Adopting a Constructive Attitude towards People Infected with or Affected by HIV and AIDS

Description of the tool:
This tool is a classroom activity for pre-adolescents, designed to help students learn how to express empathy towards people – especially their peers – who are infected with or affected by HIV/AIDS.

The information in this tool was excerpted by UNESCO in collaboration with Health and Human Development Programs at Education Development Center, Inc., from the following publication:

URL: http://www.ei-ie.org/educ/aids/eepublication.htm

Description of the document:
This publication contains three sets of participatory learning activities: learning activities to help adults avoid HIV infection, learning activities to help adults and young people advocate for effective HIV prevention efforts in schools, and developmentally appropriate skills-building activities for young people. With these activities, teachers can help adults and students develop skills relevant to HIV and AIDS prevention.

This 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.
Adopting a Constructive Attitude towards People Infected with or Affected by HIV and AIDS¹

**Purpose:** To adopt a positive attitude and learn to express empathy towards people infected with or affected by AIDS to give moral support to patients in the community

**Skills:** Demonstrate how to express empathy towards a person who is infected with or affected by HIV and AIDS

**Age Group:** Pre-adolescents

**Methods:** Group discussions, role play

**Materials:** Blackboard or writing board, chalks, felt-tips, activity worksheet: *I’d Rather Stay Away from Him* (attached)

**Time:** 60 minutes

**Overview:** Students are invited to take part in a role play to understand how to express empathy to someone who is infected with or affected by HIV and AIDS. They are then invited to discuss and practise different ways in which they can express empathy and compassion.

**Key Points to Consider:**

- Read the activity completely and carefully.
- Prepare transparencies and gather or duplicate any materials required.
- Assess the usefulness, relevance, and appropriateness of the activity for the students to be taught.
- Consider whether the methods, skills, and knowledge taught in this activity can be applied to real-life situations of the students.
- Clearly describe the purpose of the activity, the skill to be practised, and the methods that will be used.
- Ask participants to think about ways of adapting the activity (e.g., by changing the story line) in order to make it more relevant to their specific situations.
- Consider the best ways to divide students into small groups for practice, discussion, and role plays.
- Tell participants in advance that you will ask for some volunteers at the end of the practice session to perform a demonstration of the methods used.
Tell participants before beginning that you will ask for their reactions, conclusions, and recommendations regarding this activity.

Before they begin, ask participants if they have any questions or need clarification regarding the instructions.

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

INTRODUCTION: 5 minutes

You might start this activity by saying:

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

PERFORMANCE OF THE ROLE PLAY: 20 minutes

Explain that you require two volunteers. Ask them to use the activity worksheet and to perform the role play.

NOTE TO TEACHER

Do not hesitate to modify the role play in order to feel comfortable with it and enable participants to accept it.

Do not oblige anyone to join the role play. If no volunteers come forward, play both parts yourself in order to give the group a fairly good idea of what a role play actually involves.

SMALL-GROUP DISCUSSION: 15 minutes

After the role play, ask students to imagine that they are in Pierre’s place. Ask them to form small groups to describe how they would feel and what they would need if . . .

- they lost their mother or father to AIDS?
- they became infected with HIV?
- their friends stayed away from them because they were infected with HIV?

(Note to teacher: If one of your students has lost his or her parents due to HIV/AIDS, acknowledge him or her. Invite him or her to share his or her feelings with other classmates.)
CLASS DISCUSSION: 20 minutes

- Ask each of the small groups to discuss the feelings they explored. Consider the following:
  - Lonely
  - Sad
  - Demoralised
  - Depressed

- Ask each of the small groups to discuss the needs they described. Consider the following:
  - Someone to talk to
  - Someone to play with
  - Someone to need them

- Ask each of the small groups to discuss what they would not want from others. Consider the following:
  - Mistrust
  - Contempt
  - Rejection

- Write the replies on the blackboard or writing board and discuss the following questions. Turn the focus of the discussion on how the students can express empathy or compassion. Start by asking:
  - What would you say to your friend who lost a mother/father to AIDS?
  - What would you say to your friend who is HIV-infected?

- Ask students to act out the final scene of the role play as they would support Pierre or a friend who was infected with or affected by HIV and AIDS.

ACTIVITY CLOSING: 5 minutes

You can end the activity by saying:

'It is hard to imagine the feelings of those who have lost their loved ones, especially parents, to HIV and AIDS. Many people avoid an HIV-positive person when they find out he or she is infected. Orphans are also rejected for no good reason. People mistakenly believe that they may contract the disease just by touching or standing close to an infected person. But people who are ill or who have lost their parents are in particular need of affection and compassion in order to be able to bear their suffering more easily. A sense of rejection contributes to undermining their morale.'
Jeanette and Odile are both 12 years old. They are in the same class and are friends. At the beginning of the year, Pierre was also in their class. The three of them got on well and sometimes met after school to go for a walk together. But a few days ago — three months into the school year — Pierre suddenly left school. Jeanette and Odile wonder why . . .

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

Odile: I was wondering myself . . . he said he enjoyed coming to school. He didn’t say a word, did he? I mean about leaving . . . it’s not very nice of him!

Jeanette: Have you heard anything about him?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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What's in a Word?

Description of the tool:
This tool reviews language used when speaking about HIV and AIDS which is incorrect or prejudicial, and suggests the correct, respective alternatives. It is appropriate for use in a lesson on HIV/AIDS-related stigma and discrimination. It could be adapted to include terminology that is common in the local language, and presented in the form of a game where students are given strips of paper containing the correct or incorrect words and then invited to find the person with the corresponding message and to present a rationale for using the correct terminology.

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

[http://www.ancahrd.org/pubs/pdfs/mediaguide.htm](http://www.ancahrd.org/pubs/pdfs/mediaguide.htm)

Description of the document:
The second edition of an HIV/AIDS Media Guide produced by the Australian Federation of AIDS Organisations (AFAO) on behalf of the Australian National Council on AIDS, Hepatitis C and Related Diseases (ANCAHRD). The guide is designed primarily for people working in the media, but is also a useful resource for a range of individuals dealing with HIV/AIDS. The first part of the guide looks into 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.

This information and 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.
Words can hurt. They can also mislead, confuse and divide people. When talking about HIV and AIDS, it is important to use terminology that is accurate and that contributes to, rather than taking away, the dignity of people living with HIV or AIDS or belonging to vulnerable or marginalized communities.

Here are some examples of derogatory or inaccurate terms, and the correct and respectful alternatives:

<table>
<thead>
<tr>
<th>DON'T USE!</th>
<th>USE…</th>
</tr>
</thead>
<tbody>
<tr>
<td>“AIDS” when the intention is to refer to HIV</td>
<td>“HIV INFECTION” or “HIV POSITIVE” or HIV/AIDS</td>
</tr>
<tr>
<td>Why? AIDS is a range of conditions that occur when a person's immune system is seriously damaged by HIV infection. Someone who has HIV infection has antibodies to the virus but may not have developed any of the illnesses that constitute AIDS.</td>
<td></td>
</tr>
<tr>
<td>“AIDS VIRUS” or “HIV VIRUS”</td>
<td>“AIDS”, “HIV”, or “the virus that causes AIDS”</td>
</tr>
<tr>
<td>Why? There is no such thing as the AIDS virus. There is only HIV (Human Immunodeficiency Virus) - the virus that can cause AIDS. The term &quot;HIV virus&quot; actually means Human Immunodeficiency Virus virus, which is not correct.</td>
<td></td>
</tr>
<tr>
<td>“AIDS VICTIM” or “AIDS SUFFERER”</td>
<td>“PERSON WITH HIV” or “PERSON LIVING WITH HIV/AIDS” or “PEOPLE LIVING WITH HIV/AIDS” or “PLWHA”</td>
</tr>
<tr>
<td>Why? Many PLWHA feel these terms imply they are powerless, with no control over their lives.</td>
<td></td>
</tr>
<tr>
<td>“AIDS CARRIER”</td>
<td>“PERSON WITH AIDS”, or “PERSON WITH HIV INFECTION”</td>
</tr>
<tr>
<td>Why? This term is highly offensive and stigmatising to many people with HIV and AIDS. It is also incorrect: the infective agent is HIV. You can't just catch AIDS. This term may also give the impression that people can protect themselves by choosing a partner based on their appearance or by avoiding someone who they know has AIDS.</td>
<td></td>
</tr>
<tr>
<td>“FULL BLOWN AIDS”</td>
<td>“AIDS”</td>
</tr>
<tr>
<td>Why? This term implies there is such a thing as &quot;half-blown AIDS&quot;. A person only has AIDS when they present with an AIDS-defining illness such as an opportunistic infection.</td>
<td></td>
</tr>
<tr>
<td>“HIGH RISK GROUP”</td>
<td>“HIGHLY AFFECTED COMMUNITIES” or “HIGH RISK BEHAVIOUR” (unsafe sex, sharing needles, etc.)</td>
</tr>
<tr>
<td>Why? This implies that membership of a particular group, rather than behaviour, is the significant factor in HIV commission. This term may lull people who don't identify with a high risk group into a false sense of security. It is high risk behaviours such as unsafe sex or unsafe injecting practices that can spread HIV, not high risk groups.</td>
<td></td>
</tr>
</tbody>
</table>
### What's in a Word? (continued)

<table>
<thead>
<tr>
<th>DON'T USE!</th>
<th>USE…</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;INNOCENT VICTIMS&quot;</td>
<td>&quot;PEOPLE WITH MEDICALLY ACQUIRED HIV or AIDS&quot;, &quot;CHILDREN WITH HIV&quot; or &quot;HIV POSITIVE PEOPLE&quot;</td>
</tr>
</tbody>
</table>

**Why?** This term is usually used to describe HIV positive children or people with medically acquired HIV infection (through blood transfusions, etc). It wrongly implies that people infected in other ways are guilty of some wrongdoing and somehow deserving of punishment. This feeds discrimination, particularly homophobia, and should be avoided.

<table>
<thead>
<tr>
<th>GENERAL POPULATION</th>
<th>(e.g. for Australia:) &quot;AUSTRALIAN POPULATION&quot; or &quot;ALL AUSTRALIANS&quot; or &quot;HIV NEGATIVE PEOPLE&quot;</th>
</tr>
</thead>
</table>

**Why?** This implies that people in the populations targeted for HIV prevention, education and care are not part of the general population. It artificially divides the world into those who are infected, or at risk of being infected, and those who are not. It falsely implies that identity, rather than behaviour, is the critical factor in HIV transmission.

<table>
<thead>
<tr>
<th>&quot;BODY FLUIDS&quot;</th>
<th>&quot;BLOOD, SEMEN, PRE-EJACULATE, VAGINAL FLUIDS, BREASTMILK&quot;</th>
</tr>
</thead>
</table>

**Why?** Confusion about the body fluids that can transmit HIV is a common cause of fear and misunderstanding about HIV and continues to cause discrimination against PLWHA. Always explain which body fluids contain HIV in sufficient concentrate to be implicated in HIV transmission (i.e. blood, semen, pre-ejaculate, vaginal fluids and breast milk). HIV cannot be transmitted through body fluids such as saliva, sweat, tears or urine.

<table>
<thead>
<tr>
<th>&quot;AIDS PATIENT&quot;</th>
<th>&quot;PERSON LIVING WITH HIV OR AIDS&quot; or &quot;HIV POSITIVE PERSON&quot;</th>
</tr>
</thead>
</table>

**Why?** Use "AIDS patient" only to describe someone who has AIDS and who is, in the context of the story, in a medical setting. Most of the time, a person with AIDS is not in the role of a patient.

<table>
<thead>
<tr>
<th>&quot;PROSTITUTE&quot;</th>
<th>&quot;SEX WORKER&quot;</th>
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</thead>
</table>

**Why?** Prostitute is considered a disparaging term and does not reflect the fact that sex work is a form of employment for a sex worker, not a way of life.

<table>
<thead>
<tr>
<th>&quot;STREET WALKER&quot;</th>
<th>&quot;STREET WORKER&quot;</th>
</tr>
</thead>
</table>

**Why?** Again, the term street walker does not represent the employment aspect, and is therefore derogatory and misleading.

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Who discriminates?

**Description of the tool:**
This too is a class room activity on “Care and support for people with HIV/AIDS” focusing on raising the awareness of young people to discrimination and to how it is expressed.

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.
Who discriminates?

Care and support for people with HIV/AIDS

Many young people will come into contact with people with HIV and AIDS in their community and perhaps even in their own family. The activities comprised in the fourth unit in this Teacher’s Guide are focused on providing students with the knowledge they need and the attitudes and skills they must acquire in order to show tolerance and compassion towards people with HIV and AIDS as well as to care for, help and support them.

Case studies \(^1\)

People who are HIV-positive or who are living with AIDS often suffer discrimination. The purpose of this activity is to raise the awareness of young people to discrimination and the many ways in which it can be expressed.

What the teacher does:

1. Decides how to teach this activity:\(^2\)
   a) Provides each student with an activity sheet (see Annex 1) and asks them to work through it individually or in pairs.
   b) Reads out the definition and examples of discrimination.

   **Discrimination:**
   When we treat someone unjustly or unfavourably because of his or her race or religion, or because we believe he or she is ill, then we discriminate against that person.

   Examples:
   - School discrimination
   - The village banning
   - Work in the fruit stand
   - A government decision

   Then, invites the students to say why this is wrong: “This is wrong because…” verbally, on a sheet of paper, or on the blackboard (only one activity sheet is needed).
   c) Splits the students into small groups and provides each group with one activity sheet. Asks the group complete the instructions.

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1 See Annex 2
2 See Annex 2
2. Requests the students to complete the unfinished sentences. Suggested answers are given below:

- **School discrimination**
  
  A person who has HIV infection is not allowed to attend school.

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

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

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

- **Work in the fruit stand**
  
  Mancini, the owner of the fruit stand won’t allow Harsi, who has HIV infection, to work for him.

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

- **A government decision**
  
  The government has decided not to allow people with HIV to enter the country.

  **This will not stop AIDS because:** There are many, many people with HIV who do not know they have the virus and who are already in the country. Therefore it discriminates against those who have been tested.

  Remember: testing everybody is not an effective method to stop the infection and can lead to a sense of false security because:

  - The test would need to be repeated very often for all the population
  - People would find a way to get false certificates
  - One can get infected immediately after obtaining a HIV-negative test result

3. Discusses the questions under “**Teacher asks**”. Suggested answers are given below.

   **a. Why do people discriminate?**

   - They learn from parents, adults and their peers
b. Why is it important not to discriminate?

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

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

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

Inviting someone with HIV infection or AIDS, or a relative, to talk to the classroom will be a profound experience for both teacher and students.
Annex 1

Who discriminates?

People who are HIV-positive or who are living with AIDS often suffer discrimination. The purpose of this activity is to raise your awareness to discrimination and the many ways in which it can be expressed.

How?

- Read the definition and examples of discrimination.
- Read each discriminatory action against people with HIV/AIDS.
- Complete the unfinished statement
- Answer the questions from “Teacher asks”.

Why?

When we do not accord certain people the same rights and privileges as we do to others, we discriminate against them. How do we discriminate against people with HIV/AIDS?

**Discrimination means:**

When we treat someone unjustly or unfavourably because of his or her race or religion, or because we believe he or she is ill, then we discriminate against that person.

<table>
<thead>
<tr>
<th>School discrimination:</th>
<th>A person who has HIV is not allowed to attend school.</th>
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<tbody>
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<td>This is wrong because:</td>
</tr>
<tr>
<td><strong>Work in the fruit stand:</strong></td>
<td>Mancini, the owner of the fruit stand, won’t allow Harsi, who has HIV, to work for him.</td>
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<td>-----------------------------</td>
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</tr>
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<td></td>
<td>This is wrong because:</td>
</tr>
<tr>
<td><strong>A government decision:</strong></td>
<td>The government has decided not to allow people with HIV to enter the country.</td>
</tr>
<tr>
<td></td>
<td>This will not stop AIDS because:</td>
</tr>
</tbody>
</table>

"Teacher asks"

1. Why do people discriminate?

2. Why is it important not to discriminate?

3. What could you do if you heard discriminating remarks about a person with HIV infection or AIDS from someone in your community?
Annex 2

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.
The story of two communities

Description of the tool:
This tool is a classroom activity on “Care and support for people with HIV/AIDS”, focusing on the importance of understanding what it is like to be discriminated against.

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.
The story of two communities

Care and support for people with HIV/AIDS

Many young people will come into contact with people with HIV and AIDS in their community and perhaps even in their own family. The activities comprised in the fourth unit in this Teacher’s Guide are focussed on providing students with the knowledge they need and the attitudes and skills they must acquire in order to show tolerance and compassion towards people with HIV and AIDS as well as to care for, help and support them.

Two communities react differently to someone with AIDS

The purpose of this activity is to emphasize to the students how important it is for them to understand what it is like to be discriminated against. This can be at least partially accomplished by reflecting on comments made by someone living with AIDS. This is a true story – only the names have been changed.

What the teacher does:

1. Decides how to teach this activity:¹
   
   a) Provides each student with an activity sheet (see Annex 1) and invites them to work individually or in pairs to complete the activity.
   
   b) Reads out the comments and actions from community A and community B.

---

Community A

- Every time I coughed, people turned around to see how close I was to them. On the way out of church, people told their kids to move away from me.

- One day I went to see a girlfriend of mine. She did not seem happy to see me. What's wrong? I asked her. My parents don't think we should see each other anymore, she mumbled.

- The shopkeeper of the restaurant recognized me when I asked for a glass of water. He wouldn't let me have any. He gave me a can of coke instead. As soon as we finished eating he threw away all my dishes.

- My parents heard from a friend that one of my teachers didn't want me back in school. I can't believe it, I said, he was my favourite teacher.

---

¹ See Annex 2
It was even worse for my mother. She had four friends at work who wouldn’t even talk to her. In the food store she wasn’t allowed to touch any of the food. Some stores didn’t even want to take money from her.

Kids in my school were warned about me by their parents, so they stayed away from me. They told me I would have to use paper plates and plastic cups, spoons and forks that could be thrown away when I was done. They thought I shouldn’t use the toilets and water fountain.

Someone stole one of my books and wrote bad things about me in it. They threw it on the street and ran away laughing at me.

No one would play with me and when I asked two girls to the dance they said ‘no’. Their parents had told them they weren’t to go near me.

Community B

A student in the community came to see me. She said, I want to welcome you to our school. Now, you’ll know someone when you come your first day.

I found out that school officials had talked to the students and teachers about how you can get AIDS, and that they had nothing to fear. They even informed the press and the churches in town. What a difference from community A.

Kids told their parents how you get AIDS, and that they weren’t scared of me and they wanted to be in the school with me. One family asked their kid to stay home and he said he didn’t want to.

When I walked into my classroom, a number of students said, Hey, Ryando! Sit beside me! In another class a pretty dark haired girl asked me to do a project with her.

I asked my mom if she thought it would be OK to ask Alyssa (a friend from another country) for a kiss goodbye. Mom said, She can only say no! Well, she gave me a kiss and a big hug. I felt eight feet tall.

A famous soccer player visited our community and invited me and my family to watch the game. After, he signed his name in my book and told me he was proud of me.

When I turned 18, a man offered me a job at his vegetable stand. My first money. I guess he took a chance on me. Most people were very nice and stopped to buy and talk to me.

What a difference at church. People stopped to talk to me and put an arm on my shoulder. Some even brought food for us – bread, fruit and jam. When I became sicker they brought us a whole meal at home. That sure helped mom.
Reads them out a second time and asks the students individually to decide on the three most hurtful and three most helpful sentences and to explain why they chose those three. Then, requests the students to write a couple of sentences of their own about how they feel in respect of community A and community B. (Only one activity sheet needed.)

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

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

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

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

**What should parents do?** (If there is a parents' guide)²

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

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² See Annex 2
Annex 1

The story of two communities

The purpose of this activity is to emphasize to how important it is for you to understand what it is like to be discriminated against. This can be at least partially accomplished by reflecting on comments made by someone living with AIDS.

Why?

If you have never been discriminated against, it is hard to understand what it feels like. In the two communities described below, you are asked to imagine Ryando’s feelings felt and how the discrimination he experienced might have affected him. Note that this is a true story of someone with HIV.

How?

1. Read the comments made by Ryando about community A and community B (after moving from community A).

2. Which 3 comments would be most hurtful to Ryando from community A and which 3 comments would be most helpful from community B?

<table>
<thead>
<tr>
<th>Community A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Every time I coughed, people turned around to see how close I was to them. On the way out of church, people told their kids to move away from me.</td>
</tr>
<tr>
<td>2. One day I went to see a girlfriend of mine. She did not seem happy to see me. What’s wrong? I asked her. My parents don't think we should see each other anymore, she mumbled.</td>
</tr>
<tr>
<td>3. The shopkeeper in the restaurant recognized me when I asked for a glass of water. He wouldn't let me have any. He gave me a can of coke instead. As soon as we finished eating he threw away all my dishes.</td>
</tr>
<tr>
<td>4. My parents heard from a friend that one of my teachers didn’t want me back in school. I can’t believe it, I said, he was my favourite teacher.</td>
</tr>
<tr>
<td>5. It was even worse for my mother. She had four friends at work who wouldn’t even talk to her. In the food shop she wasn't allowed to touch any of the food. Some shops didn't even want to take money from her.</td>
</tr>
</tbody>
</table>
6. Kids in my school were warned about me by their parents, so they stayed away from me. They told me I would have to use paper plates and plastic cups, spoons and forks that could be thrown away when I was done. They thought I shouldn’t use the toilets and water fountain.

7. Someone stole one of my books and wrote bad things about me in it. They threw it on the street and ran away laughing at me.

8. No one would play with me and when I asked two girls to the dance they said ‘no’. Their parents had told them they weren’t to go near me.

Feelings about community A

<table>
<thead>
<tr>
<th>Most hurtful</th>
<th>Reason why</th>
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</tbody>
</table>

Community B

1. A student in the community came to see me. She said, I want to welcome you to our school. Now, you’ll know someone when you come your first day.

2. I found out that school officials had talked to the students and teachers about how you can get AIDS, and that they had nothing to fear. They even informed the press and the churches in town. What a difference from community A.

3. Kids told their parents how you get AIDS, and that they weren’t scared of me and they wanted to be in the school with me. One family asked their kid to stay home and he said he didn’t want to.

4. When I walked into my classroom, a number of students said, Hey, Ryando! Sit beside me! In another class a pretty dark haired girl asked me to do a project with her.
5. I asked my mom if she thought it would be OK to ask Alyssa (a friend from another country) for a kiss goodbye. Mom said, She can only say no! Well, she gave me a kiss and a big hug. I felt eight feet tall.

6. A famous soccer player visited our community and invited me and my family to watch the game. After, he signed his name in my book and told me he was proud of me.

7. When I turned 18, a man offered me a job at his vegetable stand. My first money. I guess he took a chance on me. Most people were very nice and stopped to buy and talk to me.

8. What a difference at church. People stopped to talk to me and put an arm on my shoulder. Some even brought food for us – bread, fruit and jam. When I became sicker they brought us a whole meal at home. That sure helped mom.

Feelings about community B

<table>
<thead>
<tr>
<th>Most Helpful</th>
<th>Reason</th>
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</tbody>
</table>

3. How did you feel about the people in community A and the people in community B?

Question:

Why do you think there was such a difference between the two communities?
Annex 2

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.
Why compassion?

Description of the tool:
This tool is a classroom activity on “Care and support for people with HIV/AIDS”, focusing on helping students reach an understanding the importance of compassion.

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.
Why compassion?

Care and support for people with HIV/AIDS

Many young people will come into contact with people with HIV and AIDS in their community and perhaps even in their own family. The activities comprised in the fourth unit in this Teacher’s Guide are focused on providing students with the knowledge they need and the attitudes and skills they must acquire in order to show tolerance and compassion towards people with HIV and AIDS as well as to care for, help and support them.

The reasons for compassion

People who feel compassion towards themselves and others are very much needed in today’s society. The purpose of this activity is to help students reach an understanding of the importance of compassion.

What the teacher does:

1. Decides how to teach this activity:¹

   a) Provides an activity sheet (see Annex 1) for each student and invites them to complete the activity individually, in pairs, or in small groups.

   b) Reads out the three reasons to show compassion to people living with AIDS:

      1. Everyone should be treated with understanding
      2. They are infected with a disease that has no cure
      3. It is good to think of someone other than yourself

       and asks students for other reasons. Adds them to the list. Then asks students to select the two that are most important to them (only one activity sheet is needed).

   c) Splits the students into small groups and provides each one with an activity sheet. Invites them to add to the list after which each group member will select the two that are most important to them.

2. Asks the students to think of other reasons for being compassionate. Adds these to the list. Some possibilities might be:

   • We have a moral duty to care for sick people.
   • They are a minority and are therefore discriminated against.
   • They are often rejected by people who care for the sick.
   • They are often very young to be dying.

¹ See Annex 2
• They are often rejected by family and friends.
• It feels nice to help or care for someone.
• It will help you overcome your own fears of death and AIDS.

3. Discusses the question under “Teacher asks”. Suggested answers are provided below.

Question: Why is it easy for some people to show compassion and more difficult for others?

- They have had a lot of pain themselves and are only able to look after themselves.
- They only think about themselves.
- They don’t know how to be compassionate.
- They are afraid to be compassionate.
Annex 1

Why compassion?

The purpose of this activity is to help you reach an understanding of the importance of compassion.

Why?

People who feel compassion towards themselves and others are very much needed in today’s society. Compassion means understanding the pain of another person and wanting to do something to help.

How?

1. Read through the list of “Reasons to show compassion to people living with AIDS”.
2. Come up with five other reasons for being compassionate.
3. Decide on two reasons that are important for you and put a √ beside them in the column “My two”.
4. Answer the question in “Teacher asks”.

Reasons to show compassion to people living with AIDS

<table>
<thead>
<tr>
<th>My two</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Everyone should be treated with understanding</td>
</tr>
<tr>
<td>2.</td>
<td>They are infected with a disease that has no cure</td>
</tr>
<tr>
<td>3.</td>
<td>It is good to think of someone other than yourself</td>
</tr>
<tr>
<td>4.</td>
<td>Other:</td>
</tr>
<tr>
<td>5.</td>
<td>Other:</td>
</tr>
<tr>
<td>6.</td>
<td>Other:</td>
</tr>
</tbody>
</table>
### “Teacher asks”

Why is it easy for some people to show compassion and more difficult for others?
Annex 2

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.
Description of the tool:
This is a classroom activity on “Care and support for people with HIV/AIDS”, focusing on ways to be compassionate towards someone with AIDS and when and how to help.

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 could you do?

Care and support for people with HIV/AIDS

Many young people will come into contact with people with HIV and AIDS in their community and perhaps even in their own family. The activities comprised in the fourth unit in this Teacher’s Guide are focussed on providing students with the knowledge they need and the attitudes and skills they must acquire in order to show tolerance and compassion towards people with HIV and AIDS as well as to care for, help and support them.

Compassion for two people with AIDS

The purpose of this activity is to teach students how important it is important to learn about ways to be compassionate and when and how to help.

What the teacher does:

1. Decides on how to teach this activity:¹
   a) Provides each student with an activity sheet (see Annex 1) and asks them to complete the activity individually or in pairs.
   b) Writes up the two stories on the blackboard and invites the students to complete the activity individually or in pairs (only one activity sheet needed)

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A mother with AIDS

- Minori is 23 and she has AIDS. She is also pregnant and is frightened that her baby might also have HIV.
- The father left her when he found out she had the AIDS virus. Her family hardly sees her because they fear they may also get AIDS.
- She was all right at first, but now she is tired, can’t work and has very little money to buy food. She stays at home just waiting to die.

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¹ See Annex 2
### Dwari, a school friend

- Dwari is 18 and has just come back to school. He has no signs of AIDS but everyone has heard that he has the AIDS virus, HIV.
- Most of his classmates avoid him – he has no friends. Every day after school he walks home with his head down.
- He is depressed, lonely, and afraid and would very much like to have a friend to talk to.

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

2. Invites the students to suggest other ways of being compassionate. Tells them to place these in the blank spaces on the “Helping heart”.

3. Asks for suggestions on ways to help with Minori’s heart and Dwari’s heart. Invites the students to explain their choice.

4. Answers the questions under “Teacher asks”. Suggested answers are provided below.

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

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

   What would be most difficult for the person with AIDS?

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

**What the peer leader(s) does**: 2

Peer leaders could help by:

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

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2 See Annex 2
What parent(s) can do (If a Parents’ Guide is used) ³

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

³ See Annex 2
Annex 1

What could you do?

The purpose of this activity is to teach you how important it is important to learn about ways to be compassionate and when and how to help.

Why?

Sometimes it is difficult to be compassionate because you don’t know what you can do to help. This activity will show you some of the different ways in which you can help the two people whose stories are told below.

How?

1. Read the two stories below, bearing in mind how you might be able to help each of them.
2. Then read the Instructions on the next page.

<table>
<thead>
<tr>
<th>A mother with AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Minori is 23 and she has AIDS. She is also pregnant and is frightened that her baby might also have HIV.</td>
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Instructions

1. Read through all the ways you can help from the "The helping heart". Add any others that you can think of.

2. Choose four things you think you could do to help Minori and four for Dwari and put them in their hearts below.

3. Answer the question in “Teacher asks”.

The helping heart

- Say hello
- Invite them for dinner
- Just listen
- Leave them a letter
- Make or buy a meal for them
- Hold their hand
- Talk about the future
- Celebrate special days

- Ask them how you could help
- Find others to give support
- Get medicines
- Give a hug
- Clean their house
- Help other family members
- Share emotions, laugh, cry
- Play games

Others:

Dwari’s heart

Minori’s heart
Annex 2

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:

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- Classroom management, e.g. handing out activity sheets, etc.
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- Role-plays, e.g. being assertive
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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:

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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:

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- 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 on “Care and support for people with HIV/AIDS”, focusing on providing the students with information on how to care for someone with AIDS.

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


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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.

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How to’s of care giving

Care and support for people with HIV/AIDS

Many young people will come into contact with people with HIV and AIDS in their community and perhaps even in their own family. The activities comprised in the fourth unit in this Teacher’s Guide are focussed on providing students with the knowledge they need and the attitudes and skills they must acquire in order to show tolerance and compassion towards people with HIV and AIDS as well as to care for, help and support them.

Information on how to care for someone with AIDS

Students may be living with a family member who has AIDS, or may know an HIV-infected person in their neighbourhood. The purpose of this activity is to teach them how important it is for them to know how to give emotional support and medical help to this person.

What the teacher does:

1. Decides how to teach this activity.¹
   a) Provides each student with an activity sheet (see Annex 1) and discusses the points made on the sheet. It might be worthwhile inviting the students to take this sheet home to their parents (for parents who are helping someone with AIDS).
   b) Reads out the points to the students (only one activity sheet needed).

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

3. Considers inviting someone with AIDS to talk to the class.

What parent(s) should do (If a Parents’ Guide is used)²

This activity is in the parents’ guide and students could read the ways of providing care giving to their parents.

Inviting someone with HIV or AIDS, or a relative, to talk to the class could be a profound experience for both teacher and students.

¹ See Annex 2
² See Annex 2
Annex 1

How to’s of care giving

Some of you may be living with a family member who has AIDS, or may know an HIV-infected person in your neighbourhood. The purpose of this activity is to teach you how important it is to know how to give emotional support and medical help to this person.

Why?

Being a caregiver for someone who has AIDS means being willing to give extra warmth and kindness. Most people with AIDS are young adults who were alert, full of energy, and excited about life. For many, life has become full of fear, anger and fatigue. Lots of them have lost friends, family, support from their community and hope, and need others to care for them. A caregiver may need to be a nurse, cook, shop for food, take messages, reader books, clean or just listen. Above all, care giving means being a friend and a companion.

How?

Look carefully at Lists A and B. Your teacher will give you instructions on how to carry out this activity.

A. How to give emotional support

<table>
<thead>
<tr>
<th>Share feelings – be honest and open.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask the person who is ill to talk about how he or she feels. Ask what they would like to do for themselves.</td>
</tr>
<tr>
<td>Say what you expect of the person who is ill and ask them to do the same.</td>
</tr>
<tr>
<td>Encourage him or her to do as much as possible for themselves. Do not do for the ill person what they can do for themselves.</td>
</tr>
<tr>
<td>Give support and praise when deserved.</td>
</tr>
<tr>
<td>Ask the person how they prefer to have things done, e.g. food preparation, cleaning.</td>
</tr>
</tbody>
</table>
When they feel angry or cry, encourage them.

When care giving, you need to look after yourself. You should take breaks and ask for help when needed.

The most common feelings are fear, anger, hopelessness, sadness, and loneliness. Sit with the person. Let them know you are there to listen and talk to them.

### B How to give physical support and care

Loss of appetite: Ask what they would like to eat and drink, when and how much. Eat with the ill person when possible.

Nausea and vomiting: Smaller meals with little fat may reduce vomiting. Encourage drinking liquids between meals if they can’t eat. Notice when nausea occurs and avoid foods at this time. Use gloves to clean up vomit.

Lack of fluids: If a person has diarrhoea, vomiting and “sweats”, they lose a lot of water. This could be very serious. If this happens, extra fluids (water, tea) should be given.

Weakness: Encourage activity (not strenuous). Have rest periods. Use a chair in the bath.

Skin problems: Change sleeping positions to avoid sores. Encourage short walks or sitting in a chair. Wash sores but use gloves if sores are open. Apply soothing lotions to dry skin.

Confusion and forgetting: AIDS and depression may affect the brain, causing confusion. Keep clocks and calendars and remind the person of the day, time and where they are. Make sure all safety precautions are taken – for example, with loose rugs, stairs, medicines, sharp instruments etc.
Annex 2

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 to keep yourself safe

Description of the tool:
This tool is a classroom activity on “Care and support for people with HIV/AIDS”, focusing on precautions to observe when caring for someone with 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 to keep yourself safe

Care and support for people with HIV/AIDS

Many young people will come into contact with people with HIV and AIDS in their community and perhaps even in their own family. The activities comprised in the fourth unit in this Teacher’s Guide are focussed on providing students with the knowledge they need and the attitudes and skills they must acquire in order to show tolerance and compassion towards people with HIV and AIDS as well as to care for, help and support them.

Precautions to be taken by a person who is looking after someone with AIDS

The purpose of this activity is to ensure that students understand how important it is for those who are caring for someone with AIDS to know about basic hygiene and home care so as to protect themselves from HIV.

What the teacher does:

1. Decides how to teach this activity.¹
   a) Distributes an activity sheet (see Annex 1) to each student and instructs them to follow the points. This would be a good activity sheet for students to take home for parents who might be caring for someone who has AIDS.
   b) Reads out the points to the students (only one activity sheet needed).

   Garbage:
   Things used for cleaning (gloves and other soiled items) should be burned or placed in a double plastic bag. Tie the bag well before throwing out.

   Laundry:
   If soiled with body fluids:
   - wear gloves
   - use bleach and soap
   - keep separate from other laundry

   If not soiled, wash as normal

   Washing:
   Wash your hands with warm, soapy water before and after contact with someone who is ill.

   Instruments:
   If giving injections, sterilize needles and syringes by boiling them; store them in a plastic or metal box that will not puncture. Used disposable needles and syringes should be placed in thick cardboard, glass, plastic or metal containers and thrown

¹ See Annex 2
away. Wash thermometers with soap and water.

**Cleaning:**
Clean the kitchen. Wash dishes with hot soapy water. Cloths used to clean the bathroom should not be used to clean the kitchen. Cover open wounds with a bandage or cloth. Clean the bathroom frequently, using gloves and bleach (1 part bleach to 10 parts water). Leave bleach 10 - 20 minutes before wiping up.

2. Asks students to read through the points under each heading.

**What should parent(s) do? (If a Parents’ Guide is used)**

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

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2 See Annex 2
Annex 1

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- 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**

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- 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.
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- 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.

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- 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?

Description of the tool:
This tool is a class room activity on “Care and support for people with HIV/AIDS”, containing two students tests to determine what they know about care giving.

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?

Care and support for people with HIV/AIDS

Many young people will come into contact with people with HIV and AIDS in their community and perhaps even in their own family. The activities comprised in the fourth unit in this Teacher’s Guide are focussed on providing students with the knowledge they need and the attitudes and skills they must acquire in order to show tolerance and compassion towards people with HIV and AIDS as well as to care for, help and support them.

Two tests to determine what students know about care giving

The purpose of this activity is to review and check what students have learned after carrying out Activity 5 in Unit 4 “How to’s of care giving”.

What the teacher does:

1. Decides how to teach this activity:¹
   a) Provides an activity sheet (see Annex 1) for each student and invites them to complete the activity following the instructions.
   b) Puts test 1 on the blackboard and reads out test 2 (see below). The students decide on the correct answer for each test (only one activity sheet is needed).
   c) Splits students into small groups and provides one activity sheet for each group. The group decides which are the correct answers.

Note:

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

2. Gives the students the following correct answers.

¹ See Annex 2
1. Test about care giving – matching

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A good caregiver is one who is a...</td>
<td>d) Friend and companion</td>
</tr>
<tr>
<td>• A person with AIDS who has “sweats”, vomiting or diarrhoea needs...</td>
<td>c) Extra fluids</td>
</tr>
<tr>
<td>• To stop nausea and vomiting it is best to give...</td>
<td>f) Small meals with little fat</td>
</tr>
<tr>
<td>• For a person who is in bed a lot you should...</td>
<td>h) Change their sleeping position</td>
</tr>
<tr>
<td>• As a good caregiver you should also...</td>
<td>b) Look after yourself</td>
</tr>
<tr>
<td>• You should encourage people who are sad and depressed to express their feelings if they become...</td>
<td>a) Angry and cry</td>
</tr>
<tr>
<td>• People who are ill need to do...</td>
<td>g) What they can for themselves</td>
</tr>
<tr>
<td>• The most important skill in being a good caregiver is to...</td>
<td>e) Really listen</td>
</tr>
</tbody>
</table>

True - false statements

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

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

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

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

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

6) Soiled things should be put in a paper bag and then put in the garbage.  
   False: double plastic bag
7) It is very important to cover sores, cuts and rashes.
   True

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

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

**What should parent(s) do? (If a Parents’ Guide is used)²**

After completing Unit 4 – Activity 5 “How to’s of care giving”, students and parents could do the test to see how much they remember. (If reading ability is a problem, students could read the questions and possible answers to their parents.)

² See Annex 2
Annex 1

What do you know?

Taking the two tests below will enable you to review and check what you have learned after carrying out Activity 5 in Unit 4 “How to’s of care giving”.

Why?

To find out how much you know about care giving.

How?

1. Read the statements in test 1, column A, and try to match the statement with the correct answer in column B.

2. In test 2, answer true or false to each statement. Place a (√) in the appropriate box.

3. Add up the totals for tests 1 and 2 and find your “Rating” at the end of the activity.

1. Test about care giving – matching

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
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</tr>
<tr>
<td>• The most important skill in being a good caregiver is to...</td>
<td>h) Change their sleeping position</td>
</tr>
</tbody>
</table>
### 2. True - False statements

<table>
<thead>
<tr>
<th>T</th>
<th>F</th>
<th>T</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Latex or rubber gloves should be used when touching body fluids.</td>
<td>5.</td>
<td>There have been no HIV infections from living in the same house as a person who has HIV or AIDS.</td>
</tr>
<tr>
<td>2.</td>
<td>Injecting needles should be put in a plastic bag.</td>
<td>6.</td>
<td>Soiled things should be put in a paper bag and then put in the garbage.</td>
</tr>
<tr>
<td>3.</td>
<td>Thermometers can be used more than once without washing.</td>
<td>7.</td>
<td>It is very important to cover sores, cuts and rashes.</td>
</tr>
<tr>
<td>4.</td>
<td>The most important thing in looking after yourself is to wash your hands with soap and warm water.</td>
<td>8.</td>
<td>You should wash the bathroom with bleach solution that is 1 part bleach to 20 parts water.</td>
</tr>
</tbody>
</table>

Test 1 score + Test 2 score = Total score

Rating

- **13 - 16 points**: Very good memory!
- **9 - 12 points**: A good caregiver!
- **5 - 8 points**: Try to do better next time!
- **1 - 4 points**: You still have a lot to learn!
Annex 2

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.
Support for responsible behaviour

Description of the tool:
This tool is a class room activity on “Care and support for people with HIV/AIDS”, focusing on ways of being supportive towards someone who has made healthy decisions.

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.
Support for responsible behaviour

Care and support for people with HIV/AIDS

Many young people will come into contact with people with HIV and AIDS in their community and perhaps even in their own family. The activities comprised in the fourth unit in this Teacher’s Guide are focused on providing students with the knowledge they need and the attitudes and skills they must acquire in order to show tolerance and compassion towards people with HIV and AIDS as well as to care for, help and support them.

How to show support for someone who has made healthy decisions

The purpose of this activity is to encourage young people to support their peers who value abstinence, have made the decision to use a condom, or show tolerance and compassion to people with AIDS.

What the teacher does:

1. Decides how to teach this activity:¹

   a) Distributes an activity sheet (see Annex 1) to each student and invites them to work individually or in pairs to complete the activity.

   b) Reads out the four situations to the students and lets them decide what support statements they can make (only one activity sheet is needed).

Story A – A decision not to have sex

You have been seeing a person for a short time now and you feel you are really “in love”. This person is trying to persuade you to have sex.

You use all your assertive skills but the situation gets worse. He/she will not agree with you and becomes impossible to talk to.

You ask a friend who is with you to walk you home. On the way home you tell your friend what happened. Your friend supports your decision not to have sex by saying:

¹ See Annex 2
Story B – No sex without a condom

You have been going out with the same person for some time now. You love each other very much. You have talked about sex and have agreed to use a condom when you have sex to protect yourself from HIV and pregnancy.

You have had sex with a condom a few times but this night you somehow forgot to bring a condom and you really would like to have sex. After some discussion you decide to be affectionate to each other without sex.

The next day you discuss the decision with your best friend. Your friend supports your decision by saying:

Story C – To go to the sweet shop or not

After school, you and some friends want to go to the local sweet shop. Someone says, “I’m not going there.” Someone else asks, “Why not?”

The first speaker says, “I’ve heard the shop keeper has HIV. I’m not going to risk getting AIDS.” Another person says, “You can’t believe everything you hear.”

This person asks you what you think. You say:

Story D – Who do you support

It is Monday morning and you are talking to some friends in the hallway about what happened over the weekend. One of the group is bragging about being at a party where there was alcohol and sex.

A couple of people in the group are impressed and say things that support him, “Great, you must have had a wonderful time.”

You are not impressed by what went on, and you feel you should say something. You say:
c) Splits the students into small groups and gives one activity sheet to each group. Invites the group to choose one or more support statements for each situation.

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

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

“I really think you made a good decision. If he really loved you he wouldn’t pressure you like that.”

**Story B – No sex without a condom**

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

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

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

**Story D – Who do you support?**

“You’re taking a chance with AIDS around. I hope you know what you’re doing.”

3. Takes up the questions in “**Teacher asks**”. Suggested answers are provided below.

<table>
<thead>
<tr>
<th>Q: Why do many young people feel it is not “cool” to support healthy decisions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- It is “cool” to take risks – even those that involve health and safety.</td>
</tr>
<tr>
<td>- Some people need to be “macho” to draw attention to themselves.</td>
</tr>
<tr>
<td>- Some young people need to show they are brave and courageous to enhance their self-esteem. They need to understand that being responsible is a way of being brave and courageous.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q: What difficulties might you have if you support healthy behaviours?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Others might put you down or not agree with you.</td>
</tr>
<tr>
<td>- You might be laughed at.</td>
</tr>
<tr>
<td>- You might be excluded from the group.</td>
</tr>
</tbody>
</table>
Q: How might you overcome these problems?

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

What the peer leader(s) does:

Peer leaders can:

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

2 See Annex 2
Annex 1

Support for responsible behaviour

The purpose of this activity is to encourage you to support those of your peers who value abstinence, have made the decision to use a condom, or show tolerance and compassion to people with AIDS.

Why?

Young people sometimes take risks with their health and safety. With the possibility of catching AIDS this can be dangerous. Young people who make the right decisions to delay sex, to use a condom or to be tolerant and compassionate to people with AIDS, need the support of their friends.

How?

1. Read one of the stories below.
2. Decide what you could do to give the main person in your story support for a healthy decision.
3. Write two or three statements of support for each story. You may be asked to role-play your responses.
4. Answer the questions for each story in “Teacher asks”.

Story A – A decision not to have sex

You have been seeing a person for a short time now and you feel you are really “in love”. This person is trying to persuade you to have sex.

You use all your assertive skills but the situation gets worse. He/she will not agree with you and becomes impossible to talk to.

You ask a friend who is with you to walk you home. On the way home you tell your friend what happened. Your friend supports your decision not to have sex by saying:
Story B – No sex without a condom

You have been going out with the same person for some time now. You love each other very much. You have talked about sex and have agreed to use a condom when you have sex to protect yourself from HIV and pregnancy.

You have had sex with a condom a few times but this night you somehow forgot to bring a condom and you really would like to have sex. After some discussion you decide to be affectionate to each other without sex.

The next day you discuss the decision with your best friend. Your friend supports your decision by saying:

Story C – To go to the sweet shop or not

After school, you and some friends want to go to the local sweet shop. Someone says, “I’m not going there.” Someone else asks, “Why not?”

The first speaker says, “I’ve heard the shop keeper has HIV. I’m not going to risk getting AIDS.” Another person says, “You can’t believe everything you hear.”

This person asks you what you think. You say:

Story D – Who do you support

It is Monday morning and you are talking to some friends in the hallway about what happened over the weekend. One of the group is bragging about being at a party where there was alcohol and sex.

A couple of people in the group are impressed and say things that support him, “Great, you must have had a wonderful time.”

You are not impressed by what went on, and you feel you should say something. You say:
“Teacher asks”

1. Why do many young people feel it is not “cool” to support healthy decisions?
2. What difficulties might you have if you support healthy behaviours?
3. How might you overcome these problems?
Annex 2

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.
Compassion, tolerance and support

Description of the tool:
This tool is a classroom activity on “Care and support for people with HIV/AIDS”, focusing on continuing to show support outside the classroom.

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.
Compassion, tolerance and support

Care and support for people with HIV/AIDS

Many young people will come into contact with people with HIV and AIDS in their community and perhaps even in their own family. The activities comprised in the fourth unit in this Teacher’s Guide are focussed on providing students with the knowledge they need and the attitudes and skills they must acquire in order to show tolerance and compassion towards people with HIV and AIDS as well as to care for, help and support them.

Showing support outside the classroom

The purpose of this activity is to give the students an opportunity to practice being compassionate, tolerant and supportive in everyday situations so as to underline the importance of these feelings.

What the teacher does: ¹

1. Reads out the list “Am I really compassionate?” to the students. Asks if they have other suggestions and adds these to the list.

Am I really compassionate?

1) Visit a hospital to talk to someone or to bring them flowers, etc.
2) Do something for a relative who is older or possibly sick.
3) Do something special for your mother, father, sister or brother.
4) Be really nice to a student who seems lonely or sad or is having a hard time at school.
5) Invite someone who has few friends over to your house to chat or to have lunch with you.
6) Bring some extra food to a place that feeds the poor and homeless.
7) Help a sick or elderly neighbour fetch water or firewood or do some other chore.
8) Support a friend who is having difficulties in their life.
9) Write a letter to someone who is sick or lonely.
10) Look after a baby, free of charge, for someone who is having a hard time.

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

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

4. Collects the summaries when finished and checks to see that they were completed. Invites the students to discuss their experiences in class.

Teachers should work with peer leaders to develop their action plan before the class so that these plans can be used as an example.
Annex 1

Compassion, tolerance and support

This activity will give you an opportunity to practice being compassionate, tolerant and supportive in everyday situations so as to underline the importance of these feelings.

Why?

Knowing how to be compassionate, tolerant and supportive will mean little to you unless you actually practise these behaviours in everyday situations.

How?

1. Select someone, or a group of people that you think needs support or compassion. Look at the list below, of ways you could be compassionate and add suggestions of your own.

2. Fill in sections 1, 2 and 3 of the “Action plan” on the next page.

3. The teacher will set a date for carrying out your action plan and reporting back (probably two weeks from now).

4. When you have carried out your action plan, fill in section 4 of the “Action plan”.

Am I really compassionate?

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<table>
<thead>
<tr>
<th>Action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My selection:</td>
</tr>
<tr>
<td>2. Reasons for my selection:</td>
</tr>
<tr>
<td>3. What I could do:</td>
</tr>
<tr>
<td>a)</td>
</tr>
<tr>
<td>b)</td>
</tr>
<tr>
<td>c)</td>
</tr>
<tr>
<td>4. Summary of what happened and my feelings</td>
</tr>
</tbody>
</table>
Annex 2

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:

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- 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.
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- 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.
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- There is evidence that some insects can actually spread AIDS.
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- 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.

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

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- Condoms offer complete protection against HIV.
- Vaseline is a very good lubricant to use with a condom.
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TRUE

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- There have been no cases of HIV from living with a person who has HIV or AIDS.
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