with the pressures or
temptations to have sex with peers or adults and to know how to get help if they are at risk of
or have experienced abuse, including rape. It is important to teach children relevant life skills
alongside teaching them the facts about sex.

**Basic information about puberty and sex**
(Important vocabulary is highlighted in bold font.)

During our childhood, our body goes through several changes. Between the ages of nine
and 14 years, most of us experience changes that prepare us for adulthood and for creating
babies. The time period in which these changes happen is often called **puberty**. The
changes are started by hormones. Hormones are chemicals produced in the parts of the
body called **sex glands**. In girls the sex glands are called **ovaries**. In boys the sex glands
are called **testicles**. Everyone grows and changes at different times and different rates. By
the time they are 18 years, most people look like a young man or woman.

- In puberty the changes that happen to girls are:
  - Height increases suddenly;
  - The breasts develop;
  - Hair grows under the arms and between the legs (**pubic hair**);
  - The hips grow wider and the body shape changes;
  - The internal sex organs (**ovaries**) get bigger and develop. Female sex cells called
    **ova** or egg cells develop in the ovaries. **Menstrual periods** (monthly bleeding) start;
  - **Acne** and **pimples** may appear on the skin, especially on the face.

- In puberty, the changes that happen to boys are:
  - Height increases;
  - The penis and testicles get bigger;
  - Sex cells called semen (a sticky white substance) start to be produced in the
testicles;
  - Hair grows under the arm, on the chest and between the legs (**pubic hair**);
  - Hair grows on the face in the moustache and beard area;
  - The voice deepens;
  - From time to time the penis becomes erect (stiff) and semen. When this happens at
  night, it is often called a wet dream;
  - Muscles develop, and the shoulders and chest grow;
  - Acne and pimples may appear on the skin, especially on the face.

As well as physical changes, during puberty boys’ and girls’ feelings can change:

- Moods may swing suddenly from happy to sad.
- They may feel insecure.
- They admire and have romantic feelings for others.
- They want to do things independently from their parents.
- They reject authority.

Romantic interest in others and curiosity about sex often lead to adolescent girls and boys
forming relationships that are different from the friendships younger children have. The girls
and boys want to feel close, to be alone together, to share ideas and secrets, to kiss and
touch each other. They may even want to have sexual intercourse.

**Sexual intercourse** happens when a man's erect (stiff) penis is put into a woman's **vagina**.
Both the man and woman may enjoy the feelings as the penis moves inside the vagina. As
the movements between the penis and vagina deepen and increase, both the man and the
woman may feel a build-up of feeling until there is a series of **spasms** (muscle movements
in the penis and/or in the vagina). These spasms are called an **orgasm**. Sometimes a man and woman experience an orgasm at the same time, sometimes separately, sometimes just the man or woman experiences orgasm during sexual intercourse. When a man has an orgasm, a white liquid called **semen** comes out of the penis. If the penis is inside the vagina, then the semen goes into the vagina.

Semen is the fluid that comes out of a man’s penis when he has an orgasm. Semen is made up of millions of tiny reproductive cells called sperm. After puberty a girl has only one reproductive cell called the **ovum** – or egg. Each month a girl produces one ovum (egg). Only one of the millions of tiny sperm is needed to fertilize the ovum. If this happens the girl may become pregnant.

Girls will start to have menstrual periods between the ages of nine and 18. Many girls will start when they are about 11 years old. Periods often start about a year after the breasts start to grow. Every month the girl's body prepares a place for an egg to go if it is fertilized by a sperm. This place is called the womb. It is like a soft nest made of things like blood and fibres. Usually the egg is not fertilized and the nest is not needed. It breaks down and leaves the body through the vagina. When this happens a girl will experience bleeding from her vagina. The bleeding lasts for approximately five days. Breasts may grow bigger and sometimes feel sore just before a period. Some girls get headaches and belly pain before or during their periods. Some feel tired, sad or angry. Many girls have periods every 28 days. This is the ‘normal’ cycle. However some have them every 21 days and some every 35 days. Some woman do not have regular periods especially when they are young. This does not mean they will not be able to have children.

Some cultures have myths or taboos about menstrual blood. Girls need to know that menstruation is a natural part of growing up. They also need to learn how to keep themselves clean. Schools must be sensitive to girls’ need for privacy at the latrines otherwise girls may stay at home during their periods.

<table>
<thead>
<tr>
<th>Menstrual hygiene</th>
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<tbody>
<tr>
<td>Girls use various types of cotton pads to absorb the blood flow during their period. It is vital that they wash frequently to keep themselves clean and that these cotton pads are changed and washed or replaced frequently. Washable cotton pads should be boiled when washed or dried in the sun to prevent infection.</td>
</tr>
<tr>
<td>Tampons are soft cotton tubes that can be inserted into the entrance of the vagina to soak up the blood during a period. They are easy and hygienic to use but must be changed frequently.</td>
</tr>
</tbody>
</table>

If a man and a woman have sexual intercourse when the ovum or egg is released and the egg is in the right place for fertilization, a sperm may find and fertilize the egg. If this happens, the egg may travel to the soft nest and start to grow into a baby. While the baby is growing the woman will not have periods. Missing a period is one of the first signs that a woman is pregnant.

An egg must be released for the first period to happen so it is possible to get pregnant just before a girl's first period. Girls and boys need to learn about menstruation and sex before puberty. Although the changes at puberty mean that girls can have babies from an early age, the rest of their bodies are not well developed. Teenage pregnancy damages the health of girls. There are several ways in which men and women can reduce the chances of becoming pregnant. This is called contraception.
### Contraception

<table>
<thead>
<tr>
<th>Contraception Type</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Condoms</strong></td>
<td>Rubber tubes put over the penis to stop the semen entering the vagina. Condoms will also help to stop the spread of other sexually transmitted diseases (STDs including HIV) as they reduce contact between the man and the woman.</td>
</tr>
<tr>
<td><strong>Pills or injections</strong></td>
<td>Chemicals that change the hormones in a woman’s body to stop the eggs being made.</td>
</tr>
<tr>
<td><strong>The ‘morning-after pill’</strong></td>
<td>Needs to be taken the morning after sex. It is available from health clinics in some countries. It contains chemicals that will stop the egg from developing into a baby even if it has been fertilized by a sperm.</td>
</tr>
<tr>
<td><strong>IUDs (intra-uterine devices)</strong></td>
<td>Devices inserted into the woman's womb to stop fertilized eggs from growing in the womb. These devices are put into a woman by a doctor and they can be left in the womb for several years.</td>
</tr>
<tr>
<td><strong>Permanent contraception</strong></td>
<td>After they have had all the children they want, both men and woman can have small operations to stop the woman becoming pregnant again. The man’s operation is called a vasectomy. The woman's operation is called a tubal ligation.</td>
</tr>
</tbody>
</table>

Before a woman has sex for the first time she may have a small membrane across the entrance to the vagina. This is called the hymen. When a woman has sex for the first time, the hymen may be broken by the penis entering the vagina. This may cause a little bleeding. Some communities and cultures believe that unless a woman bleeds the first time she has sex, she is not a virgin. However, in some women the hymen is thin and can break during her childhood without her noticing. Using tampons and taking part in energetic sports can also lead to the hymen breaking.

An intimate sexual relationship is best when a man and a woman are committed to a long-term loving relationship.

**Sexual abuse**

Some people have sex without knowing or caring for each other. Some people try to pressurize another into having sex. When this happens sex becomes unhealthy and risky. When a person forces another to have sexual intercourse or to touch them in a sexual way, this is rape or sexual abuse. It is a criminal act. Someone who is raped or abused must tell another person whom they can trust. Sometimes this is very difficult, especially for:

- A woman if she has been raped by her husband.  
- A child if an adult has sexually abused them and then threatened the child to keep the abuse a secret. This is especially difficult when the adult is a family member.

It is very important that children learn from a young age that NO ONE has the right to touch their bodies in a sexual way or force them to do sexual acts.

**Sex at an early age**

In most countries sex at an early age is against the law. In most European countries the age at which children are allowed to consent to sex is 16 or 18 years. No one is supposed to have sex under the age of 16. This is for the protection of children and because of the problems that early sex can bring.
However, many children do become involved in sex at a young age. As soon as they have sex they risk getting sexually transmitted diseases, and a girl has the added risk of getting pregnant. She then faces many health risks that are associated with pregnancy, delivery and motherhood at an early age. These include:

- A girl’s body is weakened if she is pregnant when still growing herself.
- A girl’s body is smaller than a woman’s and there may be more risks when delivering the baby.
- A girl who gets pregnant while at school often has to leave school to care for the baby. This limits her life chances.
- If a girl has a difficult pregnancy or delivery, this may lead to problems with future pregnancies.
- Girls who leave school and become isolated from their friends and/or family may find it hard to have a happy and loving relationship with their baby.

There are many reasons why children become involved in sex at an early age. Sometimes children want to have sex. They enjoy the sexual feelings and the special attachments sex offers, and get carried away by strong emotions. In many cases, children have early sex because of factors such as the following:

- Arranged marriages for children under 18 years.
- Cultural practices such as early marriage.
- Sexual abuse or rape.
- A need or desire for money or gifts (or good examination results) that may be offered in exchange for sex.
- The desire for attention from a peer or an older or more powerful person.
- A belief in the need to 'practise sex' to enhance performance.
- The desire to become part of a group who are admired by friends and peers - sex between members of the group may be one way to join the group.
- Drugs and/or alcohol affecting decision-making
- A lack of confidence and/or skills to make choices (such as choosing not to have sex or unprotected sex).
- The lack of skills to resist pressure from peers or from a more powerful adult.
- The lack of a supportive family, community or environment that could help support safe choices.
- A lack of motivation or feeling of self-worth that may come from poor relationships with family members.
- Feeling unable to control anything in life.
- The lack of information about the risks of sex such as STDs and HIV/AIDS.

Involvement in early sex may be a combination of several of the above factors. Children who live in communities where they often see adults having sex, such as in low-income areas, may try sex themselves out of curiosity. This early sexual activity is best prevented by openly talking to these children about the facts and the risks.

Many boys worry that they must find girls with whom to 'practise sex' in order to develop their sexual performance for marriage. 'Practice sex' usually involves having sex with many sex partners and it easily leads to STDs including HIV and AIDS. Boys who boast to their friends that they have had sex with many girls are fools. They are fools to boast and fools if what they say is true! Masturbation is a safe way for boys to 'practise' and to relieve their sexual tension.

Girls and boys can have good relationships and good friendships without having sex, and most children do. As well as thinking about why children get involved in sex at an early age it is just as important to think hard and discuss with children why they do NOT have sex and
the reasons for this. Research has shown that the following factors help support children not to get involved in early sex:

- Children are well informed about the facts and the risks.
- Children have life skills to help them make healthy choices.
- Children can communicate their fears and feelings well to trusted adults.
- Children have a clear sense of the rules of good behaviour in the family and the community and they understand the reasons for these rules.
- Children have the ability to set goals and see the future.
- Children have a clear sense of self-worth.
- Children are actively involved in making healthy choices and in helping others to do the same.
- Children have religious beliefs.

II. HIV and AIDS

HIV = Human Immunodeficiency Virus
AIDS = Acquired Immune Deficiency Syndrome

AIDS is a sickness that happens in the body when its defence system, called the immune system, becomes weak.

AIDS is caused by a virus called HIV. HIV is in blood and it attacks the immune system. HIV causes AIDS. Normally our blood has ‘soldier’ cells that are strong and attack germs that cause diseases. HIV attacks and destroys these soldier cells. When HIV has destroyed the soldier cells, the body has no more soldiers to attack germs and the person becomes very sick with diseases. This is when we say that a person has AIDS.

Anyone can get AIDS – children, adults, rich and poor people, people in most countries in the world.

In 2003 when this booklet has been written there are expensive treatments but no cure or prevention vaccine for AIDS. Many people do not have access to these treatments or they are so weak through illness and a poor diet that their bodies cannot use the medicines well.

HIV behaves like a termite in a house. First it hides and then the virus multiplies. At first, the person with HIV looks and feels well and healthy. This healthy-looking time may last for years. After a while the person starts to get different health problems, for example fever, sickness, diarrhoea, coughs and skin problems. This happens because HIV stops the body defending itself against these other diseases. These sicknesses can go on for a long time - maybe even years. As time goes on, sicknesses may get more serious and the body gets weaker. This is when the person is said to have AIDS.

To get AIDS you first get HIV. HIV is spread in the following ways:

- Through fluids passed from one person to another when they have sex.
- Through blood from an infected person mixing with the blood of an uninfected person. This can happen during first aid and through sharing unsterilized needles or any sharp instruments.
- From mother to baby either in the mother’s womb, when the baby is born or through breast milk.

The most common way that HIV is spread is through sex.
HIV does not spread by kissing, hugging, sneezing or sitting beside people who are infected. It does not spread by sharing cups, spoons and pencils or by shaking hands. People do not get HIV by looking after someone with HIV provided their blood does not mix. People do not get HIV by being bitten by a mosquito. It is completely safe to live, laugh, eat, go to school with and work with people with HIV.

A person who thinks they may have HIV needs to go to a clinic for counselling and to have a special blood test. A small amount of blood is taken from the person and then sent to a special place to be examined. Sometimes people have to wait days or a week or two for the test results. This test is the only way to know if they have HIV. People with HIV in their blood are told that they are HIV positive. These people can feel well for many years. They can live happy and useful lives especially if they have the support of people around them.

When people find out they have HIV they react in different ways. Some are shocked and angry, others become very sad. Some people will keep this news secret as they are afraid of what their friends, family and employers will think, say and do. The people who cope best are those who have close friends and family to support them and who are able to speak openly about having HIV. Most countries now have groups of people who can help those who are HIV positive.

### Preventing the transmission of HIV

Preventing the transmission of HIV to adults involves a number of methods such as:

- Health education at clinics, at the workplace or other places where adults gather women's groups, religious groups, etc.
- Public information campaigns that tell people how HIV is transmitted and how to help those affected by the disease.
- Improving access to and the correct and consistent use of condoms.
- Improving HIV testing and counselling services so that those who have HIV protect those who do not.
- Hospitals and health centres should take care to ensure that all equipment is sterilized and blood for transfusions is HIV free.

Preventing transmission to children involves:

- Education programmes that include life skills, both in and out of school.
- The involvement of families and the community in the education programme so the same messages are being given at home, the activities are supported and everyone is involved in protecting children from abuse.
- Developing and using relevant education materials.
- Training teachers and others in the use of methods and materials for effective education on
  - HIV and AIDS.
- Access to child-friendly contraceptive and counselling services.
- Access to voluntary counselling and HIV testing services for children.

Preventing HIV-infected mothers passing the virus to their babies involves:

- HIV testing for pregnant girls/women.
- Counselling for women/couples who are HIV positive.
- Use of drugs during late pregnancy and delivery to reduce risks of transmission and drugs for babies in early infancy. These drugs are available at low cost in most countries.

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Basic questions and answers about HIV, AIDS and STI

**Description of the tool:**
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on “Basic questions and answers about HIV, AIDS and STI”.

The information provided here was adapted by UNESCO from the following publication:


**Description of the document:**
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers' guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education.** It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Basic questions and answers about HIV, AIDS and STIs

Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

What are HIV, AIDS, and STIs?

Everyone should know what the Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), and Sexually Transmitted Infections (STIs) are. This activity has, therefore, been developed to present the basic facts about HIV, AIDS and STI to students as well as to familiarize them with the terms that will be used throughout the programme. It should also help them understand why this programme is important to them. For their part, the teacher will acquire a clear idea of the level of knowledge, attitudes and possibly some of the fears of his or her students.

The teacher can develop this lesson in a number of ways:

1. Provide copies of the activity sheet (see Annex 1) for each student, read out the questions and answers and give additional explanations of any new words.

2. Invite eight students to each ask one question and then reply, giving the correct answer.

3. Leave the answers to each question blank and ask the students to write their answers in the spaces provided. This can be carried out individually, in groups or as a class activity.

4. Read out each question and ask the students for the answers.

Additional information

Students may well raise further questions during the course of this activity. Before beginning the lesson, therefore, teachers should familiarize themselves with Section 7 “Questions on HIV/AIDS/STI” contained in the Teachers’ Guide. (See Annex 2).
### Basic questions and answers about HIV, AIDS and STIs

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is AIDS?</td>
<td>AIDS is an illness that occurs in the body when the immune or defence system is weakened.</td>
</tr>
<tr>
<td>What is an STI?</td>
<td>An STI is a Sexually transmitted infection that spreads by having sexual intercourse with someone who has an infection.</td>
</tr>
<tr>
<td>What causes AIDS and other STI?</td>
<td>Small germs or viruses cause these diseases and infections. AIDS is caused by HIV – a virus that destroys our immune system.</td>
</tr>
<tr>
<td>Who can get HIV, AIDS and STI?</td>
<td>Anyone can catch the AIDS virus (HIV): young and old, rich and poor, man or woman.</td>
</tr>
<tr>
<td>Why are AIDS and other STI serious?</td>
<td>There is neither cure nor vaccine for AIDS. STI can cause infertility. AIDS leads to death. STI damage reproductive organs.</td>
</tr>
<tr>
<td>Why should I care?</td>
<td>You can get an STI or HIV if you take risks. You can spread an STI or HIV if you are infected. You could help those who have AIDS or are infected with HIV.</td>
</tr>
<tr>
<td>How does one know if one has HIV?</td>
<td>A blood test can tell if you are infected with HIV. Often there are no symptoms for many years.</td>
</tr>
<tr>
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<td>ANSWERS</td>
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Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

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

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

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

What do we know about HIV?

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

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

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

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

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
- Most STIs can be cured.
- Certain STIs, if not treated soon enough, can lead to long-lasting health problems in both males and females, e.g. damage to the reproductive organs so that a woman is no longer able to have children, cancer of the cervix, heart and brain damage, and possibly death.
- In many STIs, the early symptoms are often difficult to recognize, and many people ignore them until more severe damage is done. This is especially true for women. This makes early diagnosis and treatment difficult.
- An abnormal discharge from the penis, anus or vagina; burning on urination; pain in the abdominal or groin area with a fever; pain during sex; and rashes, blisters or sores on the genitals, are all possible symptoms of STIs. If a person experiences any of the above symptoms, they should stop having sexual intercourse and go to a clinic or hospital for a check-up.

What are antibodies?
- The body's defense system (immune system) develops germ fighters, called antibodies to fight off and destroy various viruses and germs that invade the body.
- The presence of particular antibodies in a person's blood indicates that the person has been exposed to that infection. For example, when a blood test reveals that the antibodies to HIV are present in the blood, it means that the person is infected with HIV.

What is the “window” period?
- This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually 2-12 weeks; in rare instances it may be longer.
- This means that if an HIV antibody test is taken during the “window” period it will be negative since the blood test is looking for antibodies that have not yet developed. But that person is already HIV-infected and can transmit HIV to others.
- People taking the test are advised, if the result is negative, to return for a re-test in 3 months by which time if the person had been infected, the antibodies are almost certain to have developed (they should avoid risk behaviours during the 3 months).
- The most common test for HIV antibodies is called the ELISA test.

What does the asymptomatic period mean?
- The asymptomatic period is the period of time between infection and the beginning of signs and symptoms related to AIDS.
- This varies from person to person for HIV/AIDS. It may be as short as 6 months or as long as 10 years or more.
- People usually have an asymptomatic period of several years in which they may have swollen lymph nodes but no other complaints. Then, they may start to develop symptoms like oral thrush or night sweats. It may then still take years before they develop full-blown
AIDS. The period between the development of full-blown AIDS and death may be as short as 6 months or as long as 2 years or more.

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

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

What are the symptoms of AIDS?

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

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

Are there drugs and vaccines to treat AIDS?

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

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

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

How do you get HIV?

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

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

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
  - When semen or vaginal fluid from an infected person comes in contact with the
mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

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

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

**Note that:**

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

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

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

**How you don’t get HIV**

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

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

**How can one avoid infection?**

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

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

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

- People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?

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

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

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

What do “safe sex” and “protected sex,” mean?

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

a) Safe sex activities (no risk)

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

b) Low-risk sex activities

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

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

c) Unsafe sexual activities

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

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

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

**Do some people have a high likelihood of getting HIV?**

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

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

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

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

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

**Do you have to have many sexual partners to get infected with HIV/STI?**

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

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

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

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

• Can you get infected by blood transfusion or by blood products?

Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are “seropositive” i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the “window” period (test negative) when giving blood. You cannot get HIV from donating blood.

• What happens to a baby born to a woman with HIV infection?

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

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

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

• Does breast-feeding transmit HIV?

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

Can needles, knives and other instruments transmit HIV?

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

How is HIV transmitted with injection needles and syringes?

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

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

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

- If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  
  o Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  o Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  o Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

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

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

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

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

- Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

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

- If mosquitoes were responsible for spreading HIV, then people of all ages would be infected. In fact, children before puberty are rarely infected, unless they were born to infected mothers or had a transfusion with infected blood.
• We know that HIV lives in some cells of the human body but that it does not live in the cells of insects. Therefore, mosquitoes and other insects are not a suitable home for HIV.

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

When should one be tested for HIV?

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

a) Advantages of being tested:

If you are infected with HIV...

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

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

b) Disadvantages of being tested:

• Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person's cultural and religious attitudes towards illness and death.

• A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

• Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

• A person who has tested positive for HIV may be discriminated against if the information is revealed.

c) Some important points about knowing one's HIV status:
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

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

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

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

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

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

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

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

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

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

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

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

How can one identify a person with HIV?

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

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

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

Description of the tool:
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on testing how much students have learned so far about AIDS.

The information provided here was adapted by UNESCO from the following publication:


Description of the document:
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers' guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education**. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Looking into AIDS

Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

A test on HIV, AIDS and STI

This test on HIV, AIDS and STIs has been designed either to be used as an activity by itself, or as a review of the first Student Activity “Basic questions and answers about HIV, AIDS and STI”. Its purpose is to provide a quick evaluation of how much the students already know about HIV, AIDS and STI.

What the teacher does:

1. Decides how to teach this activity. Reads out the questions “What do you know about AIDS?” contained in the student activity sheet (see Annex 1).

2. Decides how to present the test:
   a) Gives each student a copy of the test.
   b) Reads out the questions to the students and they write down the answers. Tells them what their scores mean.
   c) Splits the class into two teams – one person from each team gives the correct answer – one team is given the even numbered questions and the other the odd numbers. Time should be allowed for each team to come up with what they think is the correct answer. Scores for each team are added up and then the teacher and students can look at what the scores mean.
   d) Makes sure that students correct any wrong answers in their books.

3. Provides the correct answers for the students as given below:
   1) False
      AIDS is made up of a number of diseases that invade the body because HIV is progressively destroying the body's defenses (the immune system); HIV causes AIDS.

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1 See Annex 2
2 See Annex 3
3 See Annex 3
2) False
   It is HIV that damages the body’s immune system.

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

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

5) False
   STIs are sexually transmitted diseases – i.e. diseases that are transmitted through sexual activity.

6) True
   Many people have HIV or STIs and do not know it. Sadly, they can pass the infections on to someone else without knowing it. Some STIs can cause severe damage if left untreated.

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

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

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

10) False
    Anyone can get HIV, AIDS or STIs.

Additional information

The teacher must be prepared to answer further questions from the students when the answers are discussed.
Annex 1

Looking into AIDS

This is a test to find out how much you have learned about HIV/AIDS/STD after completing Activity 1 “Basic questions and answers about HIV, AIDS and STI”.

How?

1) Answer true or false to each of the statements below by placing a circle around T or F.

2) When the teacher has given the class the correct answers, place a (1) in the box to the left of each statement if your answer was correct and a (0) if it was wrong.

3) Add up your score and place it in the box at the end of the test.

4) Look up your score in “What does your score mean” and find out your rating.

What do you know about AIDS?

1 F T HIV is caused by AIDS.
2 F T AIDS damages the body’s defence system.
3 F T There is no cure for AIDS.
4 F T People with AIDS often die from serious diseases.
5 F T STI means Standard Time in Light of day.
6 F T Someone can have HIV or STI and have no symptoms (not know it).
7 F T There is no way to protect yourself from AIDS and STD.
8 F T An example of an STI is gonorrhoea.
9 F T It is difficult for women to get AIDS.
10 F T If you are strong and healthy you can’t get HIV/AIDS/STD.

Total

What does your score mean

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Genius Expert! You can teach the class!</td>
</tr>
<tr>
<td>8-9</td>
<td>Good! You are on the way to being an AIDS expert!</td>
</tr>
<tr>
<td>5-7</td>
<td>Well done, but you may want to look at the information again!</td>
</tr>
<tr>
<td>3-4</td>
<td>Review the information. You don’t want to catch AIDS or STD!</td>
</tr>
<tr>
<td>1-2</td>
<td>Lucky for you that this is just a test! You’ll do better next time!</td>
</tr>
</tbody>
</table>
Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

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

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

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

What do we know about HIV?

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

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

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

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

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
• Most STIs can be cured.

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

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

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

What are antibodies?

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

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

What is the “window” period?

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

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

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

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

What does the asymptomatic period mean?

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

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

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

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

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

**What are the symptoms of AIDS?**

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

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

**Are there drugs and vaccines to treat AIDS?**

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

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

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

**How do you get HIV?**

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

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

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

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

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

Note that:

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

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

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

How you don’t get HIV

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

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

How can one avoid infection?

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

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

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

- People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?

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

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

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

What do “safe sex” and “protected sex,” mean?

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

a) Safe sex activities (no risk)

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

b) Low-risk sex activities

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

While only a small number of people have contracted HIV through these means, the following activities are considered to carry some risk:

- fellatio (mouth on penis without taking semen into the mouth);
- cunnilingus (mouth on vagina);
- anilingus (mouth on anus); and
- deep wet kissing.

c) Unsafe sexual activities

Practising the following activities is a definite risk:

- anal sex (penis in rectum) without a condom;
- vaginal sex (penis in vagina) without a condom;
- any sex act that makes you bleed;
- semen (or blood) taken into the mouth during oral-genital sex.

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

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

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

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

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

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

**Do you have to have many sexual partners to get infected with HIV/STI?**

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

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

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

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

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

- **Can you get infected by blood transfusion or by blood products?**

  Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are “seropositive” i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the “window” period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**

  - The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.
  
  - About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.
  
  - It serves little purpose to test babies born to HIV-infected mothers for HIV antibodies at birth. There are likely to be many false positive results because antibodies from the mother are still circulating in the baby's bloodstream. Only at 18 months or older, can an antibody test result be regarded as reliable.

- **Does breast-feeding transmit HIV?**

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

**Can needles, knives and other instruments transmit HIV?**

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

**How is HIV transmitted with injection needles and syringes?**
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

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

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

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  o Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  o Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  o Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

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

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

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

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

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

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

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

- We know that HIV lives in some cells of the human body but that it does not live in the cells of insects. Therefore, mosquitoes and other insects are not a suitable home for HIV.
- HIV is not like the malaria parasite, which lives very well in the mosquito and spreads to people when mosquitoes bite, because it is in the fluid that the mosquito injects.

**When should one be tested for HIV?**

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

a) **Advantages of being tested:**

If you are infected with HIV...

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

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

b) **Disadvantages of being tested:**

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

c) **Some important points about knowing one’s HIV status:**
A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

All medical information, including HIV/AIDS status should be kept confidential.

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

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

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

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

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

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

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

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

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

- If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

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

How can one identify a person with HIV?

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

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else's behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of “trigger”, e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
• Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

• Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

• It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

• Offsets possible resistance in the community.
• Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
• Ensures greater acceptance of the programme in the community.
• Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
• Provides support for the teacher of the programme.
• Leads to closer ties between home and school on other issues.
• Facilitates communication between adults and children in the family.

**Peer leaders:**

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

Way in which a peer leader can help the teacher:

• Classroom management, e.g. handing out activity sheets, etc.
• Demonstrations, e.g. using a condom
Role-plays, e.g. being assertive
Lead a class team, e.g. during a quiz
Read stories, questions, answers to activities
Volunteer answers to activities
Lead a small group
Report findings of small groups
Model appropriate behaviour, e.g. is assertive
Carry out certain activities and report back, e.g. buying a condom
Take polls, e.g. when teacher wants to know how many answered “yes”.
Draw diagrammes on the blackboard.

Role-play:

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

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

Story telling:

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

Test items for student evaluation:

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

“Basic knowledge on HIV/AIDS/STI”

TRUE:

- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
- Once you are infected with HIV, you are infected for life.
- Women may pass HIV on to others through their vaginal fluids.
- You may get infected with HIV by having sex with someone who shares drug needles.
- It is not dangerous to hug a person with AIDS.
- People infected with HIV do not necessarily look sick.
- People with AIDS die from serious diseases.
- HIV may be passed from a mother to her unborn or newborn baby.
- Having sex during the menstrual cycle increases the risk of getting HIV.
- You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
- The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
- A person who has AIDS usually will die in 6 months to 2 years.
- The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
- If a person has an STD, his or her chances of being infected with HIV are increased. AIDS is caused by HIV.
- HIV is not spread from one person to another through daily activities.
- Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
- A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
- The more partners a person has, the greater the chances of being infected with HIV.
- Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
- A person can have HIV for years without getting AIDS.
- A negative HIV test means there are no antibodies to HIV in the blood.

FALSE

- You may get HIV by sitting on a toilet seat that a person with AIDS has used.
- You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
- People infected with HIV are usually very thin and sickly.
- Some people have been infected with HIV by swimming in the same water as someone with AIDS.
- You may get HIV from a mosquito bite.
- Someone with AIDS can spread HIV by coughing and spitting.
- There is no way to kill HIV on a drug needle.
- There is no way you can find out if you are infected with HIV.
- You can be cured of AIDS if you are careful to take medicine the doctor gives you.
- You can’t get HIV from sharing needles for tattoos or ear/nose piercing.
- It is difficult for women to get HIV/AIDS.
- HIV may be spread by wearing clothes from a person with AIDS.
- A person may get HIV by donating blood.
- A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
- The test for HIV (ELISA test) is looking for the HIV virus.
- A vaccine is available to protect people from HIV infection.
- There have been reported cases in which HIV was spread by kissing.
- A person who has tested positive for HIV is said to have AIDS.
- There is evidence that some insects can actually spread AIDS.
- HIV can be spread by contact such as hugging, kissing or holding hands.
- You can tell if a person has HIV by how they look.
You may get HIV from toilet seats.
Married people don’t become infected with HIV.
If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

TRUE

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

FALSE

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

TRUE

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

FALSE

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

TRUE

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
What do HIV, AIDS and STI mean?

**Description of the tool:**
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on familiarizing students with the meaning of HIV, AIDS and STI.

The information provided here was adapted by UNESCO from the following publication:


**Description of the document:**
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers’ guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education.** It will have a greater impact if it is reinforced by activities in the other three components of the framework.
What do HIV, AIDS and STI mean?

Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

Definitions of HIV, AIDS and STIs

The purpose of this activity is to prepare students for the rest of the course by familiarizing them with basic terms¹ and ensuring that they understand the seriousness of these infections.

What the teacher does:

1. Decides how to teach this activity²:

   a) Each student receives a copy of the activity sheet (see Annex 1) and follows the directions provided.

   b) The teacher reads out story (A) and writes out the definitions (B) on the blackboard.

   A

   Maria wasn’t feeling well. She had been losing weight and always seemed out of breath when going up stairs.

   Her neck was swollen and she had a dry cough.

   She decided to go to the doctor to see what was wrong. The doctor examined her, carried out some tests and asked her to return in two weeks time. When she did the doctor said to her, “Maria, the tests show that you have an illness called AIDS which is caused by a very small germ (virus) called HIV. You may have been more likely to get infected with HIV because you also have another STI called gonorrhoea.

   Maria wanted to know what AIDS, HIV STI and gonorrhoea meant and how serious they were. Can you help her?

¹ See Annex 2
² See Annex 3
A virus that weakens the defence system, allowing other diseases to enter the body.
Illnesses that occur when the body's defence system is weakened.
A type of STI that may damage reproductive organs.
Diseases that are spread by sexual contact.

Students choose the correct definitions from B and put them in the right place in C. Unfinished sentences are also written up on the blackboard for students to complete.

2. Gives the correct answers for each definition:

AIDS = Illnesses that occur...
HIV = A virus that...
STI = Infections that are...
Gonorrhoea = A type of STI.

3. Provides the following additional information after each definition:

**AIDS is serious because:**
- There is no vaccine;
- There is no cure;
- Anyone can contract it (even young people);
- It is almost certain that everyone who has AIDS dies;
- Often they are young people who would otherwise have many years to live.

After the definition for HIV, tell the students:
- Most people who have HIV show no signs of it;
- Unlike many other diseases, HIV isn't contracted through air, water or food, but through sexual contact or sharing of unsterilized needles and syringes;
- HIV cannot live outside the body for very long;
- HIV is not carried by animals or insects.

**STIs are serious because:**
- They can damage the reproductive organs;
- They can cause infertility (inability to have children);
- They can cause cancer, heart and brain damage, and possibly death.

After the definition for STI, tell the students:
- HIV/AIDS is an STI and so is gonorrhoea (give the local/slang name for gonorrhoea).
- The health centre should be contacted if any pain is experienced in the genitals, or when urinating, if any ulcers are found in the genital area or if there is an unusual discharge from the vagina or penis.
• Most STIs can be cured.

4. Asks the students to give answers to the unfinished sentences.

   The teacher might conclude the class by asking the students to respond to, “I learned from the class today that...”
   Ensures a positive feedback to each appropriate answer that the students volunteer.

5. Provides a cardboard box with a “Dear teacher” sign on it into which students can put their questions. Do not ask them to sign their questions. Read them and find out the correct answers for the next class.

Additional information

Teachers might have to find answers to questions from students and this should be done after class. Additional sources, such as professionals at the local health centre or hospital, may have to be contacted to answer all the questions. Do not be afraid to admit you couldn’t find an answer to very difficult questions. Do not guess the answers; make sure that the answer is correct.
Annex 1

What do HIV, AIDS and STI mean?

The purpose of this activity is to help you understand the meaning of certain words, like STI, AIDS and HIV. Knowing these words will help you understand how you can protect yourself from HIV/STI.

How?

1. Read story A.

2. Choose from box B what you think are the right words for STI, AIDS, HIV and gonorrhoea, and match the correct definition with each box in C.

3. Your teacher will tell you more about each of these words.

4. Finish the sentences in “Teacher asks”.

Story A

Maria wasn’t feeling well. She had been losing weight and always seemed out of breath when going up stairs.

Her neck was swollen and she had a dry cough.

She decided to go to the doctor to see what was wrong. The doctor examined her, carried out some tests and asked her to return in two weeks time. When she did the doctor said to her, “Maria, the tests show that you have an illness called AIDS which is caused by a very small germ (virus) called HIV. You may have been more likely to get infected with HIV because you also have another STI called gonorrhoea.

Maria wanted to know what AIDS, HIV STI and gonorrhoea meant and how serious they were. Can you help her?

B               C

<table>
<thead>
<tr>
<th>A virus that weakens the defence system, allowing other diseases to enter the body.</th>
<th>Illnesses that occur when the body’s defence system is weakened.</th>
<th>AIDS:</th>
<th>HIV:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A type of STI that may damage reproductive organs.</td>
<td>Diseases that are spread by sexual contact.</td>
<td>STI:</td>
<td>Gonorrhoea:</td>
</tr>
</tbody>
</table>

B | C
Finish the sentences with your own thoughts and/or feelings.

a) When I think of AIDS I feel: ________________________________________________

b) HIV/AIDS is serious because: ______________________________________________

c) STIs are serious because: _________________________________________________

d) People become infected with HIV because: ________________________________

I would like to ask the following question about HIV, AIDS or STI:

Put your answers in the “Dear teacher” question box.
Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

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

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

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

What do we know about HIV?

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

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

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

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

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
Most STIs can be cured.

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

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

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

What are antibodies?

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

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

What is the “window” period?

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

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

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

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

What does the asymptomatic period mean?

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

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

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

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

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

What are the symptoms of AIDS?

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

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

Are there drugs and vaccines to treat AIDS?

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

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

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

How do you get HIV?

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

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

• The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

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

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

Note that:

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

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

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

How you don’t get HIV

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

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

How can one avoid infection?

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

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

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

- People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?

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

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

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

What do “safe sex” and “protected sex,” mean?

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

a) Safe sex activities (no risk)

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

b) Low-risk sex activities

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

While only a small number of people have contracted HIV through these means, the following activities are considered to carry some risk:

- fellatio (mouth on penis without taking semen into the mouth);
- cunnilingus (mouth on vagina);
- anilingus (mouth on anus); and
- deep wet kissing.

c) Unsafe sexual activities

Practising the following activities is a definite risk:

- anal sex (penis in rectum) without a condom;
- vaginal sex (penis in vagina) without a condom;
- any sex act that makes you bleed;
- semen (or blood) taken into the mouth during oral-genital sex.

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

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

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

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

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

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

**Do you have to have many sexual partners to get infected with HIV/STI?**

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

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

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

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

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

- **Can you get infected by blood transfusion or by blood products?**

Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are “seropositive” i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the “window” period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**

  - The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.
  
  - About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.

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

- **Does breast-feeding transmit HIV?**

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

**Can needles, knives and other instruments transmit HIV?**

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

**How is HIV transmitted with injection needles and syringes?**
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

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

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

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  - Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  - Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  - Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

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

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

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

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

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

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

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

- We know that HIV lives in some cells of the human body but that it does not live in the cells of insects. Therefore, mosquitoes and other insects are not a suitable home for HIV.
- HIV is not like the malaria parasite, which lives very well in the mosquito and spreads to people when mosquitoes bite, because it is in the fluid that the mosquito injects.

**When should one be tested for HIV?**

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

**a) Advantages of being tested:**

If you are infected with HIV...

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

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

**b) Disadvantages of being tested:**

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

**c) Some important points about knowing one’s HIV status:**
A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

All medical information, including HIV/AIDS status should be kept confidential.

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

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

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

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

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

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

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

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

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

- If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

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

How can one identify a person with HIV?

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

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else's behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

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

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

- Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

**Peer leaders:**

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

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
Role-play:

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

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

Story telling:

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

Test items for student evaluation:

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

“Basic knowledge on HIV/AIDS/STI”

**TRUE:**

- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
- Once you are infected with HIV, you are infected for life.
- Women may pass HIV on to others through their vaginal fluids.
- You may get infected with HIV by having sex with someone who shares drug needles.
- It is not dangerous to hug a person with AIDS.
- People infected with HIV do not necessarily look sick.
- People with AIDS die from serious diseases.
- HIV may be passed from a mother to her unborn or newborn baby.
- Having sex during the menstrual cycle increases the risk of getting HIV.
- You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
- The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
- A person who has AIDS usually will die in 6 months to 2 years.
- The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
- If a person has an STD, his or her chances of being infected with HIV are increased. AIDS is caused by HIV.
- HIV is not spread from one person to another through daily activities.
- Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
- A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
- Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
- A person can have HIV for years without getting AIDS.
- A negative HIV test means there are no antibodies to HIV in the blood.

**FALSE**

- You may get HIV by sitting on a toilet seat that a person with AIDS has used.
- You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
- People infected with HIV are usually very thin and sickly.
- Some people have been infected with HIV by swimming in the same water as someone with AIDS.
- You may get HIV from a mosquito bite.
- Someone with AIDS can spread HIV by coughing and spitting.
- There is no way to kill HIV on a drug needle.
- There is no way you can find out if you are infected with HIV.
- You can be cured of AIDS if you are careful to take medicine the doctor gives you.
- You can’t get HIV from sharing needles for tattoos or ear/nose piercing.
- It is difficult for women to get HIV/AIDS.
- HIV may be spread by wearing clothes from a person with AIDS.
- A person may get HIV by donating blood.
- A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
- The test for HIV (ELISA test) is looking for the HIV virus.
- A vaccine is available to protect people from HIV infection.
- There have been reported cases in which HIV was spread by kissing.
- A person who has tested positive for HIV is said to have AIDS.
- There is evidence that some insects can actually spread AIDS.
- HIV can be spread by contact such as hugging, kissing or holding hands.
- You can tell if a person has HIV by how they look.
- You may get HIV from toilet seats.
Married people don’t become infected with HIV.
If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

TRUE

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

FALSE

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

TRUE

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

FALSE

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

TRUE

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
How someone becomes HIV* infected
* (the virus that causes AIDS)

Description of the tool:
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on the three ways in which HIV can be transmitted.

The information provided here was adapted by UNESCO from the following publication:


Description of the document:
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers' guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: skills-based health education. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

Information on transmission

The purpose of this activity is to illustrate the three ways in which HIV can be transmitted 1.

What the teacher does:

1. Decides how to teach this activity 2:
   a) A copy of the activity sheet (See Annex 1) is given to each student and the teacher reads out the information on transmission before asking questions and/or clarifying each route of transmission.
   b) If only one copy of the activity sheet is available, the teacher reads out the information and asks questions and/or clarifies each route of transmission.

2. Questions for clarification might include:

   HIV is spread through sexual intercourse:
   a) What are other examples of STIs?
      Chlamydia, gonorrhoea, genital warts, herpes.
   b) What fluids in the male reproductive system can contain HIV?
      Semen.
   c) What fluids in the female reproductive system can contain HIV?
      Vaginal secretions, menstrual blood.
   d) Where would the HIV in these fluids enter the person’s body?
      Through the mucous membranes that line the vagina, penis, anus/rectum.

   HIV is spread through infected blood:
   a) How could there be blood in needles or syringes?

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1 See Annex 2
2 See Annex 3
Blood is left in a needle or syringe from a previous injection into another person.

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

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

**HIV is spread from an infected mother to her unborn or newborn child:**

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

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

**What should parents do (if there is a parents’ guide)?**

Parents should read the information sheet “How a person becomes HIV infected”, or their children should read the activity to them. Their children could explain the information if parents have any questions.

**Additional preparation**

Teachers should prepare for further questions on transmission, particularly if there are no follow-up activities on this subject.

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3 See Annex 3
Annex 1

How someone becomes HIV (*) infected
(*) the virus that causes AIDS

It is very important to know how someone becomes HIV-infected and how HIV is spread. The information in this activity can help you protect yourself.

How?
1. First, read the three methods of transmission of HIV with your teacher.
2. Then ask any questions you might have about how HIV is spread.

Sexual intercourse
a) Most people get HIV by having unprotected sexual intercourse with an infected person.

b) Unprotected sexual intercourse means having vaginal or anal sex without a condom.

c) HIV may also be transmitted through oral sex.

Infected blood
a) One can contract HIV through a blood transfusion with infected blood.

b) One can contract HIV by using instruments used on someone with HIV for ear piercing, tattoos or circumcision, and which have not been properly cleaned.

c) One can contract HIV by using needles or syringes used by someone else for injections and which have not been properly cleaned.

From an infected mother to her unborn or newborn child

Babies born to mothers with HIV may become infected in the womb before birth, during birth, and sometimes through breast milk.

It isn’t easy to catch AIDS. Unlike many common diseases, HIV cannot infect us through the air, our food or water. The virus cannot live for very long outside our body. We can only catch HIV if the body fluids of an infected person enter our body. The body fluids with a high concentration of HIV are blood, semen and vaginal secretions.
Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

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

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body’s immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

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

What do we know about HIV?

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

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

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

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

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
• Most STIs can be cured.

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

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

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

What are antibodies?

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

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

What is the “window” period?

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

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

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

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

What does the asymptomatic period mean?

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

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

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

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

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

**What are the symptoms of AIDS?**

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

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

**Are there drugs and vaccines to treat AIDS?**

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

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

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

**How do you get HIV?**

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

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

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

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

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

Note that:

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

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

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

How you don’t get HIV

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

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

How can one avoid infection?

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

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

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

- People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?

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

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

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

What do “safe sex" and “protected sex," mean?

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

a) Safe sex activities (no risk)

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

b) Low-risk sex activities

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

While only a small number of people have contracted HIV through these means, the following activities are considered to carry some risk:

- fellatio (mouth on penis without taking semen into the mouth);
- cunnilingus (mouth on vagina);
- anilingus (mouth on anus); and
- deep wet kissing.

c) Unsafe sexual activities

Practising the following activities is a definite risk:

- anal sex (penis in rectum) without a condom;
- vaginal sex (penis in vagina) without a condom;
- any sex act that makes you bleed;
- semen (or blood) taken into the mouth during oral-genital sex.

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

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

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

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

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

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

**Do you have to have many sexual partners to get infected with HIV/STI?**

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

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

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

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

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

- **Can you get infected by blood transfusion or by blood products?**

Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are “seropositive” i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the “window” period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**

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

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

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

- **Does breast-feeding transmit HIV?**

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

**Can needles, knives and other instruments transmit HIV?**

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

**How is HIV transmitted with injection needles and syringes?**
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

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

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

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  - Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  - Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  - Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

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

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

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

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

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

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

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

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

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

**When should one be tested for HIV?**

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

**a) Advantages of being tested:**

If you are infected with HIV...

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

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

**b) Disadvantages of being tested:**

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person’s cultural and religious attitudes towards illness and death.

- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

- A person who has tested positive for HIV may be discriminated against if the information is revealed.

**c) Some important points about knowing one's HIV status:**
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

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

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

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

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

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

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

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

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

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

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

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

How can one identify a person with HIV?

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

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else's behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study:

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of “trigger”, e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
- Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

- Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

- It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

- Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

**Peer leaders:**

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

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
- Lead a class team, e.g. during a quiz
- Read stories, questions, answers to activities
- Volunteer answers to activities
- Lead a small group
- Report findings of small groups
- Model appropriate behaviour, e.g. is assertive
- Carry out certain activities and report back, e.g. buying a condom
- Take polls, e.g. when teacher wants to know how many answered “yes”.
- Draw diagrammes on the blackboard.

**Role-play:**

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

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

**Story telling:**

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

**Test items for student evaluation:**

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

“**Basic knowledge on HIV/AIDS/STI**”

**TRUE:**

- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
Once you are infected with HIV, you are infected for life.
- Women may pass HIV on to others through their vaginal fluids.
- You may get infected with HIV by having sex with someone who shares drug needles.
- It is not dangerous to hug a person with AIDS.
- People infected with HIV do not necessarily look sick.
- People with AIDS die from serious diseases.
- HIV may be passed from a mother to her unborn or newborn baby.
- Having sex during the menstrual cycle increases the risk of getting HIV.
- You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
- The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
- A person who has AIDS usually will die in 6 months to 2 years.
- The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
- If a person has an STD, his or her chances of being infected with HIV are increased. AIDS is caused by HIV.
- HIV is not spread from one person to another through daily activities.
- Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
- A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
- The more partners a person has, the greater the chances of being infected with HIV.
- Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
- A person can have HIV for years without getting AIDS.
- A negative HIV test means there are no antibodies to HIV in the blood.

FALSE

- You may get HIV by sitting on a toilet seat that a person with AIDS has used.
- You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
- People infected with HIV are usually very thin and sickly.
- Some people have been infected with HIV by swimming in the same water as someone with AIDS.
- You may get HIV from a mosquito bite.
- Someone with AIDS can spread HIV by coughing and spitting.
- There is no way to kill HIV on a drug needle.
- There is no way you can find out if you are infected with HIV.
- You can be cured of AIDS if you are careful to take medicine the doctor gives you.
- You can’t get HIV from sharing needles for tattoos or ear/nose piercing.
- It is difficult for women to get HIV/AIDS.
- HIV may be spread by wearing clothes from a person with AIDS.
- A person may get HIV by donating blood.
- A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
- The test for HIV (ELISA test) is looking for the HIV virus.
- A vaccine is available to protect people from HIV infection.
- There have been reported cases in which HIV was spread by kissing.
- A person who has tested positive for HIV is said to have AIDS.
- There is evidence that some insects can actually spread AIDS.
- HIV can be spread by contact such as hugging, kissing or holding hands.
- You can tell if a person has HIV by how they look.
- You may get HIV from toilet seats.
- Married people don’t become infected with HIV.
- If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

TRUE

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

FALSE

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

TRUE

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

FALSE

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

TRUE

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
What do you believe?

**Description of the tool:**
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on what students know about ways in which HIV can and cannot be transmitted.

The information provided here was adapted by UNESCO from the following publication:


**Description of the document:**
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers’ guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education**. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
What do you believe?

Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

A short test on transmission

The purpose of this test is to reinforce what students have already learned about the ways in which HIV can and cannot be transmitted.

What the teacher does:

1. Decides how to teach this activity:

   a) Hands out the activity sheet (see Annex 1) to the students and asks them to answer the questions individually, or with a partner.

   b) Splits the class into small groups and gives five questions to each group. The group with the most correct answers is the winner.

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

   d) Reads out the questions on the activity sheet to the students:

      1. HIV, the virus that causes AIDS, can be spread by shaking hands
      2. HIV, the virus that causes AIDS, can be passed on to another person during sex
      3. Pregnant women can transmit the AIDS virus to their unborn child
      4. A person can contract HIV by donating blood
      5. It is possible to get HIV from a toilet seat
      6. HIV, the virus that causes AIDS, is spread by kissing
      7. HIV, the virus that causes AIDS, is carried in the blood.
      8. Drug users can pass on HIV to other drug users if they share needles

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1 See Annex 2 and Annex 3
2 See Annex 3
9. Only men can become infected by HIV, the virus that causes AIDS
10. You should avoid touching a person with AIDS
11. It is risky to use the same water fountain as a person who has AIDS
12. If you are strong and healthy you can’t get HIV
13. You can tell by looking at someone whether that person has the AIDS virus.
14. You are safe from HIV if you cut your skin with a knife used by someone else who cut themselves
15. You are safe from HIV if you use the same condom more than once
16. The risk of getting HIV/STD increases if you have many sexual partners
17. It is OK to share bedclothes and dishes with someone who has HIV/AIDS
18. It is OK to share razors with someone who has AIDS
19. Young people are not at risk from HIV, the AIDS virus
20. During menstruation the risk of getting HIV through unprotected sex is higher

e) Invites the students to answer “true” or “false”. Activity sheets for every student are not needed in either method c) or d).

2. Gives the students the correct answers, with reasons, as follows:

1. False
   HIV cannot survive in the air and so shaking hands does not spread it.

2. True
   The most common way for HIV to spread is through unprotected sexual intercourse with a partner who is HIV-infected.

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

4. False
   Professionals who collect blood use new, clean needles to take blood from donors. There is no danger in donating blood. Do not give blood if you have HIV or have participated in risky behaviour.

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

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

2
7. True
If the blood of someone who has HIV is transmitted to another person who does not have HIV, there is a high risk of that person contracting HIV. This happens mostly when people inject drugs re-using unclean (not sterilized) needles and syringes and sharp instruments for tattooing, ear and nose piercing, circumcision, etc.

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

9. False
Although it was reported that more men than women had AIDS when this disease first came to light, women are now being infected with HIV at the same rate as men. Furthermore, women are biologically more vulnerable to HIV infection than men.

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

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

12. False
Anyone can get HIV/AIDS.

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

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

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

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

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

18. False
Since these instruments may have blood left on the, it is possible that they could transmit HIV to another person. Although the risk of infection is extremely low, it is advisable not to share toothbrushes.
19. False
Although there are not many young people with AIDS, it should be remembered that HIV might remain in the body for up to 10 years or more without signs or symptoms. Therefore, a person who is infected at age 15 might not get AIDS until the age of 25.

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

What should parent(s) do? (if there is a parents’ guide) ³

This activity may be included in the parents’ guide under “tests”. Parents can take the test alone, or with their child who reads the questions and helps with the answers.

Additional preparation

Teachers should be prepared for their students to raise questions when answer the true-false questions.

³ See Annex 3
Annex 1

What do you believe?

A true-false test on HIV, AIDS and STI

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Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

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

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

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

What do we know about HIV?

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

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

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

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

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
• Most STIs can be cured.

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

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

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

What are antibodies?

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

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

What is the “window” period?

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

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

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

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

What does the asymptomatic period mean?

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

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

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

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

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

What are the symptoms of AIDS?

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

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

Are there drugs and vaccines to treat AIDS?

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

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

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

How do you get HIV?

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

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

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

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

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

**Note that:**

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

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

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

**How you don’t get HIV**

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

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

**How can one avoid infection?**

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

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

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

- People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?

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

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

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

What do “safe sex” and “protected sex,” mean?

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

a) Safe sex activities (no risk)

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

b) Low-risk sex activities

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

While only a small number of people have contracted HIV through these means, the following activities are considered to carry some risk:

- fellatio (mouth on penis without taking semen into the mouth);
- cunnilingus (mouth on vagina);
- anilingus (mouth on anus); and
- deep wet kissing.

c) Unsafe sexual activities

Practising the following activities is a definite risk:

- anal sex (penis in rectum) without a condom;
- vaginal sex (penis in vagina) without a condom;
- any sex act that makes you bleed;
- semen (or blood) taken into the mouth during oral-genital sex.

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

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

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

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

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

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

**Do you have to have many sexual partners to get infected with HIV/STI?**

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

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

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

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

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

- **Can you get infected by blood transfusion or by blood products?**

  Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are “seropositive” i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the “window” period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**
  
  - The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.
  
  - About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.
  
  - It serves little purpose to test babies born to HIV-infected mothers for HIV antibodies at birth. There are likely to be many false positive results because antibodies from the mother are still circulating in the baby's bloodstream. Only at 18 months or older, can an antibody test result be regarded as reliable.

- **Does breast-feeding transmit HIV?**

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

**Can needles, knives and other instruments transmit HIV?**

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

**How is HIV transmitted with injection needles and syringes?**
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

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

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

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  o Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  o Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  o Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

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

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

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

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

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

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

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

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

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

When should one be tested for HIV?

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

a) Advantages of being tested:

If you are infected with HIV...

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

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

b) Disadvantages of being tested:

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person's cultural and religious attitudes towards illness and death.

- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

- A person who has tested positive for HIV may be discriminated against if the information is revealed.

c) Some important points about knowing one's HIV status:
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

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

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

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

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

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

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

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

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

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

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

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

How can one identify a person with HIV?

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

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else’s behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of “trigger”, e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
• Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

• Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

• It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

• Offsets possible resistance in the community.
• Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
• Ensures greater acceptance of the programme in the community.
• Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
• Provides support for the teacher of the programme.
• Leads to closer ties between home and school on other issues.
• Facilitates communication between adults and children in the family.

**Peer leaders:**

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

Way in which a peer leader can help the teacher:

• Classroom management, e.g. handing out activity sheets, etc.
• Demonstrations, e.g. using a condom
• Role-plays, e.g. being assertive
Lead a class team, e.g. during a quiz
Read stories, questions, answers to activities
Volunteer answers to activities
Lead a small group
Report findings of small groups
Model appropriate behaviour, e.g. is assertive
Carry out certain activities and report back, e.g. buying a condom
Take polls, e.g. when teacher wants to know how many answered “yes”.
Draw diagrammes on the blackboard.

Role-play:

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

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

Story telling:

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

Test items for student evaluation:

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

“Basic knowledge on HIV/AIDS/STI”

TRUE:

- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
Once you are infected with HIV, you are infected for life.
Women may pass HIV on to others through their vaginal fluids.
You may get infected with HIV by having sex with someone who shares drug needles.
It is not dangerous to hug a person with AIDS.
People infected with HIV do not necessarily look sick.
People with AIDS die from serious diseases.
HIV may be passed from a mother to her unborn or newborn baby.
Having sex during the menstrual cycle increases the risk of getting HIV.
You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
A person who has AIDS usually will die in 6 months to 2 years.
The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
If a person has an STD, his or her chances of being infected with HIV are increased.
AIDS is caused by HIV.
HIV is not spread from one person to another through daily activities.
Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
The more partners a person has, the greater the chances of being infected with HIV.
Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
A person can have HIV for years without getting AIDS.
A negative HIV test means there are no antibodies to HIV in the blood.

FALSE

You may get HIV by sitting on a toilet seat that a person with AIDS has used.
You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
People infected with HIV are usually very thin and sickly.
Some people have been infected with HIV by swimming in the same water as someone with AIDS.
You may get HIV from a mosquito bite.
Someone with AIDS can spread HIV by coughing and spitting.
There is no way to kill HIV on a drug needle.
There is no way you can find out if you are infected with HIV.
You can be cured of AIDS if you are careful to take medicine the doctor gives you.
You can’t get HIV from sharing needles for tattoos or ear/nose piercing.
It is difficult for women to get HIV/AIDS.
HIV may be spread by wearing clothes from a person with AIDS.
A person may get HIV by donating blood.
A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
The test for HIV (ELISA test) is looking for the HIV virus.
A vaccine is available to protect people from HIV infection.
There have been reported cases in which HIV was spread by kissing.
A person who has tested positive for HIV is said to have AIDS.
There is evidence that some insects can actually spread AIDS.
HIV can be spread by contact such as hugging, kissing or holding hands.
You can tell if a person has HIV by how they look.
You may get HIV from toilet seats.
Married people don’t become infected with HIV.
If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

TRUE

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

FALSE

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

TRUE

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

FALSE

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

TRUE

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
What would you do?

**Description of the tool:**
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on describing risk situations to students in a realistic and effective way.

The information provided here was adapted by UNESCO from the following publication:


**Description of the document:**
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers' guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education.** It will have a greater impact if it is reinforced by activities in the other three components of the framework.
What would you do?

Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

Case studies on transmission

The purpose of these case studies in this activity is to describe risk situations to students in a realistic and effective way by using stories about people’s lifestyles, their risk of contracting HIV and what they can do to prevent its spread.

What the teacher does:

1. Decides how to teach this activity:
   a) Gives each student an activity sheet (see Annex 1) and tells them follow the instructions.
   b) Reads out each of the three following stories to the students, asks them the questions that follow each story and writes up the risk continuum on the blackboard. Then requests some of the students to write the name of the character on the continuum at the level at which they think that person’s risk is located (only one activity sheet is needed).
   c) Splits the class into three groups each with a group leader. Hands one of the stories to each leader, which he or she will read to the rest of the group. The group then answers the questions and reaches consensus as to what risk the person in their story runs in respect of HIV, AIDS or STI. The leader reports on the answers (only three activity sheets needed, or three stories can be cut out of one activity sheet)

2. Discusses answers with the students.
   (Possible answers are given in parentheses after each question below):

Story 1

Natombie works at a fruit stand after school. He has heard that Jalondi who works there too, has AIDS. Natombie’s mother has also heard this and wants him to quit his job.

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1 See Annex 2
2 See Annex 3
3 See Annex 3
a) What could Natombie tell his mother about the spread of HIV?
He could say that he has no chance of getting HIV/AIDS because it is only transmitted during unprotected sex and by dirty (bloody) needles, syringes or other instruments.

b) Does he need to give up his job? Why or why not?
No. In fact it would be a pity if he did because he runs no risk of contracting HIV/AIDS and he would cease to earn money.

c) Risk for HIV.

| X |
| No risk | low risk | high risk |

---

**Story 2**

Haiwa is 15 years old and has the AIDS virus, HIV. He does not look sick but he does get tired quickly. He wants to continue going to school but wonders if he should tell anyone.

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

b) Should he tell anyone? Who? Why?
That is up to Haiwa, but he should probably let a school official know so that if he fell ill, the school would be able to help him to get proper care. He should seek counselling to determine whether or not he should tell anyone else at school.

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

d) Risk for HIV.

| X |
| No risk | low risk | high risk |

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**Story 3**

Your best friend Maria asks you what it is like to have sex. You know she goes with Roberto and you also know that Roberto has had sex with other girls.

a) What should you tell Maria? Why?
You should tell her the truth. HIV is transmitted by sex and that Roberto has had sex with other girls (which you suspect he has) and so she should: 1) not have sex with
Roberto; 2) use a condom if she does.

b) What risk would Maria run of contracting HIV if she had sex with Roberto?
   If they use a condom properly, or if they do not protect themselves.

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<tr>
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<th>low risk</th>
<th>high risk</th>
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<tr>
<td>No risk</td>
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**Additional preparation**

Bear in mind that some students may be in situations similar to the ones in the stories in this activity. If they have any questions or concerns then you should be ready to organize a private session with them after class.
Annex 1

What would you do?

You now know how the AIDS virus, HIV, is spread and how it is not spread. It is also important to know whether certain situations and activities pose a high risk, a low risk or no risk at all.

How?

1) Read each story by yourself or with your teacher.

2) Answer the questions after each story.

3) Place an “X” on the line to show the risk of getting HIV for Natombie (story 1), Haiwa (story 2) and Maria (story 3).

Story 1

Natombie works at a fruit stand after school. He has heard that Jalondi who works there too, has AIDS. Natombie’s mother has also heard this and wants him to quit his job.

a) What could Natombie tell his mother about the spread of HIV?
   b) Does he need to quit his job? Why or why not?
   c) What risk does Natombie have of being infected with HIV, if he works with Jalondi?

Story 2

Haiwa is 15 years old and has the AIDS virus, HIV. He does not look sick but he does get tired quickly. He wants to continue going to school but wonders if he should tell anyone.

a) Do you think he should continue going to school? Why or why not?
   b) Should he tell anyone? Who? Why?
   c) How would you react if he told you?
   d) What risk would you have of getting HIV if Haiwa sat next to you at school?

Story 3

Your best friend Maria asks you what it is like to have sex. You know she goes with Roberto and you also know that Roberto has had sex with other girls.

a) What should you tell Maria? Why?
   b) What risk would Maria have of getting HIV if she had sex with Roberto?
Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

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

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

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

What do we know about HIV?

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

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

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

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

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
Most STIs can be cured.

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

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

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

What are antibodies?

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

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

What is the “window” period?

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

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

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

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

What does the asymptomatic period mean?

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

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

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

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

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

What are the symptoms of AIDS?

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

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

Are there drugs and vaccines to treat AIDS?

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

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

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

How do you get HIV?

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

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

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

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

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

Note that:

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

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

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

How you don’t get HIV

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

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

How can one avoid infection?

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

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

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

• People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?

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

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

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

What do “safe sex” and “protected sex,” mean?

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

a) Safe sex activities (no risk)

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

b) Low-risk sex activities

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

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

c) Unsafe sexual activities

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

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

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

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

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

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

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

**Do you have to have many sexual partners to get infected with HIV/STI?**

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

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

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

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

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

- **Can you get infected by blood transfusion or by blood products?**

  Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are “seropositive” i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the “window” period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**

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

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

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

- **Does breast-feeding transmit HIV?**

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

**Can needles, knives and other instruments transmit HIV?**

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

**How is HIV transmitted with injection needles and syringes?**
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

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

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

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  
  o Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  o Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  o Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

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

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

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

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

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

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

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

- We know that HIV lives in some cells of the human body but that it does not live in the cells of insects. Therefore, mosquitoes and other insects are not a suitable home for HIV.
- HIV is not like the malaria parasite, which lives very well in the mosquito and spreads to people when mosquitoes bite, because it is in the fluid that the mosquito injects.

**When should one be tested for HIV?**

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

a) **Advantages of being tested:**

If you are infected with HIV...

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

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

b) **Disadvantages of being tested:**

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

c) **Some important points about knowing one’s HIV status:**
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

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

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

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

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

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

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

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

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

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

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfesting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

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

How can one identify a person with HIV?

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

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else’s behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of “trigger”, e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

Participation of parents and family members:

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

- Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

Peer leaders:

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

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
- Lead a class team, e.g. during a quiz
- Read stories, questions, answers to activities
- Volunteer answers to activities
- Lead a small group
- Report findings of small groups
- Model appropriate behaviour, e.g. is assertive
- Carry out certain activities and report back, e.g. buying a condom
- Take polls, e.g. when teacher wants to know how many answered “yes”.
- Draw diagrammes on the blackboard.

**Role-play:**

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

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

**Story telling:**

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

**Test items for student evaluation:**

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

**“Basic knowledge on HIV/AIDS/STI”**

**TRUE:**

- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
Once you are infected with HIV, you are infected for life.

- Women may pass HIV on to others through their vaginal fluids.
- You may get infected with HIV by having sex with someone who shares drug needles.
- It is not dangerous to hug a person with AIDS.
- People infected with HIV do not necessarily look sick.
- People with AIDS die from serious diseases.
- HIV may be passed from a mother to her unborn or newborn baby.
- Having sex during the menstrual cycle increases the risk of getting HIV.
- You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
- The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
- A person who has AIDS usually will die in 6 months to 2 years.
- The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
- If a person has an STD, his or her chances of being infected with HIV are increased. AIDS is caused by HIV.
- HIV is not spread from one person to another through daily activities.
- Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
- A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
- The more partners a person has, the greater the chances of being infected with HIV.
- Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
- A person can have HIV for years without getting AIDS.
- A negative HIV test means there are no antibodies to HIV in the blood.

**FALSE**

- You may get HIV by sitting on a toilet seat that a person with AIDS has used.
- You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
- People infected with HIV are usually very thin and sickly.
- Some people have been infected with HIV by swimming in the same water as someone with AIDS.
- You may get HIV from a mosquito bite.
- Someone with AIDS can spread HIV by coughing and spitting.
- There is no way to kill HIV on a drug needle.
- There is no way you can find out if you are infected with HIV.
- You can be cured of AIDS if you are careful to take medicine the doctor gives you.
- You can’t get HIV from sharing needles for tattoos or ear/nose piercing.
- It is difficult for women to get HIV/AIDS.
- HIV may be spread by wearing clothes from a person with AIDS.
- A person may get HIV by donating blood.
- A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
- The test for HIV (ELISA test) is looking for the HIV virus.
- A vaccine is available to protect people from HIV infection.
- There have been reported cases in which HIV was spread by kissing.
- A person who has tested positive for HIV is said to have AIDS.
- There is evidence that some insects can actually spread AIDS.
- HIV can be spread by contact such as hugging, kissing or holding hands.
- You can tell if a person has HIV by how they look.
- You may get HIV from toilet seats.
- Married people don't become infected with HIV.
- If you only have sex with people who look healthy, you won't become infected by HIV.

"Responsible behaviour: delaying sex"

TRUE

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don't want to do, you should refuse, or bargain safer alternatives, or delay the decision.

FALSE

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

"Responsible behaviour: protected sex"

TRUE

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

FALSE

- You can't get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

"Care and support for people with HIV/AIDS"

TRUE

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.

- People with AIDS should stay in hospitals all the time, not at home.
What is your risk?

Description of the tool:
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on evaluating risk behaviours.

The information provided here was adapted by UNESCO from the following publication:


Description of the document:
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers’ guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: skills-based health education. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
What is your risk?

Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

Evaluating risk behaviours

The purpose of this exercise is to evaluate risk behaviours. Students will become more familiar with risk behaviours if they learn to classify them as No Risk, Low Risk or High Risk. They also need to evaluate their own personal level of vulnerability based on their own risk behaviours.

What the teacher does:

1. Decides how to teach this activity:

   a) Hands out a student activity sheet (see Annex 1) to each student and tells him or her to follow the instructions (the three categories of risk may need some prior clarification).

   b) Writes each activity on the blackboard and allows time for the students discuss them.

   1) Using toilets in a public washroom (NR)
   2) Touching or comforting someone with AIDS (NR)
   3) Having sex without a condom (HR)
   4) Having oral sex (without semen in the mouth) (LR)
   5) Kissing (dry kissing) (NR)
   6) Having sex using the same condom more than once (HR)
   7) Sharing needles to inject drugs (HR)
   8) Swimming with an HIV-infected person (NR)
   9) Sharing needles for ear piercing or tattooing (HR)
   10) Abstaining from sexual intercourse (NR)
   11) Going to school with an HIV-infected person (NR)
   12) Cutting the skin with a knife used by others (HR)
   13) Being bitten by a mosquito (NR)
   14) Donating blood (NR)
   15) Having sex using a condom properly (LR)
   16) Eating food prepared by an HIV-infected person (NR)

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1 See Annex 2
2 See Annex 3
Then writes NR, LR, or HR next to each activity (no hand-out sheets required). Writes up the continuum for “What is your risk” on the blackboard and allows time for the students to think about where to put their “X”.

<table>
<thead>
<tr>
<th>0</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No risk</td>
<td>high risk</td>
</tr>
<tr>
<td>low risk</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Students are not permitted to write their answers on paper or on the blackboard.

c) Selects two teams and two captains (peer leaders) and gives one sheet to each. Team 1 has questions 1 to 8 and team 2 has numbers 9 to 16. Team captains read out each activity and then take a vote on the risk level. The winning team is the one with the highest number of correct answers. The teacher then asks the students to draw the continuum for “What is your risk” on a sheet of paper and subsequently decide where they themselves are positioned on the continuum. The students must not be allowed to write in their “X” but should be requested to think about where they would put it.

2. Gives the students the correct answers (see above), and makes sure that students place the correct answers on their sheets.

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

**What should parent(s) do? (if there is a parents’ guide)**

Parents should review the activity with their child (if each student has his or her own activity sheet).

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3 See Annex 3
Annex 1

What is your risk?

There is no vaccine or cure for HIV/AIDS. So, it is important for you to know how you can contract HIV. This activity will help you to know which things are risky and should be avoided, and which things are not.

How?

1. Read the section called “Risk levels”

2. Then by the side of each of the sixteen statements write: NR = No Risk or LR = Low Risk or HR = High Risk

Risk levels

**NR:** There is no risk of getting HIV/AIDS – there is no exchange of blood, male semen or female vaginal secretions

**LR:** There is a low risk of getting HIV/AIDS – there is a light possibility of exchange of blood, semen or vaginal secretions

**HR:** There is a high risk of getting HIV/AIDS – there is a strong possibility of exchange of blood, male semen or female vaginal secretions

1. Using toilets in a public washroom
2. Touching or comforting someone living with AIDS
3. Having sex without a condom
4. Having oral sex (without semen in the mouth)
5. Kissing (dry kissing)
6. Having sex using the same condom more than once
7. Sharing needles for injection drug use
8. Swimming with an HIV-infected person
9. Sharing needles for ear piercing or tattooing
10. Abstaining from sexual intercourse
11. Going to school with an HIV-infected person
12. Cutting the skin with a knife used by others
13. Being bitten by a mosquito
14. Giving blood
15. Having sex using a condom properly
16. Eating food prepared by an HIV-infected person
What is your risk?

If you want to avoid catching HIV or an STI then it is very important for you to find out your own personal level of risk. Look at the activities above and think about whether you have ever done any of them. Then think about where you would put an “X” on the line below to show what risk you have of getting HIV/AIDS/STD.

0                     10
No risk       low risk       high risk

Do you think your risk of getting HIV will change as you get older? If yes, why and how?
Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

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

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

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

What do we know about HIV?

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

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

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

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

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
• Most STIs can be cured.

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

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

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

What are antibodies?

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

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

What is the “window” period?

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

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

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

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

What does the asymptomatic period mean?

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

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

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

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

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

What are the symptoms of AIDS?

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

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

Are there drugs and vaccines to treat AIDS?

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

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

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

How do you get HIV?

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

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

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

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

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

Note that:

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

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

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

How you don’t get HIV

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

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

How can one avoid infection?

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

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

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

- People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?

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

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

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

What do “safe sex” and “protected sex,” mean?

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

a) Safe sex activities (no risk)

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

b) Low-risk sex activities

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

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

c) Unsafe sexual activities

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

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

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

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

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

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

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

**Do you have to have many sexual partners to get infected with HIV/STI?**

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

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

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

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

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

- **Can you get infected by blood transfusion or by blood products?**

Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are “seropositive” i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the “window” period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**
  
  - The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.
  
  - About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.
  
  - It serves little purpose to test babies born to HIV-infected mothers for HIV antibodies at birth. There are likely to be many false positive results because antibodies from the mother are still circulating in the baby's bloodstream. Only at 18 months or older, can an antibody test result be regarded as reliable.

- **Does breast-feeding transmit HIV?**

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

**Can needles, knives and other instruments transmit HIV?**

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

**How is HIV transmitted with injection needles and syringes?**
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

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

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

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  - Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  - Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  - Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

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

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

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

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

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

**Do mosquitoes or other insects spread HIV?**

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

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

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

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

When should one be tested for HIV?

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

a) Advantages of being tested:

If you are infected with HIV...

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

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

b) Disadvantages of being tested:

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person’s cultural and religious attitudes towards illness and death.

- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

- A person who has tested positive for HIV may be discriminated against if the information is revealed.

c) Some important points about knowing one’s HIV status:
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

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

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

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

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

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

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

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

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

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

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

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

How can one identify a person with HIV?

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

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else’s behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of “trigger”, e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
- Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

- Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

- It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

- Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

**Peer leaders:**

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

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
Lead a class team, e.g. during a quiz
Read stories, questions, answers to activities
Volunteer answers to activities
Lead a small group
Report findings of small groups
Model appropriate behaviour, e.g. is assertive
Carry out certain activities and report back, e.g. buying a condom
Take polls, e.g. when teacher wants to know how many answered "yes".
Draw diagrammes on the blackboard.

Role-play:

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

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

Story telling:

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

Test items for student evaluation:

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

"Basic knowledge on HIV/AIDS/STI"

TRUE:

- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
Once you are infected with HIV, you are infected for life.
Women may pass HIV on to others through their vaginal fluids.
You may get infected with HIV by having sex with someone who shares drug needles.
It is not dangerous to hug a person with AIDS.
People infected with HIV do not necessarily look sick.
People with AIDS die from serious diseases.
HIV may be passed from a mother to her unborn or newborn baby.
Having sex during the menstrual cycle increases the risk of getting HIV.
You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
A person who has AIDS usually will die in 6 months to 2 years.
The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
If a person has an STD, his or her chances of being infected with HIV are increased. AIDS is caused by HIV.
HIV is not spread from one person to another through daily activities.
Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
The more partners a person has, the greater the chances of being infected with HIV.
Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
A person can have HIV for years without getting AIDS.
A negative HIV test means there are no antibodies to HIV in the blood.

FALSE

You may get HIV by sitting on a toilet seat that a person with AIDS has used.
You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
People infected with HIV are usually very thin and sickly.
Some people have been infected with HIV by swimming in the same water as someone with AIDS.
You may get HIV from a mosquito bite.
Someone with AIDS can spread HIV by coughing and spitting.
There is no way to kill HIV on a drug needle.
There is no way you can find out if you are infected with HIV.
You can be cured of AIDS if you are careful to take medicine the doctor gives you.
You can’t get HIV from sharing needles for tattoos or ear/nose piercing.
It is difficult for women to get HIV/AIDS.
HIV may be spread by wearing clothes from a person with AIDS.
A person may get HIV by donating blood.
A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
The test for HIV (ELISA test) is looking for the HIV virus.
A vaccine is available to protect people from HIV infection.
There have been reported cases in which HIV was spread by kissing.
A person who has tested positive for HIV is said to have AIDS.
There is evidence that some insects can actually spread AIDS.
HIV can be spread by contact such as hugging, kissing or holding hands.
You can tell if a person has HIV by how they look.
You may get HIV from toilet seats.
Married people don’t become infected with HIV.
If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

TRUE

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

FALSE

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

TRUE

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

FALSE

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

TRUE

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
Are you at risk?

Description of the tool:
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on evaluating risk behaviours.

The information provided here was adapted by UNESCO from the following publication:


Description of the document:
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers’ guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education.** It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

Evaluating risk behaviours and accumulated risks

The purpose of this three-part exercise is to evaluate risk behaviours. Students can learn to assess multiple risk behaviours by working through a variety of activities. They can then evaluate their personal level of vulnerability based on their own risk behaviours.

Part I

What the teacher does: 2

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

2. Gives each group a copy of the list of 6 groups of behaviours/actions set out below (correct answers in parentheses). Some lists will have to be repeated if there are more than 6 groups).

3. Reads out the “How?” section to all the students, explains how HIV can spread and describes the four risk levels (see Annex 1 for the student activity sheet).

4. Then assigns the students the task of determining the risk level for each of their 6 behaviours/actions. Also assigns the questions under “Teacher asks” to each group.

5. Writes up the 4 risk levels on the blackboard leaving plenty of space for the students to write the numbers of the various behaviours/actions (see example below) or goes over the 36 behaviours/actions allowing each group to report on their results.

<table>
<thead>
<tr>
<th>No risk (NR)</th>
<th>Low risk (LR)</th>
<th>High risk (HR)</th>
<th>No agreement (?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviours/actions Number</td>
<td>Behaviours/actions Number</td>
<td>Behaviours/actions number</td>
<td>Behaviours/actions number</td>
</tr>
</tbody>
</table>

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1 See Annex 2
2 See Annex 3
6. Reviews each behaviour/action when the students have finished writing on the blackboard. Tries to determine where the “No agreement” activities would go. Questions may be raised about some of the behaviours/actions. If the doubt is reasonable, then that activity could be placed in more than one category. The high risk related to ejaculation into the mouth during oral sex and the low risk related to oral sex without semen in the mouth, might have to be discussed.

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

**Group 1**

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

**Group 2**

1. Using the toilets in a public washroom (NR)
2. Sharing needles to inject drugs (HR)
3. Being bitten by a mosquito (NR)
4. Dry kissing (NR)
5. Having vaginal sex without a condom (HR)
6. Cleaning up spilled HIV-infected blood without gloves (HR)

**Group 3**

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

**Group 4**

1. Sharing needles for tattooing (HR)
2. Sharing clothes with someone who has HIV (NR)
3. Donating blood (NR)
4. Eating food prepared by an HIV-infected person (NR)
5. Having sex with a number of partners without a condom (HR)
6. Going to school with an HIV-infected person (NR)

**Group 5**

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

**Group 6**

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

8. Discusses the answers to the questions under “Teacher asks”

Some young people become very afraid of HIV/AIDS.

**a)** Why do you think they are so afraid?
   - Their information is not very accurate;
   - The illness is serious and fatal;
   - They are unaware of how it can be transmitted;
   - They may have participated in risky behaviours.

**b)** What could be done to prevent this fear of HIV/AIDS?
   - Obtain more reliable and accurate information;
   - Talk to a medical expert;
   - Take an HIV test;
   - Be aware of your risk behaviours.

**Part II**

**What the teacher does:**

1. Decides how to teach this activity.
   a) Gives each student a copy of the activity sheet (see Annex) and tells them follow the instructions.
   b) Splits the class into small groups and assigns each one a peer leader.
   c) Draws the diagramme on the blackboard and reads out the description of each
person involved.

Then, asks the students to discuss the unsafe behaviours for each person either amongst themselves or as a group. They should then rate the four people according to their behaviour, from safest to least safe (1-4). Only one activity sheet is needed if (c) is used.

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

2. Discusses the answers to the question under “Teacher asks”.

What would the person in box 4 (B) have to do to reduce her chance of getting HIV/AIDS/STD?

Answers will vary but they could for instance include: not have sex; use a condom; ask her boyfriend to get tested; have non-penetrative sex.

Additional preparation

The teacher must decide how he or she is going to form groups. It is preferable that the teacher does this, rather than allowing students to form their own groups. Groups should be limited to 6. Which peer leader will be with which group should be determined beforehand.

Part III

What the teacher does:

1. Bears in mind how important it is for young people to think about and visualize their personal level of vulnerability (susceptibility).

2. Asks students to think about the risk activities they take part in: How many risk activities? How risky is each one? How often do they take part in them? Do they use protection? Do they always use protection?

3. After allowing a few minutes to think about these questions, asks them to decide at what point on the continuum (see Annex) they consider themselves to be. Makes clear that they cannot sit in the middle.

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3 See Annex 3
4. If the age level being taught is quite young, the risk level will probably be fairly low for the majority of students. Therefore, it is important to urge them to think about and visualize where they might be in five years time. Questions that the teacher might ask:

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

5. This exercise is very important since “behaviour intent” often influences how we will in reality act in the future.

6. Discusses the answers to the question under “Teacher asks”.

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

What peer leader(s) do (if used)?

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

4 See Annex 3
Annex 1

Are you at risk?

Part I

There is no vaccine or cure for HIV/AIDS. So, it is important to know how you can contract HIV. This activity will help you to find out what is risky and should be avoided and what is not.

How?

1. Read and discuss “HIV can be spread by” with your teacher. Familiarize yourself with the methods of transmission indicated below.

2. Go over the “Risk levels” with your teacher who will split you into small groups and then give each group 6 behaviours/actions to rate as: No Risk, Low Risk, High Risk, No Agreement.

3. Reach agreement with the others in your group on how to rate each of the behaviours/actions (you may have to take a vote to decide this). For example, your group may decide that shaking hands with someone who has HIV is no risk. Put NR beside that behaviour/action.

HIV can be spread by:

<table>
<thead>
<tr>
<th>Sex</th>
<th>Unprotected (no condom) sexual intercourse (by vaginal, anal and possibly oral sex)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>Shared injecting needles and syringes that are not clean (e.g. those used by “quack” doctors)</td>
</tr>
<tr>
<td></td>
<td>Shared instruments that pierce, or may pierce, the skin - razor blades knives, needles, etc</td>
</tr>
<tr>
<td>Mother</td>
<td>Infected mother to baby.</td>
</tr>
</tbody>
</table>
Risk levels

<table>
<thead>
<tr>
<th>HR – high risk</th>
<th>LR – low risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a strong possibility of exchange of blood, male semen or female vaginal secretions, e.g. sexual intercourse.</td>
<td>There is a slight possibility of exchange of blood, male semen or female vaginal secretions, e.g. sex with a condom.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NR – no risk</th>
<th>? – No agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is no exchange of blood, male semen or female vaginal secretions.</td>
<td>Your group cannot reach agreement.</td>
</tr>
</tbody>
</table>

Notes

STIs are spread mainly by unprotected sexual intercourse and unprotected oral-genital contact. HIV can also be transmitted through a blood transfusion with infected blood.

Group 1

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

Group 2

1. Using the toilets in a public washroom
2. Sharing needles to inject drugs
3. Being bitten by a mosquito
4. Dry kissing
5. Having vaginal sex without a condom
6. Cleaning up spilled HIV-infected blood without wearing gloves

Group 3

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

**Group 4**

1. Sharing needles for tattooing
2. Sharing clothes with someone who has HIV
3. Donating blood
4. Eating food prepared by an HIV-infected person
5. Having sex with a number of partners without a condom
6. Going to school with an HIV-infected person

**Group 5**

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

**Group 6**

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

**“Teacher asks”**

Some young people become very afraid of HIV/AIDS.

a) Why do you think they are so afraid?
b) What could be done to prevent this fear of HIV/AIDS?
Part II

Young people will often take more than one risk, which means there is a greater chance of them getting HIV/STD. For example, they may inject drugs with unsterilized needles and have sex without using a condom.

How?

1. Read what persons A, B, C, D do in the descriptions below.

2. For each person, list any behaviour that would put him or her at risk for HIV/AIDS.

3. Finally, rate the four people according to the risks they are taking by putting the person with the safest behaviour in box 1 and the person with the least safe behaviour in box 4.

<table>
<thead>
<tr>
<th>Person A</th>
<th>Person B</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Person A" /></td>
<td><img src="image2" alt="Person B" /></td>
</tr>
<tr>
<td>He has a relationship that involves wet kissing, hugging and touching of the genitals (sex organs).</td>
<td>She has had sexual intercourse for the first time without a condom with her boyfriend, whom she believes has never had sex. Her boyfriend has not told her that he has had sex with a number of different people without a condom and has shared unsterilized (dirty) injection needles in the past.</td>
</tr>
<tr>
<td>Unsafe behaviours:</td>
<td>Unsafe behaviours:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person C</th>
<th>Person D</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image3" alt="Person C" /></td>
<td><img src="image4" alt="Person D" /></td>
</tr>
<tr>
<td>She has shared unsterilized needles for ear piercing with her girlfriend and is having sex with a condom. Her partner has previously had sex without a condom.</td>
<td>She often kisses her boyfriend (dry kissing) and lives with a brother who is HIV-positive. They share dishes and eat the same food and often hug each other.</td>
</tr>
<tr>
<td>Unsafe behaviours:</td>
<td>Unsafe behaviours:</td>
</tr>
</tbody>
</table>

“Teacher asks”

What would the person in box 4 have to do to reduce his/her chance of getting HIV, AIDS or an STI?
Part III

If you are to avoid HIV/STI, then it is very important to determine your own personal level of risk. To do this you need to know the number of risks you take and the risk level of each of them.

How?

1. Estimate your personal risk of HIV/STD infection at this time in your life. Think about where you would put your “X” on the line below. Your answer is private. Do not write your answer on the line.

2. Where do you think your “X” will be 5 years from now?

On your own, estimate your personal risk of HIV/STD infection at this time in your life.

Where do you think your “X” will be 5 years from now?

“Teacher asks”

At what other times in your life would it be important to think about your personal risk of getting HIV or an STI?
Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

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

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

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

What do we know about HIV?

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

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

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

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

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
Most STIs can be cured.

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

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

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

**What are antibodies?**

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

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

**What is the “window” period?**

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

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

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

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

**What does the asymptomatic period mean?**

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

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

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

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

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

**What are the symptoms of AIDS?**

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

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

**Are there drugs and vaccines to treat AIDS?**

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

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

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

**How do you get HIV?**

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

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

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
o When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

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

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

Note that:

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

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

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

How you don’t get HIV

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

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

How can one avoid infection?

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

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

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

• People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

**Do sexually transmitted diseases increase your chance of getting HIV?**

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

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

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

**What do “safe sex” and “protected sex,” mean?**

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

**a) Safe sex activities (no risk)**

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

**b) Low-risk sex activities**

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

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

**c) Unsafe sexual activities**

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

**What is affection without sex (non-penetrative sex)?**
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

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

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

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

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

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

**Do you have to have many sexual partners to get infected with HIV/STI?**

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

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

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

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

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

- **Can you get infected by blood transfusion or by blood products?**

  Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are “seropositive” i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the “window” period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**

  - The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.
  
  - About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.
  
  - It serves little purpose to test babies born to HIV-infected mothers for HIV antibodies at birth. There are likely to be many false positive results because antibodies from the mother are still circulating in the baby's bloodstream. Only at 18 months or older, can an antibody test result be regarded as reliable.

- **Does breast-feeding transmit HIV?**

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

**Can needles, knives and other instruments transmit HIV?**

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

**How is HIV transmitted with injection needles and syringes?**
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

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

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

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  - Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  - Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  - Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

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

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

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

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

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

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

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

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

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

**When should one be tested for HIV?**

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

**a) Advantages of being tested:**

If you are infected with HIV...

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

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

**b) Disadvantages of being tested:**

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person’s cultural and religious attitudes towards illness and death.

- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

- A person who has tested positive for HIV may be discriminated against if the information is revealed.

**c) Some important points about knowing one’s HIV status:**
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

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

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

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

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

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

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

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

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

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

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

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

How can one identify a person with HIV?

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

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else’s behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of “trigger”, e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.

- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
- Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

- Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

- It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

- Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

**Peer leaders:**

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

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
Lead a class team, e.g. during a quiz
Read stories, questions, answers to activities
Volunteer answers to activities
Lead a small group
Report findings of small groups
Model appropriate behaviour, e.g. is assertive
Carry out certain activities and report back, e.g. buying a condom
Take polls, e.g. when teacher wants to know how many answered “yes”.
Draw diagrammes on the blackboard.

Role-play:

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

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

Story telling:

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

Test items for student evaluation:

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

“Basic knowledge on HIV/AIDS/STI”

TRUE:

- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
Once you are infected with HIV, you are infected for life.

- Women may pass HIV on to others through their vaginal fluids.
- You may get infected with HIV by having sex with someone who shares drug needles.
- It is not dangerous to hug a person with AIDS.
- People infected with HIV do not necessarily look sick.
- People with AIDS die from serious diseases.
- HIV may be passed from a mother to her unborn or newborn baby.
- Having sex during the menstrual cycle increases the risk of getting HIV.
- You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
- The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
- A person who has AIDS usually will die in 6 months to 2 years.
- The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
- If a person has an STD, his or her chances of being infected with HIV are increased. AIDS is caused by HIV.
- HIV is not spread from one person to another through daily activities.
- Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
- A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
- The more partners a person has, the greater the chances of being infected with HIV.
- Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
- A person can have HIV for years without getting AIDS.
- A negative HIV test means there are no antibodies to HIV in the blood.

**FALSE**

- You may get HIV by sitting on a toilet seat that a person with AIDS has used.
- You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
- People infected with HIV are usually very thin and sickly.
- Some people have been infected with HIV by swimming in the same water as someone with AIDS.
- You may get HIV from a mosquito bite.
- Someone with AIDS can spread HIV by coughing and spitting.
- There is no way to kill HIV on a drug needle.
- There is no way you can find out if you are infected with HIV.
- You can be cured of AIDS if you are careful to take medicine the doctor gives you.
- You can't get HIV from sharing needles for tattoos or ear/nose piercing.
- It is difficult for women to get HIV/AIDS.
- HIV may be spread by wearing clothes from a person with AIDS.
- A person may get HIV by donating blood.
- A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
- The test for HIV (ELISA test) is looking for the HIV virus.
- A vaccine is available to protect people from HIV infection.
- There have been reported cases in which HIV was spread by kissing.
- A person who has tested positive for HIV is said to have AIDS.
- There is evidence that some insects can actually spread AIDS.
- HIV can be spread by contact such as hugging, kissing or holding hands.
- You can tell if a person has HIV by how they look.
- You may get HIV from toilet seats.
- Married people don’t become infected with HIV.
- If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

TRUE

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

FALSE

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

TRUE

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

FALSE

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

TRUE

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
Protect yourself against AIDS

Description of the tool:
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on safer choices of behaviour that will protect the students from AIDS.

The information provided here was adapted by UNESCO from the following publication:


Description of the document:
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers' guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: skills-based health education. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Protect yourself against AIDS

Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs\(^1\). Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

Information sheet on protection

It is essential that young people know how to protect themselves from HIV/STI. This activity has been developed to provide information on, and encourage discussion of, safer choices of behaviour in relation to sexual intercourse, use of unsterilized needles, cutting the skin.

What the teacher does:\(^2\)

1. Reads out the introduction to the activity. (See Annex 1)

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

3. Provides the answers for the students:
   
   a) **Sexual intercourse**
      
      - Delay sexual intercourse;
      - Be faithful to a partner who is not HIV-infected and is faithful to you;
      - Love carefully – use a condom correctly.

   b) **Unsterilized/shared needles and syringes (or other injecting equipment)**
      
      - Always go to a doctor, clinic or hospital for injections because they use sterilized needles;
      - Use new or clean (sterilized, boiled) needles if you must use an injection needle and syringe;
      - Clean the needle and syringe with bleach if new ones cannot be obtained. Needles and syringes made of glass can also be boiled;
      - Stop injecting drugs.

   c) **Avoid unsafe blood contact**
      
      - Refuse traditional cutting of the skin unless you can bring your own clean razor;
      - Make sure sterilized tools are always used for tattooing, ear piercing, circumcision;

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\(^1\) See Annex 2
\(^2\) See Annex 3
- It is advisable not to share toothbrushes; there is a very slight risk of blood-to-blood contact.

Additional preparation

Teachers should know about using condoms and how to clean a dirty injection needle. They may need to discuss condom use in terms of future use, particularly if they belong to a community that is opposed to discussing or advising condom use with young people.
Annex 1

Protect yourself against AIDS

Everyone can protect themselves from STIs, HIV and AIDS if they make safer choices in how they act. Only this will reduce the risk of coming in contact with the HIV virus.

**How?**

Write down for each of the three ways of spreading HIV the safer choices that would protect you from catching HIV.

<table>
<thead>
<tr>
<th>Sexual intercourse</th>
<th>Safer choices</th>
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<table>
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<tr>
<th>Unsterilized shared needles and syringes</th>
<th>Safer choices</th>
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<th>Blood contact</th>
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Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

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

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

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

What do we know about HIV?

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

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

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

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

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
• Most STIs can be cured.

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

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

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

**What are antibodies?**

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

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

**What is the “window” period?**

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

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

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

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

**What does the asymptomatic period mean?**

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

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

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

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

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

**What are the symptoms of AIDS?**

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

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

**Are there drugs and vaccines to treat AIDS?**

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

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

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

**How do you get HIV?**

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

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

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
o When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

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

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

Note that:

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

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

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

How you don’t get HIV

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

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

How can one avoid infection?

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

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

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

• People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?
• There is strong evidence that other sexually transmitted diseases put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STIs.
• If you suspect you may have acquired or been exposed to an STI, you should seek medical advice.
• A person who has an STI should be aware that if they are having unprotected sexual intercourse, they are at an even higher risk of getting HIV.

What do “safe sex” and “protected sex,” mean?
Because of the risk of HIV/AIDS, it is necessary to be very clear about the sexual practices, which are known to carry a risk of HIV transmission and those, which do not.

a) Safe sex activities (no risk)

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

b) Low-risk sex activities

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

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

c) Unsafe sexual activities

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

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

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

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

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

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

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

**Do you have to have many sexual partners to get infected with HIV/STI?**

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

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

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

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

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

- **Can you get infected by blood transfusion or by blood products?**

Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are "seropositive" i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the "window" period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**

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

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

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

- **Does breast-feeding transmit HIV?**

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

**Can needles, knives and other instruments transmit HIV?**

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

**How is HIV transmitted with injection needles and syringes?**
Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

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

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

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

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

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

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

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

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

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

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

Do mosquitoes or other insects spread HIV?

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

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

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

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

**When should one be tested for HIV?**

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

**a) Advantages of being tested:**

If you are infected with HIV...

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

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

**b) Disadvantages of being tested:**

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person’s cultural and religious attitudes towards illness and death.

- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

- A person who has tested positive for HIV may be discriminated against if the information is revealed.

**c) Some important points about knowing one’s HIV status:**
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

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

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

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

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

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

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

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

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

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

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

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

How can one identify a person with HIV?

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

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else's behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

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

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

- Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

- It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

- Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

**Peer leaders:**

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

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
- Lead a class team, e.g. during a quiz
- Read stories, questions, answers to activities
- Volunteer answers to activities
- Lead a small group
- Report findings of small groups
- Model appropriate behaviour, e.g. is assertive
- Carry out certain activities and report back, e.g. buying a condom
- Take polls, e.g. when teacher wants to know how many answered “yes”.
- Draw diagrammes on the blackboard.

Role-play:

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

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

Story telling:

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

Test items for student evaluation:

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

“Basic knowledge on HIV/AIDS/STI”

**TRUE:**

- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
- Once you are infected with HIV, you are infected for life.
- Women may pass HIV on to others through their vaginal fluids.
- You may get infected with HIV by having sex with someone who shares drug needles.
- It is not dangerous to hug a person with AIDS.
- People infected with HIV do not necessarily look sick.
- People with AIDS die from serious diseases.
- HIV may be passed from a mother to her unborn or newborn baby.
- Having sex during the menstrual cycle increases the risk of getting HIV.
- You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
- The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
- A person who has AIDS usually will die in 6 months to 2 years.
- The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
- If a person has an STD, his or her chances of being infected with HIV are increased. AIDS is caused by HIV.
- HIV is not spread from one person to another through daily activities.
- Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
- A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
- The more partners a person has, the greater the chances of being infected with HIV.
- Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
- A person can have HIV for years without getting AIDS.
- A negative HIV test means there are no antibodies to HIV in the blood.

**FALSE**

- You may get HIV by sitting on a toilet seat that a person with AIDS has used.
- You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
- People infected with HIV are usually very thin and sickly.
- Some people have been infected with HIV by swimming in the same water as someone with AIDS.
- You may get HIV from a mosquito bite.
- Someone with AIDS can spread HIV by coughing and spitting.
- There is no way to kill HIV on a drug needle.
- There is no way you can find out if you are infected with HIV.
- You can be cured of AIDS if you are careful to take medicine the doctor gives you.
- You can’t get HIV from sharing needles for tattoos or ear/nose piercing.
- It is difficult for women to get HIV/AIDS.
- HIV may be spread by wearing clothes from a person with AIDS.
- A person may get HIV by donating blood.
- A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
- The test for HIV (ELISA test) is looking for the HIV virus.
- A vaccine is available to protect people from HIV infection.
- There have been reported cases in which HIV was spread by kissing.
- A person who has tested positive for HIV is said to have AIDS.
- There is evidence that some insects can actually spread AIDS.
- HIV can be spread by contact such as hugging, kissing or holding hands.
- You can tell if a person has HIV by how they look.
- You may get HIV from toilet seats.
Married people don’t become infected with HIV.
If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

TRUE

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

FALSE

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

TRUE

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

FALSE

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

TRUE

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
“Dear Doctor Sue”

Description of the tool:
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, giving students an opportunity to role-play a health professional.

The information provided here was adapted by UNESCO from the following publication:


Description of the document:
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers' guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education**. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

Letters on protection

The medical profession is viewed as a reliable source of information about HIV, AIDS and STI. The aim of “Dear Doctor” letters is to give students an opportunity to role-play a health professional and compare their advice to that of an authentic doctor.

What the teacher does:

1. Decides how to teach this activity:
   a) Gives a sheet of paper to each student in the class and instructs them to write one or more letters individually.
   b) Divides students into a number of small groups and gives each group one of the letters set out below. Each group role-plays one or more of the letters.
   c) Reads the letter to the students and then asks individuals, pairs or small groups to talk about the letter or write a response. The “Doctor’s bag” (see Annex 1) would be written on the blackboard. (Only one activity sheet needed for this method.)
2. Reads out the “Why?” and “How?” part of this activity to the students (see Annex). Explains that they will write replies to the three letters as though they were doctors (individuals, pairs or small groups). Reminds the students that the topic is protection from HIV/STI.
3. Explains that their letters will be compared to letters that have in fact been reviewed by doctors who are experts in HIV/AIDS/STI. Informs them that young people often come up with good information and that their letters can be very useful to others.
4. Explains that the “Doctor’s bag” of ideas is there to help them.
5. Asks a number of students or groups to read out their first letter. Then reads the authentic doctor’s letter (see below) and invites the students to compare answers. The same activity is then carried out for the second and third letters.

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1 See Annex 2
2 See Annex 3
Additional preparation

Think of additional items that could be placed in the “Doctor's bag” that are more applicable to the local community.

Authentic letters from doctors

Dear Norah,

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

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

Yours sincerely, Doctor Sue

Dear John,

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

Yours sincerely, Doctor Sue

Dear Allana,

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

Yours sincerely, Doctor Sue
Annex 1

“Dear Doctor Sue”

It is very important to learn how to protect yourself from HIV and STIs. Doctors and other health workers are a good source of information about protection from HIV and STIs.

How?

1. Pretend you are a doctor and must answer each of the letters below.

2. Use the information from the “Doctor’s bag” to help you answer them.

“Doctor’s bag”

- Do not have sexual intercourse.
- Talk to someone who can give you good advice (e.g. nurse, doctor, clergy).
- Be affectionate without sex.
- Go to a hospital or a doctor for an injection.
- Do not share needles, instruments or other things that might have blood on them.
- Ask the person if he or she would like to talk to you – then listen and comfort them.
- Use a condom!
- Fear can cause emotional problems; seek help as soon as possible!
- Have only one sexual partner.
- Keep your immune system healthy (food, sleep, no drugs, no STIs, exercise).
- Take a test for HIV/STD or pregnancy.
- Go back to abstaining from sexual intercourse.

Dear Dr. Sue,

I am 14 years old and I have a problem and I don't know who else to turn to. I have been going with a boy for 6months. Now he tells me we are ready for sex. I told him that I wasn't but now he says I don't love him. He said he will find another girl if we don't have sex. I do love him and I don't want to lose him. He says everyone's doing it. I'm confused.

Dear Norah,

Dr. Sue
<table>
<thead>
<tr>
<th>Norah</th>
<th>John</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dear Dr. Sue,</strong></td>
<td><strong>Dear John</strong></td>
</tr>
<tr>
<td>I am writing to you because I'm worried about my brother. Abrine has left home and is sleeping in the streets with other kids. He doesn't get much sleep or food and he smokes when he can get cigarettes. He and three friends cut their hands with a knife and touched blood to show they were brothers. He thinks he might have an STD and might need treatment.</td>
<td></td>
</tr>
<tr>
<td>John</td>
<td></td>
</tr>
<tr>
<td><strong>Dear Dr. Sue,</strong></td>
<td><strong>Dear Allana</strong></td>
</tr>
<tr>
<td>I hope you can help me. I am a girl 16 years old who has had sex with three different boys and I didn't use any protection. Today we learned at school about AIDS/STD and pregnancy. I think I might be pregnant and now I am very worried about having AIDS or an STD. What can I do?</td>
<td></td>
</tr>
<tr>
<td>Desperate, Allana</td>
<td></td>
</tr>
</tbody>
</table>
Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

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

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

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

What do we know about HIV?

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

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

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

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

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
• Most STIs can be cured.

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

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

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

What are antibodies?

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

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

What is the “window” period?

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

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

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

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

What does the asymptomatic period mean?

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

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

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

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

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

What are the symptoms of AIDS?

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

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

Are there drugs and vaccines to treat AIDS?

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

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

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

How do you get HIV?

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

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

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

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

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

Note that:

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

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

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

How you don’t get HIV

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

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

How can one avoid infection?

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

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

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

- People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?

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

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

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

What do “safe sex” and “protected sex,” mean?

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

a) Safe sex activities (no risk)

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

b) Low-risk sex activities

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

While only a small number of people have contracted HIV through these means, the following activities are considered to carry some risk:

- fellatio (mouth on penis without taking semen into the mouth);
- cunnilingus (mouth on vagina);
- anilingus (mouth on anus); and
- deep wet kissing.

c) Unsafe sexual activities

Practising the following activities is a definite risk:

- anal sex (penis in rectum) without a condom;
- vaginal sex (penis in vagina) without a condom;
- any sex act that makes you bleed;
- semen (or blood) taken into the mouth during oral-genital sex.

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

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

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

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

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

Women are slightly more vulnerable physiologically to HIV infection than men. The area of mucous membrane exposed during intercourse is much larger in the woman than in the man, and the mucous membrane surface of the vagina (compared to the penis) can, therefore, be more easily penetrated by the virus. Very young women are more vulnerable than women in the 18-45 year age group; their immature cervix and relatively low vaginal mucus production present less of a barrier to HIV. Women are becoming infected at younger ages than men. This is partly because many young women marry or have sex with men older than themselves, who have already had a number of partners, and partly because of their biological vulnerability.

**Do you have to have many sexual partners to get infected with HIV/STI?**

Even one contact with a person infected with HIV is enough to transmit the infection. However, the risk of getting infected with HIV increases with the number of sexual partners and the number of sexual acts. The presence of an STI (e.g. genital ulcers) in a sexual partner increases the risk of transmission of HIV.

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

  Prostitutes and their clients, like any other people with many sexual partners, run the risk of getting infected by their partners. They may then pass the infection to many others. If a prostitute insists on using a condom every time she or he has sex, the risk of infection for her and the partner will be sharply reduced. Many prostitutes have replaced penetrative sex with safer practices, further reducing the risk of infection. Unfortunately clients often
refuse to wear condoms and the women are not in a position to insist.

- **If a woman is menstruating is there a greater risk of getting infected with HIV (for her partner and for herself)?**

Menstrual blood from HIV-infected women does contain the virus. Infection would be dependent on whether the menstrual blood had contact with the sexual partner's bloodstream. A woman who is menstruating is likely to be at a higher risk for HIV through sexual intercourse.

- **Can you get infected by blood transfusion or by blood products?**

Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are "seropositive" i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the "window" period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**
  
  o The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.
  
  o About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.
  
  o It serves little purpose to test babies born to HIV-infected mothers for HIV antibodies at birth. There are likely to be many false positive results because antibodies from the mother are still circulating in the baby's bloodstream. Only at 18 months or older, can an antibody test result be regarded as reliable.

- **Does breast-feeding transmit HIV?**

Breast milk of an HIV-infected mother contains HIV that can be transmitted to the baby. However, because of the benefits of breast-feeding, the WHO recommends that in situations where infectious disease and malnutrition are the main cause of infant deaths, and the infant mortality rate is high, mothers should breast-feed their babies, even if they are known to be infected with HIV, as the risk to the baby is less than the risks involved in artificial feeding.

**Can needles, knives and other instruments transmit HIV?**

Yes. Any instruments that cut the skin or puncture the skin can collect small amounts of blood that can be passed on if used again by another person without being sterilized. Avoid tattooing, ear piercing, acupuncture, and bloodletting ceremonies or sharing razors unless you are absolutely sure the instruments being used are sterilized or boiled in water.

**How is HIV transmitted with injection needles and syringes?**
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

• Only a very small amount of blood is needed for transmission to occur. Sharing needles and syringes used for anything – medicines or heroin, cocaine, amphetamines (speed) and even water can spread HIV. It is not what is put into the syringe that transmits HIV, but the blood that remains in the needle and syringe.

• Some countries have needle and syringe exchange programmes (used needles and syringes are exchanged for new ones) for injecting drug users. Those who cannot stop injecting drugs can join these programmes to avoid HIV transmission.

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  - Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  - Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  - Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

• Be extremely careful if you come across a needle or syringe in a park or street. Dispose of it safely without touching it with unprotected fingers.

Can you get HIV from contact sports where bleeding may occur?

• There is no evidence that any person participating in any sports activity has become infected with HIV from, or has transmitted HIV to, other participants.

• It is possible that transmission could occur if an HIV-infected athlete had a bleeding wound that came in contact with a cut in the skin or mucous membrane of another person. Even in such an unlikely event, however, the risk of transmission would be very low.

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

• The evidence clearly shows that mosquitoes and other insects do not spread HIV. For example, bedbugs, lice and fleas in the households of people infected with HIV do not spread the virus to the other people living in these households.

• If mosquitoes were responsible for spreading HIV, then people of all ages would be infected. In fact, children before puberty are rarely infected, unless they were born to
infected mothers or had a transfusion with infected blood.

- We know that HIV lives in some cells of the human body but that it does not live in the cells of insects. Therefore, mosquitoes and other insects are not a suitable home for HIV.

- HIV is not like the malaria parasite, which lives very well in the mosquito and spreads to people when mosquitoes bite, because it is in the fluid that the mosquito injects.

### When should one be tested for HIV?

Remember you need to be tested twice (see above). There are advantages and disadvantages to being tested for HIV. It is a decision that should not be taken lightly and the implications of positive and negative outcomes should be faced in advance with the assistance of an HIV/AIDS counsellor.

#### a) Advantages of being tested:

If you are infected with HIV...

- You can receive early treatment and perhaps live longer.
- You can make decisions to take good care of yourself.
- You can develop a good emotional support system in the early stages of the disease.
- You can use new medications as they develop.
- Knowing that babies can be born with HIV, you can make decisions about whether you wish to get pregnant.
- You can inform your partner(s) that you have HIV.
- You can abstain from sex or use a condom during sex.
- You can avoid sharing items that come in contact with blood – razors, tweezers, needles, and syringes.
- You will decide not to donate blood and other tissues.

If you are not infected, you will be relieved to know the result and will want to protect yourself in the future.

#### b) Disadvantages of being tested:

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person's cultural and religious attitudes towards illness and death.

- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

- A person who has tested positive for HIV may be discriminated against if the information is revealed.

#### c) Some important points about knowing one's HIV status:
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

• HIV-infected workers or students should not be discriminated against.

• HIV infection alone does not limit fitness to study or to work.

• HIV infection should not be a cause for termination of employment or schooling.

• At work or school, as elsewhere, HIV-infected people have a responsibility to behave in ways that do not put others at risk of infection.

• Donating blood is a very irresponsible way to find out one's HIV status. If you want to be tested, consult your health care provider who will refer you to the appropriate counsellor.

d) HIV testing should always be preceded by counselling, which includes:

• Information about the test procedure and the many factors involved in testing, including emotional, social and medical consequences of a positive or negative result. Advantages and disadvantages of testing should be discussed and the decision to be tested should be made after careful consideration of all factors.

e) HIV test results should always be given with counselling, which consists of a talk between the individual and the counsellor aimed at discussing the test result.

• If the result is negative, the counsellor will discuss the importance of prevention of HIV/STIS in detail with the person in order to reduce his/her risks of infection in the future. The discussion will cover not only the methods available but also the person's individual situation, concerns and attitudes that may influence whether or not these methods are feasible and/or acceptable and will be used.

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

- One should discuss one’s risk factors with someone knowledgeable and still make decisions to use condoms or to abstain from sexual intercourse and avoid pregnancy.

How can one identify a person with HIV?

- It is not possible to know by physical appearance that a person has HIV, because the virus may remain in the body for many years without causing any symptoms or signs.
- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else's behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of “trigger”, e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
- Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

- Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

- It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

- Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

**Peer leaders:**

Why use peer leaders? Young people tend to listen more attentively and accept messages from respected peers more readily than from a teacher. This is especially true in areas of health, safety and sexuality. Some students are influential in that they set the group norms and function as models for the group. They can become peer leaders who assist the teacher, which allows him or her to spend more time on preparation, individual attention to students and classroom management.

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
Lead a class team, e.g. during a quiz
Read stories, questions, answers to activities
Volunteer answers to activities
Lead a small group
Report findings of small groups
Model appropriate behaviour, e.g. is assertive
Carry out certain activities and report back, e.g. buying a condom
Take polls, e.g. when teacher wants to know how many answered “yes”.
Draw diagrammes on the blackboard.

Role-play:

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

- Select volunteers, or students who are outgoing and energetic.
- Involve yourself in one of the main roles.
- Give students some lines or a script to start them off.
- Use “props” – hats, cards with names on, wigs, etc.
- Use humour, if possible.
- Pair all students in the class and have each one play a role, e.g. a father and a son. This will eliminate embarrassment of being in front of the class.

Story telling:

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

Test items for student evaluation:

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

“Basic knowledge on HIV/AIDS/STI”

**TRUE:**
- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
Once you are infected with HIV, you are infected for life.
- Women may pass HIV on to others through their vaginal fluids.
- You may get infected with HIV by having sex with someone who shares drug needles.
- It is not dangerous to hug a person with AIDS.
- People infected with HIV do not necessarily look sick.
- People with AIDS die from serious diseases.
- HIV may be passed from a mother to her unborn or newborn baby.
- Having sex during the menstrual cycle increases the risk of getting HIV.
- You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
- The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
- A person who has AIDS usually will die in 6 months to 2 years.
- The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
- If a person has an STD, his or her chances of being infected with HIV are increased. AIDS is caused by HIV.
- HIV is not spread from one person to another through daily activities.
- Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
- A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
- The more partners a person has, the greater the chances of being infected with HIV.
- Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
- A person can have HIV for years without getting AIDS.
- A negative HIV test means there are no antibodies to HIV in the blood.

**FALSE**

- You may get HIV by sitting on a toilet seat that a person with AIDS has used.
- You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
- People infected with HIV are usually very thin and sickly.
- Some people have been infected with HIV by swimming in the same water as someone with AIDS.
- You may get HIV from a mosquito bite.
- Someone with AIDS can spread HIV by coughing and spitting.
- There is no way to kill HIV on a drug needle.
- There is no way you can find out if you are infected with HIV.
- You can be cured of AIDS if you are careful to take medicine the doctor gives you.
- You can’t get HIV from sharing needles for tattoos or ear/nose piercing.
- It is difficult for women to get HIV/AIDS.
- HIV may be spread by wearing clothes from a person with AIDS.
- A person may get HIV by donating blood.
- A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
- The test for HIV (ELISA test) is looking for the HIV virus.
- A vaccine is available to protect people from HIV infection.
- There have been reported cases in which HIV was spread by kissing.
- A person who has tested positive for HIV is said to have AIDS.
- There is evidence that some insects can actually spread AIDS.
- HIV can be spread by contact such as hugging, kissing or holding hands.
- You can tell if a person has HIV by how they look.
- You may get HIV from toilet seats.
- Married people don’t become infected with HIV.
- If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

**TRUE**

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

**FALSE**

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

**TRUE**

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

**FALSE**

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

**TRUE**

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
Which is safer?

Description of the tool:
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on helping the students decide upon the best ways to protect themselves.

The information provided here was adapted by UNESCO from the following publication:


Description of the document:
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers’ guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education**. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Which is safer?

Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

Evaluating methods of protection

Students need to know how to protect themselves, but they also need to be aware that some methods are better than others. The purpose of this activity is help the students decide upon the best ways to protect themselves.

What the teacher does:

1. Decides how to teach this activity:
   - a) Hands out copies of the student activity sheet (see Annex 1) and instructs the students to participate in the activity individually, in pairs or in small groups.
   - b) Writes up the different activities on the blackboard and discusses the responses with the class as a whole, or lets the students write them down on paper at their desks (only one sheet needed).
   - c) Splits the students into small groups and hands out one sheet to each group.

2. Reads and explains each of the “Protection against HIV/STI” methods.

   - Reduce the number of sexual partners.
   - Know the other person’s sexual history.
   - Show affection without having sexual intercourse (petting, kissing, touching).
   - Have only one sexual partner.
   - Abstain from sexual intercourse.
   - Use a Condom every time you have sex.
   - Take an HIV test.

3. Explains the “How?” of this activity, perhaps writing up an example on the blackboard.

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1 See Annex 2
2 See Annex 3
4. Lets the students decide on the appropriate rating and whether there are any problems with these methods of protection.

5. Discusses the correct rating and problems as listed below.

**SAFEST**

<table>
<thead>
<tr>
<th>Method</th>
<th>Problem(s)</th>
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<tbody>
<tr>
<td>Abstinence:</td>
<td>This is difficult to maintain throughout an individual's entire life</td>
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<tr>
<td>Kissing, etc.:</td>
<td>Becomes risky only if blood, vaginal secretions, semen are exchanged</td>
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<tr>
<td>Condom:</td>
<td>May break if not used correctly</td>
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<tr>
<td>One partner:</td>
<td>Your partner may be already infected and not know it; partner must be 100% faithful</td>
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<tr>
<td>History:</td>
<td>Some people lie in order to have sex, or are unwilling to tell everything</td>
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<tr>
<td>Few partners:</td>
<td>Sex with one infected partner is enough to become infected with HIV</td>
</tr>
<tr>
<td>Get tested:</td>
<td>Both partners need to be tested; you can become infected (e.g. by not being faithful) after being tested; one test is not enough</td>
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**LEAST SAFE**
Annex 1

<table>
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<tr>
<th>Protection against HIV/STI</th>
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<tbody>
<tr>
<td>Reduce the number of sexual partners.</td>
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<tr>
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LEAST SAFE
Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

- AIDS stands for Acquired (not inborn, passed from person to person, including from mother to baby) Immune (relating to the body’s immune system, which provides protection from disease-causing germs) Deficiency (lack of response by the immune system to germs) Syndrome (a number of signs and symptoms indicating a particular disease or condition).

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body’s immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

- These infections, cancers etc. make the person ill and lead to his or her death. At present there is no vaccine or cure for AIDS.

What do we know about HIV?

- HIV, like other viruses, is very small, too small to be seen with an ordinary microscope. Viruses cause all sorts of diseases from flu (influenza) to herpes to some kinds of cancer.

- To reproduce, HIV must enter a body cell, which in this case is an immune cell. By interfering with the cells that protect us against infection, HIV leaves the body poorly protected against the particular types of diseases, which these cells normally deal with.

- Infections that develop because HIV has weakened the immune system are called “opportunistic infections”. These include: respiratory infections e.g. tuberculosis; Pneumocystis carinii pneumonia; gastro-intestinal infections e.g. candidiasis in the mouth or diarrhoea; and brain infections e.g. toxoplasmosis or cryptococcal meningitis.

- Some people may also develop cancers, e.g. Kaposi sarcoma, a cancer which often causes red skin lesions.

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
• Most STIs can be cured.

• Certain STIs, if not treated soon enough, can lead to long-lasting health problems in both males and females, e.g. damage to the reproductive organs so that a woman is no longer able to have children, cancer of the cervix, heart and brain damage, and possibly death.

• In many STIs, the early symptoms are often difficult to recognize, and many people ignore them until more severe damage is done. This is especially true for women. This makes early diagnosis and treatment difficult.

• An abnormal discharge from the penis, anus or vagina; burning on urination; pain in the abdominal or groin area with a fever; pain during sex; and rashes, blisters or sores on the genitals, are all possible symptoms of STIs. If a person experiences any of the above symptoms, they should stop having sexual intercourse and go to a clinic or hospital for a check-up.

What are antibodies?

• The body’s defense system (immune system) develops germ fighters, called antibodies to fight off and destroy various viruses and germs that invade the body.

• The presence of particular antibodies in a person’s blood indicates that the person has been exposed to that infection. For example, when a blood test reveals that the antibodies to HIV are present in the blood, it means that the person is infected with HIV.

What is the “window” period?

• This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually 2-12 weeks; in rare instances it may be longer.

• This means that if an HIV antibody test is taken during the “window” period it will be negative since the blood test is looking for antibodies that have not yet developed. But that person is already HIV-infected and can transmit HIV to others.

• People taking the test are advised, if the result is negative, to return for a re-test in 3 months by which time if the person had been infected, the antibodies are almost certain to have developed (they should avoid risk behaviours during the 3 months).

• The most common test for HIV antibodies is called the ELISA test.

What does the asymptomatic period mean?

• The asymptomatic period is the period of time between infection and the beginning of signs and symptoms related to AIDS.

• This varies from person to person for HIV/AIDS. It may be as short as 6 months or as long as 10 years or more.

• People usually have an asymptomatic period of several years in which they may have swollen lymph nodes but no other complaints. Then, they may start to develop symptoms
like oral thrush or night sweats. It may then still take years before they develop full-blown AIDS. The period between the development of full-blown AIDS and death may be as short as 6 months or as long as 2 years or more.

- During the asymptomatic period there may be no evidence that the person is sick; however, HIV-related illnesses can occur regularly over many months or years before full-blown AIDS develops.

- During the asymptomatic period (as well as during the symptomatic period), the person is infectious – that is, can pass HIV on to others.

**What are the symptoms of AIDS?**

- This question must be approached with caution in any specific case, since it is often difficult to determine if the symptoms actually mean onset of AIDS or if they are simply symptoms of other conditions. People develop signs and symptoms of their HIV infection before they develop what has been defined as AIDS. AIDS is the final and most severe phase of HIV infection and leads to death.

- The obvious signs and symptoms are indications of an opportunistic disease such as tuberculosis or pneumonia. However, associated findings might include: recent, unexplained weight loss; fever for more than one month; diarrhoea for more than one month; genital or anal ulcers for more than one month; cough for more than one month; nerve complaints; enlarged lymph nodes; skin infections that are severe or recur.

**Are there drugs and vaccines to treat AIDS?**

- There are drugs that are effective against many of the infections associated with AIDS. These drugs are not a cure for AIDS but they can postpone symptoms or death.

- A few drugs have been able to inhibit the multiplication of HIV in infected persons. These drugs do not eliminate the virus from the body but may be useful in prolonging life in patients who are infected with HIV.

- To date, there is some optimism over the development of a vaccine to protect against the disease. Part of the difficulty is that there are many strains of HIV. Even within the same person the virus can change over time. Work is proceeding on this, but safe, effective vaccines are likely to take many years to develop.

**How do you get HIV?**

- HIV can be found in body fluids like blood, semen, vaginal fluids, and breast milk.

- Any practice, which allows the penetration of the virus from these fluids through the skin or mucous membranes and into the bloodstream of another person, can cause HIV infection.

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

When a needle, or other skin-piercing instruments penetrates the skin (e.g. razor or tattooing instrument), and that instrument has blood on it from an HIV-infected person. Sharing the same syringe and needle among injecting drug users is particularly risky for transmission. Any unsterile syringes and needles can transmit infection.

HIV may also be transmitted from an infected mother to her baby, either through the placenta before birth, during birth, or, in some cases, through breast milk after birth.

Note that:

- For medical reasons, it may be important for a person to receive a blood transfusion. If the blood donor is HIV-infected, there is a high chance that the virus would be transmitted through the blood. However, most countries now test donated blood for HIV and the chance of being infected in this way is very small.
- Deep wet kissing has a very low risk of transmitting HIV. However, there is a slight risk if there are cuts or abrasions in the mouth.
- Although the risk of infection is very low, it is advisable not to share toothbrushes.

How you don’t get HIV

- HIV is not transmitted by touch, coughing and sneezing, cutlery, glasses, cups and food, swimming pools, towels, toilet seats, pets, mosquitoes and other insects, baths or showers.
- Nurses, and other health service staff, who come in close contact with patients’ body fluids, are trained to take precautions as part of the hospital routine.

How can one avoid infection?

- A person who does not engage in sexual intercourse and does not inject drugs (or who uses clean, sterile needles/syringes for such injections) has almost no chance of contracting HIV or other STIs.
- Being married or not having sex before marriage cannot by themselves protect against HIV. Many people have believed this and have been infected by their partners. (This is especially true for many women for whom the only risk factor was having sex with their husband/partner.)
- People who are mutually faithful (i.e. they only have sex with each other) are not at risk of HIV/STIs by sexual means provided that both are HIV-negative at the start of their relationship and that neither gets infected through blood (transfusion, injecting drugs with unclean needle/syringe).
- People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?

• There is strong evidence that other sexually transmitted diseases put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STIs.

• If you suspect you may have acquired or been exposed to an STI, you should seek medical advice.

• A person who has an STI should be aware that if they are having unprotected sexual intercourse, they are at an even higher risk of getting HIV.

What do “safe sex” and “protected sex,” mean?

Because of the risk of HIV/AIDS, it is necessary to be very clear about the sexual practices, which are known to carry a risk of HIV transmission and those, which do not.

a) Safe sex activities (no risk)

Practising the following activities will prevent a partner's blood, semen or vaginal secretions from getting into contact with your blood and thereby prevents transmission of HIV: masturbation, massage, rubbing, hugging, touching genitals.

b) Low-risk sex activities

Using a condom correctly and consistently during sexual intercourse will reduce the risk of infection with HIV and other STIs. Latex condoms have been demonstrated to be an effective protection against HIV, STIs, as well as pregnancy. Incorrect use of condoms reduces their effectiveness, e.g. they may break. Sexual intercourse with a condom is called “protected sex”.

While only a small number of people have contracted HIV through these means, the following activities are considered to carry some risk:

- fellatio (mouth on penis without taking semen into the mouth);
- cunnilingus (mouth on vagina);
- anilingus (mouth on anus); and
- deep wet kissing.

c) Unsafe sexual activities

Practising the following activities is a definite risk:

- anal sex (penis in rectum) without a condom;
- vaginal sex (penis in vagina) without a condom;
- any sex act that makes you bleed;
- semen (or blood) taken into the mouth during oral-genital sex.

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

Do some people have a high likelihood of getting HIV?

Yes. It depends on a person’s behaviour. Some behaviours/activities carry a higher risk of getting HIV than others. These include:

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

Some situations, which are beyond an individual’s control, can put them at risk. These include:

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

Are men and women equally vulnerable physiologically to HIV infection?

Women are slightly more vulnerable physiologically to HIV infection than men. The area of mucous membrane exposed during intercourse is much larger in the woman than in the man, and the mucous membrane surface of the vagina (compared to the penis) can, therefore, be more easily penetrated by the virus. Very young women are more vulnerable than women in the 18-45 year age group; their immature cervix and relatively low vaginal mucus production present less of a barrier to HIV. Women are becoming infected at younger ages than men. This is partly because many young women marry or have sex with men older than themselves, who have already had a number of partners, and partly because of their biological vulnerability.

Do you have to have many sexual partners to get infected with HIV/STI?

Even one contact with a person infected with HIV is enough to transmit the infection. However, the risk of getting infected with HIV increases with the number of sexual partners and the number of sexual acts. The presence of an STI (e.g. genital ulcers) in a sexual partner increases the risk of transmission of HIV.

Questions on transmission:

- Is HIV spread by prostitutes and their clients?

Prostitutes and their clients, like any other people with many sexual partners, run the risk of getting infected by their partners. They may then pass the infection to many others. If a prostitute insists on using a condom every time she or he has sex, the risk of infection for her and the partner will be sharply reduced. Many prostitutes have replaced penetrative sex with safer practices, further reducing the risk of infection. Unfortunately clients often
refuse to wear condoms and the women are not in a position to insist.

- **If a woman is menstruating is there a greater risk of getting infected with HIV (for her partner and for herself)?**

Menstrual blood from HIV-infected women does contain the virus. Infection would be dependent on whether the menstrual blood had contact with the sexual partner’s bloodstream. A woman who is menstruating is likely to be at a higher risk for HIV through sexual intercourse.

- **Can you get infected by blood transfusion or by blood products?**

Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are “seropositive” i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the “window” period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**

  - The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.
  
  - About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.
  
  - It serves little purpose to test babies born to HIV-infected mothers for HIV antibodies at birth. There are likely to be many false positive results because antibodies from the mother are still circulating in the baby's bloodstream. Only at 18 months or older, can an antibody test result be regarded as reliable.

- **Does breast-feeding transmit HIV?**

Breast milk of an HIV-infected mother contains HIV that can be transmitted to the baby. However, because of the benefits of breast-feeding, the WHO recommends that in situations where infectious disease and malnutrition are the main cause of infant deaths, and the infant mortality rate is high, mothers should breast-feed their babies, even if they are known to be infected with HIV, as the risk to the baby is less than the risks involved in artificial feeding.

**Can needles, knives and other instruments transmit HIV?**

Yes. Any instruments that cut the skin or puncture the skin can collect small amounts of blood that can be passed on if used again by another person without being sterilized. Avoid tattooing, ear piercing, acupuncture, and bloodletting ceremonies or sharing razors unless you are absolutely sure the instruments being used are sterilized or boiled in water.

**How is HIV transmitted with injection needles and syringes?**
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

• Only a very small amount of blood is needed for transmission to occur. Sharing needles and syringes used for anything – medicines or heroin, cocaine, amphetamines (speed) and even water can spread HIV. It is not what is put into the syringe that transmits HIV, but the blood that remains in the needle and syringe.

• Some countries have needle and syringe exchange programmes (used needles and syringes are exchanged for new ones) for injecting drug users. Those who cannot stop injecting drugs can join these programmes to avoid HIV transmission.

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  o Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  o Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  o Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

• Be extremely careful if you come across a needle or syringe in a park or street. Dispose of it safely without touching it with unprotected fingers.

Can you get HIV from contact sports where bleeding may occur?

• There is no evidence that any person participating in any sports activity has become infected with HIV from, or has transmitted HIV to, other participants.

• It is possible that transmission could occur if an HIV-infected athlete had a bleeding wound that came in contact with a cut in the skin or mucous membrane of another person. Even in such an unlikely event, however, the risk of transmission would be very low.

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

• The evidence clearly shows that mosquitoes and other insects do not spread HIV. For example, bedbugs, lice and fleas in the households of people infected with HIV do not spread the virus to the other people living in these households.

• If mosquitoes were responsible for spreading HIV, then people of all ages would be infected. In fact, children before puberty are rarely infected, unless they were born to
infected mothers or had a transfusion with infected blood.

- We know that HIV lives in some cells of the human body but that it does not live in the cells of insects. Therefore, mosquitoes and other insects are not a suitable home for HIV.

- HIV is not like the malaria parasite, which lives very well in the mosquito and spreads to people when mosquitoes bite, because it is in the fluid that the mosquito injects.

When should one be tested for HIV?

Remember you need to be tested twice (see above). There are advantages and disadvantages to being tested for HIV. It is a decision that should not be taken lightly and the implications of positive and negative outcomes should be faced in advance with the assistance of an HIV/AIDS counsellor.

a) Advantages of being tested:

If you are infected with HIV...

- You can receive early treatment and perhaps live longer.
- You can make decisions to take good care of yourself.
- You can develop a good emotional support system in the early stages of the disease.
- You can use new medications as they develop.
- Knowing that babies can be born with HIV, you can make decisions about whether you wish to get pregnant.
- You can inform your partner(s) that you have HIV.
- You can abstain from sex or use a condom during sex.
- You can avoid sharing items that come in contact with blood – razors, tweezers, needles, and syringes.
- You will decide not to donate blood and other tissues.

If you are not infected, you will be relieved to know the result and will want to protect yourself in the future.

b) Disadvantages of being tested:

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person's cultural and religious attitudes towards illness and death.

- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

- A person who has tested positive for HIV may be discriminated against if the information is revealed.

c) Some important points about knowing one's HIV status:
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

• HIV-infected workers or students should not be discriminated against.

• HIV infection alone does not limit fitness to study or to work.

• HIV infection should not be a cause for termination of employment or schooling.

• At work or school, as elsewhere, HIV-infected people have a responsibility to behave in ways that do not put others at risk of infection.

• Donating blood is a very irresponsible way to find out one’s HIV status. If you want to be tested, consult your health care provider who will refer you to the appropriate counsellor.

d) HIV testing should always be preceded by counselling, which includes:

• Information about the test procedure and the many factors involved in testing, including emotional, social and medical consequences of a positive or negative result. Advantages and disadvantages of testing should be discussed and the decision to be tested should be made after careful consideration of all factors.

e) HIV test results should always be given with counselling, which consists of a talk between the individual and the counsellor aimed at discussing the test result.

• If the result is negative, the counsellor will discuss the importance of prevention of HIV/STIS in detail with the person in order to reduce his/her risks of infection in the future. The discussion will cover not only the methods available but also the person's individual situation, concerns and attitudes that may influence whether or not these methods are feasible and/or acceptable and will be used.

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecing him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

- One should discuss one’s risk factors with someone knowledgeable and still make decisions to use condoms or to abstain from sexual intercourse and avoid pregnancy.

How can one identify a person with HIV?

- It is not possible to know by physical appearance that a person has HIV, because the virus may remain in the body for many years without causing any symptoms or signs.

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else's behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study:

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of "trigger", e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

- Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

- It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

- Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

**Peer leaders:**

Why use peer leaders? Young people tend to listen more attentively and accept messages from respected peers more readily than from a teacher. This is especially true in areas of health, safety and sexuality. Some students are influential in that they set the group norms and function as models for the group. They can become peer leaders who assist the teacher, which allows him or her to spend more time on preparation, individual attention to students and classroom management.

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
Lead a class team, e.g. during a quiz
Read stories, questions, answers to activities
Volunteer answers to activities
Lead a small group
Report findings of small groups
Model appropriate behaviour, e.g. is assertive
Carry out certain activities and report back, e.g. buying a condom
Take polls, e.g. when teacher wants to know how many answered “yes”.
Draw diagrammes on the blackboard.

Role-play:

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

Select volunteers, or students who are outgoing and energetic.
Involve yourself in one of the main roles.
Give students some lines or a script to start them off.
Use “props” – hats, cards with names on, wigs, etc.
Use humour, if possible.
Pair all students in the class and have each one play a role, e.g. a father and a son. This will eliminate embarrassment of being in front of the class.

Story telling:

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

Test items for student evaluation:

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

“Basic knowledge on HIV/AIDS/STI”

TRUE:

A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
Men may pass HIV on to others through their semen.
HIV is found in semen, vaginal fluids, and blood.
A person may get HIV by sharing drug needles.
- Once you are infected with HIV, you are infected for life.
- Women may pass HIV on to others through their vaginal fluids.
- You may get infected with HIV by having sex with someone who shares drug needles.
- It is not dangerous to hug a person with AIDS.
- People infected with HIV do not necessarily look sick.
- People with AIDS die from serious diseases.
- HIV may be passed from a mother to her unborn or newborn baby.
- Having sex during the menstrual cycle increases the risk of getting HIV.
- You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
- The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
- A person who has AIDS usually will die in 6 months to 2 years.
- The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
- If a person has an STD, his or her chances of being infected with HIV are increased. AIDS is caused by HIV.
- HIV is not spread from one person to another through daily activities.
- Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
- A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
- The more partners a person has, the greater the chances of being infected with HIV.
- Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
- A person can have HIV for years without getting AIDS.
- A negative HIV test means there are no antibodies to HIV in the blood.

**FALSE**

- You may get HIV by sitting on a toilet seat that a person with AIDS has used.
- You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
- People infected with HIV are usually very thin and sickly.
- Some people have been infected with HIV by swimming in the same water as someone with AIDS.
- You may get HIV from a mosquito bite.
- Someone with AIDS can spread HIV by coughing and spitting.
- There is no way to kill HIV on a drug needle.
- There is no way you can find out if you are infected with HIV.
- You can be cured of AIDS if you are careful to take medicine the doctor gives you.
- You can’t get HIV from sharing needles for tattoos or ear/nose piercing.
- It is difficult for women to get HIV/AIDS.
- HIV may be spread by wearing clothes from a person with AIDS.
- A person may get HIV by donating blood.
- A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
- The test for HIV (ELISA test) is looking for the HIV virus.
- A vaccine is available to protect people from HIV infection.
- There have been reported cases in which HIV was spread by kissing.
- A person who has tested positive for HIV is said to have AIDS.
- There is evidence that some insects can actually spread AIDS.
- HIV can be spread by contact such as hugging, kissing or holding hands.
- You can tell if a person has HIV by how they look.
- You may get HIV from toilet seats.
Married people don’t become infected with HIV.
If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

TRUE

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

FALSE

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

TRUE

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

FALSE

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

TRUE

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
What happens with HIV infection?

Description of the tool:
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on providing information students need about what happens with HIV infection.

The information provided here was adapted by UNESCO from the following publication:

Description of the document:
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers' guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: skills-based health education. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
What happens with HIV infection?

Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

Information on signs and symptoms

The purpose of this activity is to provide students with the information they need about what happens with HIV infection: the window period; time span from infection to AIDS; time span from AIDS to death; signs and symptoms of HIV/AIDS.  

What the teacher does:  

1. Provides a paper copy of the information set out below for each student, or writes up this information on the blackboard. (See Annex 1).

2. Asks the students the following questions:

   **How long is the “window” period?**
   Usually 2-12 weeks but in some individuals it may be longer.

   **What is not present in the blood during this period?**
   Antibodies to fight HIV, the AIDS virus.

   **What would happen if you took an AIDS test during this period?**
   You would test negative because the test is looking for antibodies to HIV, which have not yet formed; the end of the “window” period occurs when there are enough antibodies to HIV in the blood to enable the test to detect them.

   **Are people infectious (able to pass HIV on to others) during the “window” period?**
   During the “window” period, people may be very infectious, and can pass on HIV to others people.

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1  See Annex 2  
2  See Annex 3
How could they pass these infections on to others?
Through blood, semen or vaginal fluids or from mother to baby.

What symptoms is a person likely to have during the first few weeks of HIV infection?
Immediately following infection there may be flu-like symptoms, with fever and swollen glands. In addition there may be other symptoms such as a sore throat, skin rash in the days or weeks that follow infection.

What is the possible length of time from infection to the beginning of AIDS?
It varies greatly from person to person – it can be as short as six months or as long as 10 years or even more.

What are the signs and symptoms during this period of time?
People usually have an asymptomatic period of several years in which they may have swollen lymph nodes but no other complaints. Then, they may start to develop symptoms such as oral thrush or night sweats. It may still take years before they develop full-blown AIDS.

Is the person infectious during this period?
Yes, HIV can be passed to others.

How long is a person likely to live once they get AIDS?
The time varies. Approximately six months to two years or more.

What are the symptoms of AIDS?
Major weight loss, persistent cough, fever or diarrhoea, and many others. Symptoms vary a great deal from person to person.

Are people with AIDS infectious?
Yes. At any time after someone has been infected with HIV, whether they have symptoms or not, they can pass HIV on to others.

What are ways in which the infection cannot be passed on?
Hugging, glasses and dishes, touching, toilets, insects, etc.
What should parent(s) do (if the Parents’ Guide is used)?³
Students can explain the various parts of the activity to their parents.

Additional preparation

Teachers should be knowledgeable about the progression from infection with HIV to AIDS. For instance: What is the “window” period? What does the asymptomatic period mean?⁴

The above questions and answers should be reviewed before starting off the activity with students.

This is an activity that might cause some anxiety in students. Teachers should be prepared to offer sources of help to students who may approach them with concerns.

³ See Annex 3
⁴ See Annex 2
Annex 1

What happens with HIV infection?

This diagramme shows the different stages of HIV/AIDS (the timing of stages may vary from individual to individual).
Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

- AIDS stands for Acquired (not inborn, passed from person to person, including from mother to baby) Immune (relating to the body’s immune system, which provides protection from disease-causing germs) Deficiency (lack of response by the immune system to germs) Syndrome (a number of signs and symptoms indicating a particular disease or condition).

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body’s immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

- These infections, cancers etc. make the person ill and lead to his or her death. At present there is no vaccine or cure for AIDS.

What do we know about HIV?

- HIV, like other viruses, is very small, too small to be seen with an ordinary microscope. Viruses cause all sorts of diseases from flu (influenza) to herpes to some kinds of cancer.

- To reproduce, HIV must enter a body cell, which in this case is an immune cell. By interfering with the cells that protect us against infection, HIV leaves the body poorly protected against the particular types of diseases, which these cells normally deal with.

- Infections that develop because HIV has weakened the immune system are called “opportunistic infections”. These include: respiratory infections e.g. tuberculosis; Pneumocystis carinii pneumonia; gastro-intestinal infections e.g. candidiasis in the mouth or diarrhoea; and brain infections e.g. toxoplasmosis or cryptococcal meningitis.

- Some people may also develop cancers, e.g. Kaposi sarcoma, a cancer which often causes red skin lesions.

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
• Most STIs can be cured.

• Certain STIs, if not treated soon enough, can lead to long-lasting health problems in both males and females, e.g. damage to the reproductive organs so that a woman is no longer able to have children, cancer of the cervix, heart and brain damage, and possibly death.

• In many STIs, the early symptoms are often difficult to recognize, and many people ignore them until more severe damage is done. This is especially true for women. This makes early diagnosis and treatment difficult.

• An abnormal discharge from the penis, anus or vagina; burning on urination; pain in the abdominal or groin area with a fever; pain during sex; and rashes, blisters or sores on the genitals, are all possible symptoms of STIs. If a person experiences any of the above symptoms, they should stop having sexual intercourse and go to a clinic or hospital for a check-up.

What are antibodies?

• The body’s defense system (immune system) develops germ fighters, called antibodies to fight off and destroy various viruses and germs that invade the body.

• The presence of particular antibodies in a person’s blood indicates that the person has been exposed to that infection. For example, when a blood test reveals that the antibodies to HIV are present in the blood, it means that the person is infected with HIV.

What is the “window” period?

• This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually 2-12 weeks; in rare instances it may be longer.

• This means that if an HIV antibody test is taken during the “window” period it will be negative since the blood test is looking for antibodies that have not yet developed. But that person is already HIV-infected and can transmit HIV to others.

• People taking the test are advised, if the result is negative, to return for a re-test in 3 months by which time if the person had been infected, the antibodies are almost certain to have developed (they should avoid risk behaviours during the 3 months).

• The most common test for HIV antibodies is called the ELISA test.

What does the asymptomatic period mean?

• The asymptomatic period is the period of time between infection and the beginning of signs and symptoms related to AIDS.

• This varies from person to person for HIV/AIDS. It may be as short as 6 months or as long as 10 years or more.

• People usually have an asymptomatic period of several years in which they may have swollen lymph nodes but no other complaints. Then, they may start to develop symptoms
like oral thrush or night sweats. It may then still take years before they develop full-blown AIDS. The period between the development of full-blown AIDS and death may be as short as 6 months or as long as 2 years or more.

- During the asymptomatic period there may be no evidence that the person is sick; however, HIV-related illnesses can occur regularly over many months or years before full-blown AIDS develops.

- During the asymptomatic period (as well as during the symptomatic period), the person is infectious – that is, can pass HIV on to others.

What are the symptoms of AIDS?

- This question must be approached with caution in any specific case, since it is often difficult to determine if the symptoms actually mean onset of AIDS or if they are simply symptoms of other conditions. People develop signs and symptoms of their HIV infection before they develop what has been defined as AIDS. AIDS is the final and most severe phase of HIV infection and leads to death.

- The obvious signs and symptoms are indications of an opportunistic disease such as tuberculosis or pneumonia. However, associated findings might include: recent, unexplained weight loss; fever for more than one month; diarrhoea for more than one month; genital or anal ulcers for more than one month; cough for more than one month; nerve complaints; enlarged lymph nodes; skin infections that are severe or recur.

Are there drugs and vaccines to treat AIDS?

- There are drugs that are effective against many of the infections associated with AIDS. These drugs are not a cure for AIDS but they can postpone symptoms or death.

- A few drugs have been able to inhibit the multiplication of HIV in infected persons. These drugs do not eliminate the virus from the body but may be useful in prolonging life in patients who are infected with HIV.

- To date, there is some optimism over the development of a vaccine to protect against the disease. Part of the difficulty is that there are many strains of HIV. Even within the same person the virus can change over time. Work is proceeding on this, but safe, effective vaccines are likely to take many years to develop.

How do you get HIV?

- HIV can be found in body fluids like blood, semen, vaginal fluids, and breast milk.

- Any practice, which allows the penetration of the virus from these fluids through the skin or mucous membranes and into the bloodstream of another person, can cause HIV infection.

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
o When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

o When a needle, or other skin-piercing instruments penetrates the skin (e.g. razor or tattooing instrument), and that instrument has blood on it from an HIV-infected person. Sharing the same syringe and needle among injecting drug users is particularly risky for transmission. Any unsterile syringes and needles can transmit infection.

o HIV may also be transmitted from an infected mother to her baby, either through the placenta before birth, during birth, or, in some cases, through breast milk after birth.

Note that:

• For medical reasons, it may be important for a person to receive a blood transfusion. If the blood donor is HIV-infected, there is a high chance that the virus would be transmitted through the blood. However, most countries now test donated blood for HIV and the chance of being infected in this way is very small.

• Deep wet kissing has a very low risk of transmitting HIV. However, there is a slight risk if there are cuts or abrasions in the mouth.

• Although the risk of infection is very low, it is advisable not to share toothbrushes.

How you don’t get HIV

• HIV is not transmitted by touch, coughing and sneezing, cutlery, glasses, cups and food, swimming pools, towels, toilet seats, pets, mosquitoes and other insects, baths or showers.

• Nurses, and other health service staff, who come in close contact with patients’ body fluids, are trained to take precautions as part of the hospital routine.

How can one avoid infection?

• A person who does not engage in sexual intercourse and does not inject drugs (or who uses clean, sterile needles/syringes for such injections) has almost no chance of contracting HIV or other STIs.

• Being married or not having sex before marriage cannot by themselves protect against HIV. Many people have believed this and have been infected by their partners. (This is especially true for many women for whom the only risk factor was having sex with their husband/partner.)

• People who are mutually faithful (i.e. they only have sex with each other) are not at risk of HIV/STIs by sexual means provided that both are HIV-negative at the start of their relationship and that neither gets infected through blood (transfusion, injecting drugs with unclean needle/syringe).

• People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?

• There is strong evidence that other sexually transmitted diseases put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STIs.

• If you suspect you may have acquired or been exposed to an STI, you should seek medical advice.

• A person who has an STI should be aware that if they are having unprotected sexual intercourse, they are at an even higher risk of getting HIV.

What do “safe sex” and “protected sex,” mean?

Because of the risk of HIV/AIDS, it is necessary to be very clear about the sexual practices, which are known to carry a risk of HIV transmission and those, which do not.

a) Safe sex activities (no risk)

Practising the following activities will prevent a partner's blood, semen or vaginal secretions from getting into contact with your blood and thereby prevents transmission of HIV: masturbation, massage, rubbing, hugging, touching genitals.

b) Low-risk sex activities

Using a condom correctly and consistently during sexual intercourse will reduce the risk of infection with HIV and other STIs. Latex condoms have been demonstrated to be an effective protection against HIV, STIs, as well as pregnancy. Incorrect use of condoms reduces their effectiveness, e.g. they may break. Sexual intercourse with a condom is called “protected sex”.

While only a small number of people have contracted HIV through these means, the following activities are considered to carry some risk:

- fellatio (mouth on penis without taking semen into the mouth);
- cunnilingus (mouth on vagina);
- anilingus (mouth on anus); and
- deep wet kissing.

c) Unsafe sexual activities

Practising the following activities is a definite risk:

- anal sex (penis in rectum) without a condom;
- vaginal sex (penis in vagina) without a condom;
- any sex act that makes you bleed;
- semen (or blood) taken into the mouth during oral-genital sex.

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

Yes. It depends on a person’s behaviour. Some behaviours/activities carry a higher risk of getting HIV than others. These include:

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

Some situations, which are beyond an individual’s control, can put them at risk. These include:

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

Women are slightly more vulnerable physiologically to HIV infection than men. The area of mucous membrane exposed during intercourse is much larger in the woman than in the man, and the mucous membrane surface of the vagina (compared to the penis) can, therefore, be more easily penetrated by the virus. Very young women are more vulnerable than women in the 18-45 year age group; their immature cervix and relatively low vaginal mucus production present less of a barrier to HIV. Women are becoming infected at younger ages than men. This is partly because many young women marry or have sex with men older than themselves, who have already had a number of partners, and partly because of their biological vulnerability.

**Do you have to have many sexual partners to get infected with HIV/STI?**

Even one contact with a person infected with HIV is enough to transmit the infection. However, the risk of getting infected with HIV increases with the number of sexual partners and the number of sexual acts. The presence of an STI (e.g. genital ulcers) in a sexual partner increases the risk of transmission of HIV.

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

  Prostitutes and their clients, like any other people with many sexual partners, run the risk of getting infected by their partners. They may then pass the infection to many others. If a prostitute insists on using a condom every time she or he has sex, the risk of infection for her and the partner will be sharply reduced. Many prostitutes have replaced penetrative sex with safer practices, further reducing the risk of infection. Unfortunately clients often
refuse to wear condoms and the women are not in a position to insist.

- **If a woman is menstruating is there a greater risk of getting infected with HIV (for her partner and for herself)?**

  Menstrual blood from HIV-infected women does contain the virus. Infection would be dependent on whether the menstrual blood had contact with the sexual partner’s bloodstream. A woman who is menstruating is likely to be at a higher risk for HIV through sexual intercourse.

- **Can you get infected by blood transfusion or by blood products?**

  Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are “seropositive” i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the “window” period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**

  o The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.

  o About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.

  o It serves little purpose to test babies born to HIV-infected mothers for HIV antibodies at birth. There are likely to be many false positive results because antibodies from the mother are still circulating in the baby's bloodstream. Only at 18 months or older, can an antibody test result be regarded as reliable.

- **Does breast-feeding transmit HIV?**

  Breast milk of an HIV-infected mother contains HIV that can be transmitted to the baby. However, because of the benefits of breast-feeding, the WHO recommends that in situations where infectious disease and malnutrition are the main cause of infant deaths, and the infant mortality rate is high, mothers should breast-feed their babies, even if they are known to be infected with HIV, as the risk to the baby is less than the risks involved in artificial feeding.

**Can needles, knives and other instruments transmit HIV?**

Yes. Any instruments that cut the skin or puncture the skin can collect small amounts of blood that can be passed on if used again by another person without being sterilized. Avoid tattooing, ear piercing, acupuncture, and bloodletting ceremonies or sharing razors unless you are absolutely sure the instruments being used are sterilized or boiled in water.

**How is HIV transmitted with injection needles and syringes?**
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

• Only a very small amount of blood is needed for transmission to occur. Sharing needles and syringes used for anything – medicines or heroin, cocaine, amphetamines (speed) and even water can spread HIV. It is not what is put into the syringe that transmits HIV, but the blood that remains in the needle and syringe.

• Some countries have needle and syringe exchange programmes (used needles and syringes are exchanged for new ones) for injecting drug users. Those who cannot stop injecting drugs can join these programmes to avoid HIV transmission.

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  - Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  - Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  - Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

• Be extremely careful if you come across a needle or syringe in a park or street. Dispose of it safely without touching it with unprotected fingers.

Can you get HIV from contact sports where bleeding may occur?

• There is no evidence that any person participating in any sports activity has become infected with HIV from, or has transmitted HIV to, other participants.

• It is possible that transmission could occur if an HIV-infected athlete had a bleeding wound that came in contact with a cut in the skin or mucous membrane of another person. Even in such an unlikely event, however, the risk of transmission would be very low.

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

• The evidence clearly shows that mosquitoes and other insects do not spread HIV. For example, bedbugs, lice and fleas in the households of people infected with HIV do not spread the virus to the other people living in these households.

• If mosquitoes were responsible for spreading HIV, then people of all ages would be infected. In fact, children before puberty are rarely infected, unless they were born to
infected mothers or had a transfusion with infected blood.

- We know that HIV lives in some cells of the human body but that it does not live in the cells of insects. Therefore, mosquitoes and other insects are not a suitable home for HIV.

- HIV is not like the malaria parasite, which lives very well in the mosquito and spreads to people when mosquitoes bite, because it is in the fluid that the mosquito injects.

**When should one be tested for HIV?**

Remember you need to be tested twice (see above). There are advantages and disadvantages to being tested for HIV. It is a decision that should not be taken lightly and the implications of positive and negative outcomes should be faced in advance with the assistance of an HIV/AIDS counsellor.

**a) Advantages of being tested:**

If you are infected with HIV...

- You can receive early treatment and perhaps live longer.
- You can make decisions to take good care of yourself.
- You can develop a good emotional support system in the early stages of the disease.
- You can use new medications as they develop.
- Knowing that babies can be born with HIV, you can make decisions about whether you wish to get pregnant.
- You can inform your partner(s) that you have HIV.
- You can abstain from sex or use a condom during sex.
- You can avoid sharing items that come in contact with blood – razors, tweezers, needles, and syringes.
- You will decide not to donate blood and other tissues.

If you are not infected, you will be relieved to know the result and will want to protect yourself in the future.

**b) Disadvantages of being tested:**

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person’s cultural and religious attitudes towards illness and death.

- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

- A person who has tested positive for HIV may be discriminated against if the information is revealed.

**c) Some important points about knowing one's HIV status:**
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

• HIV-infected workers or students should not be discriminated against.

• HIV infection alone does not limit fitness to study or to work.

• HIV infection should not be a cause for termination of employment or schooling.

• At work or school, as elsewhere, HIV-infected people have a responsibility to behave in ways that do not put others at risk of infection.

• Donating blood is a very irresponsible way to find out one's HIV status. If you want to be tested, consult your health care provider who will refer you to the appropriate counsellor.

d) HIV testing should always be preceded by counselling, which includes:

• Information about the test procedure and the many factors involved in testing, including emotional, social and medical consequences of a positive or negative result. Advantages and disadvantages of testing should be discussed and the decision to be tested should be made after careful consideration of all factors.

e) HIV test results should always be given with counselling, which consists of a talk between the individual and the counsellor aimed at discussing the test result.

• If the result is negative, the counsellor will discuss the importance of prevention of HIV/STIS in detail with the person in order to reduce his/her risks of infection in the future. The discussion will cover not only the methods available but also the person's individual situation, concerns and attitudes that may influence whether or not these methods are feasible and/or acceptable and will be used.

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

- One should discuss one’s risk factors with someone knowledgeable and still make decisions to use condoms or to abstain from sexual intercourse and avoid pregnancy.

How can one identify a person with HIV?

- It is not possible to know by physical appearance that a person has HIV, because the virus may remain in the body for many years without causing any symptoms or signs.

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else’s behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (If applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of “trigger”, e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
- Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

- Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

- It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

- Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

**Peer leaders:**

Why use peer leaders? Young people tend to listen more attentively and accept messages from respected peers more readily than from a teacher. This is especially true in areas of health, safety and sexuality. Some students are influential in that they set the group norms and function as models for the group. They can become peer leaders who assist the teacher, which allows him or her to spend more time on preparation, individual attention to students and classroom management.

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
- Lead a class team, e.g. during a quiz
- Read stories, questions, answers to activities
- Volunteer answers to activities
- Lead a small group
- Report findings of small groups
- Model appropriate behaviour, e.g. is assertive
- Carry out certain activities and report back, e.g. buying a condom
- Take polls, e.g. when teacher wants to know how many answered “yes”.
- Draw diagrammes on the blackboard.

Role-play:

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

- Select volunteers, or students who are outgoing and energetic.
- Involve yourself in one of the main roles.
- Give students some lines or a script to start them off.
- Use “props” – hats, cards with names on, wigs, etc.
- Use humour, if possible.
- Pair all students in the class and have each one play a role, e.g. a father and a son. This will eliminate embarrassment of being in front of the class.

Story telling:

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

Test items for student evaluation:

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

“Basic knowledge on HIV/AIDS/STI”

TRUE:

- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
- Once you are infected with HIV, you are infected for life.
- Women may pass HIV on to others through their vaginal fluids.
- You may get infected with HIV by having sex with someone who shares drug needles.
- It is not dangerous to hug a person with AIDS.
- People infected with HIV do not necessarily look sick.
- People with AIDS die from serious diseases.
- HIV may be passed from a mother to her unborn or newborn baby.
- Having sex during the menstrual cycle increases the risk of getting HIV.
- You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
- The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
- A person who has AIDS usually will die in 6 months to 2 years.
- The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
- If a person has an STD, his or her chances of being infected with HIV are increased. AIDS is caused by HIV.
- HIV is not spread from one person to another through daily activities.
- Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
- A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
- The more partners a person has, the greater the chances of being infected with HIV.
- Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
- A person can have HIV for years without getting AIDS.
- A negative HIV test means there are no antibodies to HIV in the blood.

**FALSE**

- You may get HIV by sitting on a toilet seat that a person with AIDS has used.
- You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
- People infected with HIV are usually very thin and sickly.
- Some people have been infected with HIV by swimming in the same water as someone with AIDS.
- You may get HIV from a mosquito bite.
- Someone with AIDS can spread HIV by coughing and spitting.
- There is no way to kill HIV on a drug needle.
- There is no way you can find out if you are infected with HIV.
- You can be cured of AIDS if you are careful to take medicine the doctor gives you.
- You can’t get HIV from sharing needles for tattoos or ear/nose piercing.
- It is difficult for women to get HIV/AIDS.
- HIV may be spread by wearing clothes from a person with AIDS.
- A person may get HIV by donating blood.
- A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
- The test for HIV (ELISA test) is looking for the HIV virus.
- A vaccine is available to protect people from HIV infection.
- There have been reported cases in which HIV was spread by kissing.
- A person who has tested positive for HIV is said to have AIDS.
- There is evidence that some insects can actually spread AIDS.
- HIV can be spread by contact such as hugging, kissing or holding hands.
- You can tell if a person has HIV by how they look.
- You may get HIV from toilet seats.
- Married people don’t become infected with HIV.
- If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

TRUE

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

FALSE

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

TRUE

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

FALSE

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

TRUE

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
How do you know if you have HIV/AIDS?

Description of the tool:
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on informing students how they can tell whether someone has AIDS.

The information provided here was adapted by UNESCO from the following publication:


Description of the document:
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers’ guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: skills-based health education. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
How do you know if you have HIV/AIDS?

Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

Case studies on signs and symptoms

The purpose of this activity is to ensure that students are fully aware of the fact that that a person with HIV:

- May have no signs or symptoms for a long time;
- Can infect others during this time;
- Gradually becomes sicker and sicker and eventually dies.

What the teacher does:

1. Decides how to teach this activity.
   - Provides each student with an activity sheet (see Annex 1) that they should carry out individually or in pairs, following the instructions on the sheet.
   - Reads out the three stories to the students and asks the questions under each story (only one sheet is needed for the whole class).
   - Splits the class into small groups each of which reads one story and answers questions (only one sheet for each group is needed).

2. Reviews the information that was obtained once the students had accomplished activity 13 in Unit 1 “What happens with HIV infection?”

3. Takes up the questions raised in each story. The answers are provided in parentheses.

Story 1

Carmencita is 17 and has only had sex with Roberto who has used unsterilized needles to inject cocaine. They did not use a condom. Roberto died two months ago. His last words

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1 See Annex 2
2 See Annex 3
3 See Annex 3
were, “I hope you don’t get AIDS, Carmencita”. When Carmencita gave blood she was told she had HIV. She can’t understand this because she feels fine - eats well, has lots of energy and has no illness.

1. **How did Roberto become infected?** (Used unsterilized needles to inject cocaine).

2. **How did Carmencita become infected?** (By having unprotected sexual intercourse).

3. **Why does Carmencita have no symptoms?** (People with HIV may not have symptoms for many years.

4. **How long might it be before she gets AIDS?** (It can be as long as 10 or more years, or as short as 6 months).

5. **What should Carmencita do now?** (She should get counselling for support, including advice on lifestyle and sexual behaviour).

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**Story 2**

Jose is 19 years old. He has been having sex with a number of partners without using condoms. Jose’s mother took him to the doctor because he was short of breath, suffered from headaches, and was losing weight even though he was eating normally. The worst part was waking at night drenched in sweat. He also had chills from a fever and swollen glands under his arms.

1. **How did Jose become infected?** (Sex with no condoms; multiple partners.)

2. **Why does he have these symptoms?** (They often occur as the earliest symptoms of AIDS.

3. **Can he spread HIV to others? How?** (Yes. By having unprotected sexual intercourse, by sharing unclean needles and syringes.)

4. **What is likely to happen next?** (He will probably become sicker and sicker.)

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**Story 3**

Georginia is 25 years old. About 2 years ago she had a number of symptoms – fatigue, sweating, fever, swollen glands – but she thought that she only had a bad cold or the flu. Now she can’t breathe, has a bad cough and a very sore throat. She has stomach problems and has lost 10 kilos. She is so weak that she spends most of her time in bed.

1. **Why would you suspect that Georginia has AIDS?** (She has many symptoms of AIDS.)
2. **What should she do to find out if she is infected with HIV?** (Take a test, see a doctor or nurse.)

3. **About what age was it possible that Georginia got the HIV infection?** (From approximately 14 years onwards.)

4. **If she was infected at that age, how long has she been infectious, i.e. able to spread HIV?** (Up to 11 years.)

5. **What symptoms does Georginia have?** (Fever, sweating, swollen glands, cough, sore throat, stomach problems, weight loss.)

6. **What is likely to happen next?** (She will probably die.)

**Additional preparation**

Review the answers to the questions set out above.

Again, this activity may create some anxiety in students. Teachers should be prepared to listen and provide sources of help if needed.
Annex 1

How do you know if you have HIV/AIDS?

It is important to know that a person who is infected with HIV:

- May have no signs or symptoms;
- May not have any serious illness for a long time;
- Can infect others during this time;
- Gradually gets sicker and sicker and eventually dies.

How?

Read each of the three stories below. Then use the diagramme on page 6 that you previously used in activity 13, “What happens with HIV infection”, to help you answer the questions under each story.

Story 1

Carmencita is 17 and has only had sex with Roberto who has used unsterilized needles to inject cocaine. They did not use a condom.

Roberto died two months ago. His last words were, “I hope you don't get AIDS, Carmencita”.

When Carmencita gave blood she was told she had HIV. She can't understand this because she feels fine - eats well, has lots of energy and has no illness.

1. How did Roberto become infected?
2. How did Carmencita become infected?
3. Why does Carmencita have no symptoms?
4. How long might it be before she gets AIDS?
5. What should Carmencita do now?

Story 2

Jose is 19 years old. He has been having sex with a number of partners without using condoms.
Jose’s mother took him to the doctor because he was short of breath, suffered from headaches, and was losing weight even though he was eating normally.

The worst part was waking at night drenched in sweat. He also had chills from a fever and swollen glands under his arms.

1. How did Jose become infected?
2. Why does he have these symptoms?
3. Can he spread HIV to others? How?
4. What is likely to happen next?

Story 3

Georginia is 25 years old. About 2 years ago she had a number of symptoms – fatigue, sweating, fever, swollen glands – but she thought that she only had a bad cold or the flu. Now she can’t breathe, has a bad cough and a very sore throat. She has stomach problems and has lost 10 kilos. She is so weak that she spends most of her time in bed.

1. Why would you suspect that Georginia has AIDS?
2. What should she do to find out if she is infected with HIV?
3. At about what age was it possible that Georginia got the HIV infection?
4. If she was infected at that age, how long has she been infectious (able to spread HIV)?
5. What symptoms does Georginia have?
6. What is likely to happen next?

This diagramme shows the different stages of HIV/AIDS (the timing of stages may vary from individual to individual).
What happens with HIV infection?

This diagramme shows the different stages of HIV/AIDS (the timing of stages may vary from individual to individual).
Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

- AIDS stands for Acquired (not inborn, passed from person to person, including from mother to baby) Immune (relating to the body's immune system, which provides protection from disease-causing germs) Deficiency (lack of response by the immune system to germs) Syndrome (a number of signs and symptoms indicating a particular disease or condition).

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

- These infections, cancers etc. make the person ill and lead to his or her death. At present there is no vaccine or cure for AIDS.

What do we know about HIV?

- HIV, like other viruses, is very small, too small to be seen with an ordinary microscope. Viruses cause all sorts of diseases from flu (influenza) to herpes to some kinds of cancer.

- To reproduce, HIV must enter a body cell, which in this case is an immune cell. By interfering with the cells that protect us against infection, HIV leaves the body poorly protected against the particular types of diseases, which these cells normally deal with.

- Infections that develop because HIV has weakened the immune system are called "opportunistic infections". These include: respiratory infections e.g. tuberculosis; Pneumocystis carinii pneumonia; gastro-intestinal infections e.g. candidiasis in the mouth or diarrhoea; and brain infections e.g. toxoplasmosis or cryptococcal meningitis.

- Some people may also develop cancers, e.g. Kaposi sarcoma, a cancer which often causes red skin lesions.

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
• Most STIs can be cured.

• Certain STIs, if not treated soon enough, can lead to long-lasting health problems in both males and females, e.g. damage to the reproductive organs so that a woman is no longer able to have children, cancer of the cervix, heart and brain damage, and possibly death.

• In many STIs, the early symptoms are often difficult to recognize, and many people ignore them until more severe damage is done. This is especially true for women. This makes early diagnosis and treatment difficult.

• An abnormal discharge from the penis, anus or vagina; burning on urination; pain in the abdominal or groin area with a fever; pain during sex; and rashes, blisters or sores on the genitals, are all possible symptoms of STIs. If a person experiences any of the above symptoms, they should stop having sexual intercourse and go to a clinic or hospital for a check-up.

What are antibodies?

• The body’s defense system (immune system) develops germ fighters, called antibodies to fight off and destroy various viruses and germs that invade the body.

• The presence of particular antibodies in a person’s blood indicates that the person has been exposed to that infection. For example, when a blood test reveals that the antibodies to HIV are present in the blood, it means that the person is infected with HIV.

What is the “window” period?

• This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually 2-12 weeks; in rare instances it may be longer.

• This means that if an HIV antibody test is taken during the “window” period it will be negative since the blood test is looking for antibodies that have not yet developed. But that person is already HIV-infected and can transmit HIV to others.

• People taking the test are advised, if the result is negative, to return for a re-test in 3 months by which time if the person had been infected, the antibodies are almost certain to have developed (they should avoid risk behaviours during the 3 months).

• The most common test for HIV antibodies is called the ELISA test.

What does the asymptomatic period mean?

• The asymptomatic period is the period of time between infection and the beginning of signs and symptoms related to AIDS.

• This varies from person to person for HIV/AIDS. It may be as short as 6 months or as long as 10 years or more.

• People usually have an asymptomatic period of several years in which they may have swollen lymph nodes but no other complaints. Then, they may start to develop symptoms
like oral thrush or night sweats. It may then still take years before they develop full-blown AIDS. The period between the development of full-blown AIDS and death may be as short as 6 months or as long as 2 years or more.

- During the asymptomatic period there may be no evidence that the person is sick; however, HIV-related illnesses can occur regularly over many months or years before full-blown AIDS develops.

- During the asymptomatic period (as well as during the symptomatic period), the person is infectious – that is, can pass HIV on to others.

**What are the symptoms of AIDS?**

- This question must be approached with caution in any specific case, since it is often difficult to determine if the symptoms actually mean onset of AIDS or if they are simply symptoms of other conditions. People develop signs and symptoms of their HIV infection before they develop what has been defined as AIDS. AIDS is the final and most severe phase of HIV infection and leads to death.

- The obvious signs and symptoms are indications of an opportunistic disease such as tuberculosis or pneumonia. However, associated findings might include: recent, unexplained weight loss; fever for more than one month; diarrhoea for more than one month; genital or anal ulcers for more than one month; cough for more than one month; nerve complaints; enlarged lymph nodes; skin infections that are severe or recur.

**Are there drugs and vaccines to treat AIDS?**

- There are drugs that are effective against many of the infections associated with AIDS. These drugs are not a cure for AIDS but they can postpone symptoms or death.

- A few drugs have been able to inhibit the multiplication of HIV in infected persons. These drugs do not eliminate the virus from the body but may be useful in prolonging life in patients who are infected with HIV.

- To date, there is some optimism over the development of a vaccine to protect against the disease. Part of the difficulty is that there are many strains of HIV. Even within the same person the virus can change over time. Work is proceeding on this, but safe, effective vaccines are likely to take many years to develop.

**How do you get HIV?**

- HIV can be found in body fluids like blood, semen, vaginal fluids, and breast milk.

- Any practice, which allows the penetration of the virus from these fluids through the skin or mucous membranes and into the bloodstream of another person, can cause HIV infection.

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

When a needle, or other skin-piercing instruments penetrates the skin (e.g. razor or tattooing instrument), and that instrument has blood on it from an HIV-infected person. Sharing the same syringe and needle among injecting drug users is particularly risky for transmission. Any unsterile syringes and needles can transmit infection.

HIV may also be transmitted from an infected mother to her baby, either through the placenta before birth, during birth, or, in some cases, through breast milk after birth.

Note that:

- For medical reasons, it may be important for a person to receive a blood transfusion. If the blood donor is HIV-infected, there is a high chance that the virus would be transmitted through the blood. However, most countries now test donated blood for HIV and the chance of being infected in this way is very small.

- Deep wet kissing has a very low risk of transmitting HIV. However, there is a slight risk if there are cuts or abrasions in the mouth.

- Although the risk of infection is very low, it is advisable not to share toothbrushes.

How you don’t get HIV

- HIV is not transmitted by touch, coughing and sneezing, cutlery, glasses, cups and food, swimming pools, towels, toilet seats, pets, mosquitoes and other insects, baths or showers.

- Nurses, and other health service staff, who come in close contact with patients’ body fluids, are trained to take precautions as part of the hospital routine.

How can one avoid infection?

- A person who does not engage in sexual intercourse and does not inject drugs (or who uses clean, sterile needles/syringes for such injections) has almost no chance of contracting HIV or other STIs.

- Being married or not having sex before marriage cannot by themselves protect against HIV. Many people have believed this and have been infected by their partners. (This is especially true for many women for whom the only risk factor was having sex with their husband/ partner.)

- People who are mutually faithful (i.e. they only have sex with each other) are not at risk of HIV/STIs by sexual means provided that both are HIV-negative at the start of their relationship and that neither gets infected through blood (transfusion, injecting drugs with unclean needle/syringe).

- People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?

• There is strong evidence that other sexually transmitted diseases put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STIs.

• If you suspect you may have acquired or been exposed to an STI, you should seek medical advice.

• A person who has an STI should be aware that if they are having unprotected sexual intercourse, they are at an even higher risk of getting HIV.

What do “safe sex” and “protected sex,” mean?

Because of the risk of HIV/AIDS, it is necessary to be very clear about the sexual practices, which are known to carry a risk of HIV transmission and those, which do not.

a) Safe sex activities (no risk)

Practising the following activities will prevent a partner's blood, semen or vaginal secretions from getting into contact with your blood and thereby prevents transmission of HIV: masturbation, massage, rubbing, hugging, touching genitals.

b) Low-risk sex activities

Using a condom correctly and consistently during sexual intercourse will reduce the risk of infection with HIV and other STIs. Latex condoms have been demonstrated to be an effective protection against HIV, STIs, as well as pregnancy. Incorrect use of condoms reduces their effectiveness, e.g. they may break. Sexual intercourse with a condom is called "protected sex".

While only a small number of people have contracted HIV through these means, the following activities are considered to carry some risk:

- fellatio (mouth on penis without taking semen into the mouth);
- cunnilingus (mouth on vagina);
- anilingus (mouth on anus); and
- deep wet kissing.

c) Unsafe sexual activities

Practising the following activities is a definite risk:

- anal sex (penis in rectum) without a condom;
- vaginal sex (penis in vagina) without a condom;
- any sex act that makes you bleed;
- semen (or blood) taken into the mouth during oral-genital sex.

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

Yes. It depends on a person’s behaviour. Some behaviours/activities carry a higher risk of getting HIV than others. These include:

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

Some situations, which are beyond an individual’s control, can put them at risk. These include:

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

Women are slightly more vulnerable physiologically to HIV infection than men. The area of mucous membrane exposed during intercourse is much larger in the woman than in the man, and the mucous membrane surface of the vagina (compared to the penis) can, therefore, be more easily penetrated by the virus. Very young women are more vulnerable than women in the 18-45 year age group; their immature cervix and relatively low vaginal mucus production present less of a barrier to HIV. Women are becoming infected at younger ages than men. This is partly because many young women marry or have sex with men older than themselves, who have already had a number of partners, and partly because of their biological vulnerability.

**Do you have to have many sexual partners to get infected with HIV/STI?**

Even one contact with a person infected with HIV is enough to transmit the infection. However, the risk of getting infected with HIV increases with the number of sexual partners and the number of sexual acts. The presence of an STI (e.g. genital ulcers) in a sexual partner increases the risk of transmission of HIV.

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

  Prostitutes and their clients, like any other people with many sexual partners, run the risk of getting infected by their partners. They may then pass the infection to many others. If a prostitute insists on using a condom every time she or he has sex, the risk of infection for her and the partner will be sharply reduced. Many prostitutes have replaced penetrative sex with safer practices, further reducing the risk of infection. Unfortunately clients often
refuse to wear condoms and the women are not in a position to insist.

- **If a woman is menstruating is there a greater risk of getting infected with HIV (for her partner and for herself)?**

  Menstrual blood from HIV-infected women does contain the virus. Infection would be dependent on whether the menstrual blood had contact with the sexual partner’s bloodstream. A woman who is menstruating is likely to be at a higher risk for HIV through sexual intercourse.

- **Can you get infected by blood transfusion or by blood products?**

  Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are “seropositive” i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the “window” period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**

  o The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.

  o About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.

  o It serves little purpose to test babies born to HIV-infected mothers for HIV antibodies at birth. There are likely to be many false positive results because antibodies from the mother are still circulating in the baby's bloodstream. Only at 18 months or older, can an antibody test result be regarded as reliable.

- **Does breast-feeding transmit HIV?**

  Breast milk of an HIV-infected mother contains HIV that can be transmitted to the baby. However, because of the benefits of breast-feeding, the WHO recommends that in situations where infectious disease and malnutrition are the main cause of infant deaths, and the infant mortality rate is high, mothers should breast-feed their babies, even if they are known to be infected with HIV, as the risk to the baby is less than the risks involved in artificial feeding.

**Can needles, knives and other instruments transmit HIV?**

Yes. Any instruments that cut the skin or puncture the skin can collect small amounts of blood that can be passed on if used again by another person without being sterilized. Avoid tattooing, ear piercing, acupuncture, and bloodletting ceremonies or sharing razors unless you are absolutely sure the instruments being used are sterilized or boiled in water.

**How is HIV transmitted with injection needles and syringes?**
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

• Only a very small amount of blood is needed for transmission to occur. Sharing needles and syringes used for anything – medicines or heroin, cocaine, amphetamines (speed) and even water can spread HIV. It is not what is put into the syringe that transmits HIV, but the blood that remains in the needle and syringe.

• Some countries have needle and syringe exchange programmes (used needles and syringes are exchanged for new ones) for injecting drug users. Those who cannot stop injecting drugs can join these programmes to avoid HIV transmission.

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  o Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  o Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  o Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

• Be extremely careful if you come across a needle or syringe in a park or street. Dispose of it safely without touching it with unprotected fingers.

Can you get HIV from contact sports where bleeding may occur?

• There is no evidence that any person participating in any sports activity has become infected with HIV from, or has transmitted HIV to, other participants.

• It is possible that transmission could occur if an HIV-infected athlete had a bleeding wound that came in contact with a cut in the skin or mucous membrane of another person. Even in such an unlikely event, however, the risk of transmission would be very low.

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

• The evidence clearly shows that mosquitoes and other insects do not spread HIV. For example, bedbugs, lice and fleas in the households of people infected with HIV do not spread the virus to the other people living in these households.

• If mosquitoes were responsible for spreading HIV, then people of all ages would be infected. In fact, children before puberty are rarely infected, unless they were born to
infected mothers or had a transfusion with infected blood.

- We know that HIV lives in some cells of the human body but that it does not live in the cells of insects. Therefore, mosquitoes and other insects are not a suitable home for HIV.

- HIV is not like the malaria parasite, which lives very well in the mosquito and spreads to people when mosquitoes bite, because it is in the fluid that the mosquito injects.

**When should one be tested for HIV?**

Remember you need to be tested twice (see above). There are advantages and disadvantages to being tested for HIV. It is a decision that should not be taken lightly and the implications of positive and negative outcomes should be faced in advance with the assistance of an HIV/AIDS counsellor.

**a) Advantages of being tested:**

If you are infected with HIV...

- You can receive early treatment and perhaps live longer.
- You can make decisions to take good care of yourself.
- You can develop a good emotional support system in the early stages of the disease.
- You can use new medications as they develop.
- Knowing that babies can be born with HIV, you can make decisions about whether you wish to get pregnant.
- You can inform your partner(s) that you have HIV.
- You can abstain from sex or use a condom during sex.
- You can avoid sharing items that come in contact with blood – razors, tweezers, needles, and syringes.
- You will decide not to donate blood and other tissues.

If you are not infected, you will be relieved to know the result and will want to protect yourself in the future.

**b) Disadvantages of being tested:**

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person’s cultural and religious attitudes towards illness and death.

- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

- A person who has tested positive for HIV may be discriminated against if the information is revealed.

**c) Some important points about knowing one’s HIV status:**
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

• HIV-infected workers or students should not be discriminated against.

• HIV infection alone does not limit fitness to study or to work.

• HIV infection should not be a cause for termination of employment or schooling.

• At work or school, as elsewhere, HIV-infected people have a responsibility to behave in ways that do not put others at risk of infection.

• Donating blood is a very irresponsible way to find out one's HIV status. If you want to be tested, consult your health care provider who will refer you to the appropriate counsellor.

d) HIV testing should always be preceded by counselling, which includes:

• Information about the test procedure and the many factors involved in testing, including emotional, social and medical consequences of a positive or negative result. Advantages and disadvantages of testing should be discussed and the decision to be tested should be made after careful consideration of all factors.


e) HIV test results should always be given with counselling, which consists of a talk between the individual and the counsellor aimed at discussing the test result.

• If the result is negative, the counsellor will discuss the importance of prevention of HIV/STIS in detail with the person in order to reduce his/her risks of infection in the future. The discussion will cover not only the methods available but also the person's individual situation, concerns and attitudes that may influence whether or not these methods are feasible and/or acceptable and will be used.

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

- One should discuss one’s risk factors with someone knowledgeable and still make decisions to use condoms or to abstain from sexual intercourse and avoid pregnancy.

How can one identify a person with HIV?

- It is not possible to know by physical appearance that a person has HIV, because the virus may remain in the body for many years without causing any symptoms or signs.

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else’s behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of “trigger”, e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
- Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

- Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

- It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

-Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

**Peer leaders:**

Why use peer leaders? Young people tend to listen more attentively and accept messages from respected peers more readily than from a teacher. This is especially true in areas of health, safety and sexuality. Some students are influential in that they set the group norms and function as models for the group. They can become peer leaders who assist the teacher, which allows him or her to spend more time on preparation, individual attention to students and classroom management.

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
- Lead a class team, e.g. during a quiz
- Read stories, questions, answers to activities
- Volunteer answers to activities
- Lead a small group
- Report findings of small groups
- Model appropriate behaviour, e.g. is assertive
- Carry out certain activities and report back, e.g. buying a condom
- Take polls, e.g. when teacher wants to know how many answered "yes".
- Draw diagrammes on the blackboard.

Role-play:

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

- Select volunteers, or students who are outgoing and energetic.
- Involve yourself in one of the main roles.
- Give students some lines or a script to start them off.
- Use "props" – hats, cards with names on, wigs, etc.
- Use humour, if possible.
- Pair all students in the class and have each one play a role, e.g. a father and a son. This will eliminate embarrassment of being in front of the class.

Story telling:

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

Test items for student evaluation:

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

"Basic knowledge on HIV/AIDS/STI"

TRUE:

- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
Once you are infected with HIV, you are infected for life.
Women may pass HIV on to others through their vaginal fluids.
You may get infected with HIV by having sex with someone who shares drug needles.
It is not dangerous to hug a person with AIDS.
People infected with HIV do not necessarily look sick.
People with AIDS die from serious diseases.
HIV may be passed from a mother to her unborn or newborn baby.
Having sex during the menstrual cycle increases the risk of getting HIV.
You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
A person who has AIDS usually will die in 6 months to 2 years.
The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
If a person has an STD, his or her chances of being infected with HIV are increased.
AIDS is caused by HIV.
HIV is not spread from one person to another through daily activities.
Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
The more partners a person has, the greater the chances of being infected with HIV.
Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
A person can have HIV for years without getting AIDS.
A negative HIV test means there are no antibodies to HIV in the blood.

FALSE

You may get HIV by sitting on a toilet seat that a person with AIDS has used.
You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
People infected with HIV are usually very thin and sickly.
Some people have been infected with HIV by swimming in the same water as someone with AIDS.
You may get HIV from a mosquito bite.
Someone with AIDS can spread HIV by coughing and spitting.
There is no way to kill HIV on a drug needle.
There is no way you can find out if you are infected with HIV.
You can be cured of AIDS if you are careful to take medicine the doctor gives you.
You can’t get HIV from sharing needles for tattoos or ear/nose piercing.
It is difficult for women to get HIV/AIDS.
HIV may be spread by wearing clothes from a person with AIDS.
A person may get HIV by donating blood.
A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
The test for HIV (ELISA test) is looking for the HIV virus.
A vaccine is available to protect people from HIV infection.
There have been reported cases in which HIV was spread by kissing.
A person who has tested positive for HIV is said to have AIDS.
There is evidence that some insects can actually spread AIDS.
HIV can be spread by contact such as hugging, kissing or holding hands.
You can tell if a person has HIV by how they look.
You may get HIV from toilet seats.
- Married people don’t become infected with HIV.
- If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

**TRUE**

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

**FALSE**

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

**TRUE**

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

**FALSE**

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

**TRUE**

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
Testing for HIV

Description of the tool:
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on providing students with basic information about testing for HIV.

The information provided here was adapted by UNESCO from the following publication:


Description of the document:
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers' guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education.** It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

Basic information on testing

The purpose of this activity is to ensure that students have all the basic information they need about testing for HIV.

What the teacher does:

1. Decides how to teach this activity:
   a) Requests a peer leader or student to read out the questions that Marie asked and then responds as Dr. Matago (see Annex 1).
   b) Reads out both the questions and answers or tries to obtain answers from the students.
   c) Asks two students or peer leaders to read out the questions and the answers.

2. Allows for a pause after each question and answer to allow students to ask additional questions.

3. Gives the follow-up test contained in activity 16 “What do you know about testing for HIV?” to students in order to test understanding (if there is sufficient time).

Additional preparation

Read or re-read Section 7 of the Teachers guide - “When Should One Be Tested for HIV” (see next page).

Remember people need to be tested twice. There are advantages and disadvantages to

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1 See Annex 2
2 See Annex 2
3 See Annex 3
being tested for HIV. It is a decision that should not be taken lightly and the implications of positive and negative outcomes should be faced in advance with the assistance of an HIV/AIDS counsellor.

“When Should One Be Tested for HIV”?

a) Advantages of being tested:

If you are infected with HIV...

- You can receive early treatment and perhaps live longer.
- You can make decisions to take good care of yourself.
- You can develop a good emotional support system in the early stages of the disease.
- You can use new medications as they develop.
- Knowing that babies can be born with HIV, you can make decisions about whether you wish to get pregnant.
- You can inform your partner(s) that you have HIV.
- You can abstain from sex or use a condom during sex.
- You can avoid sharing items that come in contact with blood – razors, tweezers, needles, and syringes.
- You will decide not to donate blood and other tissues.

If you are not infected, you will be relieved to know the result and will want to protect yourself in the future.

b) Disadvantages of being tested:

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person’s cultural and religious attitudes towards illness and death.

- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

- A person who has tested positive for HIV may be discriminated against if the information is revealed.

c) Some important points about knowing one's HIV status:

- A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

- However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

- In many situations, families are the main source of care and support and the type
of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

- All medical information, including HIV/AIDS status should be kept confidential.
- HIV-infected workers or students should not be discriminated against.
- HIV infection alone does not limit fitness to study or to work.
- HIV infection should not be a cause for termination of employment or schooling.
- At work or school, as elsewhere, HIV-infected people have a responsibility to behave in ways that do not put others at risk of infection.
- Donating blood is a very irresponsible way to find out one's HIV status. If you want to be tested, consult your health care provider who will refer you to the appropriate counsellor.

d) HIV testing should always be preceded by counselling, which includes:

- Information about the test procedure and the many factors involved in testing, including emotional, social and medical consequences of a positive or negative result. Advantages and disadvantages of testing should be discussed and the decision to be tested should be made after careful consideration of all factors.

Teachers should be prepared to answer questions about testing facilities and practices in their local area, and what to do if counselling and/or testing are not available.
Annex 1

Testing for HIV

You may need to find out about testing for HIV/AIDS.

How?

Your teacher will help you understand the information below and answer your questions.

Dr. Matago has worked with people living with AIDS for seven years. He helps with testing and talks to people who have been tested. He answers Marie’s questions in a kindly and understanding way.

Marie is anxious that she may have HIV from having sex with three partners. She thinks one of her partners might have HIV. She finally got up enough nerve to go to the health centre in her community. She tells the doctor about her situation and asks these questions.

<table>
<thead>
<tr>
<th>QUESTIONS from Marie</th>
<th>ANSWERS from Dr. Matogo</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the test for HIV?</td>
<td>It is called the “ELISA” test and shows whether there are antibodies (germ fighters) against HIV in your blood.</td>
</tr>
<tr>
<td>Why should I get tested?</td>
<td>If you are not infected, it will be a relief to know that, and from now on you will want to protect yourself against HIV. If you are infected, there some things you need to think about: you will want to make sure that you don't infect others, you should not give blood, you may decide not to have a baby, and you will have to inform your partner.</td>
</tr>
<tr>
<td>What is it like to be tested?</td>
<td>Some blood is taken and tested. You will probably have to return for the results</td>
</tr>
<tr>
<td>Is the test always right?</td>
<td>It is 99% accurate. To be absolutely sure, the test should be taken twice in three months (with no risks taken in between)</td>
</tr>
<tr>
<td>Where can I get tested?</td>
<td>At a hospital, a health centre, STD clinic, or an AIDS Testing Centre.</td>
</tr>
<tr>
<td>What if I have HIV?</td>
<td>You will be given advice and help. The test is confidential (no one will be told).</td>
</tr>
</tbody>
</table>
Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

- AIDS stands for Acquired (not inborn, passed from person to person, including from mother to baby) Immune (relating to the body's immune system, which provides protection from disease-causing germs) Deficiency (lack of response by the immune system to germs) Syndrome (a number of signs and symptoms indicating a particular disease or condition).

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

- These infections, cancers etc. make the person ill and lead to his or her death. At present there is no vaccine or cure for AIDS.

What do we know about HIV?

- HIV, like other viruses, is very small, too small to be seen with an ordinary microscope. Viruses cause all sorts of diseases from flu (influenza) to herpes to some kinds of cancer.

- To reproduce, HIV must enter a body cell, which in this case is an immune cell. By interfering with the cells that protect us against infection, HIV leaves the body poorly protected against the particular types of diseases, which these cells normally deal with.

- Infections that develop because HIV has weakened the immune system are called "opportunistic infections". These include: respiratory infections e.g. tuberculosis; Pneumocystis carinii pneumonia; gastro-intestinal infections e.g. candidiasis in the mouth or diarrhoea; and brain infections e.g. toxoplasmosis or cryptococcal meningitis.

- Some people may also develop cancers, e.g. Kaposi sarcoma, a cancer which often causes red skin lesions.

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonias and pubic lice are parasite STIs.
Most STIs can be cured.

Certain STIs, if not treated soon enough, can lead to long-lasting health problems in both males and females, e.g. damage to the reproductive organs so that a woman is no longer able to have children, cancer of the cervix, heart and brain damage, and possibly death.

In many STIs, the early symptoms are often difficult to recognize, and many people ignore them until more severe damage is done. This is especially true for women. This makes early diagnosis and treatment difficult.

An abnormal discharge from the penis, anus or vagina; burning on urination; pain in the abdominal or groin area with a fever; pain during sex; and rashes, blisters or sores on the genitals, are all possible symptoms of STIs. If a person experiences any of the above symptoms, they should stop having sexual intercourse and go to a clinic or hospital for a check-up.

What are antibodies?

The body’s defense system (immune system) develops germ fighters, called antibodies to fight off and destroy various viruses and germs that invade the body.

The presence of particular antibodies in a person’s blood indicates that the person has been exposed to that infection. For example, when a blood test reveals that the antibodies to HIV are present in the blood, it means that the person is infected with HIV.

What is the “window” period?

This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually 2-12 weeks; in rare instances it may be longer.

This means that if an HIV antibody test is taken during the “window” period it will be negative since the blood test is looking for antibodies that have not yet developed. But that person is already HIV-infected and can transmit HIV to others.

People taking the test are advised, if the result is negative, to return for a re-test in 3 months by which time if the person had been infected, the antibodies are almost certain to have developed (they should avoid risk behaviours during the 3 months).

The most common test for HIV antibodies is called the ELISA test.

What does the asymptomatic period mean?

The asymptomatic period is the period of time between infection and the beginning of signs and symptoms related to AIDS.

This varies from person to person for HIV/AIDS. It may be as short as 6 months or as long as 10 years or more.

People usually have an asymptomatic period of several years in which they may have swollen lymph nodes but no other complaints. Then, they may start to develop symptoms
like oral thrush or night sweats. It may then still take years before they develop full-blown AIDS. The period between the development of full-blown AIDS and death may be as short as 6 months or as long as 2 years or more.

- During the asymptomatic period there may be no evidence that the person is sick; however, HIV-related illnesses can occur regularly over many months or years before full-blown AIDS develops.

- During the asymptomatic period (as well as during the symptomatic period), the person is infectious – that is, can pass HIV on to others.

**What are the symptoms of AIDS?**

- This question must be approached with caution in any specific case, since it is often difficult to determine if the symptoms actually mean onset of AIDS or if they are simply symptoms of other conditions. People develop signs and symptoms of their HIV infection before they develop what has been defined as AIDS. AIDS is the final and most severe phase of HIV infection and leads to death.

- The obvious signs and symptoms are indications of an opportunistic disease such as tuberculosis or pneumonia. However, associated findings might include: recent, unexplained weight loss; fever for more than one month; diarrhoea for more than one month; genital or anal ulcers for more than one month; cough for more than one month; nerve complaints; enlarged lymph nodes; skin infections that are severe or recur.

**Are there drugs and vaccines to treat AIDS?**

- There are drugs that are effective against many of the infections associated with AIDS. These drugs are not a cure for AIDS but they can postpone symptoms or death.

- A few drugs have been able to inhibit the multiplication of HIV in infected persons. These drugs do not eliminate the virus from the body but may be useful in prolonging life in patients who are infected with HIV.

- To date, there is some optimism over the development of a vaccine to protect against the disease. Part of the difficulty is that there are many strains of HIV. Even within the same person the virus can change over time. Work is proceeding on this, but safe, effective vaccines are likely to take many years to develop.

**How do you get HIV?**

- HIV can be found in body fluids like blood, semen, vaginal fluids, and breast milk.

- Any practice, which allows the penetration of the virus from these fluids through the skin or mucous membranes and into the bloodstream of another person, can cause HIV infection.

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

When a needle, or other skin-piercing instruments penetrates the skin (e.g. razor or tattooing instrument), and that instrument has blood on it from an HIV-infected person. Sharing the same syringe and needle among injecting drug users is particularly risky for transmission. Any unsterile syringes and needles can transmit infection.

HIV may also be transmitted from an infected mother to her baby, either through the placenta before birth, during birth, or, in some cases, through breast milk after birth.

Note that:

- For medical reasons, it may be important for a person to receive a blood transfusion. If the blood donor is HIV-infected, there is a high chance that the virus would be transmitted through the blood. However, most countries now test donated blood for HIV and the chance of being infected in this way is very small.

- Deep wet kissing has a very low risk of transmitting HIV. However, there is a slight risk if there are cuts or abrasions in the mouth.

- Although the risk of infection is very low, it is advisable not to share toothbrushes.

How you don’t get HIV

- HIV is not transmitted by touch, coughing and sneezing, cutlery, glasses, cups and food, swimming pools, towels, toilet seats, pets, mosquitoes and other insects, baths or showers.

- Nurses, and other health service staff, who come in close contact with patients’ body fluids, are trained to take precautions as part of the hospital routine.

How can one avoid infection?

- A person who does not engage in sexual intercourse and does not inject drugs (or who uses clean, sterile needles/syringes for such injections) has almost no chance of contracting HIV or other STIs.

- Being married or not having sex before marriage cannot by themselves protect against HIV. Many people have believed this and have been infected by their partners. (This is especially true for many women for whom the only risk factor was having sex with their husband/partner.)

- People who are mutually faithful (i.e. they only have sex with each other) are not at risk of HIV/STIs by sexual means provided that both are HIV-negative at the start of their relationship and that neither gets infected through blood (transfusion, injecting drugs with unclean needle/syringe).

- People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?
• There is strong evidence that other sexually transmitted diseases put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STIs.
• If you suspect you may have acquired or been exposed to an STI, you should seek medical advice.
• A person who has an STI should be aware that if they are having unprotected sexual intercourse, they are at an even higher risk of getting HIV.

What do “safe sex” and “protected sex,” mean?
Because of the risk of HIV/AIDS, it is necessary to be very clear about the sexual practices, which are known to carry a risk of HIV transmission and those, which do not.

a) Safe sex activities (no risk)
Practising the following activities will prevent a partner’s blood, semen or vaginal secretions from getting into contact with your blood and thereby prevents transmission of HIV: masturbation, massage, rubbing, hugging, touching genitals.

b) Low-risk sex activities
Using a condom correctly and consistently during sexual intercourse will reduce the risk of infection with HIV and other STIs. Latex condoms have been demonstrated to be an effective protection against HIV, STIs, as well as pregnancy. Incorrect use of condoms reduces their effectiveness, e.g. they may break. Sexual intercourse with a condom is called “protected sex”.

While only a small number of people have contracted HIV through these means, the following activities are considered to carry some risk:
- fellatio (mouth on penis without taking semen into the mouth);
- cunnilingus (mouth on vagina);
- anilingus (mouth on anus); and
- deep wet kissing.

c) Unsafe sexual activities
Practising the following activities is a definite risk:
- anal sex (penis in rectum) without a condom;
- vaginal sex (penis in vagina) without a condom;
- any sex act that makes you bleed;
- semen (or blood) taken into the mouth during oral-genital sex.

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

Do some people have a high likelihood of getting HIV?

Yes. It depends on a person’s behaviour. Some behaviours/activities carry a higher risk of getting HIV than others. These include:

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

Some situations, which are beyond an individual’s control, can put them at risk. These include:

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

Are men and women equally vulnerable physiologically to HIV infection?

Women are slightly more vulnerable physiologically to HIV infection than men. The area of mucous membrane exposed during intercourse is much larger in the woman than in the man, and the mucous membrane surface of the vagina (compared to the penis) can, therefore, be more easily penetrated by the virus. Very young women are more vulnerable than women in the 18-45 year age group; their immature cervix and relatively low vaginal mucus production present less of a barrier to HIV. Women are becoming infected at younger ages than men. This is partly because many young women marry or have sex with men older than themselves, who have already had a number of partners, and partly because of their biological vulnerability.

Do you have to have many sexual partners to get infected with HIV/STI?

Even one contact with a person infected with HIV is enough to transmit the infection. However, the risk of getting infected with HIV increases with the number of sexual partners and the number of sexual acts. The presence of an STI (e.g. genital ulcers) in a sexual partner increases the risk of transmission of HIV.

Questions on transmission:

- Is HIV spread by prostitutes and their clients?

Prostitutes and their clients, like any other people with many sexual partners, run the risk of getting infected by their partners. They may then pass the infection to many others. If a prostitute insists on using a condom every time she or he has sex, the risk of infection for her and the partner will be sharply reduced. Many prostitutes have replaced penetrative sex with safer practices, further reducing the risk of infection. Unfortunately clients often
refuse to wear condoms and the women are not in a position to insist.

- If a woman is menstruating is there a greater risk of getting infected with HIV (for her partner and for herself)?

Menstrual blood from HIV-infected women does contain the virus. Infection would be dependent on whether the menstrual blood had contact with the sexual partner’s bloodstream. A woman who is menstruating is likely to be at a higher risk for HIV through sexual intercourse.

- Can you get infected by blood transfusion or by blood products?

Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are “seropositive” i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the “window” period (test negative) when giving blood. You cannot get HIV from donating blood.

- What happens to a baby born to a woman with HIV infection?

- The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.

- About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.

- It serves little purpose to test babies born to HIV-infected mothers for HIV antibodies at birth. There are likely to be many false positive results because antibodies from the mother are still circulating in the baby's bloodstream. Only at 18 months or older, can an antibody test result be regarded as reliable.

- Does breast-feeding transmit HIV?

Breast milk of an HIV-infected mother contains HIV that can be transmitted to the baby. However, because of the benefits of breast-feeding, the WHO recommends that in situations where infectious disease and malnutrition are the main cause of infant deaths, and the infant mortality rate is high, mothers should breast-feed their babies, even if they are known to be infected with HIV, as the risk to the baby is less than the risks involved in artificial feeding.

Can needles, knives and other instruments transmit HIV?

Yes. Any instruments that cut the skin or puncture the skin can collect small amounts of blood that can be passed on if used again by another person without being sterilized. Avoid tattooing, ear piercing, acupuncture, and bloodletting ceremonies or sharing razors unless you are absolutely sure the instruments being used are sterilized or boiled in water.

How is HIV transmitted with injection needles and syringes?
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

• Only a very small amount of blood is needed for transmission to occur. Sharing needles and syringes used for anything – medicines or heroin, cocaine, amphetamines (speed) and even water can spread HIV. It is not what is put into the syringe that transmits HIV, but the blood that remains in the needle and syringe.

• Some countries have needle and syringe exchange programmes (used needles and syringes are exchanged for new ones) for injecting drug users. Those who cannot stop injecting drugs can join these programmes to avoid HIV transmission.

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  o Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  o Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  o Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

• Be extremely careful if you come across a needle or syringe in a park or street. Dispose of it safely without touching it with unprotected fingers.

Can you get HIV from contact sports where bleeding may occur?

• There is no evidence that any person participating in any sports activity has become infected with HIV from, or has transmitted HIV to, other participants.

• It is possible that transmission could occur if an HIV-infected athlete had a bleeding wound that came in contact with a cut in the skin or mucous membrane of another person. Even in such an unlikely event, however, the risk of transmission would be very low.

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

• The evidence clearly shows that mosquitoes and other insects do not spread HIV. For example, bedbugs, lice and fleas in the households of people infected with HIV do not spread the virus to the other people living in these households.

• If mosquitoes were responsible for spreading HIV, then people of all ages would be infected. In fact, children before puberty are rarely infected, unless they were born to
infected mothers or had a transfusion with infected blood.

- We know that HIV lives in some cells of the human body but that it does not live in the cells of insects. Therefore, mosquitoes and other insects are not a suitable home for HIV.
- HIV is not like the malaria parasite, which lives very well in the mosquito and spreads to people when mosquitoes bite, because it is in the fluid that the mosquito injects.

When should one be tested for HIV?

Remember you need to be tested twice (see above). There are advantages and disadvantages to being tested for HIV. It is a decision that should not be taken lightly and the implications of positive and negative outcomes should be faced in advance with the assistance of an HIV/AIDS counsellor.

a) Advantages of being tested:

If you are infected with HIV...

- You can receive early treatment and perhaps live longer.
- You can make decisions to take good care of yourself.
- You can develop a good emotional support system in the early stages of the disease.
- You can use new medications as they develop.
- Knowing that babies can be born with HIV, you can make decisions about whether you wish to get pregnant.
- You can inform your partner(s) that you have HIV.
- You can abstain from sex or use a condom during sex.
- You can avoid sharing items that come in contact with blood – razors, tweezers, needles, and syringes.
- You will decide not to donate blood and other tissues.

If you are not infected, you will be relieved to know the result and will want to protect yourself in the future.

b) Disadvantages of being tested:

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person’s cultural and religious attitudes towards illness and death.
- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.
- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.
- A person who has tested positive for HIV may be discriminated against if the information is revealed.

c) Some important points about knowing one's HIV status:
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

• HIV-infected workers or students should not be discriminated against.

• HIV infection alone does not limit fitness to study or to work.

• HIV infection should not be a cause for termination of employment or schooling.

• At work or school, as elsewhere, HIV-infected people have a responsibility to behave in ways that do not put others at risk of infection.

• Donating blood is a very irresponsible way to find out one's HIV status. If you want to be tested, consult your health care provider who will refer you to the appropriate counsellor.

d) HIV testing should always be preceded by counselling, which includes:

• Information about the test procedure and the many factors involved in testing, including emotional, social and medical consequences of a positive or negative result. Advantages and disadvantages of testing should be discussed and the decision to be tested should be made after careful consideration of all factors.

e) HIV test results should always be given with counselling, which consists of a talk between the individual and the counsellor aimed at discussing the test result.

• If the result is negative, the counsellor will discuss the importance of prevention of HIV/STIS in detail with the person in order to reduce his/her risks of infection in the future. The discussion will cover not only the methods available but also the person's individual situation, concerns and attitudes that may influence whether or not these methods are feasible and/or acceptable and will be used.

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

- One should discuss one’s risk factors with someone knowledgeable and still make decisions to use condoms or to abstain from sexual intercourse and avoid pregnancy.

How can one identify a person with HIV?

- It is not possible to know by physical appearance that a person has HIV, because the virus may remain in the body for many years without causing any symptoms or signs.

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else's behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of “trigger”, e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
- Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

- Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

- It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

- Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

**Peer leaders:**

Why use peer leaders? Young people tend to listen more attentively and accept messages from respected peers more readily than from a teacher. This is especially true in areas of health, safety and sexuality. Some students are influential in that they set the group norms and function as models for the group. They can become peer leaders who assist the teacher, which allows him or her to spend more time on preparation, individual attention to students and classroom management.

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
- Lead a class team, e.g. during a quiz
- Read stories, questions, answers to activities
- Volunteer answers to activities
- Lead a small group
- Report findings of small groups
- Model appropriate behaviour, e.g. is assertive
- Carry out certain activities and report back, e.g. buying a condom
- Take polls, e.g. when teacher wants to know how many answered “yes”.
- Draw diagrammes on the blackboard.

**Role-play:**

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

- Select volunteers, or students who are outgoing and energetic.
- Involve yourself in one of the main roles.
- Give students some lines or a script to start them off.
- Use “props” – hats, cards with names on, wigs, etc.
- Use humour, if possible.
- Pair all students in the class and have each one play a role, e.g. a father and a son. This will eliminate embarrassment of being in front of the class.

**Story telling:**

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

**Test items for student evaluation:**

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

**“Basic knowledge on HIV/AIDS/STI”**

**TRUE:**

- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
Once you are infected with HIV, you are infected for life.  
Women may pass HIV on to others through their vaginal fluids.  
You may get infected with HIV by having sex with someone who shares drug needles.  
It is not dangerous to hug a person with AIDS.  
People infected with HIV do not necessarily look sick.  
People with AIDS die from serious diseases.  
HIV may be passed from a mother to her unborn or newborn baby.  
Having sex during the menstrual cycle increases the risk of getting HIV.  
You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.  
The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.  
A person who has AIDS usually will die in 6 months to 2 years.  
The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.  
If a person has an STD, his or her chances of being infected with HIV are increased.  
AIDS is caused by HIV.  
HIV is not spread from one person to another through daily activities.  
Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.  
A person may pass on HIV even though he/she has no signs or symptoms of AIDS.  
The more partners a person has, the greater the chances of being infected with HIV.  
Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.  
A person can have HIV for years without getting AIDS.  
A negative HIV test means there are no antibodies to HIV in the blood.

**FALSE**

You may get HIV by sitting on a toilet seat that a person with AIDS has used.  
You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.  
People infected with HIV are usually very thin and sickly.  
Some people have been infected with HIV by swimming in the same water as someone with AIDS.  
You may get HIV from a mosquito bite.  
Someone with AIDS can spread HIV by coughing and spitting.  
There is no way to kill HIV on a drug needle.  
There is no way you can find out if you are infected with HIV.  
You can be cured of AIDS if you are careful to take medicine the doctor gives you.  
You can’t get HIV from sharing needles for tattoos or ear/nose piercing.  
It is difficult for women to get HIV/AIDS.  
HIV may be spread by wearing clothes from a person with AIDS.  
A person may get HIV by donating blood.  
A person is infectious (able to pass HIV on to others) only when she/he has AIDS.  
The test for HIV (ELISA test) is looking for the HIV virus.  
A vaccine is available to protect people from HIV infection.  
There have been reported cases in which HIV was spread by kissing.  
A person who has tested positive for HIV is said to have AIDS.  
There is evidence that some insects can actually spread AIDS.  
HIV can be spread by contact such as hugging, kissing or holding hands.  
You can tell if a person has HIV by how they look.  
You may get HIV from toilet seats.
- Married people don’t become infected with HIV.
- If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

TRUE

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

FALSE

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

TRUE

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

FALSE

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

TRUE

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
What do you know about testing for HIV?

Description of the tool:
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on helping students remember what they have learned about testing.

The information provided here was adapted by UNESCO from the following publication:


Description of the document:
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers' guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education.** It will have a greater impact if it is reinforced by activities in the other three components of the framework.
What do you know about testing for HIV?

Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

A short test on testing for HIV

The purpose of this activity is to help students remember what they have learned about testing and understand the concepts.

What the teacher does:

1. Decides how to teach this activity:

   a) Provides each student with an activity sheet (see Annex 1) and instructs them complete the test individually or in small groups.

   b) Puts column B on the blackboard and reads out each statement from column A. Invites the students to select the correct response (only one sheet needed).

   c) Puts columns A and B on the blackboard and instructs students carry out the activity individually or in small groups (only one sheet needed).

Note: For any of the above methods, the class can be split into two or more teams and have them compete.

2. Discusses the answers (provided below).

<table>
<thead>
<tr>
<th>The number of times you need to be tested in three months is:</th>
<th>G - twice</th>
</tr>
</thead>
<tbody>
<tr>
<td>The test is accurate to:</td>
<td>I - 99 %</td>
</tr>
</tbody>
</table>

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1 See Annex 2
2 See Annex 3
<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is important to take the test so that you can:</td>
<td><strong>J</strong> - tell your partners/ <strong>F</strong> – not infect others</td>
</tr>
<tr>
<td>It is also important to take the test so that you will:</td>
<td><strong>F</strong> - not infect others/ <strong>J</strong> – tell your partners</td>
</tr>
<tr>
<td>The most common test for HIV is called:</td>
<td><strong>D</strong> - &quot;ELISA&quot;</td>
</tr>
<tr>
<td>When no one else is told about the test that means that it is:</td>
<td><strong>H</strong> - confidential</td>
</tr>
<tr>
<td>If you have HIV, you will be given:</td>
<td><strong>A</strong> - advice and help</td>
</tr>
<tr>
<td>You can get tested at:</td>
<td><strong>C</strong> - health centre or hospital</td>
</tr>
<tr>
<td>The test for HIV looks for:</td>
<td><strong>E</strong> - antibodies</td>
</tr>
<tr>
<td>To get the results you probably have to:</td>
<td><strong>B</strong> - come back later</td>
</tr>
</tbody>
</table>

**Additional preparation**

Thoroughly revise the answers before giving out this test.
Annex 1

What do you know about testing for HIV?

It is very important to remember everything you have learned so far about HIV, AIDS and STI. The purpose of this activity is to help you review the information on testing for HIV.

How?

Read the statements in column “A” and try to find the words in column “B” that match the statement.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of times you need to be tested in three months is...</td>
<td>The test is accurate to...</td>
</tr>
<tr>
<td></td>
<td>A Advice and help</td>
</tr>
<tr>
<td></td>
<td>B Come back later</td>
</tr>
<tr>
<td>It is important to take the test so that you can...</td>
<td>It is also important to take the test so that you will...</td>
</tr>
<tr>
<td></td>
<td>C Health centre or hospital</td>
</tr>
<tr>
<td></td>
<td>D ELISA</td>
</tr>
<tr>
<td>The test for HIV is called...</td>
<td>When no one else is told about the test that means that it is...</td>
</tr>
<tr>
<td></td>
<td>E Antibodies</td>
</tr>
<tr>
<td></td>
<td>F Take precautions to not infect others if you test positive</td>
</tr>
<tr>
<td>If you have HIV, you will be given...</td>
<td>You can get tested at...</td>
</tr>
<tr>
<td></td>
<td>G Twice</td>
</tr>
<tr>
<td></td>
<td>H Confidential</td>
</tr>
<tr>
<td>The test for HIV looks for...</td>
<td>To get the results you probably have to...</td>
</tr>
<tr>
<td></td>
<td>I 99%</td>
</tr>
<tr>
<td></td>
<td>J Tell your partner(s) if you test positive</td>
</tr>
</tbody>
</table>
Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

- AIDS stands for Acquired (not inborn, passed from person to person, including from mother to baby) Immune (relating to the body's immune system, which provides protection from disease-causing germs) Deficiency (lack of response by the immune system to germs) Syndrome (a number of signs and symptoms indicating a particular disease or condition).

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

- These infections, cancers etc. make the person ill and lead to his or her death. At present there is no vaccine or cure for AIDS.

What do we know about HIV?

- HIV, like other viruses, is very small, too small to be seen with an ordinary microscope. Viruses cause all sorts of diseases from flu (influenza) to herpes to some kinds of cancer.

- To reproduce, HIV must enter a body cell, which in this case is an immune cell. By interfering with the cells that protect us against infection, HIV leaves the body poorly protected against the particular types of diseases, which these cells normally deal with.

- Infections that develop because HIV has weakened the immune system are called "opportunistic infections". These include: respiratory infections e.g. tuberculosis; Pneumocystis carinii pneumonia; gastro-intestinal infections e.g. candidiasis in the mouth or diarrhoea; and brain infections e.g. toxoplasmosis or cryptococcal meningitis.

- Some people may also develop cancers, e.g. Kaposi sarcoma, a cancer which often causes red skin lesions.

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
• Most STIs can be cured.

• Certain STIs, if not treated soon enough, can lead to long-lasting health problems in both males and females, e.g. damage to the reproductive organs so that a woman is no longer able to have children, cancer of the cervix, heart and brain damage, and possibly death.

• In many STIs, the early symptoms are often difficult to recognize, and many people ignore them until more severe damage is done. This is especially true for women. This makes early diagnosis and treatment difficult.

• An abnormal discharge from the penis, anus or vagina; burning on urination; pain in the abdominal or groin area with a fever; pain during sex; and rashes, blisters or sores on the genitals, are all possible symptoms of STIs. If a person experiences any of the above symptoms, they should stop having sexual intercourse and go to a clinic or hospital for a check-up.

What are antibodies?

• The body’s defense system (immune system) develops germ fighters, called antibodies to fight off and destroy various viruses and germs that invade the body.

• The presence of particular antibodies in a person’s blood indicates that the person has been exposed to that infection. For example, when a blood test reveals that the antibodies to HIV are present in the blood, it means that the person is infected with HIV.

What is the “window” period?

• This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually 2-12 weeks; in rare instances it may be longer.

• This means that if an HIV antibody test is taken during the “window” period it will be negative since the blood test is looking for antibodies that have not yet developed. But that person is already HIV-infected and can transmit HIV to others.

• People taking the test are advised, if the result is negative, to return for a re-test in 3 months by which time if the person had been infected, the antibodies are almost certain to have developed (they should avoid risk behaviours during the 3 months).

• The most common test for HIV antibodies is called the ELISA test.

What does the asymptomatic period mean?

• The asymptomatic period is the period of time between infection and the beginning of signs and symptoms related to AIDS.

• This varies from person to person for HIV/AIDS. It may be as short as 6 months or as long as 10 years or more.

• People usually have an asymptomatic period of several years in which they may have swollen lymph nodes but no other complaints. Then, they may start to develop symptoms.
like oral thrush or night sweats. It may then still take years before they develop full-blown AIDS. The period between the development of full-blown AIDS and death may be as short as 6 months or as long as 2 years or more.

- During the asymptomatic period there may be no evidence that the person is sick; however, HIV-related illnesses can occur regularly over many months or years before full-blown AIDS develops.

- During the asymptomatic period (as well as during the symptomatic period), the person is infectious – that is, can pass HIV on to others.

What are the symptoms of AIDS?

- This question must be approached with caution in any specific case, since it is often difficult to determine if the symptoms actually mean onset of AIDS or if they are simply symptoms of other conditions. People develop signs and symptoms of their HIV infection before they develop what has been defined as AIDS. AIDS is the final and most severe phase of HIV infection and leads to death.

- The obvious signs and symptoms are indications of an opportunistic disease such as tuberculosis or pneumonia. However, associated findings might include: recent, unexplained weight loss; fever for more than one month; diarrhoea for more than one month; genital or anal ulcers for more than one month; cough for more than one month; nerve complaints; enlarged lymph nodes; skin infections that are severe or recur.

Are there drugs and vaccines to treat AIDS?

- There are drugs that are effective against many of the infections associated with AIDS. These drugs are not a cure for AIDS but they can postpone symptoms or death.

- A few drugs have been able to inhibit the multiplication of HIV in infected persons. These drugs do not eliminate the virus from the body but may be useful in prolonging life in patients who are infected with HIV.

- To date, there is some optimism over the development of a vaccine to protect against the disease. Part of the difficulty is that there are many strains of HIV. Even within the same person the virus can change over time. Work is proceeding on this, but safe, effective vaccines are likely to take many years to develop.

How do you get HIV?

- HIV can be found in body fluids like blood, semen, vaginal fluids, and breast milk.

- Any practice, which allows the penetration of the virus from these fluids through the skin or mucous membranes and into the bloodstream of another person, can cause HIV infection.

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
- When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

- When a needle, or other skin-piercing instruments penetrates the skin (e.g. razor or tattooing instrument), and that instrument has blood on it from an HIV-infected person. Sharing the same syringe and needle among injecting drug users is particularly risky for transmission. Any unsterile syringes and needles can transmit infection.

- HIV may also be transmitted from an infected mother to her baby, either through the placenta before birth, during birth, or, in some cases, through breast milk after birth.

Note that:

- For medical reasons, it may be important for a person to receive a blood transfusion. If the blood donor is HIV-infected, there is a high chance that the virus would be transmitted through the blood. However, most countries now test donated blood for HIV and the chance of being infected in this way is very small.

- Deep wet kissing has a very low risk of transmitting HIV. However, there is a slight risk if there are cuts or abrasions in the mouth.

- Although the risk of infection is very low, it is advisable not to share toothbrushes.

How you don’t get HIV

- HIV is not transmitted by touch, coughing and sneezing, cutlery, glasses, cups and food, swimming pools, towels, toilet seats, pets, mosquitoes and other insects, baths or showers.

- Nurses, and other health service staff, who come in close contact with patients’ body fluids, are trained to take precautions as part of the hospital routine.

How can one avoid infection?

- A person who does not engage in sexual intercourse and does not inject drugs (or who uses clean, sterile needles/syringes for such injections) has almost no chance of contracting HIV or other STIs.

- Being married or not having sex before marriage cannot by themselves protect against HIV. Many people have believed this and have been infected by their partners. (This is especially true for many women for whom the only risk factor was having sex with their husband/ partner.)

- People who are mutually faithful (i.e. they only have sex with each other) are not at risk of HIV/STIs by sexual means provided that both are HIV-negative at the start of their relationship and that neither gets infected through blood (transfusion, injecting drugs with unclean needle/syringe).

- People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
- Washing after sexual intercourse does not help to prevent HIV infection.

**Do sexually transmitted diseases increase your chance of getting HIV?**

- There is strong evidence that other sexually transmitted diseases put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STIs.

- If you suspect you may have acquired or been exposed to an STI, you should seek medical advice.

- A person who has an STI should be aware that if they are having unprotected sexual intercourse, they are at an even higher risk of getting HIV.

**What do “safe sex” and “protected sex,” mean?**

Because of the risk of HIV/AIDS, it is necessary to be very clear about the sexual practices, which are known to carry a risk of HIV transmission and those, which do not.

- **a) Safe sex activities (no risk)**
  
  Practising the following activities will prevent a partner's blood, semen or vaginal secretions from getting into contact with your blood and thereby prevents transmission of HIV: masturbation, massage, rubbing, hugging, touching genitals.

- **b) Low-risk sex activities**
  
  Using a condom correctly and consistently during sexual intercourse will reduce the risk of infection with HIV and other STIs. Latex condoms have been demonstrated to be an effective protection against HIV, STIs, as well as pregnancy. Incorrect use of condoms reduces their effectiveness, e.g. they may break. Sexual intercourse with a condom is called “protected sex”.

  While only a small number of people have contracted HIV through these means, the following activities are considered to carry some risk:
  - fellatio (mouth on penis without taking semen into the mouth);
  - cunnilingus (mouth on vagina);
  - anilingus (mouth on anus); and
  - deep wet kissing.

- **c) Unsafe sexual activities**
  
  Practising the following activities is a definite risk:
  - anal sex (penis in rectum) without a condom;
  - vaginal sex (penis in vagina) without a condom;
  - any sex act that makes you bleed;
  - semen (or blood) taken into the mouth during oral-genital sex.

**What is affection without sex (non-penetrative sex)?**
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

Yes. It depends on a person’s behaviour. Some behaviours/activities carry a higher risk of getting HIV than others. These include:

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

Some situations, which are beyond an individual’s control, can put them at risk. These include:

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

Women are slightly more vulnerable physiologically to HIV infection than men. The area of mucous membrane exposed during intercourse is much larger in the woman than in the man, and the mucous membrane surface of the vagina (compared to the penis) can, therefore, be more easily penetrated by the virus. Very young women are more vulnerable than women in the 18-45 year age group; their immature cervix and relatively low vaginal mucus production present less of a barrier to HIV. Women are becoming infected at younger ages than men. This is partly because many young women marry or have sex with men older than themselves, who have already had a number of partners, and partly because of their biological vulnerability.

**Do you have to have many sexual partners to get infected with HIV/STI?**

Even one contact with a person infected with HIV is enough to transmit the infection. However, the risk of getting infected with HIV increases with the number of sexual partners and the number of sexual acts. The presence of an STI (e.g. genital ulcers) in a sexual partner increases the risk of transmission of HIV.

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

  Prostitutes and their clients, like any other people with many sexual partners, run the risk of getting infected by their partners. They may then pass the infection to many others. If a prostitute insists on using a condom every time she or he has sex, the risk of infection for her and the partner will be sharply reduced. Many prostitutes have replaced penetrative sex with safer practices, further reducing the risk of infection. Unfortunately clients often
refuse to wear condoms and the women are not in a position to insist.

- **If a woman is menstruating is there a greater risk of getting infected with HIV (for her partner and for herself)?**

  Menstrual blood from HIV-infected women does contain the virus. Infection would be dependent on whether the menstrual blood had contact with the sexual partner's bloodstream. A woman who is menstruating is likely to be at a higher risk for HIV through sexual intercourse.

- **Can you get infected by blood transfusion or by blood products?**

  Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are "seropositive" i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the "window" period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**

  - The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.

  - About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.

  - It serves little purpose to test babies born to HIV-infected mothers for HIV antibodies at birth. There are likely to be many false positive results because antibodies from the mother are still circulating in the baby's bloodstream. Only at 18 months or older, can an antibody test result be regarded as reliable.

- **Does breast-feeding transmit HIV?**

  Breast milk of an HIV-infected mother contains HIV that can be transmitted to the baby. However, because of the benefits of breast-feeding, the WHO recommends that in situations where infectious disease and malnutrition are the main cause of infant deaths, and the infant mortality rate is high, mothers should breast-feed their babies, even if they are known to be infected with HIV, as the risk to the baby is less than the risks involved in artificial feeding.

**Can needles, knives and other instruments transmit HIV?**

Yes. Any instruments that cut the skin or puncture the skin can collect small amounts of blood that can be passed on if used again by another person without being sterilized. Avoid tattooing, ear piercing, acupuncture, and bloodletting ceremonies or sharing razors unless you are absolutely sure the instruments being used are sterilized or boiled in water.

**How is HIV transmitted with injection needles and syringes?**
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

• Only a very small amount of blood is needed for transmission to occur. Sharing needles and syringes used for anything – medicines or heroin, cocaine, amphetamines (speed) and even water can spread HIV. It is not what is put into the syringe that transmits HIV, but the blood that remains in the needle and syringe.

• Some countries have needle and syringe exchange programmes (used needles and syringes are exchanged for new ones) for injecting drug users. Those who cannot stop injecting drugs can join these programmes to avoid HIV transmission.

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  
  o Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  o Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  o Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

• Be extremely careful if you come across a needle or syringe in a park or street. Dispose of it safely without touching it with unprotected fingers.

Can you get HIV from contact sports where bleeding may occur?

• There is no evidence that any person participating in any sports activity has become infected with HIV from, or has transmitted HIV to, other participants.

• It is possible that transmission could occur if an HIV-infected athlete had a bleeding wound that came in contact with a cut in the skin or mucous membrane of another person. Even in such an unlikely event, however, the risk of transmission would be very low.

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

• The evidence clearly shows that mosquitoes and other insects do not spread HIV. For example, bedbugs, lice and fleas in the households of people infected with HIV do not spread the virus to the other people living in these households.

• If mosquitoes were responsible for spreading HIV, then people of all ages would be infected. In fact, children before puberty are rarely infected, unless they were born to
infected mothers or had a transfusion with infected blood.

- We know that HIV lives in some cells of the human body but that it does not live in the cells of insects. Therefore, mosquitoes and other insects are not a suitable home for HIV.

- HIV is not like the malaria parasite, which lives very well in the mosquito and spreads to people when mosquitoes bite, because it is in the fluid that the mosquito injects.

**When should one be tested for HIV?**

Remember you need to be tested twice (see above). There are advantages and disadvantages to being tested for HIV. It is a decision that should not be taken lightly and the implications of positive and negative outcomes should be faced in advance with the assistance of an HIV/AIDS counsellor.

**a) Advantages of being tested:**

If you are infected with HIV...

- You can receive early treatment and perhaps live longer.
- You can make decisions to take good care of yourself.
- You can develop a good emotional support system in the early stages of the disease.
- You can use new medications as they develop.
- Knowing that babies can be born with HIV, you can make decisions about whether you wish to get pregnant.
- You can inform your partner(s) that you have HIV.
- You can abstain from sex or use a condom during sex.
- You can avoid sharing items that come in contact with blood – razors, tweezers, needles, and syringes.
- You will decide not to donate blood and other tissues.

If you are not infected, you will be relieved to know the result and will want to protect yourself in the future.

**b) Disadvantages of being tested:**

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person's cultural and religious attitudes towards illness and death.

- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

- A person who has tested positive for HIV may be discriminated against if the information is revealed.

**c) Some important points about knowing one's HIV status:**
A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

All medical information, including HIV/AIDS status should be kept confidential.

HIV-infected workers or students should not be discriminated against.

HIV infection alone does not limit fitness to study or to work.

HIV infection should not be a cause for termination of employment or schooling.

At work or school, as elsewhere, HIV-infected people have a responsibility to behave in ways that do not put others at risk of infection.

Donating blood is a very irresponsible way to find out one's HIV status. If you want to be tested, consult your health care provider who will refer you to the appropriate counsellor.

d) HIV testing should always be preceded by counselling, which includes:

Information about the test procedure and the many factors involved in testing, including emotional, social and medical consequences of a positive or negative result. Advantages and disadvantages of testing should be discussed and the decision to be tested should be made after careful consideration of all factors.

e) HIV test results should always be given with counselling, which consists of a talk between the individual and the counsellor aimed at discussing the test result.

If the result is negative, the counsellor will discuss the importance of prevention of HIV/STIS in detail with the person in order to reduce his/her risks of infection in the future. The discussion will cover not only the methods available but also the person's individual situation, concerns and attitudes that may influence whether or not these methods are feasible and/or acceptable and will be used.

If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

- One should discuss one’s risk factors with someone knowledgeable and still make decisions to use condoms or to abstain from sexual intercourse and avoid pregnancy.

How can one identify a person with HIV?

- It is not possible to know by physical appearance that a person has HIV, because the virus may remain in the body for many years without causing any symptoms or signs.

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else’s behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of “trigger”, e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
- Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

- Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

- It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

- Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

**Peer leaders:**

Why use peer leaders? Young people tend to listen more attentively and accept messages from respected peers more readily than from a teacher. This is especially true in areas of health, safety and sexuality. Some students are influential in that they set the group norms and function as models for the group. They can become peer leaders who assist the teacher, which allows him or her to spend more time on preparation, individual attention to students and classroom management.

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
Lead a class team, e.g. during a quiz
Read stories, questions, answers to activities
Volunteer answers to activities
Lead a small group
Report findings of small groups
Model appropriate behaviour, e.g. is assertive
Carry out certain activities and report back, e.g. buying a condom
Take polls, e.g. when teacher wants to know how many answered “yes”.
Draw diagrammes on the blackboard.

Role-play:

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

- Select volunteers, or students who are outgoing and energetic.
- Involve yourself in one of the main roles.
- Give students some lines or a script to start them off.
- Use “props” – hats, cards with names on, wigs, etc.
- Use humour, if possible.
- Pair all students in the class and have each one play a role, e.g. a father and a son. This will eliminate embarrassment of being in front of the class.

Story telling:

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

Test items for student evaluation:

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

“Basic knowledge on HIV/AIDS/STI”

TRUE:

- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
Once you are infected with HIV, you are infected for life.
Women may pass HIV on to others through their vaginal fluids.
You may get infected with HIV by having sex with someone who shares drug
needles.
It is not dangerous to hug a person with AIDS.
People infected with HIV do not necessarily look sick.
People with AIDS die from serious diseases.
HIV may be passed from a mother to her unborn or newborn baby.
Having sex during the menstrual cycle increases the risk of getting HIV.
You may get HIV by cutting the skin with a knife or razor blade used by someone with
HIV.
The time from getting HIV until a person becomes sick with AIDS can be as short as
6 months to as long as 10 years or more.
A person who has AIDS usually will die in 6 months to 2 years.
The reason that you see so few teenagers with AIDS is that it takes years for AIDS to
develop after a person has been infected.
If a person has an STD, his or her chances of being infected with HIV are increased.
AIDS is caused by HIV.
HIV is not spread from one person to another through daily activities.
Teenagers infected with HIV when they are 14 may not show any AIDS symptoms
until they are in their middle twenties.
A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
The more partners a person has, the greater the chances of being infected with HIV.
Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread
HIV to others.
A person can have HIV for years without getting AIDS.
A negative HIV test means there are no antibodies to HIV in the blood.

FALSE

You may get HIV by sitting on a toilet seat that a person with AIDS has used.
You may get HIV from drinking from the same glass or water fountain that a person
with AIDS drank from.
People infected with HIV are usually very thin and sickly.
Some people have been infected with HIV by swimming in the same water as
someone with AIDS.
You may get HIV from a mosquito bite.
Someone with AIDS can spread HIV by coughing and spitting.
There is no way to kill HIV on a drug needle.
There is no way you can find out if you are infected with HIV.
You can be cured of AIDS if you are careful to take medicine the doctor gives you.
You can’t get HIV from sharing needles for tattoos or ear/nose piercing.
It is difficult for women to get HIV/AIDS.
HIV may be spread by wearing clothes from a person with AIDS.
A person may get HIV by donating blood.
A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
The test for HIV (ELISA test) is looking for the HIV virus.
A vaccine is available to protect people from HIV infection.
There have been reported cases in which HIV was spread by kissing.
A person who has tested positive for HIV is said to have AIDS.
There is evidence that some insects can actually spread AIDS.
HIV can be spread by contact such as hugging, kissing or holding hands.
You can tell if a person has HIV by how they look.
You may get HIV from toilet seats.
- Married people don’t become infected with HIV.
- If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

TRUE

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

FALSE

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

TRUE

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

FALSE

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

TRUE

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
Description of the tool:
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on who can help in respect of HIV/AIDS/STI and where they can be found.

The information provided here was adapted by UNESCO from the following publication:


Description of the document:
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers’ guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education.** It will have a greater impact if it is reinforced by activities in the other three components of the framework.
AIDS help: Who? Where?

Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs.1 Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

Where help can be found

The purpose of this activity is to provide information about who can help with HIV/AIDS/STI. This is essential for young people, as some students may develop AFRAIDS (acute fear regarding AIDS) and need help and counselling.

What the teacher does:

1. Decides how to teach this activity:2

   a) Distributes the activity sheet (see Annex 1) to the students who work individually, in pairs or in small groups to come up with answers to the four situations.

   b) Reads out each of the four situations to the students:

      • You have a close friend who is afraid that he/she might have the AIDS virus, HIV.

      • After learning about HIV/AIDS in school, you are afraid that you might be infected.

      • You don’t feel well. You’ve been feeling tired, have swollen glands and sweat a lot at night.

      • Your mother has AIDS, lives alone with you and desperately needs help.

      and then asks them the questions. If they don’t know the answers, provides the required information.

(Note: In some cases, the answers for all four situations will be the same.)

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1 See Annex 2
2 See Annex 3
2. Before starting this activity, identifies all possible sources of help within the community.

**Additional preparation**

If sources of help if are not available in the local community, then others should be sought, for instance the nearest source or informed people in the community.
Annex 1

AIDS help: Who? Where?

Who?
Friends, a teacher or counsellor, the family, a religious leader

Where?
A medical centre, STI or health clinic, or an AIDS hot line

We all may need to talk to someone about important things in our lives at some time.

How?
For each of the four situations below, write down who you would go to for support and where you would find that help in your community.

1. You have a close friend who is afraid that he/she might have the AIDS virus, HIV.

   Help from:
   Where or how?

2. After learning about HIV/AIDS in school, you are afraid that you might be infected.

   Help from:
   Where or how?

3. You don’t feel well. You’ve been feeling tired, have swollen glands and sweat a lot at night.

   Help from:
   Where or how?

4. Your mother has AIDS, lives alone with you and desperately needs help.

   Help from:
Where or how?
Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

- AIDS stands for Acquired (not inborn, passed from person to person, including from mother to baby) Immune (relating to the body's immune system, which provides protection from disease-causing germs) Deficiency (lack of response by the immune system to germs) Syndrome (a number of signs and symptoms indicating a particular disease or condition).

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

- These infections, cancers etc. make the person ill and lead to his or her death. At present there is no vaccine or cure for AIDS.

What do we know about HIV?

- HIV, like other viruses, is very small, too small to be seen with an ordinary microscope. Viruses cause all sorts of diseases from flu (influenza) to herpes to some kinds of cancer.

- To reproduce, HIV must enter a body cell, which in this case is an immune cell. By interfering with the cells that protect us against infection, HIV leaves the body poorly protected against the particular types of diseases, which these cells normally deal with.

- Infections that develop because HIV has weakened the immune system are called "opportunistic infections". These include: respiratory infections e.g. tuberculosis; Pneumocystis carinii pneumonia; gastro-intestinal infections e.g. candidiasis in the mouth or diarrhoea; and brain infections e.g. toxoplasmosis or cryptococcal meningitis.

- Some people may also develop cancers, e.g. Kaposi sarcoma, a cancer which often causes red skin lesions.

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
• Most STIs can be cured.

• Certain STIs, if not treated soon enough, can lead to long-lasting health problems in both males and females, e.g. damage to the reproductive organs so that a woman is no longer able to have children, cancer of the cervix, heart and brain damage, and possibly death.

• In many STIs, the early symptoms are often difficult to recognize, and many people ignore them until more severe damage is done. This is especially true for women. This makes early diagnosis and treatment difficult.

• An abnormal discharge from the penis, anus or vagina; burning on urination; pain in the abdominal or groin area with a fever; pain during sex; and rashes, blisters or sores on the genitals, are all possible symptoms of STIs. If a person experiences any of the above symptoms, they should stop having sexual intercourse and go to a clinic or hospital for a check-up.

What are antibodies?

• The body’s defense system (immune system) develops germ fighters, called antibodies to fight off and destroy various viruses and germs that invade the body.

• The presence of particular antibodies in a person’s blood indicates that the person has been exposed to that infection. For example, when a blood test reveals that the antibodies to HIV are present in the blood, it means that the person is infected with HIV.

What is the “window” period?

• This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually 2-12 weeks; in rare instances it may be longer.

• This means that if an HIV antibody test is taken during the “window” period it will be negative since the blood test is looking for antibodies that have not yet developed. But that person is already HIV-infected and can transmit HIV to others.

• People taking the test are advised, if the result is negative, to return for a re-test in 3 months by which time if the person had been infected, the antibodies are almost certain to have developed (they should avoid risk behaviours during the 3 months).

• The most common test for HIV antibodies is called the ELISA test.

What does the asymptomatic period mean?

• The asymptomatic period is the period of time between infection and the beginning of signs and symptoms related to AIDS.

• This varies from person to person for HIV/AIDS. It may be as short as 6 months or as long as 10 years or more.

• People usually have an asymptomatic period of several years in which they may have swollen lymph nodes but no other complaints. Then, they may start to develop symptoms
like oral thrush or night sweats. It may then still take years before they develop full-blown AIDS. The period between the development of full-blown AIDS and death may be as short as 6 months or as long as 2 years or more.

- During the asymptomatic period there may be no evidence that the person is sick; however, HIV-related illnesses can occur regularly over many months or years before full-blown AIDS develops.

- During the asymptomatic period (as well as during the symptomatic period), the person is infectious – that is, can pass HIV on to others.

**What are the symptoms of AIDS?**

- This question must be approached with caution in any specific case, since it is often difficult to determine if the symptoms actually mean onset of AIDS or if they are simply symptoms of other conditions. People develop signs and symptoms of their HIV infection before they develop what has been defined as AIDS. AIDS is the final and most severe phase of HIV infection and leads to death.

- The obvious signs and symptoms are indications of an opportunistic disease such as tuberculosis or pneumonia. However, associated findings might include: recent, unexplained weight loss; fever for more than one month; diarrhoea for more than one month; genital or anal ulcers for more than one month; cough for more than one month; nerve complaints; enlarged lymph nodes; skin infections that are severe or recur.

**Are there drugs and vaccines to treat AIDS?**

- There are drugs that are effective against many of the infections associated with AIDS. These drugs are not a cure for AIDS but they can postpone symptoms or death.

- A few drugs have been able to inhibit the multiplication of HIV in infected persons. These drugs do not eliminate the virus from the body but may be useful in prolonging life in patients who are infected with HIV.

- To date, there is some optimism over the development of a vaccine to protect against the disease. Part of the difficulty is that there are many strains of HIV. Even within the same person the virus can change over time. Work is proceeding on this, but safe, effective vaccines are likely to take many years to develop.

**How do you get HIV?**

- HIV can be found in body fluids like blood, semen, vaginal fluids, and breast milk.

- Any practice, which allows the penetration of the virus from these fluids through the skin or mucous membranes and into the bloodstream of another person, can cause HIV infection.

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
o When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

o When a needle, or other skin-piercing instruments penetrates the skin (e.g. razor or tattooing instrument), and that instrument has blood on it from an HIV-infected person. Sharing the same syringe and needle among injecting drug users is particularly risky for transmission. Any unsterile syringes and needles can transmit infection.

o HIV may also be transmitted from an infected mother to her baby, either through the placenta before birth, during birth, or, in some cases, through breast milk after birth.

Note that:

• For medical reasons, it may be important for a person to receive a blood transfusion. If the blood donor is HIV-infected, there is a high chance that the virus would be transmitted through the blood. However, most countries now test donated blood for HIV and the chance of being infected in this way is very small.

• Deep wet kissing has a very low risk of transmitting HIV. However, there is a slight risk if there are cuts or abrasions in the mouth.

• Although the risk of infection is very low, it is advisable not to share toothbrushes.

How you don’t get HIV

• HIV is not transmitted by touch, coughing and sneezing, cutlery, glasses, cups and food, swimming pools, towels, toilet seats, pets, mosquitoes and other insects, baths or showers.

• Nurses, and other health service staff, who come in close contact with patients’ body fluids, are trained to take precautions as part of the hospital routine.

How can one avoid infection?

• A person who does not engage in sexual intercourse and does not inject drugs (or who uses clean, sterile needles/syringes for such injections) has almost no chance of contracting HIV or other STIs.

• Being married or not having sex before marriage cannot by themselves protect against HIV. Many people have believed this and have been infected by their partners. (This is especially true for many women for whom the only risk factor was having sex with their husband/partner.)

• People who are mutually faithful (i.e. they only have sex with each other) are not at risk of HIV/STIs by sexual means provided that both are HIV-negative at the start of their relationship and that neither gets infected through blood (transfusion, injecting drugs with unclean needle/syringe).

• People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?

• There is strong evidence that other sexually transmitted diseases put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STIs.

• If you suspect you may have acquired or been exposed to an STI, you should seek medical advice.

• A person who has an STI should be aware that if they are having unprotected sexual intercourse, they are at an even higher risk of getting HIV.

What do “safe sex” and “protected sex,” mean?

Because of the risk of HIV/AIDS, it is necessary to be very clear about the sexual practices, which are known to carry a risk of HIV transmission and those, which do not.

a) Safe sex activities (no risk)
   Practising the following activities will prevent a partner’s blood, semen or vaginal secretions from getting into contact with your blood and thereby prevents transmission of HIV: masturbation, massage, rubbing, hugging, touching genitals.

b) Low-risk sex activities
   Using a condom correctly and consistently during sexual intercourse will reduce the risk of infection with HIV and other STIs. Latex condoms have been demonstrated to be an effective protection against HIV, STIs, as well as pregnancy. Incorrect use of condoms reduces their effectiveness, e.g. they may break. Sexual intercourse with a condom is called “protected sex”.

   While only a small number of people have contracted HIV through these means, the following activities are considered to carry some risk:
   - fellatio (mouth on penis without taking semen into the mouth);
   - cunnilingus (mouth on vagina);
   - anilingus (mouth on anus); and
   - deep wet kissing.

c) Unsafe sexual activities
   Practising the following activities is a definite risk:
   - anal sex (penis in rectum) without a condom;
   - vaginal sex (penis in vagina) without a condom;
   - any sex act that makes you bleed;
   - semen (or blood) taken into the mouth during oral-genital sex.

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

Yes. It depends on a person’s behaviour. Some behaviours/activities carry a higher risk of getting HIV than others. These include:

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

Some situations, which are beyond an individual’s control, can put them at risk. These include:

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

Women are slightly more vulnerable physiologically to HIV infection than men. The area of mucous membrane exposed during intercourse is much larger in the woman than in the man, and the mucous membrane surface of the vagina (compared to the penis) can, therefore, be more easily penetrated by the virus. Very young women are more vulnerable than women in the 18-45 year age group; their immature cervix and relatively low vaginal mucus production present less of a barrier to HIV. Women are becoming infected at younger ages than men. This is partly because many young women marry or have sex with men older than themselves, who have already had a number of partners, and partly because of their biological vulnerability.

**Do you have to have many sexual partners to get infected with HIV/STI?**

Even one contact with a person infected with HIV is enough to transmit the infection. However, the risk of getting infected with HIV increases with the number of sexual partners and the number of sexual acts. The presence of an STI (e.g. genital ulcers) in a sexual partner increases the risk of transmission of HIV.

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

  Prostitutes and their clients, like any other people with many sexual partners, run the risk of getting infected by their partners. They may then pass the infection to many others. If a prostitute insists on using a condom every time she or he has sex, the risk of infection for her and the partner will be sharply reduced. Many prostitutes have replaced penetrative sex with safer practices, further reducing the risk of infection. Unfortunately clients often
refuse to wear condoms and the women are not in a position to insist.

- **If a woman is menstruating is there a greater risk of getting infected with HIV (for her partner and for herself)?**

Menstrual blood from HIV-infected women does contain the virus. Infection would be dependent on whether the menstrual blood had contact with the sexual partner’s bloodstream. A woman who is menstruating is likely to be at a higher risk for HIV through sexual intercourse.

- **Can you get infected by blood transfusion or by blood products?**

Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are “seropositive” i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the “window” period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**

  - The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.

  - About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.

  - It serves little purpose to test babies born to HIV-infected mothers for HIV antibodies at birth. There are likely to be many false positive results because antibodies from the mother are still circulating in the baby's bloodstream. Only at 18 months or older, can an antibody test result be regarded as reliable.

- **Does breast-feeding transmit HIV?**

Breast milk of an HIV-infected mother contains HIV that can be transmitted to the baby. However, because of the benefits of breast-feeding, the WHO recommends that in situations where infectious disease and malnutrition are the main cause of infant deaths, and the infant mortality rate is high, mothers should breast-feed their babies, even if they are known to be infected with HIV, as the risk to the baby is less than the risks involved in artificial feeding.

Can needles, knives and other instruments transmit HIV?

Yes. Any instruments that cut the skin or puncture the skin can collect small amounts of blood that can be passed on if used again by another person without being sterilized. Avoid tattooing, ear piercing, acupuncture, and bloodletting ceremonies or sharing razors unless you are absolutely sure the instruments being used are sterilized or boiled in water.

How is HIV transmitted with injection needles and syringes?
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

• Only a very small amount of blood is needed for transmission to occur. Sharing needles and syringes used for anything – medicines or heroin, cocaine, amphetamines (speed) and even water can spread HIV. It is not what is put into the syringe that transmits HIV, but the blood that remains in the needle and syringe.

• Some countries have needle and syringe exchange programmes (used needles and syringes are exchanged for new ones) for injecting drug users. Those who cannot stop injecting drugs can join these programmes to avoid HIV transmission.

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  
  o Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  o Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  o Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

• Be extremely careful if you come across a needle or syringe in a park or street. Dispose of it safely without touching it with unprotected fingers.

Can you get HIV from contact sports where bleeding may occur?

• There is no evidence that any person participating in any sports activity has become infected with HIV from, or has transmitted HIV to, other participants.

• It is possible that transmission could occur if an HIV-infected athlete had a bleeding wound that came in contact with a cut in the skin or mucous membrane of another person. Even in such an unlikely event, however, the risk of transmission would be very low.

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

• The evidence clearly shows that mosquitoes and other insects do not spread HIV. For example, bedbugs, lice and fleas in the households of people infected with HIV do not spread the virus to the other people living in these households.

• If mosquitoes were responsible for spreading HIV, then people of all ages would be infected. In fact, children before puberty are rarely infected, unless they were born to
infected mothers or had a transfusion with infected blood.

- We know that HIV lives in some cells of the human body but that it does not live in the cells of insects. Therefore, mosquitoes and other insects are not a suitable home for HIV.

- HIV is not like the malaria parasite, which lives very well in the mosquito and spreads to people when mosquitoes bite, because it is in the fluid that the mosquito injects.

**When should one be tested for HIV?**

Remember you need to be tested twice (see above). There are advantages and disadvantages to being tested for HIV. It is a decision that should not be taken lightly and the implications of positive and negative outcomes should be faced in advance with the assistance of an HIV/AIDS counsellor.

**a) Advantages of being tested:**

If you are infected with HIV...

- You can receive early treatment and perhaps live longer.
- You can make decisions to take good care of yourself.
- You can develop a good emotional support system in the early stages of the disease.
- You can use new medications as they develop.
- Knowing that babies can be born with HIV, you can make decisions about whether you wish to get pregnant.
- You can inform your partner(s) that you have HIV.
- You can abstain from sex or use a condom during sex.
- You can avoid sharing items that come in contact with blood – razors, tweezers, needles, and syringes.
- You will decide not to donate blood and other tissues.

If you are not infected, you will be relieved to know the result and will want to protect yourself in the future.

**b) Disadvantages of being tested:**

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person’s cultural and religious attitudes towards illness and death.

- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

- A person who has tested positive for HIV may be discriminated against if the information is revealed.

**c) Some important points about knowing one's HIV status:**
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

• HIV-infected workers or students should not be discriminated against.

• HIV infection alone does not limit fitness to study or to work.

• HIV infection should not be a cause for termination of employment or schooling.

• At work or school, as elsewhere, HIV-infected people have a responsibility to behave in ways that do not put others at risk of infection.

• Donating blood is a very irresponsible way to find out one's HIV status. If you want to be tested, consult your health care provider who will refer you to the appropriate counsellor.

d) HIV testing should always be preceded by counselling, which includes:

• Information about the test procedure and the many factors involved in testing, including emotional, social and medical consequences of a positive or negative result. Advantages and disadvantages of testing should be discussed and the decision to be tested should be made after careful consideration of all factors.

e) HIV test results should always be given with counselling, which consists of a talk between the individual and the counsellor aimed at discussing the test result.

• If the result is negative, the counsellor will discuss the importance of prevention of HIV/STIS in detail with the person in order to reduce his/her risks of infection in the future. The discussion will cover not only the methods available but also the person's individual situation, concerns and attitudes that may influence whether or not these methods are feasible and/or acceptable and will be used.

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

- One should discuss one’s risk factors with someone knowledgeable and still make decisions to use condoms or to abstain from sexual intercourse and avoid pregnancy.

How can one identify a person with HIV?

- It is not possible to know by physical appearance that a person has HIV, because the virus may remain in the body for many years without causing any symptoms or signs.

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else’s behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of “trigger”, e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

- Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

**Peer leaders:**

Why use peer leaders? Young people tend to listen more attentively and accept messages from respected peers more readily than from a teacher. This is especially true in areas of health, safety and sexuality. Some students are influential in that they set the group norms and function as models for the group. They can become peer leaders who assist the teacher, which allows him or her to spend more time on preparation, individual attention to students and classroom management.

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
Lead a class team, e.g. during a quiz
- Read stories, questions, answers to activities
- Volunteer answers to activities
- Lead a small group
- Report findings of small groups
- Model appropriate behaviour, e.g. is assertive
- Carry out certain activities and report back, e.g. buying a condom
- Take polls, e.g. when teacher wants to know how many answered “yes”.
- Draw diagrams on the blackboard.

Role-play:

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

- Select volunteers, or students who are outgoing and energetic.
- Involve yourself in one of the main roles.
- Give students some lines or a script to start them off.
- Use “props” – hats, cards with names on, wigs, etc.
- Use humour, if possible.
- Pair all students in the class and have each one play a role, e.g. a father and a son. This will eliminate embarrassment of being in front of the class.

Story telling:

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

Test items for student evaluation:

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

“Basic knowledge on HIV/AIDS/STI”

TRUE:

- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
Once you are infected with HIV, you are infected for life.
Women may pass HIV on to others through their vaginal fluids.
You may get infected with HIV by having sex with someone who shares drug needles.
It is not dangerous to hug a person with AIDS.
People infected with HIV do not necessarily look sick.
People with AIDS die from serious diseases.
HIV may be passed from a mother to her unborn or newborn baby.
Having sex during the menstrual cycle increases the risk of getting HIV.
You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
A person who has AIDS usually will die in 6 months to 2 years.
The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
If a person has an STD, his or her chances of being infected with HIV are increased. AIDS is caused by HIV.
HIV is not spread from one person to another through daily activities.
Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
The more partners a person has, the greater the chances of being infected with HIV.
Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
A person can have HIV for years without getting AIDS.
A negative HIV test means there are no antibodies to HIV in the blood.

FALSE

You may get HIV by sitting on a toilet seat that a person with AIDS has used.
You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
People infected with HIV are usually very thin and sickly.
Some people have been infected with HIV by swimming in the same water as someone with AIDS.
You may get HIV from a mosquito bite.
Someone with AIDS can spread HIV by coughing and spitting.
There is no way to kill HIV on a drug needle.
There is no way you can find out if you are infected with HIV.
You can be cured of AIDS if you are careful to take medicine the doctor gives you.
You can't get HIV from sharing needles for tattoos or ear/nose piercing.
It is difficult for women to get HIV/AIDS.
HIV may be spread by wearing clothes from a person with AIDS.
A person may get HIV by donating blood.
A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
The test for HIV (ELISA test) is looking for the HIV virus.
A vaccine is available to protect people from HIV infection.
There have been reported cases in which HIV was spread by kissing.
A person who has tested positive for HIV is said to have AIDS.
There is evidence that some insects can actually spread AIDS.
HIV can be spread by contact such as hugging, kissing or holding hands.
You can tell if a person has HIV by how they look.
You may get HIV from toilet seats.
- Married people don’t become infected with HIV.
- If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

TRUE

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

FALSE

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

TRUE

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

FALSE

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

TRUE

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
**You be the doctor**

**Description of the tool:**
This tool is a classroom activity for adolescents on “Basic knowledge on HIV/AIDS/STI”, focusing on drug use and abuse and its relationship to HIV/AIDS.

The information provided here was adapted by UNESCO from the following publication:


**Description of the document:**
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers' guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education**. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. ¹ Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

Case studies on drug use ²

The purpose of this activity is to provide information about drug use and abuse and its relationship to HIV/ AIDS. The following topics are discussed:

- Drug use and impairment of judgement;
- Abstaining from injection of drugs;
- Clean needle use for injection drugs;
- Method of sterilizing unclean needles.

What the teacher does:

1. Decides how to teach this activity:³
   
   a) Provides each student with an activity sheet (see Annex 1) and invites them to offer advice for one or more of the four situations individually, in pairs or in small groups.
   
   b) Writes up the “Doctor’s bag” on the blackboard. Reads out each of the four situations described below and asks the students to offer advice (and why) from the “Doctor’s bag” (only one activity sheet is needed).

¹ See Annex 2
² See Annex 3
³ See Annex 3
Doctor’s bag

- Don’t use and abuse drugs and alcohol – they slow your judgement. They may lead you to take risks you wouldn’t otherwise have taken – like having sex when you didn’t really want to.
- Never use injecting drugs.
- Get clean (new) needles if you use drugs.
- Clean needles with bleach and water if you use drugs.
- Give useful information that will help the person.
- Just listen to the person and give feedback if needed.

2. Instructs the students to read out their advice about each situation and discusses. Examples of appropriate advice are provided after each situation.

c) Splits the class into small groups and gives each group one or more situations about which they have to offer advice (only one activity sheet is needed for each group).

### Situation 1

Aloha is 16 and was invited to a marriage celebration. There was free alcohol. She had never had much alcohol before but it was hot so she had four or five drinks. She met a young man at the party and heseduced her into having sex. Afterwards, she felt guilty and ashamed that she had been used.

**Advice:** Don’t use drugs and alcohol – they slow your judgement.

**Why?** You might make decisions that cause you to get pregnant or contract HIV/STI.

### Situation 2

Jahoa is 17 and lives in the streets since he ran away from home. He has been using injecting drugs (cocaine) for a short time but has never shared needles with others. Today, however, he needs the drugs, but does not have any needles. The health centre is close by and he wonders if they can help him.

**Advice:** Get hold of clean (new) needles and syringes if you must use drugs.

**Why?** Used needles and syringes will have small amounts of blood left in them that may contain HIV.
Situation 3

John joins a group of schoolmates in a back street. They are drinking alcohol and “shooting up” with injecting drugs. When the needle comes to John they pressure him to use it. He has never injected drugs. He has heard that shared needles have small amounts of blood left in them and that the blood could contain HIV that could be spread.

**Advice:** Never use injection drugs.
**Why?** They can be damaging to your health and there is a possibility of catching HIV/STI.

Situation 4

Jillana has been using injecting needles for three years now and can’t stop (she is addicted). She has some drugs but no needle. A friend lends her a needle but she hesitates because she has heard about dirty needles and AIDS.

**Advice:** Clean needles with bleach and water if you must use drugs.
**Why?** There will be blood on a dirty needle that may contain HIV.

3. Students should be aware of how to clean needles and syringes.

**How is HIV transmitted with injection needles and syringes?**

- Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

- Only a very small amount of blood is needed for transmission to occur. Sharing needles and syringes used for anything – medicines or heroin, cocaine, amphetamines (speed) and even water can spread HIV. It is not what is put into the syringe that transmits HIV, but the blood that remains in the needle and syringe.

- Some countries have needle and syringe exchange programmes (used needles and syringes are exchanged for new ones) for injecting drug users. Those who cannot stop injecting drugs can join these programmes to avoid HIV transmission.

- If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  
  - Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  - Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  - Rinse it out again, at least twice with clean, cold water to get rid of the bleach.
Be extremely careful if you come across a needle or syringe in a park or street. Dispose of it safely without touching it with unprotected fingers.
HIV can also be spread through needles used to inject drugs. It is important to know how to protect yourself from getting HIV in this way.

How?

For each of the four situations described below offer the person advice from the “Doctor’s bag”. Use a different piece of advice for each case.

“Doctor’s bag”

- Don’t use and abuse drugs and alcohol – they slow your judgement. They may lead you to take risks you wouldn’t otherwise have taken – like having sex when you didn’t really want to.
- Never use injecting drugs.
- Get clean (new) needles if you use drugs.
- Clean needles with bleach and water if you use drugs.
- Give useful information that will help the person.
- Just listen to the person and give feedback if needed.

1 Aloha is 16 and was invited to a marriage celebration. There was free alcohol. She had never had much alcohol before but it was hot so she had four or five drinks. She met a young man at the party and he seduced her into having sex. Afterwards, she felt guilty and ashamed that she had been used.
   a) Advice
   b) Why?

2 Jahoa is 17 and lives in the streets since he ran away from home. He has been using injecting drugs (cocaine) for a short time but has never shared needles with others. Today, however, he needs the drugs, but does not have any needles. The health centre is close by and he wonders if they can help him.
   a) Advice
<p>| | |</p>
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<tr>
<td><strong>3</strong></td>
<td>John joins a group of schoolmates in a back street. They are drinking alcohol and “shooting up” with injecting drugs. When the needle comes to John they pressure him to use it. He has never injected drugs. He has heard that shared needles have small amounts of blood left in them and that the blood could contain HIV that could be spread.</td>
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<td><strong>b) Why?</strong></td>
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<tr>
<td><strong>4</strong></td>
<td>Jillana has been using injecting needles for three years now and can’t stop (she is addicted). She has some drugs but no needle. A friend lends her a needle but she hesitates because she has heard about dirty needles and AIDS.</td>
</tr>
<tr>
<td><strong>a) Advice</strong></td>
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<tr>
<td><strong>b) Why?</strong></td>
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Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

- AIDS stands for Acquired (not inborn, passed from person to person, including from mother to baby) Immune (relating to the body's immune system, which provides protection from disease-causing germs) Deficiency (lack of response by the immune system to germs) Syndrome (a number of signs and symptoms indicating a particular disease or condition).

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

- These infections, cancers etc. make the person ill and lead to his or her death. At present there is no vaccine or cure for AIDS.

What do we know about HIV?

- HIV, like other viruses, is very small, too small to be seen with an ordinary microscope. Viruses cause all sorts of diseases from flu (influenza) to herpes to some kinds of cancer.

- To reproduce, HIV must enter a body cell, which in this case is an immune cell. By interfering with the cells that protect us against infection, HIV leaves the body poorly protected against the particular types of diseases, which these cells normally deal with.

- Infections that develop because HIV has weakened the immune system are called "opportunistic infections". These include: respiratory infections e.g. tuberculosis; Pneumocystis carinii pneumonia; gastro-intestinal infections e.g. candidiasis in the mouth or diarrhoea; and brain infections e.g. toxoplasmosis or cryptococcal meningitis.

- Some people may also develop cancers, e.g. Kaposi sarcoma, a cancer which often causes red skin lesions.

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
• Most STIs can be cured.

• Certain STIs, if not treated soon enough, can lead to long-lasting health problems in both males and females, e.g. damage to the reproductive organs so that a woman is no longer able to have children, cancer of the cervix, heart and brain damage, and possibly death.

• In many STIs, the early symptoms are often difficult to recognize, and many people ignore them until more severe damage is done. This is especially true for women. This makes early diagnosis and treatment difficult.

• An abnormal discharge from the penis, anus or vagina; burning on urination; pain in the abdominal or groin area with a fever; pain during sex; and rashes, blisters or sores on the genitals, are all possible symptoms of STIs. If a person experiences any of the above symptoms, they should stop having sexual intercourse and go to a clinic or hospital for a check-up.

What are antibodies?

• The body’s defense system (immune system) develops germ fighters, called antibodies to fight off and destroy various viruses and germs that invade the body.

• The presence of particular antibodies in a person’s blood indicates that the person has been exposed to that infection. For example, when a blood test reveals that the antibodies to HIV are present in the blood, it means that the person is infected with HIV.

What is the “window” period?

• This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually 2-12 weeks; in rare instances it may be longer.

• This means that if an HIV antibody test is taken during the “window” period it will be negative since the blood test is looking for antibodies that have not yet developed. But that person is already HIV-infected and can transmit HIV to others.

• People taking the test are advised, if the result is negative, to return for a re-test in 3 months by which time if the person had been infected, the antibodies are almost certain to have developed (they should avoid risk behaviours during the 3 months).

• The most common test for HIV antibodies is called the ELISA test.

What does the asymptomatic period mean?

• The asymptomatic period is the period of time between infection and the beginning of signs and symptoms related to AIDS.

• This varies from person to person for HIV/AIDS. It may be as short as 6 months or as long as 10 years or more.

• People usually have an asymptomatic period of several years in which they may have swollen lymph nodes but no other complaints. Then, they may start to develop symptoms
like oral thrush or night sweats. It may then still take years before they develop full-blown AIDS. The period between the development of full-blown AIDS and death may be as short as 6 months or as long as 2 years or more.

- During the asymptomatic period there may be no evidence that the person is sick; however, HIV-related illnesses can occur regularly over many months or years before full-blown AIDS develops.

- During the asymptomatic period (as well as during the symptomatic period), the person is infectious – that is, can pass HIV on to others.

**What are the symptoms of AIDS?**

- This question must be approached with caution in any specific case, since it is often difficult to determine if the symptoms actually mean onset of AIDS or if they are simply symptoms of other conditions. People develop signs and symptoms of their HIV infection before they develop what has been defined as AIDS. AIDS is the final and most severe phase of HIV infection and leads to death.

- The obvious signs and symptoms are indications of an opportunistic disease such as tuberculosis or pneumonia. However, associated findings might include: recent, unexplained weight loss; fever for more than one month; diarrhoea for more than one month; genital or anal ulcers for more than one month; cough for more than one month; nerve complaints; enlarged lymph nodes; skin infections that are severe or recur.

**Are there drugs and vaccines to treat AIDS?**

- There are drugs that are effective against many of the infections associated with AIDS. These drugs are not a cure for AIDS but they can postpone symptoms or death.

- A few drugs have been able to inhibit the multiplication of HIV in infected persons. These drugs do not eliminate the virus from the body but may be useful in prolonging life in patients who are infected with HIV.

- To date, there is some optimism over the development of a vaccine to protect against the disease. Part of the difficulty is that there are many strains of HIV. Even within the same person the virus can change over time. Work is proceeding on this, but safe, effective vaccines are likely to take many years to develop.

**How do you get HIV?**

- HIV can be found in body fluids like blood, semen, vaginal fluids, and breast milk.

- Any practice, which allows the penetration of the virus from these fluids through the skin or mucous membranes and into the bloodstream of another person, can cause HIV infection.

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

When a needle, or other skin-piercing instruments penetrates the skin (e.g. razor or tattooing instrument), and that instrument has blood on it from an HIV-infected person. Sharing the same syringe and needle among injecting drug users is particularly risky for transmission. Any unsterile syringes and needles can transmit infection.

HIV may also be transmitted from an infected mother to her baby, either through the placenta before birth, during birth, or, in some cases, through breast milk after birth.

Note that:

- For medical reasons, it may be important for a person to receive a blood transfusion. If the blood donor is HIV-infected, there is a high chance that the virus would be transmitted through the blood. However, most countries now test donated blood for HIV and the chance of being infected in this way is very small.

- Deep wet kissing has a very low risk of transmitting HIV. However, there is a slight risk if there are cuts or abrasions in the mouth.

- Although the risk of infection is very low, it is advisable not to share toothbrushes.

How you don’t get HIV

- HIV is not transmitted by touch, coughing and sneezing, cutlery, glasses, cups and food, swimming pools, towels, toilet seats, pets, mosquitoes and other insects, baths or showers.

- Nurses, and other health service staff, who come in close contact with patients’ body fluids, are trained to take precautions as part of the hospital routine.

How can one avoid infection?

- A person who does not engage in sexual intercourse and does not inject drugs (or who uses clean, sterile needles/syringes for such injections) has almost no chance of contracting HIV or other STIs.

- Being married or not having sex before marriage cannot by themselves protect against HIV. Many people have believed this and have been infected by their partners. (This is especially true for many women for whom the only risk factor was having sex with their husband/partner.)

- People who are mutually faithful (i.e. they only have sex with each other) are not at risk of HIV/STIs by sexual means provided that both are HIV-negative at the start of their relationship and that neither gets infected through blood (transfusion, injecting drugs with unclean needle/syringe).

- People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
FRESH Tools for Effective School Health
http://www.unesco.org/education/fresh

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• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?

• There is strong evidence that other sexually transmitted diseases put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STIs.

• If you suspect you may have acquired or been exposed to an STI, you should seek medical advice.

• A person who has an STI should be aware that if they are having unprotected sexual intercourse, they are at an even higher risk of getting HIV.

What do “safe sex” and “protected sex,” mean?

Because of the risk of HIV/AIDS, it is necessary to be very clear about the sexual practices, which are known to carry a risk of HIV transmission and those, which do not.

a) Safe sex activities (no risk)

Practising the following activities will prevent a partner’s blood, semen or vaginal secretions from getting into contact with your blood and thereby prevents transmission of HIV: masturbation, massage, rubbing, hugging, touching genitals.

b) Low-risk sex activities

Using a condom correctly and consistently during sexual intercourse will reduce the risk of infection with HIV and other STIs. Latex condoms have been demonstrated to be an effective protection against HIV, STIs, as well as pregnancy. Incorrect use of condoms reduces their effectiveness, e.g. they may break. Sexual intercourse with a condom is called “protected sex”.

While only a small number of people have contracted HIV through these means, the following activities are considered to carry some risk:

- fellatio (mouth on penis without taking semen into the mouth);
- cunnilingus (mouth on vagina);
- anilingus (mouth on anus); and
- deep wet kissing.

c) Unsafe sexual activities

Practising the following activities is a definite risk:

- anal sex (penis in rectum) without a condom;
- vaginal sex (penis in vagina) without a condom;
- any sex act that makes you bleed;
- semen (or blood) taken into the mouth during oral-genital sex.

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

Yes. It depends on a person’s behaviour. Some behaviours/activities carry a higher risk of getting HIV than others. These include:

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

Some situations, which are beyond an individual’s control, can put them at risk. These include:

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

Women are slightly more vulnerable physiologically to HIV infection than men. The area of mucous membrane exposed during intercourse is much larger in the woman than in the man, and the mucous membrane surface of the vagina (compared to the penis) can, therefore, be more easily penetrated by the virus. Very young women are more vulnerable than women in the 18-45 year age group; their immature cervix and relatively low vaginal mucus production present less of a barrier to HIV. Women are becoming infected at younger ages than men. This is partly because many young women marry or have sex with men older than themselves, who have already had a number of partners, and partly because of their biological vulnerability.

**Do you have to have many sexual partners to get infected with HIV/STI?**

Even one contact with a person infected with HIV is enough to transmit the infection. However, the risk of getting infected with HIV increases with the number of sexual partners and the number of sexual acts. The presence of an STI (e.g. genital ulcers) in a sexual partner increases the risk of transmission of HIV.

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

  Prostitutes and their clients, like any other people with many sexual partners, run the risk of getting infected by their partners. They may then pass the infection to many others. If a prostitute insists on using a condom every time she or he has sex, the risk of infection for her and the partner will be sharply reduced. Many prostitutes have replaced penetrative sex with safer practices, further reducing the risk of infection. Unfortunately clients often
refuse to wear condoms and the women are not in a position to insist.

- **If a woman is menstruating is there a greater risk of getting infected with HIV (for her partner and for herself)?**

  Menstrual blood from HIV-infected women does contain the virus. Infection would be dependent on whether the menstrual blood had contact with the sexual partner's bloodstream. A woman who is menstruating is likely to be at a higher risk for HIV through sexual intercourse.

- **Can you get infected by blood transfusion or by blood products?**

  Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are "seropositive" i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the "window" period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**

  o The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.

  o About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.

  o It serves little purpose to test babies born to HIV-infected mothers for HIV antibodies at birth. There are likely to be many false positive results because antibodies from the mother are still circulating in the baby's bloodstream. Only at 18 months or older, can an antibody test result be regarded as reliable.

- **Does breast-feeding transmit HIV?**

  Breast milk of an HIV-infected mother contains HIV that can be transmitted to the baby. However, because of the benefits of breast-feeding, the WHO recommends that in situations where infectious disease and malnutrition are the main cause of infant deaths, and the infant mortality rate is high, mothers should breast-feed their babies, even if they are known to be infected with HIV, as the risk to the baby is less than the risks involved in artificial feeding.

**Can needles, knives and other instruments transmit HIV?**

Yes. Any instruments that cut the skin or puncture the skin can collect small amounts of blood that can be passed on if used again by another person without being sterilized. Avoid tattooing, ear piercing, acupuncture, and bloodletting ceremonies or sharing razors unless you are absolutely sure the instruments being used are sterilized or boiled in water.

**How is HIV transmitted with injection needles and syringes?**
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

• Only a very small amount of blood is needed for transmission to occur. Sharing needles and syringes used for anything – medicines or heroin, cocaine, amphetamines (speed) and even water can spread HIV. It is not what is put into the syringe that transmits HIV, but the blood that remains in the needle and syringe.

• Some countries have needle and syringe exchange programmes (used needles and syringes are exchanged for new ones) for injecting drug users. Those who cannot stop injecting drugs can join these programmes to avoid HIV transmission.

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  o Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  o Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  o Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

• Be extremely careful if you come across a needle or syringe in a park or street. Dispose of it safely without touching it with unprotected fingers.

Can you get HIV from contact sports where bleeding may occur?

• There is no evidence that any person participating in any sports activity has become infected with HIV from, or has transmitted HIV to, other participants.

• It is possible that transmission could occur if an HIV-infected athlete had a bleeding wound that came in contact with a cut in the skin or mucous membrane of another person. Even in such an unlikely event, however, the risk of transmission would be very low.

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

• The evidence clearly shows that mosquitoes and other insects do not spread HIV. For example, bedbugs, lice and fleas in the households of people infected with HIV do not spread the virus to the other people living in these households.

• If mosquitoes were responsible for spreading HIV, then people of all ages would be infected. In fact, children before puberty are rarely infected, unless they were born to
infected mothers or had a transfusion with infected blood.

- We know that HIV lives in some cells of the human body but that it does not live in the cells of insects. Therefore, mosquitoes and other insects are not a suitable home for HIV.

- HIV is not like the malaria parasite, which lives very well in the mosquito and spreads to people when mosquitoes bite, because it is in the fluid that the mosquito injects.

When should one be tested for HIV?

Remember you need to be tested twice (see above). There are advantages and disadvantages to being tested for HIV. It is a decision that should not be taken lightly and the implications of positive and negative outcomes should be faced in advance with the assistance of an HIV/AIDS counsellor.

a) Advantages of being tested:

If you are infected with HIV...

- You can receive early treatment and perhaps live longer.
- You can make decisions to take good care of yourself.
- You can develop a good emotional support system in the early stages of the disease.
- You can use new medications as they develop.
- Knowing that babies can be born with HIV, you can make decisions about whether you wish to get pregnant.
- You can inform your partner(s) that you have HIV.
- You can abstain from sex or use a condom during sex.
- You can avoid sharing items that come in contact with blood – razors, tweezers, needles, and syringes.
- You will decide not to donate blood and other tissues.

If you are not infected, you will be relieved to know the result and will want to protect yourself in the future.

b) Disadvantages of being tested:

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person’s cultural and religious attitudes towards illness and death.

- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

- A person who has tested positive for HIV may be discriminated against if the information is revealed.

c) Some important points about knowing one’s HIV status:
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

• HIV-infected workers or students should not be discriminated against.

• HIV infection alone does not limit fitness to study or to work.

• HIV infection should not be a cause for termination of employment or schooling.

• At work or school, as elsewhere, HIV-infected people have a responsibility to behave in ways that do not put others at risk of infection.

• Donating blood is a very irresponsible way to find out one's HIV status. If you want to be tested, consult your health care provider who will refer you to the appropriate counsellor.

d) HIV testing should always be preceded by counselling, which includes:

• Information about the test procedure and the many factors involved in testing, including emotional, social and medical consequences of a positive or negative result. Advantages and disadvantages of testing should be discussed and the decision to be tested should be made after careful consideration of all factors.

e) HIV test results should always be given with counselling, which consists of a talk between the individual and the counsellor aimed at discussing the test result.

• If the result is negative, the counsellor will discuss the importance of prevention of HIV/STIS in detail with the person in order to reduce his/her risks of infection in the future. The discussion will cover not only the methods available but also the person's individual situation, concerns and attitudes that may influence whether or not these methods are feasible and/or acceptable and will be used.

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

- One should discuss one’s risk factors with someone knowledgeable and still make decisions to use condoms or to abstain from sexual intercourse and avoid pregnancy.

How can one identify a person with HIV?

- It is not possible to know by physical appearance that a person has HIV, because the virus may remain in the body for many years without causing any symptoms or signs.

- Only a blood test taken after the “window” period can tell if a person has HIV.

What happens if you live close to someone with AIDS?

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else’s behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of “trigger”, e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
- Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

- Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

- It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

**Participation of parents and family members:**

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

- Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

**Peer leaders:**

Why use peer leaders? Young people tend to listen more attentively and accept messages from respected peers more readily than from a teacher. This is especially true in areas of health, safety and sexuality. Some students are influential in that they set the group norms and function as models for the group. They can become peer leaders who assist the teacher, which allows him or her to spend more time on preparation, individual attention to students and classroom management.

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
Lead a class team, e.g. during a quiz
Read stories, questions, answers to activities
Volunteer answers to activities
Lead a small group
Report findings of small groups
Model appropriate behaviour, e.g. is assertive
Carry out certain activities and report back, e.g. buying a condom
Take polls, e.g. when teacher wants to know how many answered “yes”.
Draw diagrammes on the blackboard.

Role-play:

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

Select volunteers, or students who are outgoing and energetic.
Involve yourself in one of the main roles.
Give students some lines or a script to start them off.
Use “props” – hats, cards with names on, wigs, etc.
Use humour, if possible.
Pair all students in the class and have each one play a role, e.g. a father and a son. This will eliminate embarrassment of being in front of the class.

Story telling:

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

Test items for student evaluation:

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

“Basic knowledge on HIV/AIDS/STI”

TRUE:

A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
Men may pass HIV on to others through their semen.
HIV is found in semen, vaginal fluids, and blood.
A person may get HIV by sharing drug needles.
Once you are infected with HIV, you are infected for life.
Women may pass HIV on to others through their vaginal fluids.
You may get infected with HIV by having sex with someone who shares drug needles.
It is not dangerous to hug a person with AIDS.
People infected with HIV do not necessarily look sick.
People with AIDS die from serious diseases.
HIV may be passed from a mother to her unborn or newborn baby.
Having sex during the menstrual cycle increases the risk of getting HIV.
You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
A person who has AIDS usually will die in 6 months to 2 years.
The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
If a person has an STD, his or her chances of being infected with HIV are increased. AIDS is caused by HIV.
HIV is not spread from one person to another through daily activities.
Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
The more partners a person has, the greater the chances of being infected with HIV.
Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
A person can have HIV for years without getting AIDS.
A negative HIV test means there are no antibodies to HIV in the blood.

FALSE

You may get HIV by sitting on a toilet seat that a person with AIDS has used.
You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
People infected with HIV are usually very thin and sickly.
Some people have been infected with HIV by swimming in the same water as someone with AIDS.
You may get HIV from a mosquito bite.
Someone with AIDS can spread HIV by coughing and spitting.
There is no way to kill HIV on a drug needle.
There is no way you can find out if you are infected with HIV.
You can be cured of AIDS if you are careful to take medicine the doctor gives you.
You can’t get HIV from sharing needles for tattoos or ear/nose piercing.
It is difficult for women to get HIV/AIDS.
HIV may be spread by wearing clothes from a person with AIDS.
A person may get HIV by donating blood.
A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
The test for HIV (ELISA test) is looking for the HIV virus.
A vaccine is available to protect people from HIV infection.
There have been reported cases in which HIV was spread by kissing.
A person who has tested positive for HIV is said to have AIDS.
There is evidence that some insects can actually spread AIDS.
HIV can be spread by contact such as hugging, kissing or holding hands.
You can tell if a person has HIV by how they look.
You may get HIV from toilet seats.
- Married people don’t become infected with HIV.
- If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

**TRUE**

- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

**FALSE**

- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

**TRUE**

- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

**FALSE**

- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

**TRUE**

- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
Are you a responsible person?

Description of the tool:
This tool is a classroom test for adolescents on “Basic knowledge on HIV/AIDS/STI”.

The information provided here was adapted by UNESCO from the following publication:


Description of the document:
A resource package to assist curriculum planners to design locally adapted HIV/AIDS/STI education programmes for students aged 12-16 based on participatory teaching/learning methods particularly effective in helping young people build up behavioural skills. A teachers’ guide contains information and instructions on how to prepare and teach a programme on HIV/AIDS/STI. A handbook of student activities, aimed at increasing knowledge, developing skills, positive attitudes and motivation, can be adapted for language and content according to age and cultural context. A handbook for curriculum planners outlines the main steps in curriculum planning.

This information or activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education**. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Basic information about HIV, AIDS and STI

The activities comprised in the first unit in this Teacher’s Guide present the basic information in respect of the knowledge attitudes skills students will need to acquire in order to protect themselves from HIV, AIDS and STIs. Subject matter relates to how HIV and STIs are transmitted and how they are not transmitted, methods that provide protection from HIV and STIs, the difference between HIV and AIDS and a variety of sources of help.

Behavioural intent questions on personal responsibility

The purpose of this test is to summarize the overall activities contained in Unit 1 “Basic knowledge of HIV/AIDS/STI”: how HIV and STIs are transmitted; how they are not transmitted; methods of protection from HIV/STI; difference between HIV and AIDS; sources of help.

Students are posed a number of questions about their behaviour and their behavioural intent. Indications of behavioural intent may prove to be good motivators to produce desired behaviour in the future.

What the teacher does:

1. Decides how to teach this activity:

   a) Provides each student with an activity sheet (see Annex 1) and invites them to proceed with the activity individually.

   b) Reads out each of the twelve statements on the student activity sheet.

      1) I keep myself healthy (e.g. do not use drugs)
      2) I know how HIV/STIs are spread and how to protect myself
      3) I would not have sex at this time in my life
      4) I would never share needles for drug use
      5) When I decide to have sex, I will use a condom
      6) When I have sex, I will only have one partner
      7) I would tell my partners if I had HIV or an STI

---

1 See Annex 2
2 See Annex 3
8) I would not use unsterilized instruments to pierce my ears, tattoo or shave, etc.
9) I would think hard before having a baby if I or my partner had HIV
10) If I thought I had HIV, I would go to a health centre to ask about tests
11) If a schoolmate or neighbour had HIV or AIDS, I would be a friend to him/her
12) I would get help if I thought I had HIV/STI

Tells the students to write 3 for yes (agree), 1 for uncertain and 0 for no (disagree). Only one activity sheet is needed.

(c) Puts the questions on the blackboard and invites students to carry out the activity individually (only one activity sheet needed).

2. Invites students to add up their score and then refer to their “Responsibility score”.

**Responsibility score**

<p>| | |</p>
<table>
<thead>
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<th></th>
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<tbody>
<tr>
<td>Yes</td>
<td>= 3 points</td>
</tr>
<tr>
<td>Uncertain</td>
<td>= 1 point</td>
</tr>
<tr>
<td>No</td>
<td>= 0 point</td>
</tr>
</tbody>
</table>

33 - 36 points: Very responsible
30 - 33 points: Responsible
27 - 29 points: Somewhat responsible
24 - 26 points: Not very responsible
0 - 24 points: You are taking risks! Maybe you should think again

**Additional preparation**

Before starting this activity the students should be informed that it is private (confidential) and that scores will not be seen either by the teacher or by other students (unless revealed by the student).
Annex 1

Are you a Responsible Person?

This short test can help you decide whether you are a responsible person. Only responsible people can stop HIV and STIs.

How?

1. Put an “X” in the “YES” box if you agree, in the “?” box if you are uncertain and the “NO” box if you disagree.

2. Your teacher will discuss the answers with you afterwards so that you can work out your “responsibility score”.

<table>
<thead>
<tr>
<th>YES</th>
<th>?</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td>Agree</td>
<td>Uncertain</td>
<td>Disagree</td>
</tr>
</tbody>
</table>

1. I keep myself healthy (e.g. do not use drugs)
2. I know how HIV/STI are spread and how to protect myself
3. I would not have sex at this time in my life
4. I would never share needles for drug use
5. When I decide to have sex, I will use a condom
6. When I have sex, I will only have one partner
7. I would tell my partners if I had HIV or an STI
8. I would not use unsterilized instruments to pierce my ears, tattoo or shave, etc.
9. I would think hard before having a baby if I or my partner had HIV
10. If I thought I had HIV, I would go to a health centre to ask about tests
11. If a schoolmate or neighbour had HIV or AIDS, I would be a friend to him/her
12. I would get help if I thought I had HIV/STI

+ + = Total score
Responsibility score

<table>
<thead>
<tr>
<th></th>
<th>Score</th>
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<tbody>
<tr>
<td>Yes</td>
<td>3 points</td>
</tr>
<tr>
<td>Uncertain</td>
<td>1 point</td>
</tr>
<tr>
<td>No</td>
<td>0 point</td>
</tr>
</tbody>
</table>

- **33 - 36 points:** Very responsible
- **30 - 33 points:** Responsible
- **27 - 29 points:** Somewhat responsible
- **24 - 26 points:** Not very responsible
- **0 - 24 points:** You are taking risks! Maybe you should think again
Annex 2

Basic questions on HIV, AIDS and STIs

What is AIDS?

- AIDS stands for Acquired (not inborn, passed from person to person, including from mother to baby) Immune (relating to the body's immune system, which provides protection from disease-causing germs) Deficiency (lack of response by the immune system to germs) Syndrome (a number of signs and symptoms indicating a particular disease or condition).

- AIDS is caused by a virus, called the Human Immunodeficiency Virus (HIV), which attacks and, over time, destroys the body's immune system. A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop.

- These infections, cancers etc. make the person ill and lead to his or her death. At present there is no vaccine or cure for AIDS.

What do we know about HIV?

- HIV, like other viruses, is very small, too small to be seen with an ordinary microscope. Viruses cause all sorts of diseases from flu (influenza) to herpes to some kinds of cancer.

- To reproduce, HIV must enter a body cell, which in this case is an immune cell. By interfering with the cells that protect us against infection, HIV leaves the body poorly protected against the particular types of diseases, which these cells normally deal with.

- Infections that develop because HIV has weakened the immune system are called "opportunistic infections". These include: respiratory infections e.g. tuberculosis; Pneumocystis carinii pneumonia; gastro-intestinal infections e.g. candidiasis in the mouth or diarrhoea; and brain infections e.g. toxoplasmosis or cryptococcal meningitis.

- Some people may also develop cancers, e.g. Kaposi sarcoma, a cancer which often causes red skin lesions.

What is an STI?

- STI stands for sexually transmitted infection or infections. Many different STIs have been identified. The most common include: gonorrhoea, Chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.

- Viruses, bacteria, and parasites cause STIs. Viruses cause a number of STIs, including genital warts, hepatitis B and genital herpes. Bacteria cause STIs such as gonorrhoea and syphilis. Scabies, trichomonas and pubic lice are parasite STIs.
Most STIs can be cured.

Certain STIs, if not treated soon enough, can lead to long-lasting health problems in both males and females, e.g. damage to the reproductive organs so that a woman is no longer able to have children, cancer of the cervix, heart and brain damage, and possibly death.

In many STIs, the early symptoms are often difficult to recognize, and many people ignore them until more severe damage is done. This is especially true for women. This makes early diagnosis and treatment difficult.

An abnormal discharge from the penis, anus or vagina; burning on urination; pain in the abdominal or groin area with a fever; pain during sex; and rashes, blisters or sores on the genitals, are all possible symptoms of STIs. If a person experiences any of the above symptoms, they should stop having sexual intercourse and go to a clinic or hospital for a check-up.

What are antibodies?

The body’s defense system (immune system) develops germ fighters, called antibodies to fight off and destroy various viruses and germs that invade the body.

The presence of particular antibodies in a person’s blood indicates that the person has been exposed to that infection. For example, when a blood test reveals that the antibodies to HIV are present in the blood, it means that the person is infected with HIV.

What is the “window” period?

This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually 2-12 weeks; in rare instances it may be longer.

This means that if an HIV antibody test is taken during the “window” period it will be negative since the blood test is looking for antibodies that have not yet developed. But that person is already HIV-infected and can transmit HIV to others.

People taking the test are advised, if the result is negative, to return for a re-test in 3 months by which time if the person had been infected, the antibodies are almost certain to have developed (they should avoid risk behaviours during the 3 months).

The most common test for HIV antibodies is called the ELISA test.

What does the asymptomatic period mean?

The asymptomatic period is the period of time between infection and the beginning of signs and symptoms related to AIDS.

This varies from person to person for HIV/AIDS. It may be as short as 6 months or as long as 10 years or more.

People usually have an asymptomatic period of several years in which they may have swollen lymph nodes but no other complaints. Then, they may start to develop symptoms
like oral thrush or night sweats. It may then still take years before they develop full-blown AIDS. The period between the development of full-blown AIDS and death may be as short as 6 months or as long as 2 years or more.

- During the asymptomatic period there may be no evidence that the person is sick; however, HIV-related illnesses can occur regularly over many months or years before full-blown AIDS develops.

- During the asymptomatic period (as well as during the symptomatic period), the person is infectious – that is, can pass HIV on to others.

**What are the symptoms of AIDS?**

- This question must be approached with caution in any specific case, since it is often difficult to determine if the symptoms actually mean onset of AIDS or if they are simply symptoms of other conditions. People develop signs and symptoms of their HIV infection before they develop what has been defined as AIDS. AIDS is the final and most severe phase of HIV infection and leads to death.

- The obvious signs and symptoms are indications of an opportunistic disease such as tuberculosis or pneumonia. However, associated findings might include: recent, unexplained weight loss; fever for more than one month; diarrhoea for more than one month; genital or anal ulcers for more than one month; cough for more than one month; nerve complaints; enlarged lymph nodes; skin infections that are severe or recur.

**Are there drugs and vaccines to treat AIDS?**

- There are drugs that are effective against many of the infections associated with AIDS. These drugs are not a cure for AIDS but they can postpone symptoms or death.

- A few drugs have been able to inhibit the multiplication of HIV in infected persons. These drugs do not eliminate the virus from the body but may be useful in prolonging life in patients who are infected with HIV.

- To date, there is some optimism over the development of a vaccine to protect against the disease. Part of the difficulty is that there are many strains of HIV. Even within the same person the virus can change over time. Work is proceeding on this, but safe, effective vaccines are likely to take many years to develop.

**How do you get HIV?**

- HIV can be found in body fluids like blood, semen, vaginal fluids, and breast milk.

- Any practice, which allows the penetration of the virus from these fluids through the skin or mucous membranes and into the bloodstream of another person, can cause HIV infection.

- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers. HIV is transmitted from person to person in 3 major ways:
When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

When a needle, or other skin-piercing instruments penetrates the skin (e.g. razor or tattooing instrument), and that instrument has blood on it from an HIV-infected person. Sharing the same syringe and needle among injecting drug users is particularly risky for transmission. Any unsterile syringes and needles can transmit infection.

HIV may also be transmitted from an infected mother to her baby, either through the placenta before birth, during birth, or, in some cases, through breast milk after birth.

Note that:

- For medical reasons, it may be important for a person to receive a blood transfusion. If the blood donor is HIV-infected, there is a high chance that the virus would be transmitted through the blood. However, most countries now test donated blood for HIV and the chance of being infected in this way is very small.

- Deep wet kissing has a very low risk of transmitting HIV. However, there is a slight risk if there are cuts or abrasions in the mouth.

- Although the risk of infection is very low, it is advisable not to share toothbrushes.

How you don’t get HIV

- HIV is not transmitted by touch, coughing and sneezing, cutlery, glasses, cups and food, swimming pools, towels, toilet seats, pets, mosquitoes and other insects, baths or showers.

- Nurses, and other health service staff, who come in close contact with patients’ body fluids, are trained to take precautions as part of the hospital routine.

How can one avoid infection?

- A person who does not engage in sexual intercourse and does not inject drugs (or who uses clean, sterile needles/syringes for such injections) has almost no chance of contracting HIV or other STIs.

- Being married or not having sex before marriage cannot by themselves protect against HIV. Many people have believed this and have been infected by their partners. (This is especially true for many women for whom the only risk factor was having sex with their husband/partner.)

- People who are mutually faithful (i.e. they only have sex with each other) are not at risk of HIV/STIs by sexual means provided that both are HIV-negative at the start of their relationship and that neither gets infected through blood (transfusion, injecting drugs with unclean needle/syringe).

- People who use a condom correctly every time they have sex protect themselves from HIV/STI infection.
• Washing after sexual intercourse does not help to prevent HIV infection.

Do sexually transmitted diseases increase your chance of getting HIV?
• There is strong evidence that other sexually transmitted diseases put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STIs.
• If you suspect you may have acquired or been exposed to an STI, you should seek medical advice.
• A person who has an STI should be aware that if they are having unprotected sexual intercourse, they are at an even higher risk of getting HIV.

What do “safe sex” and “protected sex,” mean?
Because of the risk of HIV/AIDS, it is necessary to be very clear about the sexual practices, which are known to carry a risk of HIV transmission and those, which do not.

a) Safe sex activities (no risk)

Practising the following activities will prevent a partner’s blood, semen or vaginal secretions from getting into contact with your blood and thereby prevents transmission of HIV: masturbation, massage, rubbing, hugging, touching genitals.

b) Low-risk sex activities

Using a condom correctly and consistently during sexual intercourse will reduce the risk of infection with HIV and other STIs. Latex condoms have been demonstrated to be an effective protection against HIV, STIs, as well as pregnancy. Incorrect use of condoms reduces their effectiveness, e.g. they may break. Sexual intercourse with a condom is called “protected sex”.

While only a small number of people have contracted HIV through these means, the following activities are considered to carry some risk:
- fellatio (mouth on penis without taking semen into the mouth);
- cunnilingus (mouth on vagina);
- anilingus (mouth on anus); and
- deep wet kissing.

c) Unsafe sexual activities

Practising the following activities is a definite risk:
- anal sex (penis in rectum) without a condom;
- vaginal sex (penis in vagina) without a condom;
- any sex act that makes you bleed;
- semen (or blood) taken into the mouth during oral-genital sex.

What is affection without sex (non-penetrative sex)?
There are many ways of showing affection and enjoying sexual pleasure like touching, massage, and mutual masturbation. In many cultures, penetration is regarded as the only way of having sex. However, women and men alike often enjoy alternatives to penetrative sex.

**Do some people have a high likelihood of getting HIV?**

Yes. It depends on a person’s behaviour. Some behaviours/activities carry a higher risk of getting HIV than others. These include:

- Having many different sexual partners.
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom (see above).
- Having sex when you have other sexually transmitted diseases.
- Sharing needles and syringes for injecting drug use.

Some situations, which are beyond an individual’s control, can put them at risk. These include:

- Receiving injections with needles that are not cleaned or sterilized properly.
- Receiving blood transfusions with blood that has not been tested.

**Are men and women equally vulnerable physiologically to HIV infection?**

Women are slightly more vulnerable physiologically to HIV infection than men. The area of mucous membrane exposed during intercourse is much larger in the woman than in the man, and the mucous membrane surface of the vagina (compared to the penis) can, therefore, be more easily penetrated by the virus. Very young women are more vulnerable than women in the 18-45 year age group; their immature cervix and relatively low vaginal mucus production present less of a barrier to HIV. Women are becoming infected at younger ages than men. This is partly because many young women marry or have sex with men older than themselves, who have already had a number of partners, and partly because of their biological vulnerability.

**Do you have to have many sexual partners to get infected with HIV/STI?**

Even one contact with a person infected with HIV is enough to transmit the infection. However, the risk of getting infected with HIV increases with the number of sexual partners and the number of sexual acts. The presence of an STI (e.g. genital ulcers) in a sexual partner increases the risk of transmission of HIV.

**Questions on transmission:**

- **Is HIV spread by prostitutes and their clients?**

  Prostitutes and their clients, like any other people with many sexual partners, run the risk of getting infected by their partners. They may then pass the infection to many others. If a prostitute insists on using a condom every time she or he has sex, the risk of infection for her and the partner will be sharply reduced. Many prostitutes have replaced penetrative sex with safer practices, further reducing the risk of infection. Unfortunately clients often
refuse to wear condoms and the women are not in a position to insist.

- **If a woman is menstruating is there a greater risk of getting infected with HIV (for her partner and for herself)?**

  Menstrual blood from HIV-infected women does contain the virus. Infection would be dependent on whether the menstrual blood had contact with the sexual partner’s bloodstream. A woman who is menstruating is likely to be at a higher risk for HIV through sexual intercourse.

- **Can you get infected by blood transfusion or by blood products?**

  Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are “seropositive” i.e. contain antibodies to HIV. In most countries, efforts have been made to test all blood donations for HIV since 1985. There is a very small chance that an occasional transfusion may contain the virus since an HIV-infected donor might have been in the “window” period (test negative) when giving blood. You cannot get HIV from donating blood.

- **What happens to a baby born to a woman with HIV infection?**

  - The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after childbirth.

  - About 20-40 percent of babies born to infected mothers will acquire the HIV virus. Some of those will develop AIDS during the first year of life. The majority of HIV-infected babies will not survive to their second birthday. However, some may survive up to 7 years or even longer.

  - It serves little purpose to test babies born to HIV-infected mothers for HIV antibodies at birth. There are likely to be many false positive results because antibodies from the mother are still circulating in the baby's bloodstream. Only at 18 months or older, can an antibody test result be regarded as reliable.

- **Does breast-feeding transmit HIV?**

  Breast milk of an HIV-infected mother contains HIV that can be transmitted to the baby. However, because of the benefits of breast-feeding, the WHO recommends that in situations where infectious disease and malnutrition are the main cause of infant deaths, and the infant mortality rate is high, mothers should breast-feed their babies, even if they are known to be infected with HIV, as the risk to the baby is less than the risks involved in artificial feeding.

**Can needles, knives and other instruments transmit HIV?**

Yes. Any instruments that cut the skin or puncture the skin can collect small amounts of blood that can be passed on if used again by another person without being sterilized. Avoid tattooing, ear piercing, acupuncture, and bloodletting ceremonies or sharing razors unless you are absolutely sure the instruments being used are sterilized or boiled in water.

**How is HIV transmitted with injection needles and syringes?**
• Small amounts of blood remain in the needle and syringe after use. If someone else then uses that needle and syringe, any blood left in the syringe or needle will be injected into their bloodstream. If the first user was infected with HIV, then the second person may now also be infected.

• Only a very small amount of blood is needed for transmission to occur. Sharing needles and syringes used for anything – medicines or heroin, cocaine, amphetamines (speed) and even water can spread HIV. It is not what is put into the syringe that transmits HIV, but the blood that remains in the needle and syringe.

• Some countries have needle and syringe exchange programmes (used needles and syringes are exchanged for new ones) for injecting drug users. Those who cannot stop injecting drugs can join these programmes to avoid HIV transmission.

• If people are not in a position to use a new needle and syringe, the equipment can be boiled or, if boiling is not possible, cleaned in the following way:
  
  o Rinse the syringe out with clean, cold water at least twice (not hot water). Squirt the used water down the drain.
  o Rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain.
  o Rinse it out again, at least twice with clean, cold water to get rid of the bleach.

• Be extremely careful if you come across a needle or syringe in a park or street. Dispose of it safely without touching it with unprotected fingers.

Can you get HIV from contact sports where bleeding may occur?

• There is no evidence that any person participating in any sports activity has become infected with HIV from, or has transmitted HIV to, other participants.

• It is possible that transmission could occur if an HIV-infected athlete had a bleeding wound that came in contact with a cut in the skin or mucous membrane of another person. Even in such an unlikely event, however, the risk of transmission would be very low.

• Given this small possibility, it would be wise in contact sports where bleeding might occur (such as boxing) to follow these procedures:
  1) cleanse any cut with antiseptic and cover it well;
  2) if bleeding occurs, stop activity and wait until the bleeding has stopped and then cleanse and treat it with an antiseptic and cover it securely;
  3) latex gloves should always be worn when treating injured people.

Do mosquitoes or other insects spread HIV?

• The evidence clearly shows that mosquitoes and other insects do not spread HIV. For example, bedbugs, lice and fleas in the households of people infected with HIV do not spread the virus to the other people living in these households.

• If mosquitoes were responsible for spreading HIV, then people of all ages would be infected. In fact, children before puberty are rarely infected, unless they were born to
infected mothers or had a transfusion with infected blood.

- We know that HIV lives in some cells of the human body but that it does not live in the cells of insects. Therefore, mosquitoes and other insects are not a suitable home for HIV.

- HIV is not like the malaria parasite, which lives very well in the mosquito and spreads to people when mosquitoes bite, because it is in the fluid that the mosquito injects.

**When should one be tested for HIV?**

Remember you need to be tested twice (see above). There are advantages and disadvantages to being tested for HIV. It is a decision that should not be taken lightly and the implications of positive and negative outcomes should be faced in advance with the assistance of an HIV/AIDS counsellor.

**a) Advantages of being tested:**

If you are infected with HIV...

- You can receive early treatment and perhaps live longer.
- You can make decisions to take good care of yourself.
- You can develop a good emotional support system in the early stages of the disease.
- You can use new medications as they develop.
- Knowing that babies can be born with HIV, you can make decisions about whether you wish to get pregnant.
- You can inform your partner(s) that you have HIV.
- You can abstain from sex or use a condom during sex.
- You can avoid sharing items that come in contact with blood – razors, tweezers, needles, and syringes.
- You will decide not to donate blood and other tissues.

If you are not infected, you will be relieved to know the result and will want to protect yourself in the future.

**b) Disadvantages of being tested:**

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends; and, on the person's cultural and religious attitudes towards illness and death.

- A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety; the person must make a variety of adjustments.

- Partners and family are likely to suffer from the consequences of HIV testing as well as the infected person, whether they are also infected or not.

- A person who has tested positive for HIV may be discriminated against if the information is revealed.

**c) Some important points about knowing one's HIV status:**
• A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with AIDS.

• However, they should think carefully about revealing their status since misunderstanding and discrimination do exist and may affect them and those they love.

• In many situations, families are the main source of care and support and the type of care and support for HIV-infected people may change depending on the stage of infection. This situation requires counselling for family members as well as for the person infected with HIV.

• All medical information, including HIV/AIDS status should be kept confidential.

• HIV-infected workers or students should not be discriminated against.

• HIV infection alone does not limit fitness to study or to work.

• HIV infection should not be a cause for termination of employment or schooling.

• At work or school, as elsewhere, HIV-infected people have a responsibility to behave in ways that do not put others at risk of infection.

• Donating blood is a very irresponsible way to find out one’s HIV status. If you want to be tested, consult your health care provider who will refer you to the appropriate counsellor.

d) HIV testing should always be preceded by counselling, which includes:

• Information about the test procedure and the many factors involved in testing, including emotional, social and medical consequences of a positive or negative result. Advantages and disadvantages of testing should be discussed and the decision to be tested should be made after careful consideration of all factors.

e) HIV test results should always be given with counselling, which consists of a talk between the individual and the counsellor aimed at discussing the test result.

• If the result is negative, the counsellor will discuss the importance of prevention of HIV/STIS in detail with the person in order to reduce his/her risks of infection in the future. The discussion will cover not only the methods available but also the person's individual situation, concerns and attitudes that may influence whether or not these methods are feasible and/or acceptable and will be used.

• If the result is positive, the counsellor will discuss with the person all the above in order that he/she avoid infecting his/her partner (or children), but also in order that he/she avoid reinfecting him or herself (which may hasten progression of the disease). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.
f) If testing and/or counselling is not available:

- One should discuss one’s risk factors with someone knowledgeable and still make decisions to use condoms or to abstain from sexual intercourse and avoid pregnancy.

**How can one identify a person with HIV?**

- It is not possible to know by physical appearance that a person has HIV, because the virus may remain in the body for many years without causing any symptoms or signs.

- Only a blood test taken after the “window” period can tell if a person has HIV.

**What happens if you live close to someone with AIDS?**

- Living near someone who has AIDS or who is infected with HIV will not give you HIV. You can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner and that you take precautions in handling body fluids (blood in particular).
Annex 3

Some pointers on teaching a programme of education to prevent HIV, AIDS and SDI

Case studies, group work, parent participation, peer leaders, role-playing, testing and student evaluation.

Case study/situation:

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else’s behaviour and, therefore, to avoid revealing personal experiences that might be embarrassing to them. The case study can be open-ended, that is, the ending of the story may be missing. It is up to the students to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Some questions need to be taken into consideration when deciding to use a case study.

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country?
- Will parents and Ministry officials approve of the selected scenarios?
- Should sex among males be a part of your scenarios?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Are there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Group work:

Discussions can be held with the whole class but work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings, and attitudes. Discussion works very well if it follows some kind of “trigger”, e.g. a case study, a story. Many of the activities contained in the units suggest small group work. Here are some teaching pointers for small group work.

- It is best to start with pairs or groups of three or four. This tends to be less threatening to students. As confidence builds, the groups can be made bigger.
- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

Emphasize a “sink or swim together” attitude. All members must contribute to the assigned task. The group’s success depends on the individual contribution of each member.

It may be important at times to use groups where the sexes are separated rather than mixed.

When conducting a group discussion, bear in mind the impact of “putting down” a student’s response. Not accepting responses in a positive way may discourage students from answering further questions. Pacing of questions is also important because students should be given time to think about a response but questions should be rapid enough to keep the pace of the class lively. Open, clarifying questions encourage students to talk.

Participation of parents and family members:

The support of parents for HIV/AIDS/STI education is very important to the success of a programme has a beneficial effect on both students and parents. Most parents recognize the threat posed by AIDS, and are in favour of school education for prevention. Some find it difficult to discuss sexuality with their children, and are happy if the school takes on the responsibility. They often need to learn about AIDS themselves, and the school programme may provide them with an opportunity to obtain accurate information, and to dispel myths or rumours about AIDS that circulate in the community.

A programme that involves parents and families in an HIV/AIDS/STI programme:

- Offsets possible resistance in the community.
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community.
- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
- Facilitates communication between adults and children in the family.

Peer leaders:

Why use peer leaders? Young people tend to listen more attentively and accept messages from respected peers more readily than from a teacher. This is especially true in areas of health, safety and sexuality. Some students are influential in that they set the group norms and function as models for the group. They can become peer leaders who assist the teacher, which allows him or her to spend more time on preparation, individual attention to students and classroom management.

Way in which a peer leader can help the teacher:

- Classroom management, e.g. handing out activity sheets, etc.
- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
Lead a class team, e.g. during a quiz
Read stories, questions, answers to activities
Volunteer answers to activities
Lead a small group
Report findings of small groups
Model appropriate behaviour, e.g. is assertive
Carry out certain activities and report back, e.g. buying a condom
Take polls, e.g. when teacher wants to know how many answered “yes”.
Draw diagrammes on the blackboard.

Role-play:

Role-play involves presenting a short spontaneous play that describes possible real-life situations. In role-play, we imitate someone else’s character. This is often easier than having to express our own ideas and feelings. Role-play is a very effective technique but also a difficult one to master. The following pointers may help in making this method more effective:

Select volunteers, or students who are outgoing and energetic.
Involve yourself in one of the main roles.
Give students some lines or a script to start them off.
Use "props" – hats, cards with names on, wigs, etc.
Use humour, if possible.
Pair all students in the class and have each one play a role, e.g. a father and a son. This will eliminate embarrassment of being in front of the class.

Story telling:

Story telling is a traditional method of providing information and discussion topics. Situations in the student activities can be told in a story-telling format using the local culture as a base for the story. The stories can be developed to contain health messages about AIDS and can be followed by a discussion on what was learned and how things could be changed to make it better.

Test items for student evaluation:

Short tests can be used to motivate students to learn and digest the activities in the programme. They also inform the students on their progress and provide them with an opportunity to apply information to life situations. They enable the teacher to monitor learning and adjust the programme. The correct answers should be discussed with the students after the test. Besides those questions included in the activity sheets the following additional True-False question may be of interest in making up a test for students:

"Basic knowledge on HIV/AIDS/STI"

TRUE:

- A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.
- Men may pass HIV on to others through their semen.
- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
Once you are infected with HIV, you are infected for life.
Women may pass HIV on to others through their vaginal fluids.
You may get infected with HIV by having sex with someone who shares drug needles.
It is not dangerous to hug a person with AIDS.
People infected with HIV do not necessarily look sick.
People with AIDS die from serious diseases.
HIV may be passed from a mother to her unborn or newborn baby.
Having sex during the menstrual cycle increases the risk of getting HIV.
You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.
The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.
A person who has AIDS usually will die in 6 months to 2 years.
The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.
If a person has an STD, his or her chances of being infected with HIV are increased.
AIDS is caused by HIV.
HIV is not spread from one person to another through daily activities.
Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
A person may pass on HIV even though he/she has no signs or symptoms of AIDS.
The more partners a person has, the greater the chances of being infected with HIV.
Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.
A person can have HIV for years without getting AIDS.
A negative HIV test means there are no antibodies to HIV in the blood.

FALSE

You may get HIV by sitting on a toilet seat that a person with AIDS has used.
You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
People infected with HIV are usually very thin and sickly.
Some people have been infected with HIV by swimming in the same water as someone with AIDS.
You may get HIV from a mosquito bite.
Someone with AIDS can spread HIV by coughing and spitting.
There is no way to kill HIV on a drug needle.
There is no way you can find out if you are infected with HIV.
You can be cured of AIDS if you are careful to take medicine the doctor gives you.
You can’t get HIV from sharing needles for tattoos or ear/nose piercing.
It is difficult for women to get HIV/AIDS.
HIV may be spread by wearing clothes from a person with AIDS.
A person may get HIV by donating blood.
A person is infectious (able to pass HIV on to others) only when she/he has AIDS.
The test for HIV (ELISA test) is looking for the HIV virus.
A vaccine is available to protect people from HIV infection.
There have been reported cases in which HIV was spread by kissing.
A person who has tested positive for HIV is said to have AIDS.
There is evidence that some insects can actually spread AIDS.
HIV can be spread by contact such as hugging, kissing or holding hands.
You can tell if a person has HIV by how they look.
You may get HIV from toilet seats.
- Married people don’t become infected with HIV.
- If you only have sex with people who look healthy, you won’t become infected by HIV.

“Responsible behaviour: delaying sex”

TRUE
- Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.
- One way to avoid getting HIV is by not having sex.
- Not having sexual intercourse is the most effective way to avoid being infected with HIV.
- An example of showing affection without sex is cuddling and caressing.
- Aggressive people get what they want without any thought about the feelings of the other person.
- A passive person often gives in to what others want.
- If a person tries to get you to do something you don’t want to do, you should refuse, or bargain safer alternatives, or delay the decision.

FALSE
- There is no way to protect yourself from HIV/AIDS.
- Assertive people get their way by overpowering others.

“Responsible behaviour: protected sex”

TRUE
- Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.

FALSE
- You can’t get HIV if you only have sex once or twice without a condom.
- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
- Lubricated condoms break more often than those that are not lubricated.
- If a condom slips off in the female vagina she will become sick.
- A condom can be safely reused.
- It is important to keep condoms in a warm, moist place.

“Care and support for people with HIV/AIDS”

TRUE
- A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.
- People who are ill with AIDS should be encouraged to do what they can for themselves.
- There have been no cases of HIV from living with a person who has HIV or AIDS.
- A person with HIV who is not allowed to attend school is an example of discrimination.
FALSE

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
Facts for Life: What Every Family and Community has a Right to Know about AIDS

Description of the tool:
This tool contains the essential information that families and individuals need to protect themselves from becoming infected with the virus that causes AIDS. At a minimum, this information should be part of education programmes or activities that seek to reduce the spread of AIDS, whether for students, parents or the community at large.

The information in this tool was excerpted by UNESCO from the following publication:


More information about this document can be obtained from UNICEF’s website at: http://www.unicef.org/ffl/

Description of the document:
This publication provides the essential facts that all families need and have a right to know to protect children's lives and health. The messages it contains are based on the latest scientific findings, as established by medical experts around the world and are presented in non-technical language so they can be understood and acted upon easily by people who do not have a scientific background. Topics covered include timing births, safe motherhood, diarrhoea, coughs and colds, hygiene, child development and early learning, breastfeeding, nutrition and growth, immunization, malaria, HIV/AIDS, injury prevention and disasters and emergencies.

This information falls under Core Component #3 of the FRESH framework for effective school health: skills-based health education. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
People in every country of the world are affected by AIDS (acquired immune deficiency syndrome). HIV/AIDS is becoming more of a global crisis every day. At present, 40 million adults and children are living with HIV/AIDS, and at least 10.4 million children currently under the age of 15 have lost one or both parents to AIDS.

The disease increasingly affects young people. Of the 5 million new infections in 2001, approximately half are among young people between the ages of 15 and 24. Young women are especially vulnerable. An estimated 11.8 million young people are living with HIV/AIDS – 7.3 million young women and 4.5 million young men.

AIDS is caused by the human immunodeficiency virus (HIV). HIV damages the body’s defences against other diseases. Medication can help people with HIV/AIDS live longer, but the disease so far has no vaccine or cure.

Prevention is the most effective strategy against the spread of HIV/AIDS. Every person in every country should know how to avoid getting and spreading the disease.

Condoms can save lives by preventing the sexual transmission of HIV. Access to testing and counselling must be given high priority in every country. Everyone has the right to voluntary and confidential counselling and testing for HIV/AIDS and the right to be protected from discrimination of any kind related to her or his HIV/AIDS status.

For those living with or affected by HIV/AIDS, care and compassion are needed. Measures should be taken to remove the social, cultural and political barriers that might block access to HIV/AIDS services and programmes.
Key Messages:

1. AIDS is an incurable but preventable disease. HIV, the virus that causes AIDS, spreads through unprotected sex (intercourse without a condom), transfusions of unscreened blood, contaminated needles and syringes (most often those used for injecting drugs), and from an infected woman to her child during pregnancy, childbirth or breastfeeding.

2. All people, including children, are at risk for HIV/AIDS. Everyone needs information and education about the disease and access to condoms to reduce this risk.

3. Anyone who suspects that he or she might be infected with HIV should contact a health worker or an HIV/AIDS centre to receive confidential counselling and testing.

4. The risk of getting HIV through sex can be reduced if people don’t have sex, if they reduce the number of sex partners, if uninfected partners have sex only with each other, or if people have safer sex – sex without penetration or while using a condom. Correct and consistent use of condoms can save lives by preventing the spread of HIV.

5. Girls are especially vulnerable to HIV infection and need support to protect themselves and be protected against unwanted and unsafe sex.

6. Parents and teachers can help young people protect themselves from HIV/AIDS by talking with them about how to avoid getting and spreading the disease, including the correct and consistent use of male or female condoms.

7. HIV infection can be passed from a mother to her child during pregnancy or childbirth or through breastfeeding. Pregnant women or new mothers who are infected with HIV, or suspect that they are infected, should consult a qualified health worker to seek testing and counselling.

8. HIV can be spread by unsterilized needles or syringes, most often those used for injecting drugs. Used razor blades, knives or tools that cut or pierce the skin also carry some risk of spreading HIV.

9. People who have a sexually transmitted infection (STI) are at greater risk of getting HIV and of spreading HIV to others. People with STIs should seek prompt treatment and avoid sexual intercourse or practice safer sex (nonpenetrative sex or sex using a condom).
Supporting Information

1. AIDS is an incurable but preventable disease. HIV, the virus that causes AIDS, spreads through unprotected sex (intercourse without a condom), transfusions of unscreened blood, contaminated needles and syringes (most often those used for injecting drugs), and from an infected woman to her child during pregnancy, childbirth or breastfeeding.

AIDS is caused by the human immunodeficiency virus (HIV), which damages the body’s defence system.

People infected with HIV usually live for years without any signs of the disease. They may look and feel healthy, but they can still pass on the virus to others.

AIDS is the late stage of HIV infection. People who have AIDS grow weaker because their bodies lose the ability to fight off illnesses. In adults, AIDS develops 7 to 10 years after infection, on average. In young children it usually develops much faster. AIDS is not curable, but new medicines can help people with AIDS live healthier for longer periods.

In most cases, HIV is passed from one person to another through unprotected sexual intercourse, during which the semen, vaginal fluid or blood of an infected person passes into the body of another person.

HIV can also pass from one person to another through the use of unsterilized needles and syringes (most often those used for injecting drugs), razor blades, knives or other instruments for injecting, cutting or piercing the body, and through transfusions of infected blood. All blood for transfusions should be screened for HIV.

It is not possible to get HIV/AIDS from touching those who are infected. Hugging, shaking hands, coughing and sneezing will not spread the disease. HIV/AIDS cannot be transmitted through toilet seats, telephones, plates, glasses, eating utensils, towels, bed linen, swimming pools or public baths. HIV/AIDS is not spread by mosquitoes or other insects.

2. All people, including children, are at risk for HIV/AIDS. Everyone needs information and education about the disease and access to condoms to reduce this risk.

Babies and young children living with HIV/AIDS have special needs for good nutrition, immunization and regular health care to avoid complications from common childhood illnesses, which can be fatal. If the child is infected, it is likely that the mother, and probably also the father, is infected. Home care visits might be needed.

In countries with high rates of HIV infection, children are not only at risk of being infected, but they are also affected by the impact of HIV/AIDS on their families and communities.

- If children lose parents, teachers and caregivers to HIV/AIDS, they will need help in understanding what is happening and dealing with their loss and grief.
- Orphaned children might have to assume responsibilities as the head of the household and will undoubtedly face great economic difficulties. If orphaned children are cared for by others, then that family’s limited resources must stretch to accommodate the additional needs of these children.
• Children living with HIV/AIDS or with families affected by HIV/AIDS may be stigmatized or isolated from their community and denied access to health services and school. Good-quality training on HIV/AIDS for teachers and peer educators can increase understanding and compassion and lessen discrimination.

Efforts should be made to keep HIV/AIDS-affected families together. Efforts should also be made to avoid institutionalizing orphaned children. Orphans are less traumatized if they are cared for by the extended family or the community.

Few young people receive the accurate and appropriate information they need. School-aged children should be provided with age-appropriate information on HIV/AIDS and life skills before they become sexually active. Education at this stage has been shown to delay sexual activity and to teach responsibility.

Children living in institutions, on the streets or in refugee camps are at even greater risk of being infected with HIV than are other children. Support services need to be provided accordingly.

3. **Anyone who suspects that he or she might be infected with HIV should contact a health worker or an HIV/AIDS centre to receive confidential counselling and testing.**

HIV counselling and testing can help in the early detection of HIV infection and in enabling those who are infected to get the support services they need, manage other infectious diseases they might have, and learn about living with HIV/AIDS and how to avoid infecting others. Counselling and testing can also help those not infected to remain uninfected through education about safer sex.

If the result of an HIV/AIDS test is negative, this means the person tested is not infected or it is too early to detect the virus. The HIV blood test may not detect infection up to the first six months. The test should be repeated six months after any possible exposure to HIV infection. Since an infected person can transmit the virus at any time, it is important to use a condom during sex or to avoid penetration.

Families and communities should demand and support confidential HIV/AIDS counselling, testing and information to help protect adults and children from the disease.

An HIV/AIDS test can help couples decide whether to have children. If one partner is infected, he or she could infect the other while attempting to conceive.

It is possible to stop HIV from spreading to the next generation if young people know the facts about HIV transmission, abstain from sex, and have access to condoms.

4. **The risk of getting HIV through sex can be reduced if people don’t have sex, if they reduce the number of sex partners, if uninfected partners have sex only with each other, or if people have safer sex – sex without penetration or while using a condom. Correct and consistent use of condoms can save lives by preventing the spread of HIV.**

Mutual fidelity between two uninfected partners protects them both from HIV/AIDS.
The more sex partners people have, the greater the risk that one of them will have HIV/AIDS and pass it on. However, anyone can have HIV/AIDS – it is not restricted to those who have many sex partners.

- A blood test is the most accurate way to tell if someone is infected with HIV. An infected person may look completely healthy.

Unless partners have sex only with each other and are sure that they are both uninfected, they should practice safer sex. Safer sex means non-penetrative sex (where the penis does not enter the mouth, vagina or rectum) or the use of a new latex condom for every act of intercourse. (Latex condoms are less likely to break or leak than animal-skin condoms or the thinner ‘more sensitive’ condoms.) Condoms should never be re-used.

- A condom should always be used during all penetrative sex unless it is absolutely certain that both partners are free of HIV infection. A person can become infected through even one occasion of unprotected penetrative sex (sex without a condom).

- Condoms must be used for vaginal and anal intercourse for HIV prevention.

Condoms with lubrication (slippery liquid or gel) already on them are less likely to tear during handling or use. If the condom is not lubricated enough, a ‘water-based’ lubricant, such as silicone or glycerine, should be added. If such lubricants are not available, saliva can be used. Lubricants made from oil or petroleum (cooking oil or shortening, mineral or baby oil, petroleum jellies such as Vaseline, most lotions) should never be used because they can damage the condom. A well-lubricated condom is absolutely essential for protection during anal intercourse.

- HIV can be transmitted through oral sex. Hence, a condom should be used on a man, and a flat piece of latex or ‘dam’ on a woman.

Because most sexually transmitted infections (STIs) can be spread through genital contact, a condom should be used before genital contact begins.

Sex without penetration is another way to have safer sex that greatly decreases the risk of getting infected with HIV (though even this does not protect against all STIs).

A safe alternative to the male condom is the female condom. The female condom is a soft, loose-fitting polyurethane sheath that lines the vagina. It has a soft ring at each end. The ring at the closed end is used to put the device inside the vagina and to hold it in place during sex. The other ring stays outside the vagina and partly covers the labia. Before sex begins, the woman inserts the female condom with her fingers. Unlike the male condom, the female condom can be used with any lubricant – whether water-based, oil-based or petroleum-based because it is made from polyurethane.

Drinking alcohol or taking drugs interferes with judgement. Even those who understand the risks of AIDS and the importance of safer sex may become careless after drinking or using drugs.

5. Girls are especially vulnerable to HIV infection and need support to protect themselves and be protected against unwanted and unsafe sex.

In many countries, HIV rates are much higher among teenage girls than teenage boys. Teenage girls are more susceptible to HIV infection because:
• young girls may not understand the risk or may be unable to protect themselves from sexual advances
• their vaginal membranes are thinner and more susceptible to infection than those of mature women
• they are sometimes targeted by older men who seek young women with little or no sexual experience because they are less likely to be infected.

Girls and women have the right to refuse unwanted and unprotected sex. Parents and teachers should discuss this issue with girls and boys to make them aware of girls’ and women’s rights, to teach boys to respect girls as equals, and to help girls avoid or defend themselves against unwanted sexual advances.

6. Parents and teachers can help young people protect themselves from HIV/AIDS by talking with them about how to avoid getting and spreading the disease, including the correct and consistent use of male or female condoms.

Young people need to understand the risks of HIV/AIDS. Parents, teachers, health workers, guardians or the person in the community in charge of rites of passage can warn young people about the risk of HIV/AIDS, other STIs and unplanned pregnancy.

It can be awkward to discuss sexual issues with young people. One way to begin the discussion with school-aged children is to ask them what they have heard about HIV/AIDS. If any of their information is wrong, take the opportunity to provide them with the correct information. Talking with and listening to young people is very important. If the parent is uncomfortable with the discussion, he or she can ask a teacher, a relative or someone who is good at discussing sensitive issues for advice on how to talk to the child about this.

Young people need to be informed that there is no vaccination and no cure for HIV/AIDS. They need to understand that prevention is the only protection against the disease. Young people also need to be empowered to refuse sex.

Children need to know that they do not run the risk of getting HIV from ordinary social contact with children or adults who are HIV infected.

Those living with HIV/AIDS need care and support. Young people can help by showing them compassion.

7. HIV infection can be passed from a mother to her child during pregnancy or childbirth or through breastfeeding. Pregnant women or new mothers who are infected with HIV, or suspect that they are infected, should consult a qualified health worker to seek testing and counselling.

The most effective way to reduce transmission of HIV from the mother to the child is to prevent HIV infection in women.

Empowering women and promoting safer sex, condom use and better detection and treatment of STIs can reduce HIV infection in women. If a woman discovers that she is HIV positive, she needs emotional support and counselling to help her make decisions and plan for her future. Community support groups and NGOs can support women in making these decisions.
Pregnant women need to know:

- that treatment with specified medicines during pregnancy can greatly reduce the risk of passing the infection to the infant
- that special care during pregnancy and delivery can reduce the risks of passing the infection to the infant.

New mothers need to know the different options for feeding their infants and the related risks. Health workers can assist in identifying a feeding method that can maximize the infant’s chance of growing up healthy and free of HIV.

Babies born to women who have not received medication and are infected with HIV have about a 1-in-3 chance of being born with HIV. More than two thirds of the infants infected with HIV may die before they are five years old.

8. **HIV can be spread by unsterilized needles or syringes, most often those used for injecting drugs.** Used razor blades, knives or tools that cut or pierce the skin also carry some risk of spreading HIV.

An unsterilized needle or syringe can pass HIV from one person to another. Nothing should be used to pierce a person’s skin unless it has been sterilized.

People who inject themselves with drugs or have unprotected sex with injecting drug users are at high risk of becoming infected with HIV. People who inject drugs should always use a clean needle and syringe, and never use another person's needle or syringe.

Injections should be given only by a trained health worker. For each child or adult being immunized, a new or fully sterilized needle and syringe should be used.

Sharing needles and syringes with anyone, including family members, may transmit HIV or other life-threatening diseases. No one should share needles or syringes. Parents should ask the health worker to use a new or sterilized needle for every person.

Any kind of cut using an unsterilized object such as a razor or knife can transmit HIV. The cutting instrument must be fully sterilized for each person, including family members, or rinsed with bleach and/or boiling water.

Any instrument that is used to cut a newborn’s umbilical cord must be sterilized. Particular care should be taken when handling the placenta and any blood from the delivery. Protective (latex) gloves should be used if available.

Equipment for dental treatment, tattooing, facial marking, ear piercing and acupuncture is not safe unless the equipment is sterilized for each person. The person performing the procedure should take care to avoid any contact with blood during the procedure.
9. People who have a sexually transmitted infection (STI) are at greater risk of getting HIV and of spreading HIV to others. People with STIs should seek prompt treatment and avoid sexual intercourse or practice safer sex (nonpenetrative sex or sex using a condom).

Sexually transmitted infections (STIs) are infections that are spread through sexual contact, either through the exchange of body fluids (semen, vaginal fluid or blood) or by contact with the skin of the genital area (particularly if there are lesions such as blisters, abrasions or cuts, often caused by the STI itself).

STIs often cause serious physical suffering and damage.

Any STI, such as gonorrhoea or syphilis, can increase the risk of catching or transmitting HIV. Persons suffering from an STI have a 5 to 10 times higher risk of becoming infected with HIV if they have unprotected sexual intercourse with an HIV-infected person.

- Correct and consistent use of latex condoms when engaging in sexual intercourse – vaginal, anal or oral – can greatly reduce the spread of most STIs, including HIV.
- People who suspect that they have an STI should seek prompt treatment from a health worker in order to be diagnosed and get treatment. They should avoid sexual intercourse or practice safer sex (nonpenetrative sex or sex using a condom). If found to have an STI, they should tell their partner. If both partners are not treated for an STI, they will continue infecting each other with the STI. Most STIs are curable.

A man infected with an STI may have pain or discomfort while urinating; discharge from his penis; or sores, blisters, bumps and rashes on the genitals or inside of the mouth. A woman infected with an STI may have discharge from the vagina that has a strange colour or bad smell, pain or itching around the genital area, and pain or unexpected bleeding from the vagina during or after intercourse. More severe infections can cause fever, pain in the abdomen, and infertility. However, many STIs in women produce no symptoms at all – and some STIs in men also may not have any noticeable symptoms.

Also, not every problem in the genital area is an STI. There are some infections, such as candidiasis and urinary tract infections that are not spread by sexual intercourse but cause great discomfort in the genital area.

The traditional method of diagnosing STIs is by laboratory tests. However, these are often unavailable or too expensive. Since 1990, WHO has recommended ‘syndromic management’ of STIs in people with symptoms of STI. The main features of syndromic management are:

- classification of the main germs by the clinical syndromes produced
- use of flow charts derived from this classification to manage a particular syndrome
- treatment for all important causes of the syndrome
- notification and treatment of sex partners
- no expensive laboratory procedures

The syndromic approach using flow charts offers accessible and immediate treatment that is cost-effective and efficient.

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