Reasons to say “NO”

Description of the tool:
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, focusing on evaluating risk behaviours. informing students about the reasons for delaying sex.

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.
Reasons to say “NO”

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

Reasons for delaying sex
The purpose of this activity is to inform students about the reasons for delaying sex.

What the teacher does:

1. Decides how to teach this activity:¹
   a) Provides each student with an activity sheet (see Annex 1) so that everyone can participate.
   b) Pins up the activity sheet on the blackboard and invites students to write their answers on a plain piece of paper (only one activity sheet needed).

2. Asks the students to choose from this list the four reasons they think young people usually have for delaying sexual intercourse.

3. Takes a ballot, by show of hands and discusses the top three or four reasons for delaying sex. Possible questions might be:
   a) Why they chose each reason as the top three or four.
   b) Do they think their reasons might change as they get older? How?
   c) Which of the four would be the best or most important reason (take another vote) and why?

Additional preparation
In each local community, there may be reasons for delaying sex other than those listed in this activity. If so, they should be included in the list.

¹ See Annex 2
Annex 1

Reasons to say “NO”

The purpose of this activity is to inform you about the reasons for delaying sex.

Why?

There are many good reasons for delaying sex, for instance until you are more responsible, older, in a stable relationship with one person, or married. These reasons are listed in the pictures below.

How?

Study the illustration and then choose four reasons young people usually have for abstaining from or delaying sexual intercourse, and place a (√) in these boxes.
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.
To delay or not to delay?

Description of the tool:
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, focusing on the reasons for having sex or not having sex.

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


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.
To delay or not to delay?

Responsible behaviour: delaying sex

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

Reasons for and against sex

The purpose of this activity is to provide students with an opportunity to explore the reasons for having sex or not having sex.

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 follow the instructions individually, in pairs or in small groups.
   b) Reads out the story of Stoli and Yarmella. Asks students to evaluate each reason for saying, “yes” as 0 = poor reason, or 1 = good reason. Does the same thing for reasons for Stoli and for Yarmella to say “no”. (Only one activity sheet needed.)

   The story of Stoli and Yarmella

   Stoli is 17 years old and helps his uncle in his shop. His parents are hard working and hold traditional values. They believe that young people should not have sex before marriage. He is quite shy, but would like to have sex because most of his friends say that it is great.

   Yarmella is 14 but appears and acts older. Her sister became pregnant when she was 15 and her parents were very upset. She hasn’t known Stoli for very long. She has just finished three classes on AIDS and really doesn’t want to get HIV. She is afraid, however, that she might lose Stoli if she doesn’t have sex with him.

2. Encourages discussion by asking the questions in “Teacher asks” (see next page). The class will probably have to vote to determine the answers to some of these questions. Answers will vary from person to person and class to class.

¹ See Annex 2
“Teacher asks”

1. How many of your reasons in part 1 were good (1)? How many were poor (0)? How did the rest of the class feel about the reasons for saying “yes”?

2. Did the reasons for Stoli and Yarmella differ in part 2? If yes, why?

3. In part 2 what do you think the one most important reason to delay sex would be for Stoli and for Yarmella?

4. What would be two reasons for returning to abstinence if you were already having sex?

Additional preparation

Teachers should try not to moralize or push students into making a decision that they consider to be right or proper. This will often cause students to rebel and take the opposite point of view. They should make their own decisions without pressure.
Annex 1

To delay or not to delay?

The purpose of this activity is to give you an opportunity to explore the reasons for having sex or not having sex.

Read the story of Stoli and Yarmella and evaluate each reason for saying, “yes” as 0 = poor reason, or 1 = good reason. Does the same thing for reasons for Stoli and for Yarmella to say “no”.

Answer the questions in “Teacher asks”.

The story of Stoli and Yarmella

Stoli is 17 years old and helps his uncle in his shop. His parents are hard working and hold traditional values. They believe that young people should not have sex before marriage. He is quite shy, but would like to have sex because most of his friends say that it is great.

Yarmella is 14 but appears and acts older. Her sister became pregnant when she was 15 and her parents were very upset. She hasn’t known Stoli for very long. She has just finished three classes on AIDS and really doesn’t want to get HIV. She is afraid, however, that she might lose Stoli if she doesn’t have sex with him.

1. Reasons for saying YES (0 = poor reason; 1 = good reason)

<table>
<thead>
<tr>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To prove their love to each other</td>
</tr>
<tr>
<td>2. Fear that the relationship will break up</td>
</tr>
<tr>
<td>3. Curiosity about sex</td>
</tr>
<tr>
<td>4. Belief that everyone is having sex</td>
</tr>
<tr>
<td>5. Because it “feels right”</td>
</tr>
<tr>
<td>6. To be more popular</td>
</tr>
</tbody>
</table>
2. Reasons for saying NO

(Mark Y for Yarmela’s reasons and S for Stoli’s)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Fear of pregnancy</td>
</tr>
<tr>
<td>2.</td>
<td>Fear of an STD (like HIV)</td>
</tr>
<tr>
<td>3.</td>
<td>Family expectations (not to have sex)</td>
</tr>
<tr>
<td>4.</td>
<td>Fear of cancer (of the cervix)</td>
</tr>
<tr>
<td>5.</td>
<td>Friendship (to allow to grow)</td>
</tr>
<tr>
<td>6.</td>
<td>There are other forms of affection</td>
</tr>
<tr>
<td>7.</td>
<td>Religious values (don’t approve of sex)</td>
</tr>
<tr>
<td>8.</td>
<td>Not ready (perhaps too young)</td>
</tr>
<tr>
<td>9.</td>
<td>Not with the right person</td>
</tr>
<tr>
<td>10.</td>
<td>Wait until marriage</td>
</tr>
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</table>
“Teacher asks”

1. How many of your reasons in part 1 were good (1)? How many were poor (0)? How did the rest of the class feel about the reasons for saying "yes"?

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3. In part 2 what do you think the one most important reason to delay sex would be for Stoli and for Yarmella?

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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.

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- Can you include scenarios where condoms are discussed or used?
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- 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?
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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.

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**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:

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- Involve yourself in one of the main roles.
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- 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.
“Lines” and more “lines”

Description of the tool:
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, focusing on how to respond to the typical arguments used to pressure individuals to have sex.

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.
“Lines” and more “lines”

Responsible behaviour: delaying sex

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

Pressure to have sex

The purpose of this activity is to offer students the practice they need to respond to the typical arguments used to pressure individuals to have sex.

What the teacher does:

Note: For each reason for not having sex in the first two activities in this unit, lines have been invented to persuade someone to forget their reasons and say “yes” to sex.

1. Decides how to teach this activity:

   a) Distributes an activity sheet (see Annex 1) to each student to complete individually, in pairs or in small groups. If so desired, students can be split into two groups so that each group only completes 5 lines.

   b) Draws 10 question and answer “bubbles” on the blackboard. Discusses an answer to each one and invites one of the students to place the best response in the “bubble” (only one activity sheet needed). The list of “possible responses” needs to be written up on the blackboard first.

A. Once is all it takes.
B. This isn’t a joke. I don’t want to get pregnant or get an STI.
C. Maybe we’re not ready for sex.
D. I really don’t want sex just now.
E. Look, I’m not having sex until I’m older.
F. Maybe we could just hug and kiss.
G. I know that everyone is not having sex.
H. I don’t feel good when pressured, so I’m leaving.
I. No, but I’ll know about it.
J. I feel OK about myself without sex.
K. I do too, but I’d like to wait.
L. I don’t need a drink, I just don’t want sex.

1 See Annex 2
M. I trust me, and me doesn’t want sex.

c) Splits up the class into small groups and assigns 5 lines to each group and tells them to decide what is the best response (only one activity sheet per group is needed).

2. Adds to the list of possible responses by asking students to suggest “lines” that they have heard.

3. Places the best response for each “line” in the appropriate bubble. There may be more than one good response.

4. Discusses or role-plays:
   a) The best way to reply – verbally and non-verbally?
   b) Tries role-playing 5 or 6 responses by having two people say the “lines” and responses. Talks about the verbal and non-verbal actions of the role-players.

What the peer leader(s) does:

- Is in charge of a small group.
- Draws the “bubbles” on the blackboard (if that method is used).
- Role-plays the lines and responses to the lines.

Additional preparation

Decide on appropriate responses for each line before starting this activity with students.

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2 See Annex 2
Annex 1

“Lines” and more “lines”

For every reason to say “no”, someone has found a way to persuade you to say “yes”. In this activity you learn various ways of replying to these “lines”.

How?

1. Read each of the lines that are intended to persuade you to say “yes”.

2. Using the answers set out in the “Possible responses to lines and more lines” table, select the best reply and write the appropriate letter in the end column.

<table>
<thead>
<tr>
<th>1. Fear of pregnancy</th>
<th>You can’t get pregnant the first time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Fear of STI</td>
<td>You don’t think I have an infection do you?</td>
</tr>
<tr>
<td>3. Family expectations</td>
<td>Come on, you’re not a kid any more</td>
</tr>
<tr>
<td>4. Fear of violence</td>
<td>I know you want to, you’re just afraid</td>
</tr>
<tr>
<td>5. Friendship</td>
<td>We’re more than friends, I love you</td>
</tr>
<tr>
<td>6. You/partner are drunk</td>
<td>Come on, have a drink, it will get you in the mood</td>
</tr>
<tr>
<td>7. Religious values</td>
<td>No one will know about it</td>
</tr>
<tr>
<td>8. Not ready</td>
<td>Look, I’m excited. You’d better do something about it</td>
</tr>
<tr>
<td>9. Not with the right person</td>
<td>You might not get another chance like this</td>
</tr>
<tr>
<td>10. Wait until marriage</td>
<td>Everyone else is doing it</td>
</tr>
</tbody>
</table>
Possible responses to “Lines and more lines”

A. Once is all it takes.

B. This isn’t a joke. I don’t want to get pregnant or get an STI.

C. Maybe we’re not ready for sex.

D. I really don’t want sex just now.

E. Look, I’m not having sex until I’m older.

F. Maybe we could just hug and kiss.

G. I know that everyone is not having sex.

H. I don’t feel good when pressured, so I’m leaving.

I. No, but I’ll know about it.

J. I feel OK about myself without sex.

K. I do too, but I’d like to wait.

L. I don’t need a drink, I just don’t want sex.

M. I trust me, and me doesn’t want sex.
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.
Guidelines: How to delay sex

Description of the tool:
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, focusing on the help students need to decide to delay sex.

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.
Guidelines: How to delay sex

Responsible behaviour: delaying sex

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

Help in delaying sex

The purpose of this activity is to reassure the students that they are not alone in delaying sex and to offer them the help they need in deciding to delay sex.

What the teacher does:

1. Decides how to teach this activity:
   a) Hands out an activity sheet (see Annex 1) to each student and invites him or her to get on with the activity individually.
   b) Reads out a list of guidelines that might help in delaying sex and tells the students to put an “E” for easy to do and “D” for difficult to do (only one activity sheet needed).

   1. Go to parties and other events with friends.
   2. Decide how far you want to “go” (your sexual limits) before being in a pressure situation.
   3. Decide your alcohol/drug limits before being in a pressure situation.
   4. Avoid falling for romantic words and arguments.
   5. Be clear about your limits – don’t give mixed messages, e.g. by acting sexy when you do not want sex.
   6. Pay attention to your feelings; when a situation becomes uncomfortable, leave.
   7. Get involved in activities (e.g. sports, clubs, hobbies).
   8. Avoid “hanging out” with people who might pressure you to have sex.
   9. Be honest from the beginning, by saying you do not want to have sex.
   10. Avoid going out with people you cannot trust.
   11. Avoid secluded places where you could not get help.
   12. Do not accept rides from those you do not know or cannot trust.

   c) Writes up the activity on the blackboard and invites students to complete it individually (only one activity sheet needed).

2. Leads a discussion on the following:

1 See Annex 2
a) Which guidelines did they find difficult? Why were they difficult? (Answers will differ from student to student.)

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

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

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

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

Additional preparation

It is important to review the above questions to decide what answers would be acceptable for each question.
Annex 1

Guidelines: How to delay sex

It is sometimes difficult to say “no” to sex or to delay sex. The guidelines set out below may help you with these decisions.

How?

Write in the boxes (E) for those things you would find easy to do, and (D) for those things you would find difficult to do.

1. Go to parties and other events with friends.
2. Decide how far you want to “go” (your sexual limits) before being in a pressure situation.
3. Decide your alcohol/drug limits before being in a pressure situation.
4. Avoid falling for romantic words and arguments.
5. Be clear about your limits – don’t give mixed messages, e.g. by acting sexy when you do not want sex.
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10. Avoid going out with people you cannot trust.
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12. Do not accept rides from those you do not know or cannot trust.
13. Do not accept presents and money from people whom you don’t know very well.
14. Avoid going to someone’s room when there is no one else there.
15. Explore ways of showing affection other than sexual intercourse.
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.

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- 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?
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- Leads to closer ties between home and school on other issues.
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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".
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Story telling:

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

Test items for student evaluation:

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

“Basic knowledge on HIV/AIDS/STI”

TRUE:

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

FALSE

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

“Responsible behaviour: delaying sex”

TRUE

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

FALSE

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

“Responsible behaviour: protected sex”

TRUE

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

FALSE

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

“Care and support for people with HIV/AIDS”

TRUE

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

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

**Description of the tool:**
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, focusing on using the guidelines for delaying sex in real life situations.

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 to do?

Responsible behaviour: delaying sex

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

Case studies on help for delaying sex

The purpose of this activity is to provide the students with an opportunity to practise using the guidelines for delaying sex in real life situations.

What the teacher does:

1. Decides on a method to carry out this activity:

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

   b) Writes the list “Help for delaying sex” on the blackboard and then reads out each situation.

      1) Go to parties and other events with friends.
      2) Decide how far you want to “go” (your sexual limits) before finding yourself in a pressure situation.
      3) Decide your alcohol/drug limits before finding yourself in a pressure situation.
      4) Avoid falling for romantic words and arguments.
      5) Be clear about your limits – don’t give mixed messages, e.g. by acting sexy when you do not want sex.
      6) Pay attention to your feelings; when a situation becomes uncomfortable, leave.
      7) Get involved in activities (e.g. sports, clubs, hobbies).
      8) Avoid “hanging out” with people who might pressure you to have sex.
      9) Be honest from the beginning, by saying you do not want to have sex.
     10) Avoid going out with people you cannot trust.
     11) Avoid secluded places where you could not get help.

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1 See Annex 2
2 See Annex 2
12) Do not accept rides from someone you do not know or cannot trust.
13) Do not accept presents and money from people whom you don’t know very well.
14) Avoid going to someone’s room when there is no one else there.
15) Explore other ways of showing affection than sexual intercourse.

Asks the students to select the 3 best ways from this list of helping the person in each situation (only one activity sheet needed).

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

Note: If more time is needed for this activity then it is possible to have one third of the class or groups perform one situation each.

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

Situation 1

Help for Jeline

a) Decide how far you want to “go” (your sexual limits) before finding yourself in a pressure situation.
b) Be honest from the beginning, by saying you do not want to have sex.
c) Set your alcohol limits before finding yourself in a pressure situation.

Situation 2

Help for Romain

a) Avoid going to someone’s room (or house) when there is no one else there.
b) Be honest from the beginning by saying you do not want to have sex.
c) Pay attention to your feelings; when a situation becomes uncomfortable, leave.

Situation 3

Help for Nadino

a) Do not accept presents and money from people you do not know very well.
b) Avoid secluded places where you could not get help.
c) Be honest from the beginning, by saying you do not want to have sex.

3. Invites students to select the three guidelines that would personally be most useful for them (answers will vary from student to student).
What the peer leader(s) does: ³

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

What should parent(s) do? (If a Parents’ Guide is used) ⁴

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

Additional preparation

Choose other (than those given here) acceptable answers for each situation, before starting this activity with students.

³ See Annex 2
⁴ See Annex 2
Annex 1

What to do?

Delaying sexual intercourse is not always easy. But there are things everyone can do which will help delay sex.

How?

1. Read the situations below. From the list “Help in delaying sex,” select three actions that would help someone to delay sex. Write your selections in the spaces provided under each situation.

Help in delaying sex

1. Go to parties and other events with friends.
2. Decide how far you want to “go” (your sexual limits) before finding yourself in a pressure situation.
3. Decide your alcohol/drug limits before finding yourself in a pressure situation.
4. Avoid falling for romantic words and arguments.
5. Be clear about your limits – don’t give mixed messages, e.g. by acting sexy when you do not want sex.
6. Pay attention to your feelings; when a situation becomes uncomfortable, leave.
7. Get involved in activities (e.g. sports, clubs, hobbies).
8. Avoid “hanging out” with people who might pressure you to have sex.
9. Be honest from the beginning, by saying you do not want to have sex.
10. Avoid going out with people you cannot trust.
11. Avoid secluded places where you could not get help.
12. Do not accept rides from someone you do not know or cannot trust.
13. Do not accept presents and money from people whom you don’t know very well.
14. Avoid going to someone’s room when there is no one else there.
15. Explore other ways of showing affection than sexual intercourse.
Situation 1

Jeline and Maho have been seeing each other for six months now. They have not had sex yet but find it difficult to control their sexual feelings for each other.

Jeline has promised herself not to have sex until she is older, and so far Maho has respected that wish. Jeline has been thinking about how much she likes Maho.

One of their friends, who lives alone, is giving a party and they are invited. Maho says he will bring some beer and that maybe they could stay all night. Jeline thinks about her promise to herself but also thinks it would be great fun to be alone with Maho.

Help for Jeline
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________

Situation 2

Romain and Selina are very serious about their relationship and would like to get married in a few years.

Selina has invited to her house for the afternoon. He knows that Selina’s parents will not get back from work until evening. This could be a good time for sex for the first time.

Romain has been learning about pregnancy, HIV, AIDS and STI and he’s not sure he wants to have sex yet. However, he feels Selina would like to have sex and will probably tease him or tell her girlfriends if he doesn’t.

Help for Romain
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
Situation 3

Nadino has met a young man called Sergo at school. She was attracted to him because he was good looking and a good athlete.

He said hello to her after school and gave her a small, beautiful present, for future friendship, he said.

He invited her to go for a walk to see the moon rise. Nadino is attracted to him but feels uncomfortable about the situation. However, she must give him an answer about their walk in the country.

Help for Nadino

1. _______________________________________________________________________

2. _______________________________________________________________________

3. _______________________________________________________________________
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.
Affection without sex?

**Description of the tool:**
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, discussing alternative activities for those students who want to delay sex.

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.

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Responsible behaviour: delaying sex

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

Alternatives to sexual intercourse

It is unreasonable to expect young people not to show both physical and emotional affection at this stage of their lives. The purpose of this activity is, therefore, to offer alternative activities for those who wish to delay sex.

Note: A special concern:

- Students may suggest some physical activities during this exercise that may be difficult to talk about, i.e. oral sex, masturbation, petting with or without clothes, body rubbing with or without clothes.
- The teacher should be prepared to use local slang with the students.

What the teacher does:

1. Decides how to teach this activity:¹
   a) Splits the students into pairs or small groups and provides each pair/group with one activity sheet (see Annex 1).
   b) Puts the activity up on the blackboard and invites students work in pairs or small groups to complete the task.

2. Looks at the different ways of showing affection.

   Invites the students to look at the list of ways of showing affection shown in the first "heart". Then has them discuss in pairs or small groups other ways of showing affection. Their suggestions may be written on the blackboard and the class may discuss together whether or not they are safe and acceptable (i.e. do not put a person at risk for HIV/AIDS/STI). When agreement has been reached, the students write in the second “heart” their preferred suggestions for ways of showing affection without sex. Some of the more physical affections might include: touch on the shoulder; kissing; open-mouth kissing;

¹ See Annex 2
petting while clothed (above and below the waist); mutual masturbation; body-to-body rubbing (clothed and without clothing); oral sex, etc. Students may use quite a different language in trying to express these physical affections.

3. Asks the following questions:

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

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

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

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

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

Answer: Mutual respect, trust and openness. If it was discussed before getting into an emotional and sexual situation.
Annex 1

Affection without sex?

How?

Students from other schools have come up with a list of ways of showing affection without having sexual intercourse (see the first heart). In pairs or a small group discuss other ways of showing affection without having sexual intercourse, and write them in the empty lines of the second heart.

Why?

• There are a number of ways of showing affection without having sex.
• These ways avoid the risk of HIV, STIs and unplanned pregnancy.

Human beings – babies, small children, young people and adults – all need the comfort of touch; it feels good to be touched by someone we like.

• Holding hands
• Saying “I like you”
• Giving a flower
• Touching
• Writing a note or letter
• Hugging
• Kissing
• Caressing

When we are close to someone and attracted to him or her, we like to show our affection by touching them.

1. ______________________  6. ______________________
2. ______________________  7. ______________________
3. ______________________  8. ______________________
4. ______________________  9. ______________________
5. ______________________  10. ______________________
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.

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- 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?
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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.

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- Try to vary the methods used for forming groups and make sure that students frequently work with different class members. You decide on the groups. It is best not to let students form their own groups as any students who are left out (not selected) will feel inferior and not wanted.
- Try giving group responsibilities, e.g. recorder, encourager, keeping the group on their task, timekeeper, presenter of group’s work, etc.

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

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

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

**Participation of parents and family members:**

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

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

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

**Peer leaders:**

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

Way in which a peer leader can help the teacher:

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

Role-play:

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

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

Story telling:

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

Test items for student evaluation:

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

“Basic knowledge on HIV/AIDS/STI”

TRUE:

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

**FALSE**

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

“Responsible behaviour: delaying sex”

TRUE

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

FALSE

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

“Responsible behaviour: protected sex”

TRUE

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

FALSE

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

“Care and support for people with HIV/AIDS”

TRUE

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

- You can get HIV by eating food prepared by an HIV-infected person.
- People with AIDS should stay in hospitals all the time, not at home.
Description of the tool:
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, focusing on knowing how to establish limits, and knowing when to express them.

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’s next?

Responsible behaviour: delaying sex

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

Ranking physical activities

Physical affection can be very sexually arousing. The more sexually arousing the activity is, the more likely it will eventually lead to sex. The purpose of this activity is to help students know how to establish limits, and know when to express these limits.

The image of the mountain (see Annex 1) could be used to illustrate to students that the more physical one becomes, the more difficult it is to stop. In this image, sexual arousal is shown as a continuum from least physical to most physical, and students are asked to place various sexual behaviours at different levels on this continuum.

What the teacher does:

1. Decides how to teach this activity:

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

   b) Pins up the image on the blackboard and starts a class discussion on where the various sexual behaviours should be placed (only one activity sheet needed).

   c) Provides one activity sheet for each group and conducts the activity in small groups.

2. Checks the answers to the mountain climbing activity. Explains the concept to the students (see box above).

   1) Holding hands – Least physical
   2) Hugging
   3) Dry kissing

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1 See Annex 2
4) Deep (wet) kissing
5) Touching breasts and/or genitals on top of clothes
6) Touching breasts and/or genitals under clothes
7) Body rubbing with no clothes – Most physical next to sexual intercourse

3. Discusses the answers to the questions in “Teacher asks”.

1) Why is it hard to stop as you get closer physically?

Curiosity and sexual desire put pressure on a couple to move on to the next step. It is hard to stop and certainly very difficult to go back a step.

2) Would it be easy to go back to a safer activity? Why or why not?

For most people it would be difficult to go back a step. Strong sexual urges, curiosity and risk-taking would probably lead one to go on rather than back.

3) Where do you think the limit is?

Answers will vary but it is very difficult to stop after 5 or 6. If it has been discussed and agreed upon by both partners not to have sex, then it is possible to set limits.

4) Who should decide where the limit is? When should this limit be decided?

If there is disagreement, one person may have to be very assertive with the other about where they want to stop. The best or safest time to do this is before you become too aroused, but you can stop whenever you feel uncomfortable.
Annex 1

What’s next?

Why?

Physical affection can be very sexually arousing. The more sexually arousing an activity is, the more likely it will eventually lead to sexual intercourse. If you want to delay sex, it is important that both you and your partner to know your limits. Where should you stop before it leads to sex?

How?

1. Place each of the sexual behaviours from the list of “Physical affection activities” at the appropriate level, from the one that is least physical (1) to the one that is most physical next to sexual intercourse (7).

2. Then answer the questions in “Teacher asks”.

Physical affection activities:

Hugging • Touching breasts and/or genitals on top of clothes • Dry kissing • Holding hands • Touching breasts and/or genitals under clothes • Deep (wet) kissing • Body rubbing with no clothes
“Teacher asks”

1. Why is it hard to stop as you get closer physically?

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3. Where do you think the limit is?

4. Who should decide where the limit is? When should this limit be decided?
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.
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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.

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- Offsets possible resistance in the community.
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- Acknowledges the role of parents and relatives in their child’s education and in the development of his or her values.
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- Leads to closer ties between home and school on other issues.
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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
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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:

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Test items for student evaluation:

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- A person may get HIV by sharing drug needles.
- Once you are infected with HIV, you are infected for life.
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- 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.
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- 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.
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- 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.
Am I assertive?

Description of the tool:
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, focusing on verbal and non-verbal aspects of assertive, passive and aggressive behaviour.

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.

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Am I assertive?

Responsible behaviour: delaying sex

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Definition of passive, aggressive, and assertive behaviour

The purpose of this activity is to help the students to be able to describe and recognize verbal and non-verbal aspects of assertive, passive and aggressive behaviour because this is an important first step in learning how to be assertive oneself.

What the teacher does:

1. Decides how to teach this activity:¹
   a) Provides an activity sheet (see Annex 1) for each student. Reads out the words “Passive”, “Aggressive”, “Assertive” and demonstrates, using body language, the non-verbal aspects of each style of behaviour.
   b) Writes the words “Passive”, “Aggressive”, “Assertive” on the blackboard and asks students to describe verbal and non-verbal characteristics of each style of behaviour. Writes these down under each type of behaviour.

2. Demonstrates or invites students to demonstrate the verbal and non-verbal aspects of each style of behaviour – using the verbal and nonverbal descriptions on the activity sheet.

3. The following points could be added to the lesson:

<table>
<thead>
<tr>
<th>Passive behaviour</th>
<th>Assertive behaviour</th>
<th>Aggressive behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive feelings</td>
<td>Assertive feelings</td>
<td>Aggressive feelings</td>
</tr>
<tr>
<td>Helplessness</td>
<td>You feel better about yourself</td>
<td>Anger</td>
</tr>
</tbody>
</table>

¹ See Annex 2
<table>
<thead>
<tr>
<th>Resentfulness</th>
<th>Self confidence</th>
<th>Frustration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disappointment</td>
<td>In control</td>
<td>Bitterness</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Respected by others</td>
<td>Guilt or loneliness afterwards</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Passive outcomes</th>
<th>Assertive outcomes</th>
<th>Aggressive outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>You don’t get what you want</td>
<td>You don’t hurt others</td>
<td>You dominate</td>
</tr>
<tr>
<td>Anger builds up</td>
<td>You gain self respect</td>
<td>You humiliate</td>
</tr>
<tr>
<td>You feel lonely</td>
<td>Your rights and others’ are respected</td>
<td>You win at the expense of others</td>
</tr>
<tr>
<td>Rights are violated</td>
<td>You both win</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Additional preparation**

Set up a role-play with peer leaders to demonstrate these three styles of behaviours.

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2 See Annex 2
3 See Annex 2
Annex 1

Am I assertive?

You are assertive when you stand up for your personal rights without putting down those of other people. If you can do this you will be able to:

1) Say “no” without feeling guilty;
2) Disagree without becoming angry;
3) Ask for help when you need it.

As a result you will feel better about yourself and have more honest friends and relationships.

How?

Your teacher will help you to understand these three types of behaviour.

| Passive                  | • Take no action to assert your own rights  
|                         | • Put others first at your own expense     
|                         | • Give in to what others want             
|                         | • Remain silent when something bothers you 
|                         | • Apologize a lot                         |
| Assertive               | • Stand up for your own rights without putting down the rights of others |
|                         | • Respect yourself as well as the other person  
|                         | • Listen and talk                         
|                         | • Express positive and negative feelings   
|                         | • Be confident, but not “pushy”           |
| Aggressive              | • Stand up for your own rights with no thought for the other person |
|                         | • Put yourself first at the expense of others |
|                         | • Overpower others                        
|                         | • Achieve your own goals, but at the expense of 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 assigning 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.
Who’s assertive?

Description of the tool:
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, focusing on recognizing assertive, passive and aggressive behaviour in real-life situations.

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's assertive?

Responsible behaviour: delaying sex

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

Case studies – types of behaviours

This activity is aimed at enabling the students to recognize assertive, passive and aggressive behaviour in real-life situations that is important for anyone who wants to be assertive.

What the teacher does:

1. Decides how to teach this activity:

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

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

Story 1

Sulana has been seeing Rob for about one month now. She wants him to come to her house since her parents aren’t home.

He tries to speak about his feelings a few times, but Sulana keeps interrupting him. Rob, his head down, finally says to Sulana in a soft voice, “I know you’ll think I’m crazy, but …”

Sulana interrupts again, approaches Rob, nose to nose, and says loudly with her hands on her hips “You are crazy, and not only that but you’re stupid too.” “Well, OK, I’ll go.” says Rob. He hangs his head, eyes down, defeated.

Story 2

Tara had been upset with Bawana and when she saw him she said, “Bawana I need to talk to you right now. Could we talk where no one is around?”

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1  See Annex 2
2  See Annex 2
Moving to another room, Tara sits straight with her hands on the table and looks Bawana in the eye. She says in a calm but firm voice. “I've thought about your suggestion for our date, but I feel uncomfortable about it. I think we need more time to be close friends before being alone. I really like you and I know you’d like us to be alone but I'm not ready for that yet. Is that OK with you?”

c) Splits the students into groups and gives one activity sheet to each group.

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

**Story 1**

Rob’s behaviour is Passive

**Why?**

**What was said?**

“I know you’ll think I’m crazy…” “Well, OK, I’ll go”.

**How was it said?**

Soft voice; low voice.

**Body position?**

Head down; hangs his head; eyes down; defeated.

Sulana’s behaviour is Aggressive

**Why?**

**What was said?**

“You are crazy and not only that but you’re stupid too”.

**How was it said?**

Interrupts loudly.

**Body position?**

Nose to nose; hands on hips.

**Story 2**

Tana’s behaviour is Assertive

**Why?**

**What was said?**

“Could we talk where no one is around” (privacy)? Asks for feedback and takes other person’s feelings into account.

**How was it said?**

Calm but firm.

**Body position?**

Sits straight; looks person in the eye.

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

³ See Annex 2
What the peer leader(s) does: ⁴

The peer leaders could:

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

Additional preparation

Prepare chosen peer leaders to role-play the two situations.

⁴ See Annex 2
Annex 1

Who’s assertive?

You now know the differences between being passive, aggressive and assertive, so it is important to see if you can identify these differences in real-life stories.

How?

1. Read the two stories below.
2. Identify the type of behaviour (passive, aggressive or assertive) of each person in the story.
3. Explain how you identified the type of behaviour by describing: the content of what they said; the way they spoke; their body position.

Rob’s behaviour is:

Why?
What said?
How said?
Body position?

Sulana’s behaviour is:

Why?
What said?
How said?
Body position?
Tana’s behaviour is:

Why?
What said?
How said?
Body position?
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.

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

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- Will parents and Ministry officials approve of the selected scenarios?
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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.

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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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- 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.

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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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- 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.
**Assertive messages**

**Description of the tool:**
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, focusing on practicing the steps towards being assertive by means of behavioural rehearsal.

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


**Description of the document:**
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Assertive messages

Responsible behaviour: delaying sex

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

Four steps to assertive behaviour

Because it is important for students to learn how to take the specific steps involved in becoming assertive, the purpose of this activity is to let them practice these steps by means of behavioural rehearsal.

What the teacher does:

1. Decides how to teach this activity:
   a) Provides an activity sheet (see Annex 1) for each student so that they can follow the four steps to an assertive message.
   b) Writes up the four steps with the “words you might say” on the blackboard (see page 2). Then, with another student (peer leader) role-plays the situation described (only two activity sheets are needed).

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

3. Reads out the situation for the role-play and then acts out the assertive message with another student (peer leader). Emphasizes that in this role-play the person replying is accepting the assertive person’s message.

What the peer leader(s) does:

Peer leaders should be able to:

- Help the teacher in the role-play by being the person who replies to the assertive message.

1 See Annex 2
2 See Annex 2
• Write the activity on the blackboard (if this method is used).

<table>
<thead>
<tr>
<th>Four steps</th>
<th>Words you might say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain your feelings and the problem</td>
<td>I feel frustrated when</td>
</tr>
<tr>
<td></td>
<td>I feel unhappy when</td>
</tr>
<tr>
<td></td>
<td>I feel ... when</td>
</tr>
<tr>
<td></td>
<td>It hurts me when</td>
</tr>
<tr>
<td></td>
<td>I don’t like it when</td>
</tr>
<tr>
<td></td>
<td>I would like it better if</td>
</tr>
<tr>
<td>Make your request</td>
<td>I would like you to</td>
</tr>
<tr>
<td></td>
<td>Could you please</td>
</tr>
<tr>
<td></td>
<td>Please don’t</td>
</tr>
<tr>
<td></td>
<td>I wish you would</td>
</tr>
<tr>
<td>Ask how the other person feels about your request</td>
<td>Ho do you feel about that?</td>
</tr>
<tr>
<td></td>
<td>Is that OK with you?</td>
</tr>
<tr>
<td></td>
<td>What do you think?</td>
</tr>
<tr>
<td></td>
<td>What are your thoughts on that?</td>
</tr>
<tr>
<td></td>
<td>Is that all right with you?</td>
</tr>
<tr>
<td>Accept with thanks</td>
<td>Thanks</td>
</tr>
<tr>
<td></td>
<td>Great, I appreciate that</td>
</tr>
<tr>
<td></td>
<td>I’m happy that’s OK with you</td>
</tr>
<tr>
<td></td>
<td>Great</td>
</tr>
</tbody>
</table>

Additional preparation

It is important to practice this assertive message with peer leaders or other students before demonstrating to the rest of the students.
Annex 1

## Assertive messages

To be assertive you must first learn the skills. It will be difficult the first time you try. But, with practice, it will be easier and feel more natural. Here are the four steps towards making an assertive message.

### How?

Your teacher will explain the various steps in making an assertive message.

### Money problems

Joccai and Mannu are good friends. Joccai has a part-time job after school and he has lent money to Mannu. Lately Joccai has noticed that Mannu is becoming slower in paying the money back. Joccai decides to discuss this with Mannu after school and to ask him to pay the money back sooner.

### Steps towards delivering an assertive message

(See the illustration on the next page)
<table>
<thead>
<tr>
<th>Steps</th>
<th>Description</th>
<th>Words you might say</th>
<th>Messages</th>
</tr>
</thead>
</table>
| 1. Explain your feelings and the problem | State how you feel about the behaviour/problem. Describe the behaviour/problem that violates your rights or disturbs you. | • I feel frustrated when...  
• I feel unhappy when...  
• I feel... when ....  
• It hurts me when...  
• I don’t like it when ..... | I feel as if I’m being used when I lend you money and don’t get it back right away.  
I would like it better if when you borrow money you would give it back as soon as possible. |
| 2. Make your request | State clearly what you would like to have happen. | • I would like it better if...  
• I would like you to ...  
• Could you please ...  
• Please don’t .......  
• I wish you would ..... | Is that OK with you?  
Ya, I guess you’re right. I’m not too good at getting money back right away, but I’ll return it sooner next time. |
| 3. Ask how the other person feels about your request | Invite the other person to express his/her feelings or thoughts about your request. | • How do you feel about that?  
• Is that OK with you?  
• What do you think?  
• What are your thoughts on that?  
• Is that alright with you? | |
| Answer | The other person indicates his/her feelings or thoughts about the request. | The other person responds. | |
| 4. Accept with thanks | If the other person agrees with your request, saying “thanks” is a good way to end the discussion. | • Thanks  
• Great, I appreciate that  
• I’m happy that’s OK with you  
• Great | Thanks for understanding. Let’s go and listen to the music. |
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.
Your assertive message

Description of the tool:
This tool is a classroom activity for adolescents on "Responsible behaviour: delaying sex", for the whole class to prepare an assertive message together.

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.
Your assertive message

Responsible behaviour: delaying sex

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

Four steps to assertive behaviour

The purpose of this activity is to instigate the whole class to prepare an assertive message together. This will make it easier for the students to prepare their own assertive message during activity 12 in Unit 2.

What the teacher does:

1. Decides how to carry out this activity:

   a) Provides each student with an activity sheet (see Annex 1) and invites them to fill in the “bubbles” as during the class activity.

   b) Writes up the activity on the blackboard and fills in the “bubbles” with the suggestions from the class (only one activity sheet needed).

   c) Divides students into small groups and provides each group with an activity sheet. Invites the group to develop ideas for step 1 and then asks for suggestions from each group. Selects the best suggestion and asks the recorder from each group to enter that step in the “bubble”. Does the same for steps 2, 3, 4.

2. Reads out the situation at the top of the page. Also reads step 1.

   Dealing with gifts

You are 14 and this is your second date with Adula. He has given you a small gift and wants to take you dancing. You do not want to have sex with Adula, but think he will want to because of the gift. You decide to tell him that you don’t want the gift and you don’t want to go to the dance.

   Step 1: Explain your feelings and the problem.

1 See Annex 2
3. Asks students for suggestions for the first “bubble”. Selects the best one and tells the students to write this on their activity sheet.

4. Continues in the same way for steps 2, 3, response of the other person and step 4.

   **Step 2:** Make your request
   
   **Step 3:** Ask how the other person feels about your request
   
   **Step 4:** Accept with thanks

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

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

Peer leaders could:

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

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2 See Annex 2
Annex 1

Your assertive message

Developing an assertive message as a class will help you understand the steps and prepare you for making up your own message in the next activity.

How?

In this activity the whole class participate together developing an assertive message for the situation described below. Your teacher will give instructions.

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Steps to take to deliver your assertive message

(See the illustration on the next page)
<table>
<thead>
<tr>
<th>Steps</th>
<th>Your messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explain your feelings and the problem</td>
<td><img src="image1.png" alt="Image showing a person explaining their feelings" /></td>
</tr>
<tr>
<td>2. Make your request</td>
<td><img src="image2.png" alt="Image showing a person making a request" /></td>
</tr>
<tr>
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<td><img src="image3.png" alt="Image showing a person asking about the other person's feelings" /></td>
</tr>
<tr>
<td>Answer</td>
<td><img src="image4.png" alt="Image showing a person answering" /></td>
</tr>
<tr>
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FRESH Tools for Effective School Health
http://www.unesco.org/education/fresh

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- 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 overpoweing 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.
Your assertive message

Description of the tool:
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, giving the students an opportunity to develop and practice their own assertive message.

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.
Your assertive message

Responsible behaviour: delaying sex

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

Four steps to assertive behaviour

The purpose of this activity is to give the students an opportunity to develop and practice their own assertive message.

What the teacher does:

1. Decides how to teach this activity:¹
   a) Provides an activity sheet (see Annex 1) for each student in the class and asks them to write out an assertive message individually or preferably in pairs.
   b) Divides the students into small groups and provides one activity sheet per group.

2. Either assigns one of the following four sample situations to the students or lets them choose their own.

   Sample situations

   Situation 1

   You are talking to some of your friends. Most have had sex and are teasing you about the fact that you have not. One of the group members hurts you by what they have said. You decide to make an assertive reply.

   Situation 2

   A person of the other sex has asked you to go to a party with him/her. You don’t know anyone who is going, which makes you feel a bit uncomfortable. Also, you have heard that this person uses drugs and does not have a very good reputation at school. You decide to be assertive and say no to him/her.

¹ See Annex 2
Situation 3

You have decided to get a tattoo or your ears pierced. Your friend has told you that you can get it done at a place out of town. You arrive but it doesn’t look very clean. You have heard about HIV/AIDS and unclean needles. You decide to ask the person if the needles are clean and to see the equipment they use for cleaning. When the person can’t show you, you decide to say no assertively.

Situation 4

A friend of your family asks if you want a ride home after school. You don’t feel very good about this person and you feel uncomfortable about the situation. You decide to be assertive and refuse the ride.

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

4. Lets the groups role-play the situations they have been assigned or have chosen.

5. Asks for volunteers to role-play their script in front of the class. Looks for verbal and non-verbal aspects of their message. Be very positive in respect of volunteers.

What the peer leader(s) does:  

Peer leaders could:

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

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2 See Annex 2
3 See Annex 2
Annex 1

Your assertive message

It is now time to try making up your own assertive message. Remember it may seem awkward at first but it will get better.

How?

1. You and your partner choose one of the situations from the next page.

2. Using the message script below, write out an assertive message for your chosen situation. One person reads it to the other.

3. Make any necessary changes. Ask the other person to read the message again.

4. Your teacher may then ask you to read your message to the class

<table>
<thead>
<tr>
<th>Steps</th>
<th>Situation 1</th>
<th>Situation 2</th>
<th>Situation 3</th>
<th>Situation 4</th>
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Sample situations

Situation 1

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Situation 2

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Situation 3

You have decided to get a tattoo or your ears pierced. Your friend has told you that you can get it done at a place out of town. You arrive but it doesn't look very clean. You have heard about HIV/AIDS and unclean needles. You decide to ask the person if the needles are clean and to see the equipment they use for cleaning. When the person can't show you, you decide to say no assertively.

Situation 4

A friend of your family asks if you want a ride home after school. You don't feel very good about this person and you feel uncomfortable about the situation. You decide to be assertive and refuse the ride.
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.
Responding to persuasion (demonstration)

Description of the tool:
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, demonstrating the techniques of using an assertive message.

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.

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Responding to persuasion (demonstration)

Responsible behaviour: delaying sex

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How to refuse, delay, bargain

The purpose of this activity is to demonstrate to the students the techniques of using an assertive message when someone is trying to distract them or persuade them to do something they don’t want to do.

What the teacher does:

1. Decides how to teach this activity:¹
   a) Provides an activity sheet (see Annex 1) for each student in the class. Invites them to follow as the activity is explained.
   b) Reads out the activity and places the important parts on the blackboard, e.g. the lines to use in order to refuse, delay and bargain.

Try to get you off the topic:

In all cases when a person is trying to get you off your assertive message, get back on a topic.

Some ways to do that:

Please let me finish what I was saying
Please don’t stop me until I’m finished
That’s fine, but please listen to what I have to say
I know you think … but let me finish what I was saying

Try to persuade you

If the other person tries to persuade you to do something you don’t want to do.

Refuse: Say no clearly and if necessary; leave:
No, no, I really mean no

¹ See Annex 2
No thank you
No, no and I’m leaving

**Delay**: Put off a decision until you can think about it
I’m not ready yet
Maybe we can talk later
I’d like to talk to a friend first

**Bargain**: Try to make a decision that both people like
Let’s do … instead
I won’t do that, but maybe we could do …
What would make us both happy?

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

<table>
<thead>
<tr>
<th>1. Explain your feelings and the problem</th>
<th>2. Distracting statements</th>
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<tbody>
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<td>I feel scared about driving with you when you have been drinking</td>
<td>What do you know about drinking anyway?</td>
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</table>

<table>
<thead>
<tr>
<th>3. Get back on topic</th>
<th>4. Make your request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please let me finish what I was saying</td>
<td>I don’t want to drive home with you and I really don’t think you should be driving</td>
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<tr>
<th>5. Ask how the other person feels about your request</th>
<th>6. Persuasive statement</th>
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<tbody>
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<td>What do you think? Will you please not drive home?</td>
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<table>
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<tr>
<th>7. Refuse</th>
<th>Delay</th>
<th>Bargain</th>
</tr>
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<tbody>
<tr>
<td>I don’t agree and I’m not going with you. So, goodbye.</td>
<td>Let’s go for a walk and talk about it</td>
<td>Why don’t you leave the car here and we’ll walk home together?</td>
</tr>
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</table>
3. When each step has been finalized, role-plays the entire assertive message once more, using a student volunteer (peer leader) to play the part of the older brother. Acts out the role-play three times, using a different ending (refuse, delay, bargain) each time.

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

Peer leaders should be able to help by:

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

**Additional preparation**

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

---

2 See Annex 2
3 See Annex 2
Responding to persuasion (demonstration)

Other people will not always agree with you when you are assertive. They may interrupt, distract you or try to persuade you to do something you don’t want to do. Therefore, it is important for you to learn how to respond to these situations.

How?

Your teacher will help you to understand how to respond to people who try to get you off the topic or persuade you to do something you don’t want to do.

Ways people distract you from your message or do not accept it

<table>
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<tr>
<th>1. Put you down</th>
<th>2. Argue</th>
<th>3. Threaten</th>
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<td>You’re just afraid.</td>
<td>Why not? Everyone’s doing it.</td>
<td>Do it or goodbye. I can hurt you if you don’t</td>
</tr>
<tr>
<td>Nothing will go wrong. Don’t worry.</td>
<td>You owe me. You’re old enough now.</td>
<td>You have nice eyes. I like you when you’re angry.</td>
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What you say when they...

**Try to get you off the topic:**

In all cases when a person is trying to get you off your assertive message, get back on a topic.

Some ways to do that:

- Please let me finish what I was saying
- Please don’t stop me until I’m finished
- That’s fine, but please listen to what I have to say
- I know you think … but let me finish what I was saying
**Try to persuade you**

If the other person tries to persuade you to do something you don’t want to do.

**Refuse:** Say no clearly and if necessary; leave:
- No, no, I really mean no
- No thank you
- No, no and I’m leaving

**Delay:** Put off a decision until you can think about it
- I’m not ready yet
- Maybe we can talk later
- I’d like to talk to a friend first

**Bargain:** Try to make a decision that both people like
- Let’s do … instead
- I won’t do that, but maybe we could do …
- What would make us both happy?

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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.
Responding to persuasion (class activity)

Description of the tool:
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, demonstrating the techniques of using an assertive message.

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.
Responding to persuasion (class activity)

Responsible behaviour: delaying sex

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

How to refuse, delay, bargain

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

What the teacher does:

1. Decides how to teach this activity: ¹
   a) Provides each student with an activity sheet (see Annex 1) and instructs them to fill in the “bubbles” whilst the activity is conducted with the whole class.
   b) Puts the activity up on the blackboard and fills in the “bubbles” with suggestions from the class (only one activity sheet needed).
   c) Splits students into small groups and provides each group with an activity sheet. Invites the group to develop ideas for step 1 and then asks for suggestions from each group. Selects the best suggestion and instructs the recorder from each group to enter that step in the “bubble” provided. Does the same for the other steps and responses in the activity.

2. Reads out the situation at the top of the page and step one and the words that might be used.

Situation:
You are alone with your boyfriend at his house. It is night and he lives quite a distance from your home on a deserted road. He is usually very gentle but tonight he has been drinking beer. He becomes quite aggressive with his demands for sex. He interrupts you and tries to talk you into having sex. You refuse, delay or bargain.

Step 1. Explain your feelings and the problem
   - I feel frustrated when...
   - I feel unhappy when...
   - I feel ... when...
   - It hurts me when...

¹ See Annex 2
- I don't like it when...

3. Asks students for suggestions for step 1 and selects the best one. Tells the students to write this in the first “bubble” on their activity sheet.

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

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

6. Discusses the question; different answers are possible.

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

The peer leaders should be able to:

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

**Additional preparation**

Set up a role-play with peer leaders to demonstrate these three styles of behaviours.

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2 See Annex 2
3 See Annex 2
Annex 1

Responding to persuasion (class activity)

Why?
Developing an assertive message as a class will help you understand the steps in responding to distracting or persuading statements.

How?
As a class you will develop an assertive message to use with someone who is trying to get you to do something you don’t want to do. The situation on the next page will help you make up your own message in the next activity.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Words you might say</th>
</tr>
</thead>
</table>
| 1. Explain your feelings and the problem | • I feel frustrated when...  
• I feel unhappy when...  
• I feel ... when...  
• It hurts me when...  
• I don’t like it when... |
| 2. Distracting statements | Other person tries to get you off topic. |
| 3. Get back on topic | • Please let me finish what I was saying....  
• I’d like you to listen to what I have to say... |
| 4. Make your request | • I would like it better if...  
• I would like you to...  
• Could you please...  
• Please don’t...  
• I wish you would... |
| 5. Ask how the other person feels about your request | • How do you feel about that?  
• Is that OK with you?  
• What do you think?  
• What are your thoughts on that?  
• Is that all right with you? |
### Situation

You are alone with your boyfriend at his house. It is night and he lives quite a distance from your home on a deserted road. He is usually very gentle but tonight he has been drinking beer. He becomes quite aggressive with his demands for sex. He interrupts you and tries to talk you into having sex. You refuse, delay or bargain.

<table>
<thead>
<tr>
<th>6. Persuasive statement</th>
<th>Other person tries to get you to change your mind.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7. Refuse</strong></td>
<td>• No, no, I really mean no</td>
</tr>
<tr>
<td></td>
<td>• No, no and I’m leaving</td>
</tr>
<tr>
<td></td>
<td>• No, I’m not going to do that</td>
</tr>
<tr>
<td><strong>Delay</strong></td>
<td>• I’m not ready now – maybe later</td>
</tr>
<tr>
<td></td>
<td>• Maybe we can talk later</td>
</tr>
<tr>
<td></td>
<td>• I’d like to talk to a friend</td>
</tr>
<tr>
<td><strong>Bargain</strong></td>
<td>• Let’s do ... instead</td>
</tr>
<tr>
<td></td>
<td>• How about we try...</td>
</tr>
<tr>
<td></td>
<td>• What would make us both happy?</td>
</tr>
</tbody>
</table>
**Question:** Should you refuse and leave in this situation? You are far from home and it is dark. What else could you do?
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.

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- 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.
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- 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.
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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**

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- 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.
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**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.

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- 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**

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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.
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Responding to persuasion (individual)

Responsible behaviour: delaying sex

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

How to refuse, delay, bargain

The purpose of this activity is to teach students how to deal with distracting statements and be assertive when someone is putting pressure on them to do something they do not want to do.

What the teacher does:

1. Decides how to teach this activity:\(^1\)
   
   a) Provides an activity sheet (see Annex 1) for each student in the class and tells them to write out an assertive message to a distracting and persuading person, individually or preferably in pairs.
   
   b) Splits the students in small groups and provides each one with an activity sheet.

2. Either assigns one of the following three situations to the students or lets them choose their own.

**Situation 1:**

Your friend wants you to play truant and go to the river to drink beer. He tells you a whole group is going. He says, “You are afraid, aren’t you”. You got caught playing truant last month and don’t want to get caught again. You decide to tell him you don’t want to go.

**Situation 2:**

Your parents are at work and you invite a friend of the opposite sex over to study. After doing the homework he/she grabs you and tries to kiss you. You push him/her away but they say, “Come on, you didn’t invite me over just to do homework.” You take a firm stand so it won’t happen again.

**Situation 3:**

Your boyfriend/girlfriend thinks it is time to have sex. You love him/her but you feel that

\(^1\) See Annex 2
sex before you are ready is wrong. Your friend says, “You’re just scared. If you really loved me, you’d show it.” Although you are afraid it will end the relationship, you decide to tell him/her that you are just not ready.

3. Tells them to write out an assertive message for the situation they have chosen, in the “bubbles”.

4. Asks them to read it to themselves, make changes and then re-read it.

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

What the peer leader(s) does: ²

The peer leaders can help by:

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

² See Annex 2
Annex 1

Responding to persuasion (individual)

In this activity, you will try to write an assertive message to someone who interrupts you and tries to get you to do something you don’t want to do.

How?

1. With a partner, use the blank spaces to write an assertive message.
2. Select a statement that tries to get you to do something that you don’t want to do.
3. Finally, write a “refuse”, “delay” or “bargain” statement.

Situation 1

Your friend wants you to play truant and go to the river to drink beer. He tells you a whole group is going. He says, “You are afraid, aren’t you”. You got caught playing truant last month and don’t want to get caught again. You decide to tell him you don’t want to go.
Situation 2

Your parents are at work and you invite a friend of the opposite sex over to study. After doing the homework he/she grabs you and tries to kiss you. You push him/her away but they say, “Come on, you didn’t invite me over just to do homework.” You take a firm stand so it won’t happen again.

Situation 3

Your boyfriend/girlfriend thinks it is time to have sex. You love him/her but you feel that sex before you are ready is wrong. Your friend says, “You’re just scared. If you really loved me, you’d show it.” Although you are afraid it will end the relationship, you decide to tell him/her that you are just not ready.
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.
You decide

Description of the tool:
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, focusing on helping students change outdated concepts about delaying sex.

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.
You decide

Responsible behaviour: delaying sex

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

Activity on gender differences

Boys and men often have different ideas about delaying sex from girls and women. The purpose of this activity is to help the students know how to change these outdated concepts.

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 proceed with the activity individually, in pairs or in small groups.

   b) Reads out the following statements. Asks the students to indicate if they agree or disagree. (Only one activity sheet is needed.)

      ▪ The success of an evening out with a young woman/ young man can be judged by how sexual it was

      ▪ When someone says “No” to sex, it means that he/ she does not like the other person.

      ▪ If a lot of money is spent on a date, sex should be given in return.

      ▪ When a girl/young woman says “no” to sex, it really means “maybe”, and “maybe” really means “yes”.

      ▪ A real man is one who has had sex with a woman.

      ▪ Someone who dresses in a sexy way wants to have sex.

      ▪ If a girl/boy accepts an invitation to go to somebody’s house alone, she/he would be expected to have sex.

      ▪ It is the woman’s responsibility to decide how sexual a relationship becomes.

¹ See Annex 2
c) Splits the students into small groups and tells them to finish the activity (one sheet per group needed).

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

3. Then, requests the students to change the old statements into new ones by completing the unfinished statements.

4. Once the students have completed the activity conducts a class discussion. The agree-disagree can be clarified by a show of hands. Asks students to volunteer their answers to the unfinished sentences.

5. Invites students to suggest new statements and chooses the one that receives the widest consensus.
Annex 1

You decide

Boys and men often have different ideas about sex from girls and women. Most of these ideas are old-fashioned and need to be changed. This activity gives you an opportunity to do this.

How?

1. Circle A (agree) if you think the statement is correct or right for you.

2. Circle D (disagree) if you think the statement is incorrect or wrong for you or is not the right way to think.

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<tbody>
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<td>1</td>
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<td>The success of an evening out with a young woman/young man can be judged by how sexual it was</td>
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<tr>
<td>2</td>
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<td>When someone says “No” to sex, it means that he/she does not like the other person.</td>
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<td>3</td>
<td>A</td>
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<td></td>
<td>If a lot of money is spent on a date, sex should be given in return.</td>
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<tr>
<td>4</td>
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<td>When a girl/young woman says “no” to sex, it really means “maybe”, and “maybe” really means “yes”.</td>
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<tr>
<td>5</td>
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<td>A real man is one who has had sex with a woman.</td>
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<td>6</td>
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<td>Someone who dresses in a sexy way wants to have sex.</td>
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<td>7</td>
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<td>If a girl/boy accepts an invitation to go to somebody’s house alone, she/he would be expected to have sex.</td>
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<td></td>
<td>It is the woman’s responsibility to decide how sexual a relationship becomes.</td>
<td></td>
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</tbody>
</table>
New statement

3. Now write a new statement that you think would be better for both boys/men and girls/women.

The success of an evening out should be judged on...

When a person says no to sex, it means...

If a lot of money is spent on a date it does not mean...

No to sex really means...

You are a real man if...

If someone dresses or acts in a sexy way...

If a person wants to go to someone else’s house when there is no one else home...

It is...

...responsibility to set sexual limits
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.

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- 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?
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Group work:

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**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.

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- Provides support for the teacher of the programme.
- Leads to closer ties between home and school on other issues.
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**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:

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- Demonstrations, e.g. using a condom
- Role-plays, e.g. being assertive
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- Draw diagrammes on the blackboard.

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- 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.

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**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:

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**TRUE:**

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- HIV is found in semen, vaginal fluids, and blood.
- A person may get HIV by sharing drug needles.
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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.
Dealing with threats and violence

Description of the tool:
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, focusing on learning how to avoid or deal with pressures and threats to have sex.

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.
Dealing with threats and violence

Responsible behaviour: delaying sex

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

Case study on violence in dating

Women, in particular, need to be aware of situations that may lead to violent sex and of people who may put them in those situations. This activity is a lesson on learning how to avoid or deal with pressures and threats to have sex.

What the teacher does:

1. Decides how to teach this activity:

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

   b) Reads out the story to the students

Maria had agreed to go for a walk with Carlos along a country road. After they had walked for quite a while, Carlos started flirting and talking about sex Maria was not prepared for this and was silent and quite embarrassed. This encouraged Carlos, who thought Maria felt all right about having sex. As they reached an abandoned house, he took Maria in and started touching her. Nobody was nearby and Maria got very scared. She kept saying “no”, “no”, but Carlos forced Maria to lie down and although she fought, he was too strong for her. They had sex and Maria was left crying and very worried.

and asks the questions under “Teacher asks.”

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1 See Annex 2
2 See Annex 2
“Teacher asks”

a) Do you think that Maria could have been aware of what was going to happen? What were the clues that could have told her?

b) Maria was silent and embarrassed when Carlos started talking about sex. What could she have done instead of being silent and embarrassed?

c) What should she do now? Keep it a secret? Tell someone she trusts (parents, teachers, religious leader)? Should she talk to Carlos about the matter? What might happen if she doesn’t tell anyone about the situation?

c) Splits the class into small groups and provides each group with one activity sheet to use for discussion.

2. Discusses the “Teacher asks” questions with the students. Possible answers are suggested below.

a) Do you think that Maria could have been aware of what was going to happen? What were the clues that could have told her?

Yes. Walking alone on a possibly deserted country road; Carlos flirting and talking about sex; going into an abandoned house; Carlos touching her.

b) Maria was silent and embarrassed when Carlos started talking about sex. What could she have done instead of being silent and embarrassed?

She probably should have been assertive and told him that she did not like what he was doing and that she was going home.

c) What should she do now? Keep it a secret? Tell someone she trusts (parents, teachers, religious leader)? Should she talk to Carlos about the matter? What might happen if she doesn’t tell anyone about the situation?

She has to make her own decision but generally it is a good idea to talk to someone she trusts. Whether she should tell the police and/or go to a hospital should be discussed with that person. She should arrange to be tested for STI/HIV (and pregnancy if necessary). It is not likely that anything can be accomplished by talking to Carlos. She may feel unnecessarily ashamed, lonely and worried if she doesn’t tell anyone.

d) Make a list of things you can do to help prevent violence and threats:

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

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

e) What do you think about Carlos? Are there other men like Carlos? What should he have done in this situation? Why did he do what he did?

Responses will vary. If at all in doubt, he should not have tried to have sex. He did what he did because: he lacked respect for women and abused his physical power over Maria; he had a common male attitude that "no" doesn't really mean "no"; and perhaps because she agreed to go for a walk alone with him in the country.
Annex 1

Dealing with threats and violence

Women and girls need to be aware of what kind of situation may lead to violent sex, and the sort of people who may put them in those situations. It is important to learn how to avoid or deal with pressure and threats to have sex.

How?

1. Read the story of Maria

2. Discuss the questions under “Teacher asks”

Maria had agreed to go for a walk with Carlos along a country road. After they had walked for quite a while, Carlos started flirting and talking about sex Maria was not prepared for this and was silent and quite embarrassed. This encouraged Carlos, who thought Maria felt all right about having sex. As they reached an abandoned house, he took Maria in and started touching her. Nobody was nearby and Maria got very scared. She kept saying “no”, “no”, but Carlos forced Maria to lie down and although she fought, he was too strong for her. They had sex and Maria was left crying and very worried.

“Teacher asks”

d) Do you think that Maria could have been aware of what was going to happen? What were the clues that could have told her?

e) Maria was silent and embarrassed when Carlos started talking about sex. What could she have done instead of being silent and embarrassed?

f) What should she do now? Keep it a secret? Tell someone she trusts (parents, teachers, religious leader)? Should she talk to Carlos about the matter? What might happen if she doesn’t tell anyone about the situation?

1. Do you think that Maria could have been aware of what was going to happen? What were the clues that could have told her?

2. Maria was silent and embarrassed when Carlos started talking about sex. What could she have done instead of being silent and embarrassed?
3. What should she do now? Keep it a secret? Tell someone she trusts (parents, teachers, religious leader)? Should she talk to Carlos about the matter? What might happen if she doesn’t tell anyone about the situation?

4. List things you can do to help prevent violence and threats:
   
a) When you’re with someone who suggests having sex and you don’t want to.
   b) When someone becomes physical and tries to force you to have sex.

5. What do you think about Carlos? Are there other men like Carlos? What should he have done in this situation? Why did he do what he did?
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.
Being assertive every day

**Description of the tool:**
This tool is a classroom activity for adolescents on “Responsible behaviour: delaying sex”, focusing on parent participation in the student’s assertive messages action plan.

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


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Being assertive every day

Responsible behaviour: delaying sex

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

A “take-home” activity on being assertive

The skills that are taught in the classroom need to be transferred to everyday life. The purpose of this activity is to help the student learn to be assertive in his or her daily activities.

What the teacher does: ¹

Explains to the students how to do this activity. Lets the students develop their plan at school and practice it at home. A few key points should be emphasized:

- The students must be told the purpose of the activity – there is no sense in learning how to be assertive in the classroom if you don’t apply what you have learned to your everyday life.

- The “Personal plan” is a way of carrying out the plan, the student’s contract with himself or herself and finally an evaluation of achievement.

- Students should select an assertive goal – their goal should be specific, for example, “to say how I feel when Susan puts me down.” Goals can include: handling criticism; giving compliments; asking a favour; showing you are hurt; giving your own opinion; making new friends; saying “no” to something, etc.

- Dates should also be specific, for example, “start on Monday, July 1 at 9 a.m. and finish on Sunday, July 7 at 6 p.m.”

- Benefits should also be specific rather than general. “I will probably feel better about myself (self-respect); get what I need, and still not hurt my friend.”

- Rewards can include many things – food, drinks, a trip, buying something, a holiday, telling someone special about what you did, etc.

- If the student signs a contract with her/himself, she/he is more likely to complete the task. Sometimes having a friend sign as a witness further reinforces the student’s motivation.

¹ See Annex 2
Identifying obstacles that may get in the way of reaching a person’s goal can be of help, if plans are made in advance to overcome these problems.

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

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

Additional preparation

Advise the students to try out their assertive message with someone who is likely to be positive about their being assertive (i.e. avoid someone who might get angry or violent).

² See Annex 2
Annex 1

Being assertive every day

This activity will help you to become assertive in your everyday life. To do this you must decide on one specific situation in which you want to be more assertive. For example, you may want to say “no” to someone who puts pressure on you to do things you really don’t want to do. To help you in this activity you should set out a plan of action and then write a short summary of how your plan worked.

How?

1. Complete the action plan below. Select an assertive goal from the list “Possible assertive goals” below, or make up your own.

2. Try your assertive goal for one week and at the end write a short summary of how successful you were at being assertive.

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
<th>My personal plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set a specific assertive goal</td>
<td>Select from the list below or make up your own (e.g. to say &quot;no&quot; when I am pressured to do something)</td>
<td>The assertive goal I have for myself is to:</td>
</tr>
<tr>
<td>When will I practise?</td>
<td>Set a starting date and completion date for the goal (e.g. Nov. 8 to Nov. 15)</td>
<td>I will start my assertive goal on: and I will finish on:</td>
</tr>
<tr>
<td>How will I benefit?</td>
<td>How do you think you will feel about yourself when you have completed your goal</td>
<td>I will probably feel:</td>
</tr>
<tr>
<td>How will I reward myself?</td>
<td>When you have finished your week, you should plan to give yourself something nice (e.g. go see a film)</td>
<td>I will celebrate my goal by:</td>
</tr>
<tr>
<td>Contract with myself.</td>
<td>By signing a contract with yourself you are more likely to do what you plan.</td>
<td>I will: (Put in assertive goal) for one week and will reward myself at the end of the week. Signature: Date:</td>
</tr>
</tbody>
</table>
Possible assertive goals:

- To ask someone to do something with me.
- To ask people to listen to me when they ignore me.
- To tell my friends, brother or sister when they bother me - but in an assertive way.
- To be more assertive with my boyfriend or girlfriend.
- To say how I feel about things more often.
- To express my feelings without putting someone down or criticizing them.
- To say no when I don’t want to do something.
- To say how I feel when people put me down or hurt me.
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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- 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.