AIDS

A Handbook for Teachers in Swaziland

Swaziland National AIDS Programme

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MACMILLAN

AIDS: A Handbook for Teachers in Swaziland

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Foreword

The problem of AIDS in Swaziland can no longer be ignored. It has grown dramatically since the first reported case in 1987 and the prevalence of HIV infection nationwide is now believed to stand at approximately 22% of the sexually active population. AIDS is here to stay and it is a problem that can affect anybody and everybody. There are no special exemptions: no one who can stand aside and say 'It's not my problem'. Men and women, the young and the old, the sick and the healthy — all are potentially at risk. In this way Swaziland has been brought together by the threat of AIDS and so we must fight it together. Thus, we can be proud of the spirit of cooperation in which this book *AIDS: A Handbook for Teachers in Swaziland* was born. The contributors include people from SNAP, SHAPE, TASC, FLAS, UNISWA, the NCC and the Ministry of Education — their experience and expertise have been pooled to produce, at last, this vitally important handbook for teachers in Swaziland.

Education is surely the key to any great social problem and AIDS is no exception. The youth of Swaziland represent the future of our country, and it is they who are at the greatest risk. The sexual awareness of children and teenagers is a fact we must face whether we like it or not and it is our duty to provide these young people with the information and education that will enable them to behave responsibly. For some people it is perhaps too late to change but for the boys and girls in our schools, with their whole lives before them, there is still time. Therefore, it is in our schools that the battle against AIDS must be fought and
I am confident that this handbook will provide teachers with the information and advice to meet this great challenge. I also believe that it will become an invaluable source of reference for teachers themselves. All of us have a lot to learn and now is the time to start.

Rudolph Maziya
Manager,
Swaziland National AIDS Programme

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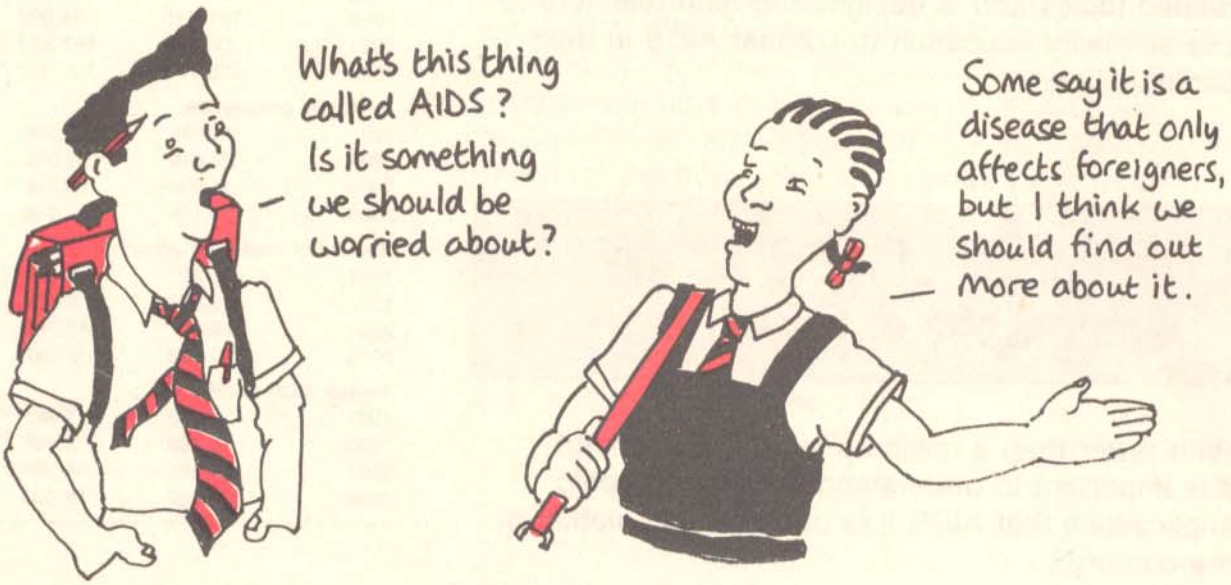


Swaziland is facing a crisis unlike any crisis that it has ever faced before. The name of this crisis is **AIDS**. One way of transmitting AIDS is through sex. Most adults and many young people engage in sexual activity. According to a report entitled 'Socio-economic Impact of AIDS on the Kingdom of Swaziland', 70% of students in Swaziland are sexually active by the age of 16 and nearly 100% are active by 19.

In June 1993, 21,9% of antenatal-clinic attenders carried the virus that causes AIDS. It is predicted that 27,5% of all Swazis will have the virus that causes AIDS in the year 2006.

International experts on AIDS have discovered that the most effective weapon against AIDS is **education**. Providing sexuality education to young people not only means offering them information about AIDS and the virus that causes AIDS, it also means equipping them with the skills to act on that information and to deal with such problems as other sexually transmitted diseases, child abuse, unwanted teenage pregnancies and abortion. Talking about sexuality is sometimes difficult, even for adults. If the important adults in young people's lives are able to discuss sexuality with them, they will be more able to talk about sexuality and any difficulties that they may have. By creating an environment in which young people

feel free to talk about their questions and feelings, educators can help to halt the crisis of AIDS.

This book offers information about HIV/AIDS and related topics and is designed to help teachers to use sexuality education to combat AIDS in their communities.

The Impact of AIDS on the Demography of Swaziland

With fewer than a million people in Swaziland, it is important to understand the demographic implications that AIDS has upon the population of the country.

Swaziland's population is increasing rapidly. Between 1966 and 1986 it rose from 374 571 to 681 059; an increase of 82%. In 1990, the population was estimated to be 772 500. With this high growth rate of 3.4% per annum we can expect a further doubling of the population in the next 20 years. However, AIDS will inevitably affect this population growth. There is currently no cure for HIV or AIDS and most people who are infected with HIV do develop AIDS and eventually die. With HIV infection rates in Swaziland at approximately 22% we may eventually experience a significant decrease in the total population. The table below shows the gradual increase in the estimated number of people in Swaziland who have HIV and who will become sick with AIDS.

Summary of AIDS indicators by scenario

Year	*High*	*Medium*	*Lo*
HIV-positive population			
1991	55 743	55 743	55
1996	141 435	136 092	130
2001	200 857	167 804	152
2006	223 773	180 022	164
Adult HIV prevalence			
1991	12,5%	12,5%	12,5
1996	27,0%	26,0%	24,8
2001	34,8%	28,7%	25,8
2006	35,1%	27,5%	24,8
New AIDS cases per annum			
1991	2 321	2 321	2 3
1996	9 661	9 588	9 4
2001	18 291	16 795	15 8
2006	23 038	18 342	16 8
Annual AIDS deaths			
1991	1 923	1 923	1 9
1996	8 193	8 135	8 0
2001	16 565	15 354	14 3
2006	22 089	18 033	16 5

Estimated HIV and AIDS cases in Swaziland, 1993 – 1997

Source: National AIDS Prog

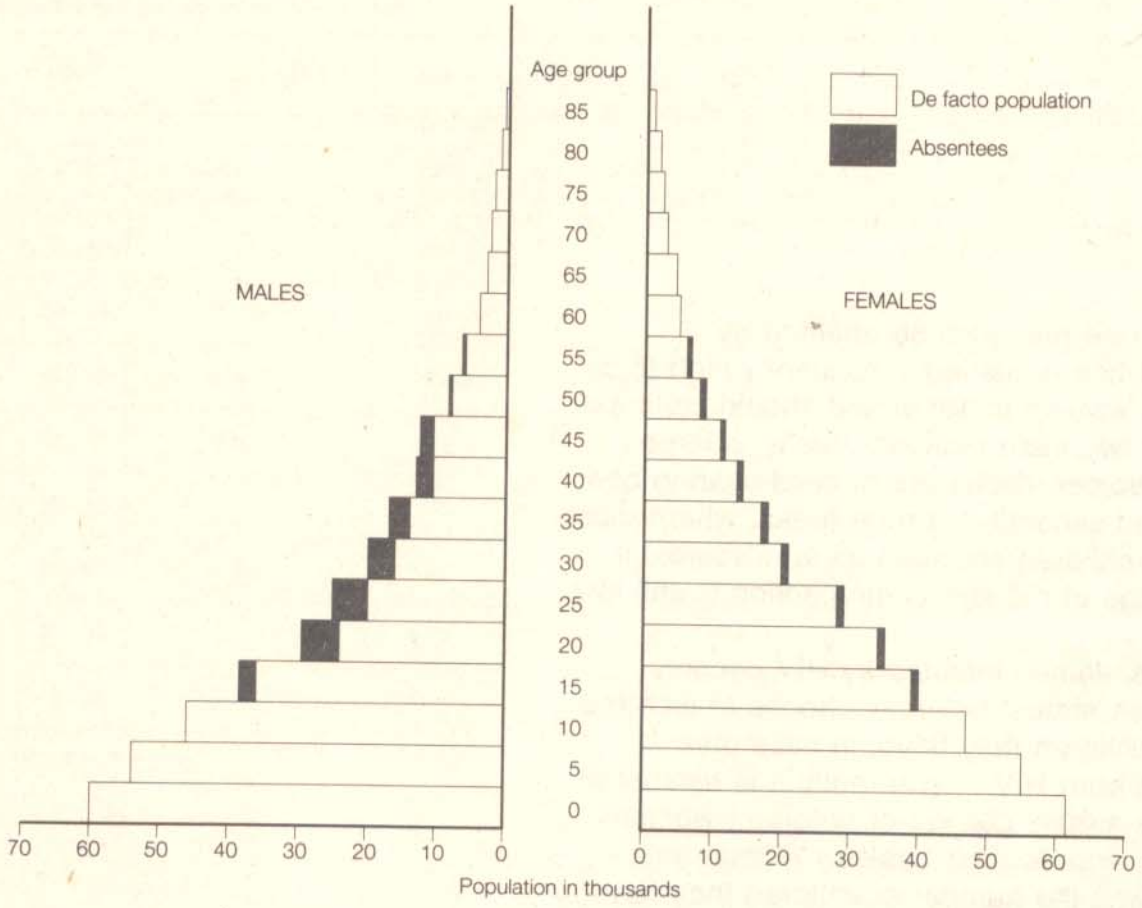
Type	Group	1993	1994	1995	1996	1997	Cumulated (tot
HIV	Adults (15 – 60)	10 075	11 230	11 940	12 230	12 155	80 814
	Paediatric (0 – 4)	681	994	1 352	1 732	2 112	7 694
AIDS	Adults	704	1 180	1 780	2 483	3 260	9 962
	Paediatric	216	381	604	882	1 204	3 484

Composition (Age – Sex Distribution)

Swaziland's rapid population growth is shown in the graph below by the broad base of the age-sex pyramid of Swaziland. The pyramid shows that a large percentage of the population in the 1986 census was under 15 years of age. In 1990, 49.7% of the population was under 15 years of age and 58.8% of the population was under 20 years of age. Since AIDS predominantly affects the section of the population that is economically productive, the AIDS epidemic will reduce the number of people available to support this young and rapidly growing population.

Age – sex pyramid of the population of Swaziland, 1986

Source: 1986 Population Census



Mortality

In general the levels of mortality in Swaziland have been slowly declining. The crude death rate dropped from 18.5 per 1 000 in 1976 to 13.0 per

1 000 in 1986. Contributing to this decline is the fact that levels of infant and child mortality, as well as maternal mortality, whilst still significantly high, have been falling over time. Consequently life expectancy at birth has increased in Swaziland, rising from 46.2 years in 1976 to 56.3 years in 1986 for both sexes. This reflects a general improvement in standards of health care in recent years. However, as can be seen in the following table which shows the estimated number of AIDS deaths (and orphans) from 1993 – 1997, the AIDS epidemic will reduce these improvements in the levels of mortality and life expectancy.

Estimated number of AIDS deaths and orphans 1993 – 1997

Source: National AIDS Progr

Type	Group	1993	1994	1995	1996	1997	Cumulated (total)
AIDS	Adults	532	942	1 480	2 131	2 871	8 332
ORPHANS	0 – 15 years	390	751	1 263	1 939	2 766	7 369

Fertility

The fertility rate may also be affected by HIV/AIDS. It has remained consistently high (6.36 children per woman in 1986) and should continue to do so for two main reasons. Firstly, a large number of women (24%) are of child-bearing age (15 – 45), and secondly, in rural areas, where most people live, children are seen as an investment and the usage of modern contraception is still low.

However, as women infected by HIV become aware of their status they may choose to limit the number of children they have, in case their children are born HIV+. (Currently it is estimated that there is a 30% chance of pregnant women passing the virus to their babies.) Women may also try to limit the number of children they have, for fear that they may not live long enough to raise their children.

Many children born to HIV+ parents, both those infected and those not infected, will be orphaned. (See the table above for the current and predicted statistics for AIDS deaths and orphans.) A final factor that may decrease the fertility rate is that

women who are infected at an early age will have fewer child-bearing years ahead of them because they will have on average only 7 years before they die of AIDS.

Marital Status

As can be seen in the following table, traditional marriages are more common than civil marriages in both urban and rural areas. Polygamy is an acceptable part of traditional marriage according to Swazi law and customs. This factor will contribute to the spread of HIV because of the fact that the more partners with whom one has unprotected sex, the greater one's chance of becoming infected with the AIDS virus.

Percentage distribution of females by age and marital status and by type of residence, 1986

	MARITAL STATUS							
		EVER MARRIED			NEVER MARRIED			
	AGE GROUP	DIVORCED & SEPARATED	CIVIL MARRIAGES	TRADITIONAL MARRIAGES	WITH CHILDREN	WITHOUT CHILDREN	TOTAL	
RURAL	10 – 19	—	0.1	1.9	7.6	90.4	100.0	RURAL
	20 – 29	0.7	3.6	28.3	49.4	18.2	100.0	
	30 – 39	2.6	8.9	49.6	33.7	5.2	100.0	
	40 – 49	7.8	11.0	58.1	20.2	2.9	100.0	
URBAN	10 – 19	0.1	0.3	1.0	9.3	89.3	100.0	URBAN
	20 – 29	0.7	8.7	16.9	51.0	22.7	100.0	
	30 – 39	2.9	24.1	29.6	37.4	6.0	100.0	
	40 – 49	9.7	26.1	33.0	26.6	4.6	100.0	

Source: 1986 Population Census

Another factor that supports the prediction of the rapid spread of AIDS in Swaziland is the high number of teenage pregnancies and children born outside wedlock. This suggests that the practice of unprotected sex is very frequent amongst the section of the population most vulnerable to HIV, i.e. the 15 to 20-year-old age group. These figures are supported by the high rate of HIV infection in Swaziland shown in the table on page 2.

With a population of fewer than one million in

Swaziland, the impact of AIDS will have far-reaching demographic consequences. Changes in the birth and death rates will have an economic impact that will affect the lives of everybody. The way people live in Swaziland will inevitably have to change.

The History of the Swaziland National AIDS Programme (SNAP) and Other Organisations in Swaziland

The first case of HIV infection in Swaziland was diagnosed in 1986. In 1987, the Swaziland Government implemented a twelve-month Short Term Plan (STP) with the help of the World Health Organisation (WHO). The objectives of this STP were:

- to measure the extent of the HIV problem in Swaziland;
- to develop an infrastructure for AIDS/STDs programmes;
- to establish a capacity for testing for HIV within the country.

In 1990, a three-year Medium Term Plan (MTP1) was implemented. The objectives of the MTP1 between 1990 and 1993 were to increase AIDS awareness in Swaziland and to encourage people to practise safer sex. Research has shown that more than 90% of Swazis are now aware that AIDS exists and how it is transmitted, but only 20% of Swazis take precautions to protect themselves from HIV infection.

SNAP has now developed a Second Medium Term Plan (MTP2) that focuses on behaviour change. This plan aims to encourage AIDS organisations not only to give information but also to help people recognise whether or not they are at risk of contracting HIV and/or other STDs. The MTP2 also encourages the development of the skills people need to make changes in their lifestyles to help them reduce their risk of infection with HIV or other STDs.

> In some African countries the extent of human suffering and socio-economic decay which AIDS has left behind cannot be quantified. In these countries AIDS has left behind a trail of unwarranted graves, countless orphans, devastated villages and weakened social and economic structures. Unless we act now as individuals and as a nation, I cannot think of any reason why AIDS should not do here what it has done in these countries.

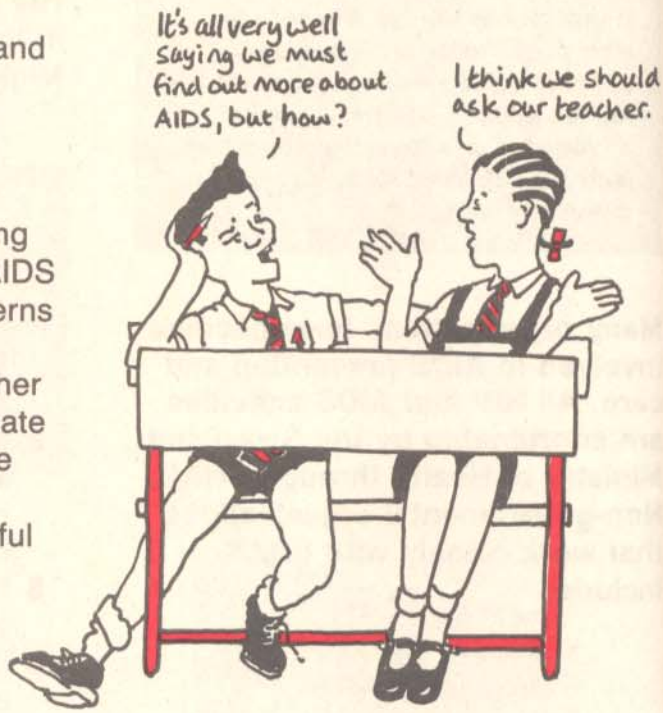
The Swaziland Cabinet and the Ministry of Health support SNAP's strategy. The Swaziland Government has declared that the fight against HIV and AIDS is a national priority. The statement in the box on the left was made by the Prime Minister of Swaziland.

Many organisations have become involved in AIDS prevention and care. All HIV and AIDS activities are coordinated by the Swaziland Ministry of Health through SNAP. Non-governmental organisations that work closely with SNAP include:

1. the **Catholic Church** which has an STD/HIV/AIDS education programme for its members;
2. the **Family Life Association** which has an industry AIDS awareness programme and provides family planning services, including the distribution of condoms;
3. the **Baphalali Swaziland Red Cross Society** which has two teams for collecting blood;
4. the **Salvation Army** which provides a walk-in counselling service and a community/home based AIDS/STDs programme;
5. the **Save the Children Fund** which provides support for AIDS-orphaned children for education, clothing, food and sometimes medical fees;
6. **School HIV/AIDS and Population Education (SHAPE)** collaborates with the Ministry of Education and the SNAP (Ministry of Health) to train teachers on STD/HIV/AIDS education and help in the formation and co-ordination of Anti-AIDS Clubs in school;
7. the **AIDS Information and Support Centre (TASC)** which trains counsellors and provides walk-in counselling services and a telephone hotline service for AIDS information;
8. the **Traditional Healers Organisation** which provides AIDS education for traditional healers and provides AIDS case management through a community-based approach;
9. the **Women's Resource Centre** which helps with the rehabilitation of commercial sex workers; and
10. **Macmillan Boleswa Publishers** (Pty) Ltd who have a school-based AIDS AWARENESS PROGRAMME of 14 AIDS Awareness Readers and a Teachers' Guide for Swaziland schools. Provides three-day Sexuality Seminars for teachers.

Sexuality Education

SNAP supports sexuality education in schools and believes that sexuality education before the teenage years is essential. If young people are sexually active and also uneducated about the dangers of HIV and AIDS, they may behave in ways that put them at extreme risk of contracting HIV. It is important that they receive HIV and AIDS information before they develop behaviour patterns that will be difficult to change. Other problems such as unwanted teenage pregnancies and other sexually transmitted diseases may also complicate their lives. For those young people who become sexually active before receiving accurate information, sexuality education must be powerful enough to prompt them to change their established behaviour patterns.



What is Sexuality?

Many people are uncomfortable with the word 'sexuality', and some are confused about what the word actually means. Sexuality education is often confused with sex education. Sex education is just one part of sexuality education and is mainly about giving information. This information includes changes during adolescence, menstruation, sex, pregnancy, birth and sexually transmitted diseases.

It is easier to understand sexuality if we understand the process of sexual development. From the moment we are born, we begin the lifelong process of sexual development toward sexual maturity. Sexual maturity is not just the development of physical sexual organs and the development of emotional sexual desire. It includes many things that often are not thought to have anything to do with sex. For example, the development of:

- our thoughts and feelings about ourselves;
- our feelings and thoughts about other people;
- our ideas about male and female roles;
- our values and our friendship circles;

- our ability to show affection and be sensitive to the needs of others;
- our ability to say 'no' to the things we do not wish to do without being afraid of being rejected or hurting anyone's feelings;
- our ability to picture ourselves in the future and understand how the choices we make now can affect that future.

All these things are a necessary part of sexual maturity because without them we cannot develop healthy and mature relationships. A person learns and changes through many different relationships in life: relationships with parents, brothers, sisters, friends, lovers, husbands, wives, children, neighbours, teachers, employers and even enemies. The most important relationship that any person ever has is his or her relationship with themselves. Sexual development includes everything that prepares us for adult relationships; therefore, sexuality can be defined as **the ongoing physical, emotional and mental development of a person and that person's ability to have relationships.**

Sexuality education can teach young people how to deal with the changes that occur in themselves and in their relationships and how to learn from experiences. Sexuality education can use group exercises to give students experience in the classroom setting from which to learn. After participating in group exercises, students can be encouraged to talk and think about their own feelings and reactions, and to share those feelings and reactions with others. Students can be given the opportunity to listen and to try to understand how others think and feel. Through this sharing, they can learn from others and will be better prepared to deal with a variety of problems in the future.

The Role of Emotion in Sexuality Education

The most powerful force in anyone's relationship with anyone else is their own emotions; thus, the first and most difficult guiding rule in sexuality education is **emotion first, information later**. This is often a very difficult principle for teachers to practise as emotions are usually discouraged in the classroom.

In sexuality education it is easy to overlook the fact that **learning** is more than a mental process. Emotions are always experienced when a person learns something new, something interesting, something difficult or something with which he or she feels uncomfortable. If people are first given the chance to share the way they **feel** about a subject, they learn more easily.

Young people, especially, need to be able to talk about how they feel. They need to be able to talk about their bodies and the way their bodies change. They need to be given the opportunity to talk about:

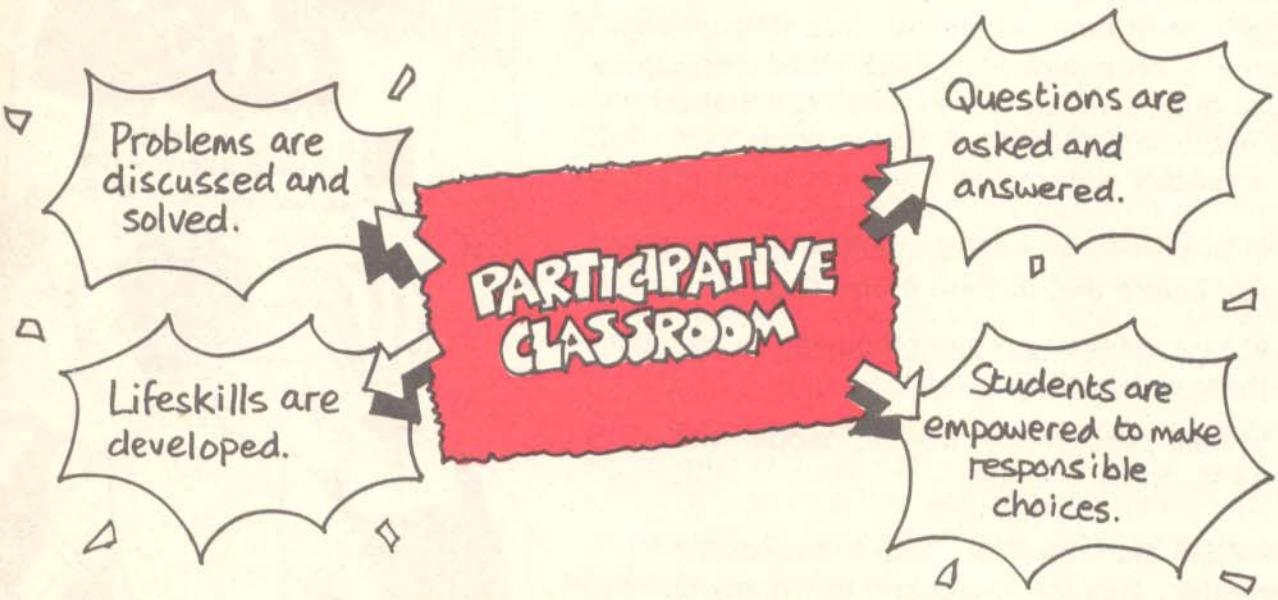
The purpose of sexuality education is:

- to create a learning environment in which young people do not fear change, and in which they feel comfortable to talk about their relationships with themselves and their relationships with others;
- to provide accurate information, so young people can make educated choices about their relationship with themselves and their relationships with others;
- to create a stimulating and interesting learning experience in which young people can explore their ability to choose, and grow in their relationship with their body, their emotions and their mind.

- menstruation;
- masturbation;
- the joys and the dangers of sex;
- contraception;
- STDs;
- HIV;
- AIDS;
- pregnancy;
- abortion;
- sugar-daddies;
- the sexual abuse of children.

The most effective kind of sexuality education is called **participative education**. This type of education involves students in discussion, role-play, dramatisation, practical activities and debate. Participative education can change behaviour because people are given the opportunity by a facilitator to talk openly about issues of sexuality and to explore problems and find solutions to these problems together. The main task of the **facilitator** is to help people to talk about their feelings and thoughts and to develop the skills they need to make responsible choices about their relationship problems.

What goes on inside a participative classroom?



Because sexuality education deals with relationships, it also has to deal with emotions. Much emotion is shared through participative education programmes. This sharing of feelings is essential if students are to relate new information and perspectives to their own lives.

Participative sexuality education is a chance for young people to share ideas and to support each other in the choices they make about their behaviour and their relationships. Through such programmes, students are able to consider new attitudes and kinds of behaviour. Most of the information that is shared in these programmes comes from the students and not from the teacher. The teacher listens and then provides accurate information if and when necessary.

It is established that learning, and attitude and behaviour change are best facilitated in an environment which and by an educator whom:

- creates a friendly and comfortable atmosphere;
- draws information from people as opposed to lecturing them;
- emphasises the positive;
- is non-judgemental;
- encourages people to risk making mistakes;
- provides different perspectives without bias;
- listens;
- challenges people without making them feel threatened;
- communicates in an open and honest manner;
- established herself/himself as an equal group member.

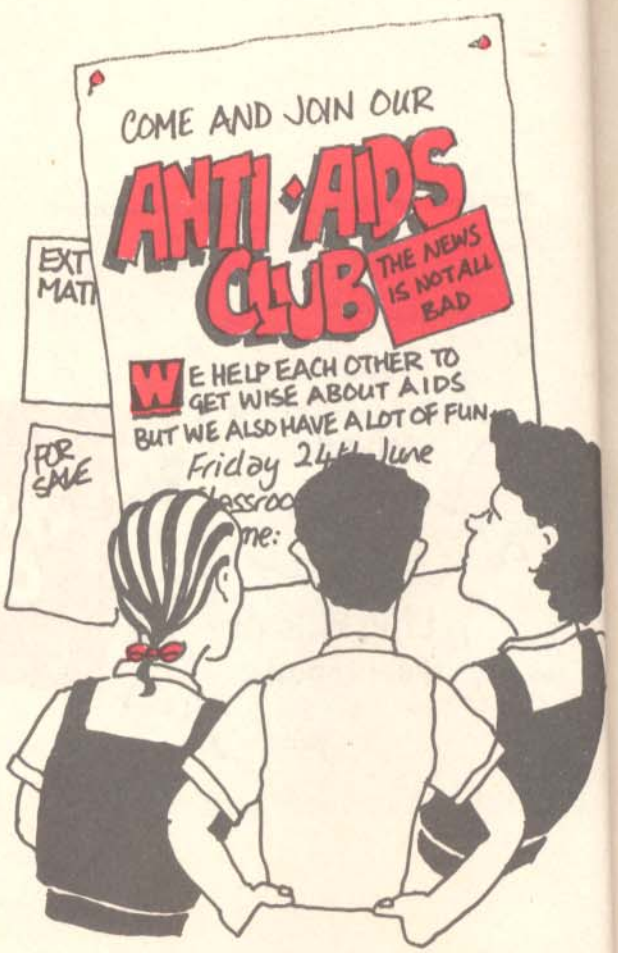
Anti-AIDS Clubs

Anti-AIDS clubs are an example of how such discussion groups for young people have worked in the past. In Africa it has been children themselves who have encouraged the development of Anti-AIDS clubs. The idea did not come from a professional AIDS educator or schoolteacher but from young people who were participating in a participative education programme. They created a solution to the problem of AIDS for themselves.

An anti-AIDS club is a special club that is formed by young people who are committed to protecting themselves against HIV. These young people support each other when they face difficult choices in their relationships. Anti-AIDS clubs also create social groups which are so much fun that others are enthusiastic to join. A young person who joins an anti-AIDS club makes three important promises:

1. to avoid HIV and AIDS infection by avoiding sex before and outside of marriage;
2. to help others to protect themselves by telling them about HIV and AIDS;
3. to help people with HIV and people with AIDS as much as possible.

Anti-AIDS club members help to make HIV prevention popular. Swaziland has many anti-AIDS



clubs. More information about them is available from SHAPE. The address and telephone number of this organisation are listed on page 82 of this book.

The Focus of Participative Sexuality Education

The success of a participative sexuality programme cannot be measured in an exam. Exams measure information that is remembered, not behaviour change. Behaviour change cannot be measured in the same way that remembered information is measured and it cannot be taught in the same way that such information is taught. This is why the **main focus** of a participative AIDS education programme is to explore issues of sexuality rather than to provide information. Sexuality education deserves as much attention as examination subjects because it prepares young people for adulthood. Without the skills taught in sexuality education, which help young people to deal with HIV and AIDS, our youth may not have adult lives to live.

In sexuality education, the main goal is to help students to develop the skills they need to make responsible choices about their relationships. Such skills include:

- decision-making;
- effective communication skills;
- assertiveness;
- self-confidence and self-esteem;
- the ability to formulate future aims and goals.

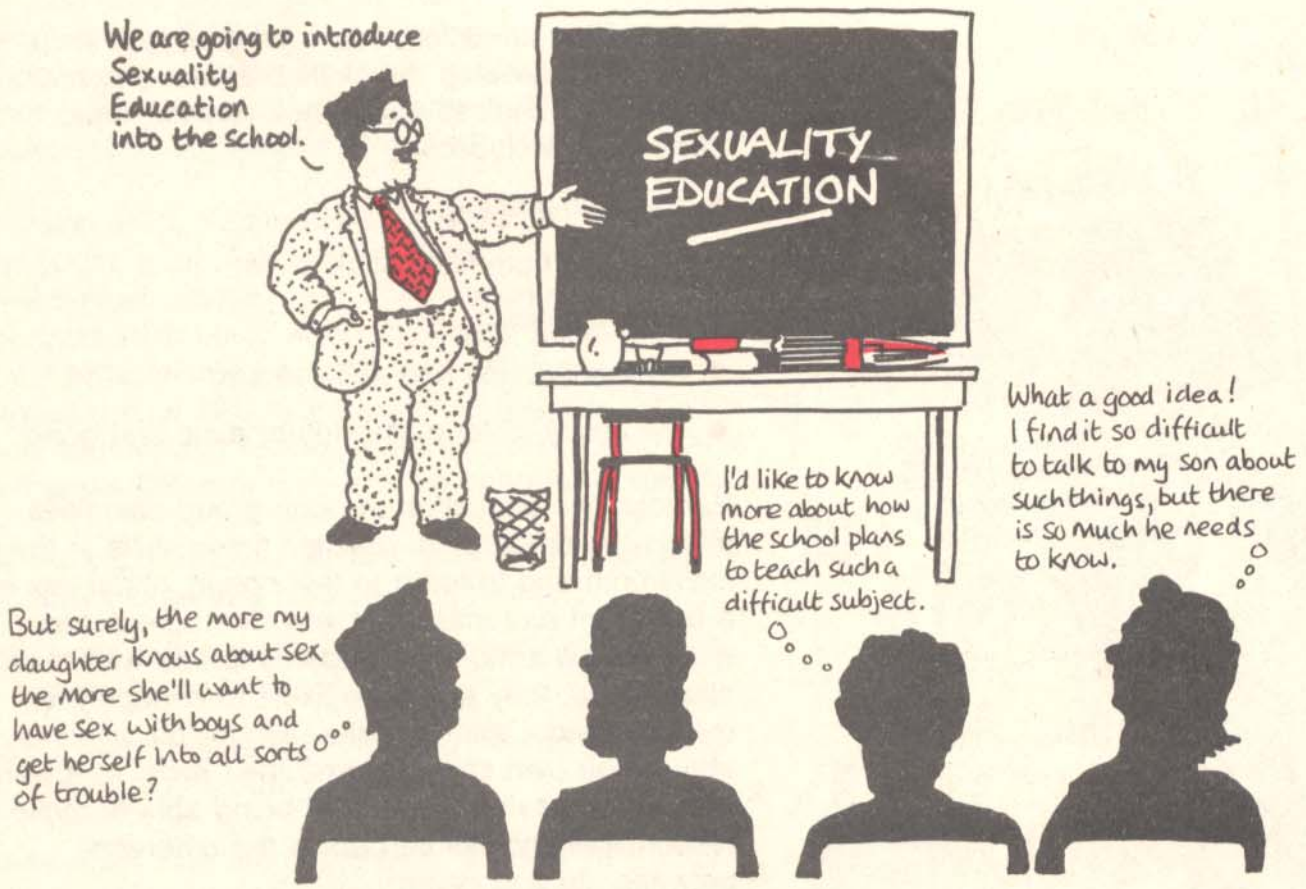
Participative education through group exercises allows the students to practise these skills in the classroom and to learn to talk openly about sex in a confident and intelligent way. If students can explore new attitudes and perspectives with their classmates, they are more likely to change their own behaviour and to make responsible choices about their own sexuality and their lives. In a world with AIDS, having the skill of being able to make responsible choices can make the difference between life and death.

In many Swazi homes, sex is never spoken about. A silence surrounds the subject of sex. This silence leaves young people without the correct information they need to protect their own health and their own future and makes sex into a secret that nearly all young people want to uncover. While parents and teachers are silent, young people receive their sexuality education from magazines, radio, television and the stories and jokes that they hear from their friends. If young people can be taught to be comfortable talking about sex from an early age, they will see it as a natural experience and not as a great mystery. Parents and teachers can ensure that young people have the information that they need to make decisions from knowledge, not from ignorance.

Recent research by the World Health Organisation (WHO) shows that the fears of parents and teachers are unfounded. It was found that young people who receive accurate information about sex from an early age are different from other young people in three main ways:

- They are more able to resist sexual abuse.
- They have their first sexual experience much later than other young people and experiment less with sex.
- They are more able to resist the pressure their friends put on them to have sex.

Breaking the silence surrounding sex and teaching sexuality education is one of the greatest teaching challenges in the world today. The information in this book may make some teachers uncomfortable at first. Teachers need to face their own feelings and personal challenges before they can help their students to talk confidently and comfortably about sexuality.



Parents and teachers might be afraid of open talk about sex for a number of reasons.

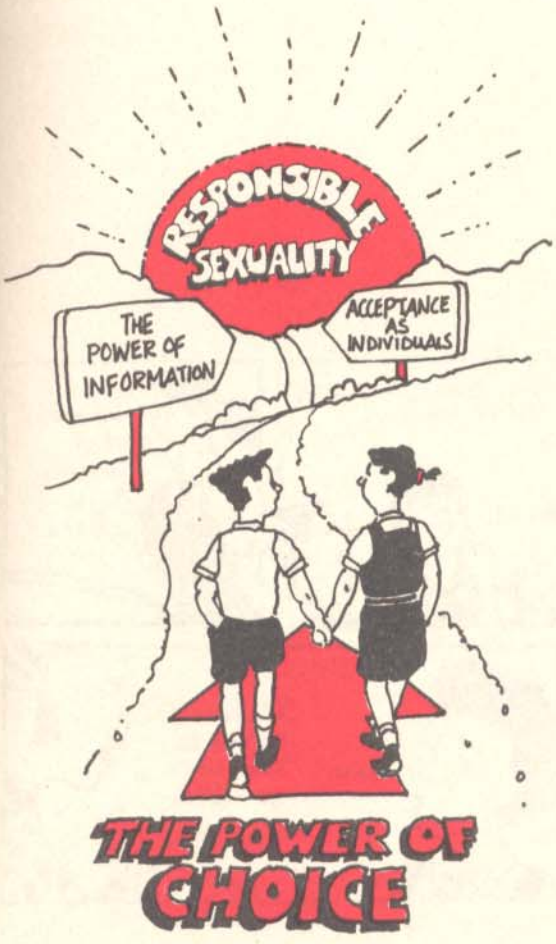
Parents may be afraid that:

- young people might experiment once they are given accurate information about sex;
- they know too little about sexuality themselves to be able to teach their children;
- talking about sex will make young people feel less respect for adults.

Teachers may be afraid that:

- parents will object to their children being given accurate information about sex;
- talking about sex will open the possibility of sexual relationships between students and teachers.

Both parents and teachers may be embarrassed about discussing issues of sexuality with young people because they did not have the experience of talking about sexuality with their own parents and teachers.



Encouraging a Responsible Attitude towards Sexuality

Young people can learn to make an educated choice based on an awareness of all the options available. Often they are given a set of rules to obey. This does not assist them in learning to make responsible decisions for themselves in the future. In addition, young people are establishing their own identities and often rebel against rules. Teachers can help their students to develop a responsible attitude towards sexuality by empowering them in three ways:

1 accepting them as individuals;

2 giving them the power of information;

3 giving them the power of choice.

1 The Experience of Being Accepted as an Individual

If a teacher is accepting, students feel comfortable talking about embarrassing feelings and unusual thoughts. Being accepted also teaches students to be tolerant and to accept and respect others, especially those who are different from themselves. Teachers can help students to feel accepted by:

- respecting their feelings;
- listening carefully to what they have to say;
- allowing them to have their own opinions.

Respecting students' feelings

If students communicate feelings and the teacher listens with respect, the students will feel accepted and will develop a positive self-image. If teachers acknowledge the feelings that students express and thank them for sharing their emotions with the class, students will learn that emotions are valuable.

Listening to what students have to say

If students feel that teachers truly listen to them, they will experience acceptance. Summarising or rephrasing students' questions or ideas is a tool that teachers can use to show attentive listening. The skill of summarising or rephrasing:

- helps the teacher to know if students have expressed themselves clearly;

- tells students that their ideas are important, which helps to build their confidence;
- ensures that everyone has heard what was said;
- makes students' ideas clearer and sound more important.

Allowing students to have their own opinions
Young people must feel that they can be honest in expressing their thoughts and feelings with teachers. If teachers listen to young people in their classrooms without judging them and without prescribing a set of values, they will help to create a place where students feel safe to express themselves honestly and openly. If teachers assist their students to explore all the possible choices available to them, without judging the rightness or wrongness of their choices, students will develop the skills they need to make responsible choices for themselves. By accepting students' contributions in class without judging or criticising them, teachers also encourage students to join in class discussions, to risk being wrong and to see that it is normal to make mistakes.

2 The Power of Information

Young people will also develop a responsible attitude to sexuality if they are given the power of information. Responsible choices and actions cannot be based on incomplete information.

In the past, providing such information about the transition from child to adolescent was an accepted part of traditional Swazi culture. Young men and women were taken aside during adolescence and given the sexuality education that they needed to protect themselves and make responsible choices. Today, many parents and teachers are reluctant to take on this task.

The lack of accurate knowledge that young people may have has many consequences. An example of the harm this lack of knowledge can do is illustrated by the sad story of a young girl who locked herself in the school toilets and refused to come out. When a teacher was called to help, the teacher discovered that the girl thought that she was dying. She was in a state of shock because

she had experienced her first menstruation. No one had told her what to expect. Young people need to understand the changes that their bodies undergo so that they do not experience the fear that this young girl experienced.

3 The Power of Choice

Young people are growing up in a world that is different from the one in which their parents and teachers grew up. It is a world that is constantly changing. If we make choices **for** our young people, we are not taking into account:

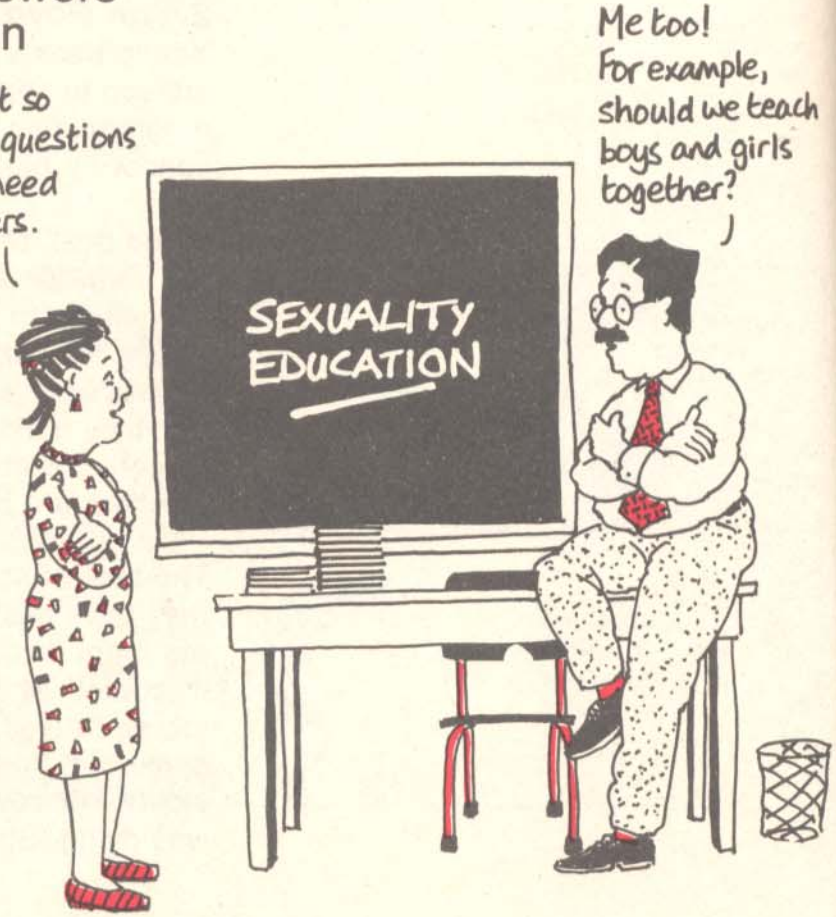
- that their perspective may be different:
- that they have the intelligence to make their own choices;
- that everyone is different and will make different choices.

Most importantly, to make choices for young people is to deny them the opportunity to develop the skills both to make and act on their own choices under safe, reliable guidance.

Some Questions and Answers about Sexuality Education

Should Boys and Girls Be Educated Together?

Most experts agree that it is healthy for girls and boys to learn about sex and issues of sexuality together. Young people need to learn that it is natural to talk about sex together and that it can be done comfortably and with respect. The questions girls ask may be different from those boys ask, but the answers are important for them all. If any students have questions that they are too embarrassed to ask in front of the class, teachers can encourage them to talk with a teacher in private or they can provide a box for students to put written questions in anonymously.



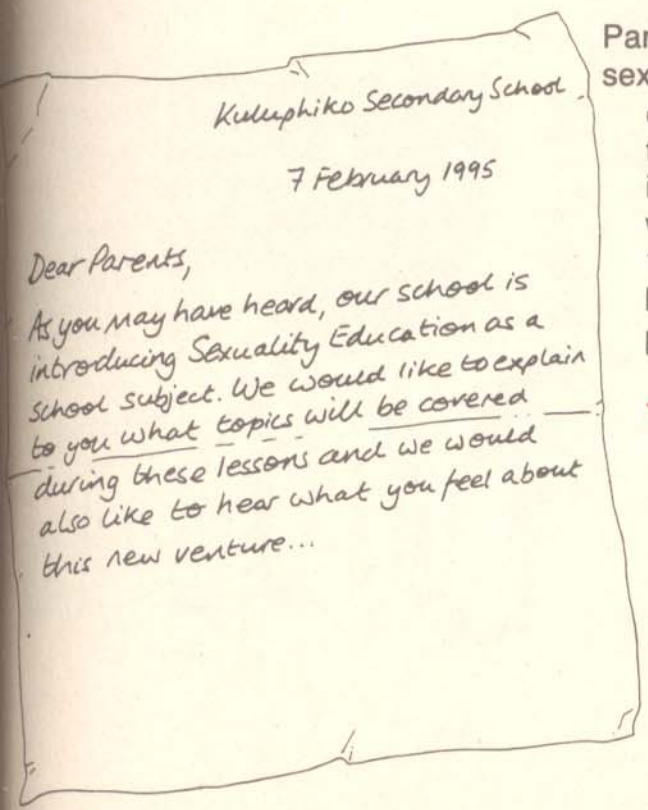
How Should a Teacher Deal with Laughter?

Many of the things that are perceived as distractions in a classroom are actually educational opportunities. Laughter is an example of this. Teachers are sometimes embarrassed when young people laugh during sexuality education. But laughter is an open and natural response and teachers should take advantage of the moment to explore the reason for students' laughter with them. By joining the students in their laughter and expressing empathy, teachers can create an open, relaxed atmosphere that shows acceptance of the thoughts, feelings and reactions of their students.

What Will the First Sexuality Lesson Be Like?

The first sexuality lesson is always the most difficult. Students often feel shy or giggle during the first classroom discussion about sex. Talking about sexuality is a new experience for them and they do not always know how to react. This soon changes when students realise that their teachers respect their reactions and are prepared to teach them in an open and honest way. Many teachers find that sexuality lessons are the most enjoyable as students are interested, co-operative and attentive.

Involving Parents


Kulluphiko Secondary School

7 February 1995

Dear Parents,

As you may have heard, our school is introducing Sexuality Education as a school subject. We would like to explain to you what topics will be covered during these lessons and we would also like to hear what you feel about this new venture...

Parents need to be informed what will be taught in sexuality lessons and they should be given the opportunity to express and discuss any concerns they may have. One common fear among parents is that giving sexuality education to young people will promote promiscuity. As mentioned on page 14, a recent study by WHO proves these fears to be unfounded. As a teacher, you can achieve parental involvement in a number of ways.

1 You can write letters to parents informing them that a new programme will be starting at school. A list of the topics to be covered in the programme can be provided. Topics could include: body care; alcohol and drugs; HIV/AIDS and other sexually transmitted diseases; the challenges of adulthood; peer

pressure; making choices and other lifeskills such as planning for the future; and, family life.

You may want to consider calling your programme a lifeskills programme rather than a sexuality programme because many parents react against the word 'sex'.

2 You can organise a parent-teacher meeting that can help to:

- make parents an active part of the programme;
- give teachers insight to the ideas and values that influence the students at home;
- provide an opportunity for teachers to educate parents.

Guest speakers could be invited to speak on such topics as HIV/AIDS and other challenges that young people face today.

3 At such meetings, you can explain to the parents some of the problems that young people face and ask them what **they** think can be done.

If you listen to what parents have to say and take note of their feelings and opinions, they will be more willing to accept and support the programme. In addition, parental ideas may prove useful.

4 If a committee has been formed to plan sexuality education in your school, you could arrange for a parent representative to be on the committee.

5 You can find out what resources are available among the parents. Some may be able to contribute professional knowledge or support.

6 You can continue to educate parents and families by inviting them to special activities, such as an evening of plays on the choices young people have to make. Your students can also share information about AIDS, alcohol, nutrition and other topics with their parents at an AIDS open day.

7 You can publicly thank those parents who have supported your programme.

Questions for Classroom Discussion

Ask your students to think about the questions below. Perhaps they would like to discuss them in the classroom.

- With whom do you feel most comfortable talking about issues of sexuality? Why?
- Do you get enough accurate information from that person?
- Is there someone else that you would like to talk to?
- How easy do you find it to tell someone exactly how you feel about things?
- Who has been the most influential person in your life?
- Would you like to improve your relationship with anyone? How could you do that?
- Is there anything you wish that your parents had told you that they haven't?
- Can you help any of your younger brothers and sisters to be more in touch with their sexuality? For example, could you teach them about the changes that occur at puberty?

What to Teach and When

The Swaziland Ministry of Education recognises the importance of sexuality education, not just to help reduce the spread of HIV and other STDs but also to help combat problems such as teenage pregnancies and sexual abuse. Thus, this handbook has been designed to assist the teacher in teaching about HIV/AIDS/STDs and related issues in the classroom and to help teachers provide their pupils with the information and skills that children need at the appropriate age.

These guidelines give teachers some direction in the introduction of comprehensive sexuality education in the classroom. They indicate which topics should be taught at which stage of a child's school education. Ideally this education will equip them with the skills they need for life.

It is inevitable that HIV/AIDS issues will be raised by pupils in many different subject areas. Teachers should take advantage of this interest and should teach about HIV/AIDS whenever such opportunities arise and wherever it is relevant.

Pre-school

It is essential that sexuality education begins early and lays the foundation for learning in later years.

The teacher should begin by examining relationships with which the child is familiar. Teachers should help their pupils to:

- explore the different roles of family members;
- explore friendships;
- look at issues of respect, honesty and trust;
- become aware of the different gender roles and expectations in their families;
- understand that exploring their bodies and playing with genitals (masturbation) is natural and harmless but that it is something to be done in private and is offensive to many people if done in public;
- understand that their bodies are their own and that they have a right to say 'no' to anyone who may wish to touch them in an inappropriate way;
- name the parts of the body, including genitals, correctly in order to promote communication without embarrassment.

Lower Primary School

In the lower primary school, teachers can start dealing with more specific health issues such as:

- nutrition;
- cleanliness;
- child abuse and where to find help.

Upper Primary School

Children can start to learn in detail about their bodies in the upper primary school — the way they function and the changes to expect as they mature. These topics could be covered during many different lessons such as Science, Social Studies and Religious Education:

- changes in body shape;
- increase in height;
- growth of hair;
- breaking of voice;
- breast and penis development;
- wet dreams;
- menstruation;
- pregnancy and childbirth;
- STDs;
- AIDS;
- lifeskills such as decision-making and communication skills;
- individuality and uniqueness;
- planning and dreams for the future.

Junior Secondary School

As in the upper primary school, many aspects of sexuality education can be taught in different subject areas such as History, Development Studies, Religious Education, Home Economics, Science and Population Geography:

- reproduction — pregnancy and birth should be looked at in greater detail, hazards of teenage pregnancies should be explained;
- contraception should be taught in the early secondary years;
- STDs and AIDS can be taught in greater detail;
- negotiating safer sex and safer sex options — including correct condom use;
- peer pressure;

- lifeskills as detailed above should continue to feature as an important component of sexuality education;
- drug and alcohol abuse;
- the effect of AIDS on the population of Swaziland.

Senior Secondary School

At this level, all the topics above can be reinforced and explored in greater depth to cater for the increased experience, awareness and vulnerability of older students. Additional topics can be covered:

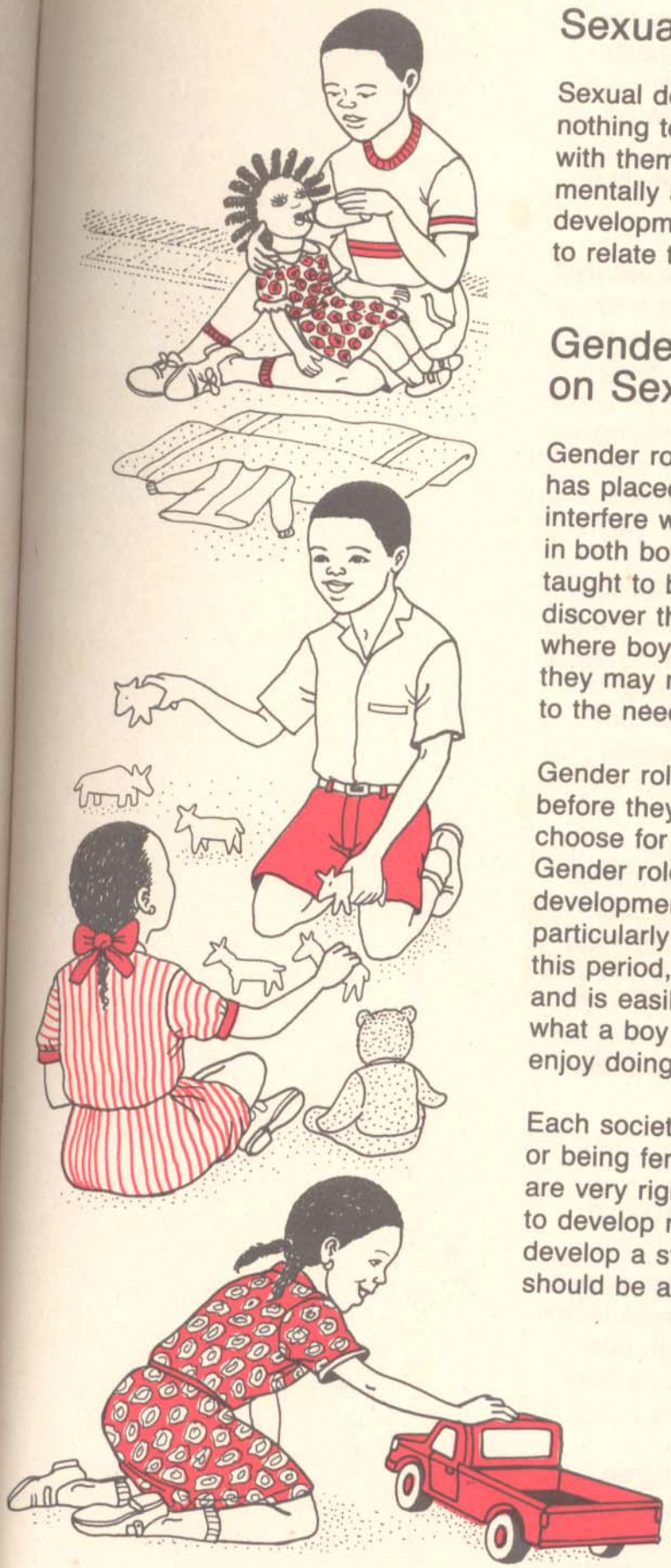
- socio-economic-cultural impact of AIDS;
- counselling;
- living with HIV/AIDS;
- caring for people with AIDS.

Many but not all of these topics will be examined in this book.

Babies, Children and Sexuality

When Does Sexuality Education Begin?

Some experts believe that sexuality and learning about relationships begins in the womb. For example, they believe that the feelings that a mother has toward her child while she is pregnant can affect that child's future self-image. If she has feelings of rejection towards the child she is carrying, that child might grow up with a negative self-image. From the eighth week of pregnancy, a child in the womb can already experience stress when his or her mother is stressed or angry. Children first learn about relationships from the way they are spoken to and touched as babies.



Sexuality in Babies and Children

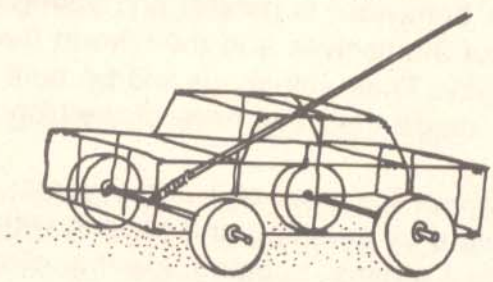
Sexual development in babies and children has nothing to do with thoughts of sex. It has to do with them reaching their full potential physically, mentally and emotionally, and it has to do with the development of the abilities that will enable them to relate to other people as they grow older.

Gender Roles and Their Influence on Sexuality

Gender roles or the different roles which society has placed on men and women sometimes interfere with the development of certain abilities in both boys and girls. In societies where girls are taught to be submissive to boys, girls may not discover that they can be assertive. In societies where boys are taught to suppress their feelings, they may not be aware that they can be sensitive to the needs of others.

Gender roles are imposed upon young people long before they are able to question those roles or to choose for themselves how they want to behave. Gender roles play an important part in the development of a young person's self-image, particularly in the first three years of life. During this period, a child's sense of identity is not strong and is easily influenced by his parents' ideas of what a boy should enjoy doing or a girl should enjoy doing.

Each society has its own idea of what being male or being female means. Sometimes these ideas are very rigid and limit young people's abilities to develop many different skills. But in order to develop a strong sense of personal identity, boys should be able to play with dolls if they want to



and girls should be able to play games normally associated with boys. This childhood exploration of multiple roles will help the child to develop his or her full potential. If young people are offered gender roles that encourage the development of many different abilities, they will be more likely to develop fully as adults.

Traditionally in Swazi society, women have felt that they cannot be direct and say exactly what they want. A woman is expected to be obedient to her husband. Men usually feel uncomfortable doing work that is thought to be women's work. They only help their wives if no one is watching. Such forms of behaviour are passed down from generation to generation. Young people watch and learn from older people.

This is illustrated in a story that tells of a 3-year-old boy who was beating his 5-year-old sister with a stick. She seemed helpless and just lay crying. When the boy was asked what he was doing, he said that he was playing 'daddy'. This little boy had learnt that aggression is a man's role and submission is a woman's.

Parents and teachers need to consider how gender roles have contributed to social problems such as domestic violence, child abuse, alcohol and drug abuse, unplanned pregnancies and the spread of STDs. For example, sometimes it is very hard for a young girl to say 'no' to an older man who wants to have sex with her, because she has been taught that she must be submissive to men.

Natural Childhood Explorations

From birth, children begin to explore their bodies. This behaviour is natural and young people learn about themselves and their world through this activity. Their self-image will be built partly from the image that they have of their bodies.

Between the ages of 1 and 3 years, children explore by touching and playing with their own sexual organs, hugging, kissing, climbing on top of one another and examining the sexual organs of other children. These activities are common to

most children and are not linked to sexual or romantic feelings towards other children.

By the age of 6, most children stop playing with their sexual organs **in public**. If they continue to do so after the age of 6, it could be a sign of serious stress and a doctor should be consulted.

Between the ages of 6 and 9, the rate of sex-play increases. This type of play is done out of natural curiosity. Children want to know how things work. Boys often play with sexual organs in a group while bathing or undressing. Some parents are afraid that this sort of behaviour could turn their son into a homosexual (that is a man who is sexually attracted to another man instead of a woman). But this sort of sex-play by children does not influence their sexual orientation as adults (that is whether they will be sexually attracted to a member of the opposite sex or a member of the same sex when they grow up).

Confusing Sexual and Excretory Functions

Young children sometimes confuse sexual and excretory functions and perceive sex as dirty. Young girls must be helped not to confuse the anus with the vagina. They need to be taught to wipe away from the vagina after having been to the toilet, otherwise they may introduce infection to the vagina from the anus.

When Should Young Children Be Told about Pregnancy?

There is no reason why children should not know the facts about conception, pregnancy and birth as soon as they express curiosity.

Offensive Jokes and Language

From the age of about five years, children become aware of the words used for sexual organs and sex. Making offensive jokes and using 'dirty words' are a safe way for them to express their developing sexuality. This behaviour peaks just before puberty.

Sexual Abuse

Long before a child is old enough to desire sexual intercourse with another person, the possibility of sexual abuse exists. Many young people in Swaziland and throughout the world are sexually abused by adults, often by members of their own families. If sexuality education begins at an early age, the risk of child abuse is greatly reduced.

Young people should be taught about the special relationship that they have with their own bodies as soon as they can communicate. They should be taught that they have a right to choose what to do with their bodies and that they can say 'no' if anyone wishes to touch them in a way that they do not like.

Some of the things that should be taught to all young people in order to reduce the risk of child abuse are listed below. They are also the most important messages in any sexuality programme with any age group.

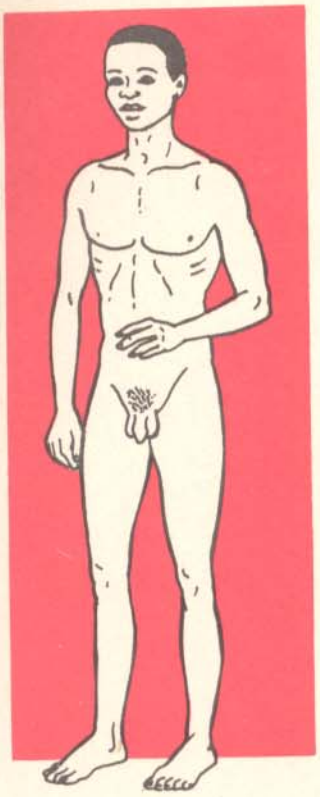
- Your body is yours and you can say 'no' to anyone who wants to touch you.
- You have a right to personal space and privacy.
- You can make your own choices and you can say 'no' even to people you love.
- Sex and your sexual organs are not a secret. You should be able to talk about sex as you do about any other experience.
- You do not have to do anything just because other boys and girls are doing it. You can choose for yourself.

These simple principles are important because they equip young people to resist the pressure their friends or others might put on them to have sex.

Adolescence and Sexuality

Adolescence is a time of change. Young people's bodies and minds are in transition as nature prepares them for adulthood. In traditional Swazi society, this time of change was respected. When a girl had her first menstruation *(kuya esikhatsini)*, her family celebrated with a special meal *(emabele)*. Older women would speak to her about becoming a woman and teach her all that she needed to know about sex. When a boy had his first 'wet dream' *(kukhuhluka)*, he would get up and take the cattle to graze earlier than usual. He would wash himself in the river and the older men would see this as a sign that it was time to take him aside to provide the sexuality education that he would need. This transition was also celebrated with a special meal.

Because of changes in modern Swazi society, many Swazis no longer receive such education from their families, so young people must rely on the sexual stories and the jokes of their friends for an introduction to adolescence.



Puberty

Puberty refers to the visible physical changes that take place at the start of adolescence and the emotions that young people experience during these changes. Puberty is the physical process of becoming sexually mature.

The Physical Changes of Puberty

A number of physical changes take place during puberty:

- the shape of the body and face begins to change;
- height increases suddenly;
- a boy's shoulders broaden;
- a girl's hips widen;
- girls develop breasts;
- hair starts to grow in the genital region around the sexual organs (this hair takes its name from puberty and is called pubic hair);
- a boy's penis gets bigger;
- sperm cells start to develop in a boy's testes and the testes get bigger;
- girls begin to menstruate;
- boys experience the release of sexual fluids in the night (this is called 'wet dreams' in Western culture, but the medical term is nocturnal emissions);
- both boys and girls may experience the desire to stimulate their own sexual organs for pleasure (this is called masturbation);
- a boy's voice becomes deeper;
- some young people develop oily skin and are troubled by pimples.

The Stress of Puberty

These physical changes cause young people great stress because they create a change in their self-image. Teenagers often worry about how they compare physically and mentally with their friends. By speaking about the changes of puberty in the classroom, teachers can help to ease the stress and emphasise that all the changes and the rate at which they occur are normal.

The Joys of Puberty

Puberty is not always stressful. Some young people take pride in their changing bodies and enjoy experimenting with hairstyles, make-up and fashions. They are aware of becoming sexually attractive and enjoy this feeling.

Teachers' and Parents' Responses to Puberty

Young people learn through experience by trying out things for themselves, which can be frightening for parents and teachers who may be worried about the consequences of such behaviour. Parents may also feel they are not doing a good job as parents when their teenage children do things which they know to be risky and even dangerous.

Many young people feel misunderstood by their parents and teachers and believe that older people want to take away their freedom to experience life and to create their own identity.

Education for Puberty and Adolescence

Parents and teachers can help to make adolescence an easier and a richer and more rewarding experience for young people, if they provide them with information about the changes

that occur in puberty before they happen and give them the skills to deal with those changes.

Young people should know that the changes of puberty occur at different ages in different people.

The average age for the start of puberty is said to be 11 years old for girls and 13 years for boys. But girls may begin puberty at any time between 8 and 17 years of age, and boys at any time between 10 and 18 years. No time or rate of development is any better or more normal than any other. Most, but not all, of the changes at puberty enable young people to start producing children.

Understanding the Physical and Emotional Changes of Puberty

Young people need to know how their bodies work so that they will understand the changes of puberty more easily. Understanding how their bodies work will also help them to make responsible choices about sexuality when the need arises.

Girls: Menstruation

The physical change that causes the most anxiety for young women during puberty is menstruation. Menstruation is the process that prepares a girl's body for bearing children. It occurs between the ages of 8 and 18 years, about one year after the breasts have begun to develop. Some people talk about 'periods' when referring to menstruation.

Menstruation is a part of a cycle that repeats itself about every 28 days. A woman's body prepares for pregnancy in two ways:

1. an egg is released from the ovaries;
2. the uterus or womb in which a woman carries a child develops a rich lining that will feed the baby.

After about 21 days, the egg reaches the fallopian tube to be fertilised by sperm. In order for this to happen, sperm must be deposited in a woman's vagina through the act of sexual intercourse with a man. Sperm move from the vagina through the

cervix to the fallopian tubes where one sperm will unite with the descending egg and a baby will begin to grow in the uterus.

If a sperm does not unite with an egg and no baby begins to grow, the lining of the uterus falls away and is shed through the vagina. This shedding of the lining is what is called **menstruation**. Immediately after menstruation occurs, the monthly cycle begins again.

When the lining of the uterus falls away and is shed, a small amount of blood flows from the vagina. A girl who has not been told to expect this experience may be very frightened when it happens for the first time. The flow of blood lasts for a few days to one week and occurs anywhere from every 20 to every 35 days. The length of time between menstrual periods varies among women and may even vary in the same woman.

The flow of menstrual blood is usually dealt with by using tampons, pads or pieces of clean soft cloth. On average, between 2 and 8 tablespoons of blood will be lost during menstruation. Many different types of tampons and pads are available. Girls need to know how best to use them and then they can choose the one with which they feel most comfortable.

Sometimes mildly painful cramps accompany the shedding of the uterine lining, but a young girl or woman can do anything that she would normally do during menstruation, including bathing and swimming.

Boys: Nocturnal Emissions and Erections

After sperm cells begin to develop in a boy's testes, the body periodically needs to release a build up of sperm. This release in young boys occurs while they are sleeping and is called **nocturnal emission**. In traditional Swazi society, the first nocturnal emission or 'wet dream' is regarded as the first sign that a boy is becoming a man. Young men should be taught that this periodic release of sexual fluids or nocturnal emission is normal and nothing to be embarrassed about.

Erections of the penis also occur in adolescence.

For young men an unexpected erection may cause embarrassment, so they need to be reassured that these erections happen to all males. Often the erections are not related to sex at all. When males get erections they do not want, they are advised to think of something completely different.

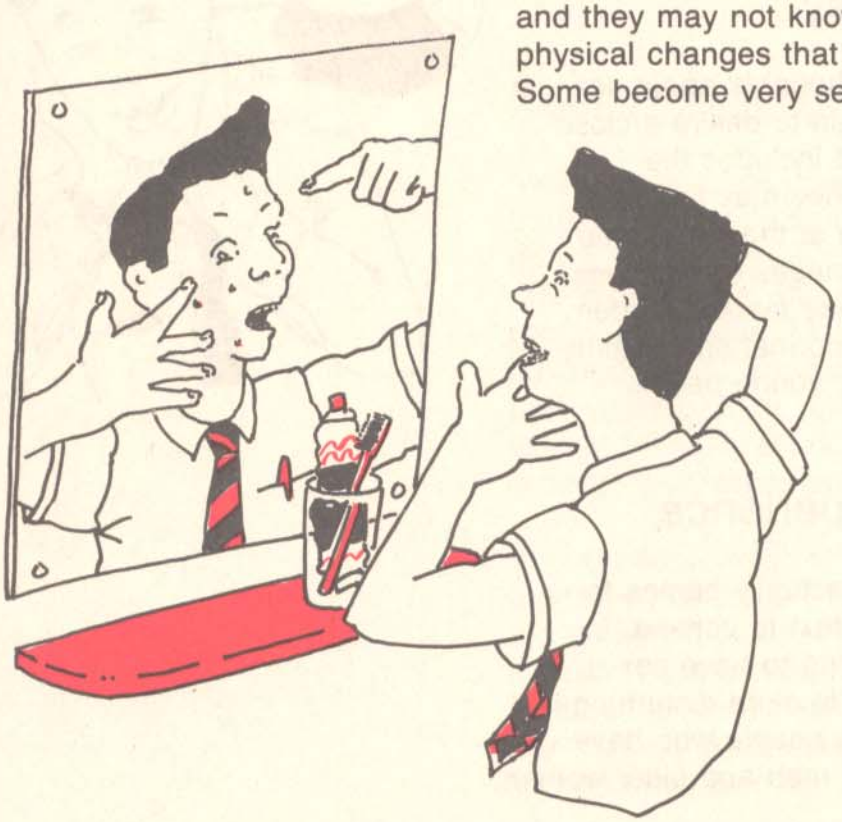
Emotional Changes

Hormonal changes that occur during puberty do not only cause physical changes in young people. Emotional changes also occur and influence the way that young people view themselves and the people and the world around them. Many adolescents become very sensitive and emotional during this period.

Developing a Positive Self-Image and Confidence

One of the most important issues for young people during adolescence is self-image. Their self-image is central to the development of their own identity.

Because of the stress that many young people face during puberty, some of them lose the self-confidence they had when they were younger. They may feel clumsy and uncomfortable in bodies that have suddenly experienced a growth spurt and they may not know how to deal with the other physical changes that are happening to them. Some become very sensitive, others withdraw.



To help young people deal with their own changing bodies, parents and teachers can use the opportunity to talk about the natural differences among people. These differences can be as ordinary as differences in height and weight or even physical deformities and disabilities. If parents and teachers can help young people to accept and to appreciate that everyone looks different, then young people may also begin to learn that people enjoy and like other people for their personalities more than for how they look.

A Need for Private Space

With the onset of adolescence, young people may feel an increased need for privacy and may feel uncomfortable with other people seeing them undressed. They may want to spend more time alone and less time with their families. In a small home shared by members of a large family, private space may not be readily available but parents can show that they are aware of a young person's need for some privacy and where possible try to meet this need.

The Discovery of Sexual Pleasure and Fantasy

Young people begin to have thoughts about sex during adolescence. They begin to desire a close relationship with someone that includes the possibility of sexual activity. They may find that desire exciting and frightening at the same time and they may create mental images or fantasies about such a relationship. These fantasies often remain secret and they are a normal and healthy part of sexual development for young people.

The First Sexual Experience

The age when sexual activity actually begins for a young person differs from context to context. In Swaziland, 11-year-olds agreeing to have sex together is not unusual. What is more disturbing is the growing numbers of young people who have sexual relationships with older men and older women.

Adolescence is nature's way of saying that the body is ready for sex and reproducing. But even though the body may be ready for sex, most young people are not emotionally ready to enter into a sexual relationship. Aside from this, sexual activity too early can be harmful and even dangerous.

Sex at an early age may result in a teenage pregnancy for a girl or increase her risk of developing cancer of the cervix later on in her life.

Teenage pregnancy can have many related problems. Raising a child at such an early age can be stressful for both the mother and her family. The mother may receive little support from the father and may carry the burden of child care alone. Often the mother's life will be completely changed: she will no longer have the time to socialise freely with her peers and she may struggle to complete her school education.

Young people who engage in sexual activity can become infected by STDs such as syphilis, gonorrhoea and HIV. They need to know that if STDs are not treated, they can cause serious health problems.

Peer Pressure

Most people base their self-image on how they think other people see them, especially their peer group. A peer group comprises a person's age-mates or friends. During adolescence, this peer group is a powerful influence on the thoughts, feelings and behaviours of teenagers. They base their values, ideals and attitudes largely on the values, ideals and attitudes of the peer group in order to gain acceptance by its members.

Young people need to feel that they may choose their own friends and that they and their friends are accepted by their parents and teachers. If parents are too critical of their children or the members of their peer group, they may unknowingly be encouraging their children to find acceptance outside the family.

Advertising on television and radio and in newspapers and magazines exerts a powerful influence on young people. They often believe that wearing the 'right' clothes, buying the 'right' shoes and using the 'right' make-up will help them to fit into their peer group.

Some peer groups influence young people to behave in ways that parents and teachers consider bad. Peer group members may pressure other young people to do such things as use alcohol and drugs, engage in criminal activity or experiment with sex. Parents and teachers can help young people to avoid being negatively influenced by the peer group by:

- showing young people respect;
- becoming aware of the challenges they face;
- laughing with them more often;
- accepting their friends;
- talking with them more;
- helping them to get the information and develop the skills they need to achieve a positive self-image.

By doing this parents and teachers will gain the respect of young people, they will understand the problems they are facing and will be able to help young people effectively evaluate each situation and make responsible choices.

Helping Young People Explore Choices and Project into the Future

Young people often respond emotionally to situations rather than think rationally about what to do. Many of them do not know how to project themselves into the future in order to anticipate what could happen as a result of an action. One way that teachers can show students the value of thinking about an action, and of projecting into the future to foresee the consequences of that action, is to give them a situation and ask them questions to stimulate discussion.

For example, a teacher could describe a situation where a young unmarried schoolgirl has just found out she is pregnant and could then ask the students to think about all the possible consequences of a teenage pregnancy. If they have trouble thinking about what the consequences might be, the teacher can prompt discussion with some questions, such as the ones that are listed below:

- What are the things that a baby needs and who will provide them?
- How will the mother's relationship with the baby be affected if her own parents must bring up the child?
- How will the mother complete her education? How will having a baby to look after affect her studies?
- How will the father of the child react if he is not ready for a baby?
- How will the mother feel if she gives the child up for adoption?

To be able to project into the future is an important skill that young people need in order to make choices. Young people who cannot visualise themselves in the future find it difficult to make long-term plans and to see the usefulness of education, employment and good health. They are more concerned with immediate satisfaction and are often unable to postpone pleasure today for greater pleasure in the future.

Assertiveness

Many young people have a strong need for acceptance and they find it difficult to go against the pressure of their friends or classmates. So it is not surprising that assertiveness or **the ability to make a choice that is right for them against pressure from their peer group and to stand strong in that choice** is often one of the most difficult skills for a young person to develop. But the ability to say 'no' to others may save a young person's life in a world where HIV infection and AIDS have come to be part of so many people's lives.

Selling Sex for Money

In Swazi society today, many young people sell sex for money. Young girls have 'sugar-daddies' who buy gifts for them or give them money in exchange for sex and young boys have older women who offer the same rewards for having sex with them. Some peer groups encourage these relationships and many young people believe that having sex is the only way that they can earn money. Young people may not understand that the consequences of such behaviour could mean that they become infected with HIV or other STDs.

Heterosexuality

A heterosexual person is someone who is sexually attracted only to people of the opposite sex. Men who are sexually attracted to women and women who are sexually attracted to men are heterosexual. Heterosexuality is the most common sexual preference.

Homosexuality

A homosexual person is someone who is sexually attracted to people of the same sex. Men who are sexually attracted to men and women who are sexually attracted to women are homosexuals. A male homosexual is sometimes called 'gay'. A female homosexual is sometimes called a 'lesbian'.

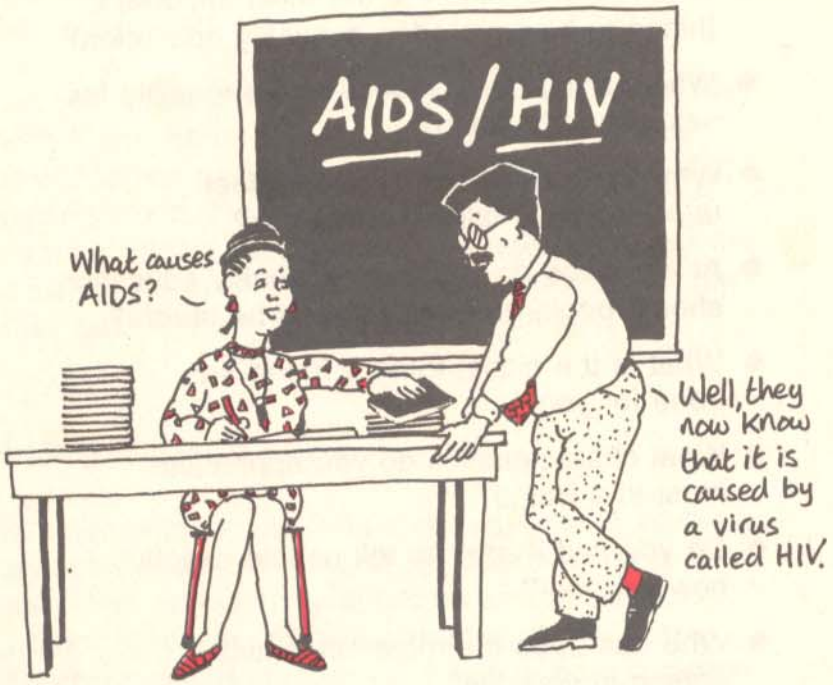
Different cultures have different views on homosexuality, but many doctors believe that homosexuality is a natural sexual preference, not behaviour which is abnormal or the result of some kind of mental illness. Homosexual couples have close and loving relationships just like heterosexual couples.

Bisexuality

A bisexual is someone who is sexually attracted to both men and women. Bisexuality is also considered a natural sexual preference.

Questions for Classroom Discussion

- What do you think are the most important things to be covered in sexuality education?
- Who do you think should be responsible for sexuality education?
- Why do you think most people feel uncomfortable talking about sex?
- At what age do you think sexuality education should begin and what should be taught?
- What is the nicest thing a friend has done for you?
- What characteristics do you appreciate most in a friend?
- Do you find it easy to tell people exactly how you feel?
- Who has been the most influential person in your life?
- With whom do you feel most comfortable talking about issues of sexuality?
- Would you like to improve your friendship with anyone? How could you do it?
- What is the most difficult thing about talking to your parents? Is there anything you wish your parents had told you?
- What are the common problems that young people have when they go through puberty? What can be done to solve those problems?
- What sort of experiences have people that you know gone through?
- What myths have you heard about wet dreams and menstruation?
- What is the word that best describes the teenage years for you?



Research has shown that 28% of all babies in Swaziland are born to mothers between the ages of 15 and 18. Clearly young people are becoming sexually active at an early age. Not only are they at risk of falling pregnant, they are also at risk of being infected with the **AIDS** virus.

AIDS is a disease that was first discovered in 1981. It has probably existed since about the 1950s. No one knows yet how it began. One popular theory is that AIDS began in Africa. Another is that AIDS is a man-made virus that was developed by some country for use as a weapon against other countries. Still another theory is that during the processing of the polio vaccine doctors accidentally contaminated some of it with monkey blood that contained a virus. It is thought this virus may have that turned into the virus that causes AIDS. **None of these theories has been proven to be true**.

What Causes AIDS?

AIDS is caused by a virus, a small germ that cannot be seen without the help of a microscope. Doctors have named this virus the human immunodeficiency virus or HIV.

HIV

HIV stands for:

Human-	because it affects people
Immunodeficiency-	because it makes the immune system, which is the part of the blood that fights off illnesses, deficient or unable to fight germs
Virus-	because that is the name given to an organism which causes diseases.

People who are infected with HIV often remain well and have no symptoms of illness for many years. You cannot tell by looking at someone whether or not they are infected with HIV. As a result, many people find it hard to believe that the virus actually exists and they fail to take precautions against being infected themselves.

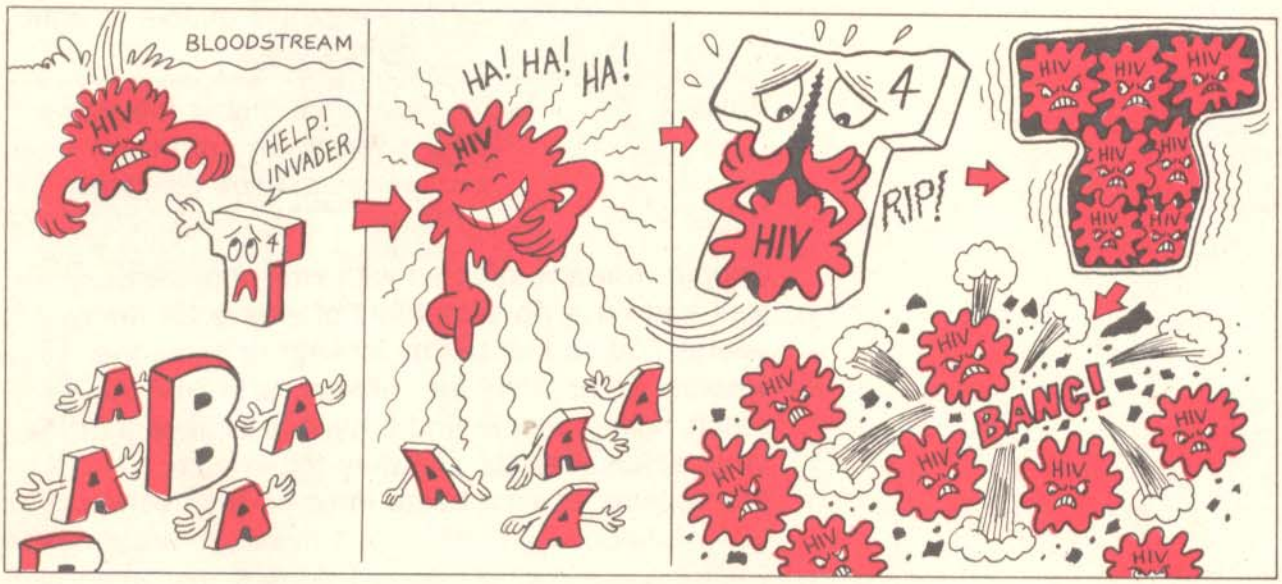
HIV and the Immune System

A human being protects itself against germs in two ways. A human body's first protection against infection is the **skin**. The skin keeps the germs that are outside away from the inside of the body. HIV cannot get inside the body through the skin unless the skin is broken and there is a direct passage to the blood.

One type of skin is very sensitive and easily broken. This is **mucous membrane**. Mucous membrane is the moist, sensitive skin that covers the inside of the mouth, the head of the penis, the vagina and the anus. Many tiny blood vessels lie close to the surface of mucous membrane so that any break in this kind of skin creates a direct passage to the blood.

The immune system found in the **blood** is the second protection that a human body has against infection by germs. Blood contains special cells called **T4 helper cells** and **B cells**. T4 cells are also called **CD-4 cells** or **Helper-T lymphocytes**. The role of T4 cells is to identify foreign invaders in the blood such as germs. Once the T4 cells

have identified germs, they send chemical messages to the B cells. The B cells receive these chemical messages and produce other special chemicals called **antibodies**. Antibodies are the substances that the body produces to destroy germs. In a healthy person, antibodies are effective. The body's immune system works well and it kills the germs.



When HIV enters a person's bloodstream, T4 helper cells identify the HIV as a foreign invader and they send a chemical message to the B cells to produce antibodies. These antibodies are not effective in destroying the virus. HIV then enters the T4 cells.

Inside the T4 cells, the HIV reproduces itself. The T4 cells become virus factories that create many HIV viruses until the T4 cells burst, releasing HIV into the bloodstream to attack other T4 cells. When too many T4 cells have been destroyed by the HIV virus, the immune system becomes deficient or unable to protect the body against attack by foreign invaders. It can take an average of seven years for this to happen.

Once the immune system becomes deficient because too many T4 cells have been destroyed, the person who is infected with HIV starts to become sick. Illnesses that are usually mild and brief in a healthy person can make a person infected with HIV very ill. A person who has become ill because HIV has made their immune system deficient has a disease called **Acquired Immune Deficiency Syndrome** or **AIDS**.

The Stages of HIV Infection

The Three Stages of HIV Infection

In the years to come many young people in Swaziland will become ill with AIDS or will have family members or friends who will get sick. They will be better able to help themselves or others to deal with their illness if they know exactly what to expect.

HIV infection can be divided into three stages:

1. the person with HIV has no symptoms or is asymptomatic;
2. the person starts to experience illnesses that do not threaten life;
3. the person develops Acquired Immune Deficiency Syndrome or AIDS.

Magazines and newspapers often do not distinguish between HIV and AIDS. HIV is the virus that causes AIDS. AIDS is the final stage of HIV infection. **Someone who has HIV does not necessarily have AIDS.**

1 No Symptoms

This stage is called the asymptomatic or incubation stage. Asymptomatic means that the person has no symptoms or signs of illness. The incubation stage of HIV can last from a few months to many years before the symptoms appear.

Some people's bodies react to the virus immediately, producing symptoms that look like flu with swollen glands. This is called Acute Retroviral Syndrome. These symptoms soon disappear and the infected person continues to appear healthy. But anyone who is infected with HIV can pass the virus on to others. **A person infected with HIV does not have to have symptoms to pass the HIV on to someone else.**

2 Illnesses that Do Not Threaten Life

After what may be a long incubation period, HIV

begins to reproduce itself and destroy T4 cells. When an infected person's T4 cells are too few, the person becomes ill from germs that most people's bodies can fight. These illnesses are called **opportunistic infections** because they take advantage of a person who has a weak defense system.

Diarrhoea is listed as an illness that does not threaten life but it can and often does kill. Prolonged diarrhoea causes dehydration which can result in death, especially in babies and very young children.

3 Acquired Immune Deficiency Syndrome or AIDS

Opportunistic infections or infections that take advantage of a person's weakened immune system can include a variety of life-threatening illnesses:

- tuberculosis, the most common opportunistic illness in Swaziland;
- PCP or *pneumocystis carinii pneumonia*, a serious lung infection that causes a dry cough and shortness of breath;
- Kaposi's sarcoma, a rare skin cancer, and various other cancers that affect different parts of the body;
- herpes simplex, ulcers that form in the mouth, on the sexual organs or in the anus;
- infections of the liver, eyes and brain and other parts of the body;
- AIDS dementia or mental illness caused by HIV directly attacking the brain.

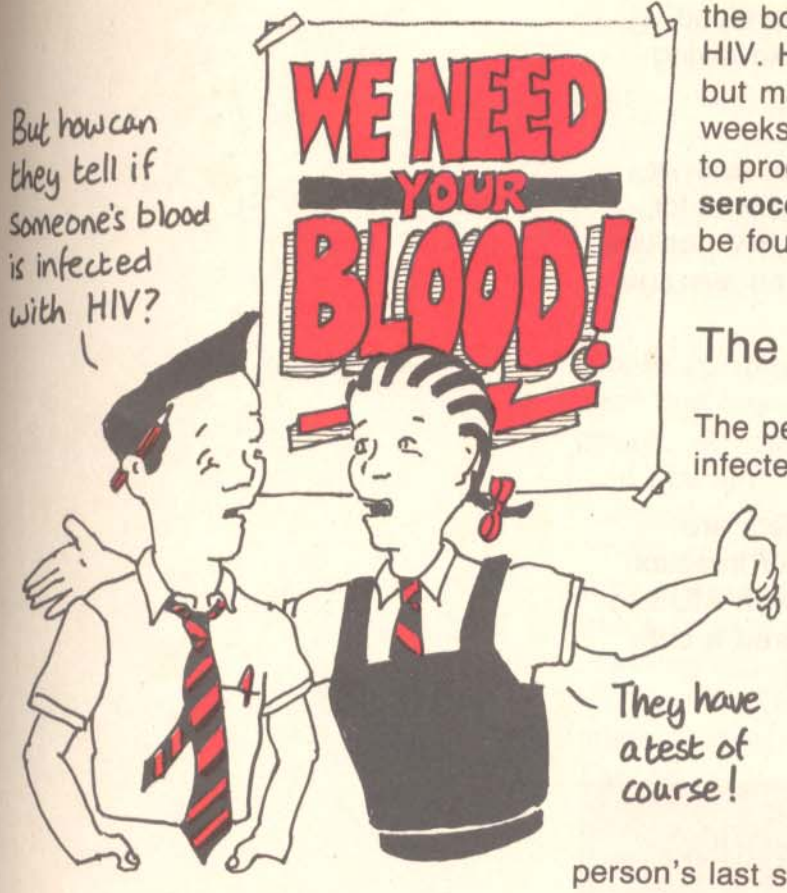
Any germ can cause an opportunistic infection in a person with HIV. Some of the most common symptoms of HIV infection are as follows:

- unexplained weight loss;
- unexplained fevers, chills and heavy night sweats;
- unexplained and constant diarrhoea;
- unexplained and constant tiredness;
- unexplained skin diseases;
- unusual infections of the cervix in women;
- fungal or yeast infections in the mouth;
- swelling of the lymph nodes or generalised lymphadenopathy.

Diagnosing HIV

Seroconversion

The only way to tell whether a person has HIV or not is a special blood test. Identifying the virus itself in the blood is difficult and expensive. Instead, the blood is tested for the antibodies that



the body's B cells produce to fight off the HIV. HIV antibodies are easily identified but may not be detected for 6 weeks to 12 weeks. The point at which the body starts to produce HIV antibodies is called **seroconversion**. HIV antibodies can only be found in the blood after seroconversion.

The Window Period

The period in which the body has been infected with HIV but the HIV antibodies have still not been produced is called the window period. During the **window period**, a person being tested for HIV may test negative (that is no HIV antibodies are detected) but the person can still be infected. This is why doctors recommend that the HIV test be done at least 6 weeks to 12 weeks after the person's last sexual encounter. This helps to make sure that a negative result does not occur because the infection is still in the window period.

HIV Positive

If HIV antibodies are found in a person's blood that person is said to be **HIV positive**. That means that HIV antibodies were positively identified in the blood.

HIV Negative

If no HIV antibodies are found in a person's blood that person is said to be **HIV negative**. This means that HIV antibodies were not identified in the blood.

HIV Tests

Several different tests are used to test for HIV antibodies. The most commonly used test is the ELISA test. The ELISA test is very accurate. It does not give a false negative but it may sometimes give a false positive. When an ELISA

test gives a positive result, the person's blood is tested again with the ELISA test to avoid giving anyone an incorrect positive result.

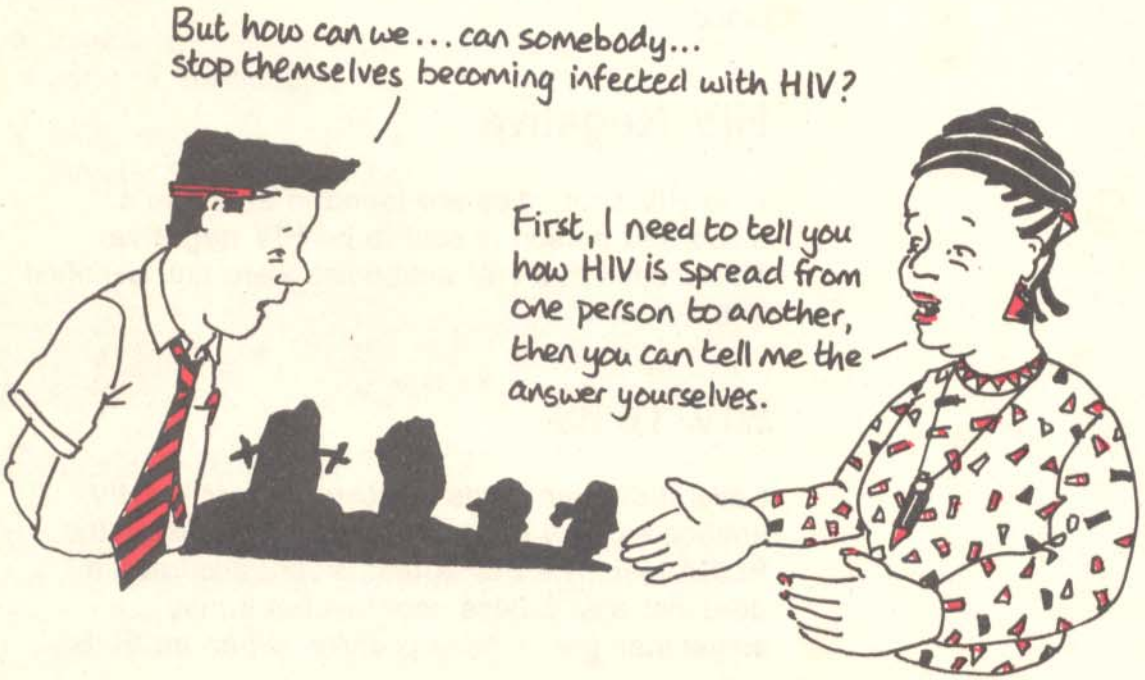
People who test HIV positive do not necessarily have AIDS. HIV positive people may be well for years before they develop AIDS. Most HIV positive people in Swaziland die of AIDS after an average of seven years of HIV infection.

Is There a Cure?

Doctors, scientists and traditional healers are working very hard to find a cure for HIV infection and AIDS. Medicine can help people with AIDS to live longer but no one has yet discovered a cure for HIV or AIDS.

Transmission and Prevention of HIV Infection

HIV is found in the blood and sexual fluids of persons infected with it. A person can only become infected with HIV if the blood or sexual fluids of an infected person gets into their bloodstream.

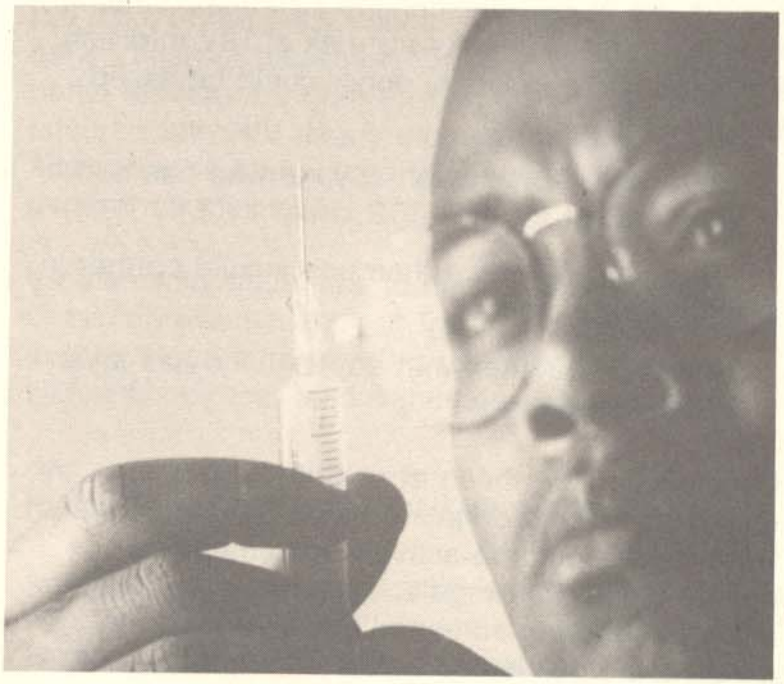


HIV Infection through Blood

HIV cannot penetrate the skin unless there is a break in the skin that provides a direct passage to the blood. Infected blood is most often passed from one person into another person's bloodstream by sharing instruments that pierce or cut the skin.

Some instruments used for piercing or cutting the skin that are often shared are needles, blades, razors, ear-piercing equipment, tattoo equipment and acupuncture equipment. Doctors and other medical professionals use needles only once. Some traditional healers use disposable blades or they encourage their patients to bring their own blade to help prevent the spread of HIV. Normal cleaning will not rid these instruments of the tiny HIV germs. The only sure way to clean these types of instruments is to boil them for 15 minutes. This process is called **sterilisation**.

Doctors use needles only once



One of the most common ways that HIV is spread in Europe is through the injecting of drugs by drug users who share the needles that they use to inject drugs into their bodies. Sharing needles is a high risk activity for becoming infected with HIV.

Blood Transfusions

A blood transfusion is a way of giving blood to a person who has lost blood because of an injury sustained in an accident or during an operation. The blood has been taken from another healthy person and is put into the sick person's blood-stream with the use of a needle and thin tube.

In the past, some people were infected with HIV through blood transfusions because the blood they received came from HIV-infected donors. Since 1987, the Swaziland Government has made sure that all donated blood is tested for HIV antibodies and other diseases. Testing blood donated by healthy people, who are called blood donors, is sometimes called **donor blood screening**. This still does not guarantee the safety of the blood supply, because HIV antibodies can take between 6 – 12 weeks to appear in the blood of a person who has been infected with HIV (this is called the window period).

As an additional safety measure, potential blood donors are asked questions to determine whether they have put themselves at risk of HIV infection. For example, a potential donor could be asked questions like these:

- Have you had sex with anyone who has had a positive test for the AIDS virus?
- Have you had more than one sexual partner in the last six months?
- Have you had sex with anyone who has taken self-injected drugs?

People who have been at risk of HIV infection are discouraged from donating blood. Young people in Swaziland should be actively encouraged to donate blood on a regular basis since there is an acute shortage of screened blood available to meet the demands of medical emergencies. All possible measures are taken to ensure that only screened blood is accepted.

It is important to remember that it is not possible to contract HIV when you donate blood. The needles and instruments used to collect blood are sterile and are only used once to prevent any danger of infection.

HIV Infection through Pregnancy, Birth and Breast-feeding

A woman infected with HIV who has sex can become pregnant like any other woman of child-bearing age. The baby in her womb has a 30% chance of acquiring HIV from its mother. Most children who are born with HIV die before they are 5 years old.

The HIV virus can pass from the mother's blood through the placenta into the baby's blood, but more babies become infected during the birth process. This is because during the trauma of birth slight damage is done to the baby's sensitive skin. HIV in the mother's sexual fluids or her blood can easily enter through these breaks in the baby's skin.

HIV can also be passed from mother to baby through breast-feeding. This risk can be avoided by bottle feeding. Many HIV mothers, however, especially those in rural areas, are recommended to continue breast-feeding. This is because often the risks of the baby becoming seriously ill from dehydration or disease as a result of inadequate bottle feeding are greater than the risk of being infected with HIV. Many mothers have no alternative to breast-feeding. Their babies' lives depend on their milk.

Women who would like to have a child and are uncertain whether they or their partners have HIV in their blood can go with their partner for an HIV antibody test before they conceive a child.

HIV Infection through Sex

A man's sexual fluids (semen) and a woman's sexual fluids (vaginal fluids and cervical secretions) contain HIV if that man or that woman is infected with the virus. An uninfected person can protect themselves from getting HIV during sex with a person who is infected by using **safer sex** practices.

Safer Sex

Safer sex practices are those activities in which partners make an effort to protect each other from

HIV and other STDs. Safer sex between partners is about preventing or avoiding the exchange of sexual fluids. For more information, see the section on safer sex beginning on page 64.

To avoid exchanging sexual fluids partners must avoid penetrating or being penetrated by their partner during sex. If partners do not want to stop having penetrative intercourse, the next best method is using a condom during sex. **If condoms are used correctly, they are very effective in preventing the spread of HIV.**

A person cannot be infected through sex when:

- both partners have been tested and shown to be HIV negative **AND**
- both partners only have sex with each other.

If both these things are true, then the partners can share any sexual activity without becoming infected by each other.

A person can become infected by having unprotected sex with just one infected person. If a person is uncertain about his or her sexual partner, he or she should be aware that some sexual activities are more risky than others.

Many young people in Swaziland today are sexually active. If they know which sexual activities put them at risk of HIV infection and which do not, they will be able to make responsible decisions. HIV infection is a danger only if blood or sexual fluids from an infected person can enter the bloodstream of a person who is not infected. Because of this some activities are more risky than others.

VAGINAL SEX The most common form of sexual activity is vaginal sex in which the penis of a man enters the vagina of a woman. When this happens, friction is produced as the man's penis rubs against the walls of the woman's vagina and perhaps bumps against her cervix. This friction causes some damage in the mucous membrane that lines the vagina. These microscopic breaks or lesions provide the means for HIV to pass via the sexual fluids through the mucous membrane into a woman's bloodstream.

Some people believe that vaginal sex is safe if the man withdraws before ejaculating but this is untrue. A small amount of sexual fluid is released from a man's penis even before he ejaculates.

A woman's vagina releases fluids that reduce the friction between the man's penis and her vagina during sex, but some women may not always produce enough lubrication. Because of this special jellies have been designed for sexual lubrication, for example KY jelly. They are available from clinics and chemists.

The sexual practice that carries the highest risk is **penetrative sex without the use of a condom**. Condoms help to prevent the transmission of HIV from the infected partner to the uninfected partner's bloodstream. Sometimes condoms can make a woman's vagina dry. This increases the friction during sex and can weaken the condom. Water-based lubricants can be used with condoms to stop this. Oil-based lubricants (eg vaseline, cooking oil) should not be used as they can destroy the rubber the condom is made of.

ANAL SEX During anal sex, the penis of a man enters the anus of another person. This form of sexual activity occurs between men and women and in relationships between men. Some young girls allow their boyfriends to have anal sex with them as a form of birth control. Anal sex is a very high risk activity because the mucous membrane lining the rectum is sensitive and damages easily which allows the HIV to enter the bloodstream. Condoms help prevent the transmission of the virus and lubrication helps to reduce the friction.

ORAL SEX Oral sex is a sexual activity in which partners stimulate each other's sexual organs using their mouths and tongues. During this activity, people sometimes swallow their partner's sexual fluids. Because it is difficult for HIV to enter the bloodstream in this way, oral sex is a low risk activity. The only way that someone could be infected through oral sex is if they had cuts, sores or inflammation in their mouth or throat. The medical profession is not aware of anyone who has become infected through oral sex but knowing for certain is impossible because most people have penetrative sex as well as oral sex.

KISSING Kissing is a safe sexual activity. Even if partners kiss with their mouths open and exchange saliva, the virus will not pass from one partner to the other partner. If both partners had deep cuts or sores in their mouths, the possibility could exist but it is unlikely.

TOUCHING Holding, stroking, rubbing, massaging and other forms of touching are safe forms of sexual expression.

MASTURBATION Masturbation is a form of touching in which a person stimulates his or her own sexual organs using their hands. Partners may also masturbate each other. This is called mutual masturbation.

Masturbation is safe and a good alternative to vaginal sex because it is not possible for blood or sexual fluids to pass from one partner into the other partner's bloodstream. Because it is a satisfying, safe and completely natural sexual activity, it is unfortunate that some societies condemn masturbation.

THIGH SEX In traditional Swazi culture a way of preventing pregnancy while still enjoying sex is thigh sex. During thigh sex a man puts his penis between the thighs of a woman and does not enter the vagina. This is a form of masturbation in which only the man is satisfied.

Thigh sex is safe as long as the man's sexual fluids do not touch the woman's vagina. A woman can help to prevent this from happening by holding her hand over her genitals.

SEX TOYS Some people use sex toys or objects shaped like a man's penis. Any object that is used to penetrate the vagina or the anus poses a risk if it is shared with someone without being cleaned because the blood or sexual fluids of an infected person can be passed to an uninfected person who uses the object.

Objects put into the vagina or anus can easily damage the mucous membrane, making any vaginal or anal sex that follows even more dangerous because of blood that can pass through the breaks in the mucous membrane.

IN CONCLUSION Both partners need to be aware what level of risk is attached to a particular sexual activity. Some sexual activities and the risk of being HIV infected from them are shown below.

► **High Risk:**	penis-vaginal sex without a condom
	penis-anal sex without a condom
	sharing sex toys
► **Low Risk:**	oral sex
	penis-vaginal sex with a condom
	penis-anal sex with a condom
► **No Risk:**	masturbation
	mutual masturbation
	kissing with a closed mouth
	kissing that involves the exchange of saliva and the touching of tongues
	holding hands
	touching each other's bodies
	sharing the same bed without having sex
	thigh sex
	sex toys that are not shared

Social Contact with People Who Have HIV/AIDS

No risk is attached to having social contact with people who have AIDS. Scientists and researchers agree that HIV cannot be passed from one person to another through everyday contact. Touching, coughing, sneezing, sharing cutlery, glasses, cups,

towels, clothes, telephones, swimming pools, toilet seats, showers or food with people who have HIV is **no risk**.

Mosquitoes and HIV

Many people are afraid that mosquitoes can cause HIV infection but this cannot happen because mosquitoes do not inject blood into people, they inject their own saliva in which HIV cannot survive. Mosquitoes mix their own saliva with human blood before drinking it because human blood is too thick. One tube in the mosquito's mouth injects saliva into a person and the other tube in the mosquito's mouth is used to suck a person's blood from his or her body.

If mosquitoes could carry HIV, all people in

mosquito-infested areas would become infected with HIV because all people — young and old, sexually active and sexually inactive — are bitten by mosquitoes. In such areas, all people get malaria, a disease carried by mosquitoes, but it is mostly sexually active people who get HIV. Therefore, mosquitoes do not carry HIV.

AIDS and *Ligola*

Some people believe that sex with a woman after she has lost a child will give a man *ligola*. *Ligola* is unknown to doctors and there are no proven cases of this disease. The description that people give of ligola sounds somewhat like TB. AIDS is not *ligola*.

Alcohol and Drugs Used before or during Sex

Some people use alcohol or drugs just before having sex. This can increase the risk of HIV infection because alcohol damages our ability to make responsible choices.

The first part of the brain that alcohol affects is the part used to make critical choices. Even people who know about HIV/AIDS may not make responsible choices if they have been drinking. One glass of alcohol is enough to affect a person's ability to choose responsibly.

Alcohol also causes personality changes. It relaxes people so that they make choices that they would not normally make. Drugs have the same effect.

Sexually Transmitted Diseases

Any sexually transmitted disease or STD that causes sores or damages the mucous membranes makes it easier for HIV to enter a person's bloodstream. This means that the chances of becoming infected with HIV during sex with an infected partner are much higher if you have an STD. If a person who has HIV gets another STD, they will find that it gets worse quicker and is more difficult to treat than usual. More information about STDs is included in the next section.

Points to Remember in HIV/AIDS Discussions

- Accurate information is important in helping to stop the spread of HIV/AIDS.
- Using the educational messages that the Swaziland Government provides through SNAP helps to emphasise the information that young people are receiving.
- Statistics become outdated in a very short time so that confirming facts and updating statistics ensures that information provided to young people is accurate.
- Some newspaper and magazine articles are inaccurate and local AIDS experts should always be consulted to confirm new information.
- Moralising or telling young people what to do is ineffective, but helping them learn to make their own informed, responsible choices is effective.
- Sensitivity toward young people who are already HIV positive or have loved ones who are HIV positive is important. They also need accurate information to deal with their problem.
- People with HIV/AIDS are not victims. Calling them victims disempowers them. People with AIDS need encouragement and reassurance that they have the power to improve the quality of their lives.
- There are no high risk groups in discussions about HIV/AIDS, there is only high risk behaviour.
- HIV/AIDS information is for everyone. No one thinks that HIV/AIDS will happen to them, but every person is a sexual being and everyone needs to know how to protect themselves from HIV/AIDS.

Questions for Classroom Discussion

Ask your students to think about the ways that HIV/AIDS can be transmitted. Ask the students to think about:

- What sexual activities they or their family and friends engage in?

- Are those activities high risk, low risk or no risk? Why?
- What can they do to help themselves avoid getting HIV?

Sexually Transmitted Diseases

The number of people getting infected with HIV in Swaziland is very large because of STDs. Many people have STDs and this makes it much easier for HIV to get into their bloodstream. If young people in Swaziland are aware of STDs, what they are and what to do about them, the spread of HIV will be reduced.

Sexually transmitted diseases or STDs are diseases that pass from one person to another during sexual activity. The old term for sexually transmitted diseases was VD. VD means venereal disease.

STDs are an important cause of deaths or disease in Swaziland. Health facilities throughtout the

country treat many STD cases. People are aware of the problems STDs can cause and a high percentage do seek treatment at health facilities. At least 95% of women in Swaziland attend antenatal clinics where STDs can be identified and treated before they affect the unborn child.

Statistics from health facilities have not been fully analysed due to lack of resources and time constraints. These statistics are not definitive in themselves as many health facilities in the country lack laboratory support and the diagnosis of the STDs is often not supported by test results.

From the existing data, it seems that an almost equal number of both males and females contract STDs. There is little STD infection amongst 0 to 15-year-olds except for those who were infected by their mothers at birth. The rate of infections starts to increase at the age of 15 and reaches a peak in the mid-20s. In Swaziland more females present with a discharge type of STD than males and males are twice as likely to be diagnosed with an ulcer STD. In both males and females the most affected age group is 20 – 29. Thereafter the rate of infection decreases.

The Consequences of Getting STDs

STDs can be very painful, cause severe illness, produce emotional stress and in extreme cases can kill. They can cause infertility in both men and women and can cause pregnant mothers to lose their babies. In women with STDs the incidence of pelvic inflammatory disease or PID and cancer of the cervix is greater. PID is a condition where the inner reproductive organs of a woman become infected. Such infections can cause infertility, abortions and tubal pregnancies.

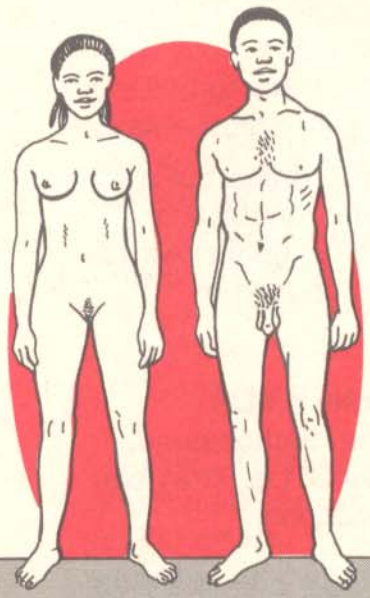
A tubal or ectopic pregnancy occurs when the fallopian tube of a woman is blocked and prevents the fertilised egg from moving down the tube to the womb. If this happens and the baby begins to grow in the mother's tube, her life and the baby's life are threatened. If this condition is not diagnosed in time, the tube will burst and the mother can die.

An infected woman can pass STDs on to her unborn child which may cause illness, brain damage, blindness or death in the child. In Southern Africa, syphilis is one of the main causes for the deaths of unborn children. With early diagnosis treatment for both mother and baby is possible.

Untreated ulcers on the sexual organs can destroy tissue and also cause deformity. In addition, such STDs create an opening in the skin through which HIV can pass into the bloodstream.

The Symptoms of STDs

Many STDs share similar symptoms and pinpointing exactly which disease is causing the problem requires a doctor or other health practitioner. If a person experiences any or a number of the following symptoms, he or she should visit a doctor or clinic for diagnosis and treatment:



- burning during urination or the need to urinate more frequently
- sores, warts, blisters or a rash on or around the sexual organs
- unusual smell and/or discharge from the penis or vagina
- swollen glands near the sex organs
- painful sexual intercourse
- fever, chills, headaches
- swelling or pain of the testicles (men)
- lower abdominal pain (women)

Because it is possible for a person to have more than one disease at a time, symptoms may be confusing and be somewhat different from those listed on page 59.

Unfortunately, STDs do not always cause symptoms, so a person may have an STD and not know it. Some STDs have very mild symptoms and show up in only one partner. These STDs are the most dangerous because they can damage the reproductive organs without the person even knowing that this is happening.

The Causes of STDs

Bacteria and STDs

Some STDs such as gonorrhoea, chlamydia, syphilis and chancroid are caused by bacteria. These STDs can be treated by antibiotics. Most are easy to cure if they are diagnosed early. Unfortunately, new bacteria that are resistant to antibiotics are infecting people which makes treatment more expensive and more difficult. For this reason, antibiotics should not be seen as 'a magic cure-all'.

Viruses and STDs

Some STDs are caused by viruses. These diseases can be treated by antiviral drugs but a patient cannot be cured completely. Antibiotics cannot be used to treat viruses. HIV, genital warts, hepatitis and herpes are all STDs caused by viruses.

Other Organisms That Cause STDs

Other organisms such as protozoa, trichomonad, candida, mites and lice can cause STDs. They can be treated with appropriate medications.

Categorising STDs

As outlined above STDs can be categorised according to what caused them. Another method of categorisation that is commonly used is based on the symptoms of the disease.

1 discharge STDs, e.g. gonorrhoea and chlamydia;

2 ulcer STDs, e.g. syphilis, chancroid and herpes.

The Treatment of STDs

When one partner is diagnosed with an STD, both partners should be treated for it. Otherwise they may simply pass the disease back and forth between each other.

People with STDs should stop having sex until a doctor or medical professional tells them that they are cured. Even if symptoms go away, the germ could still be alive and active in a person's body. This is why it is very important for a person to complete all medication before having sex again. Follow-up tests may be necessary to ensure that the disease is actually cured.

Buying medication such as '500s' or 'guns' from people who are not medical professionals can be ineffective and dangerous. Medical professionals are trained to know the correct strength of a medication that is needed and the proper dosage to be given for particular infections.

Methods to prevent pregnancy and STDs such as washing the vagina are ineffective and can be dangerous. Forcing water up into the vagina (douching) can help transport germs from the outside to the inner reproductive organs. Women who do this before visiting their doctor can remove important indications of an STD or other problem. Ordinary, daily gentle cleaning of the outer sexual organs is sufficient. Young women should always take care after using the toilet to wipe from the vagina towards the anus to help prevent vaginal infections.

For men, washing the penis immediately after intercourse can reduce the risk of contracting genital ulcers. While hygiene plays a role in reducing infection, washing after sex does not protect a man completely from genital ulcers and does not protect a person from other STDs.
It is not true that people who are dirty get STDs. All sexually active people are at risk of becoming infected.

A person can get the same STD many times. Treatment only kills the germs that are in the body at the time of treatment. It does not protect a person against future infections.

Common STDs in Swaziland

In addition to HIV, there are more than 20 different STDs. The 5 most common STDs in Swaziland are gonorrhea, chlamydia, syphilis, herpes and chancroid.

Gonorrhea

This is sometimes nicknamed 'drop' or 'the clap'. It is common worldwide. Gonorrhea can cause sterility, arthritis, skin disease, miscarriage and blindness in newborn babies. Gonorrhea is the commonest STD in Swaziland.

Gonorrhea has a short incubation period of 2 – 14 days. A large percentage of women remain symptom free. Symptoms when they exist are discomfort in urinating, more frequent urinating and vaginal discharge. The discharge is distinctively yellow, with an unpleasant odour. If the infection is untreated in females it may spread to the cervix, uterus, fallopian tubes and urinary tract. In men, the symptoms include difficult and painful urination and penile discharge. Rectal infection is common in both men and women.

Gonorrhea can be treated successfully with a dose of antibiotics. If untreated, it can cause serious illness and can be spread between sexual partners easily.

Chlamydia

Gonorrhea is often accompanied by **chlamydia** which is another common STD. The symptoms of chlamydial infection can be very similar to gonococcal infection or there may be no symptoms at all. Anyone who has gonorrhea should also be treated for chlamydia as the consequences of untreated chlamydial infection can be severe. Both gonorrhea and chlamydia promote the successful transmission of HIV.

Syphilis

Syphilis is sometimes nicknamed 'the pox' or 'the scab'. Syphilis can eventually cause death.

Syphilis has an incubation period of 9 days to 3 months. At the time of infection about 1 000 germs are typically picked up. After 3 weeks,

these germs multiply to 100 – 200 million. If the infection remains untreated, the germs can invade the whole body, eventually causing death.

The bacterium which causes syphilis lives in the warm lining of the genital passage, rectum and mouth. It dies almost immediately outside the human body. The infection spreads by direct physical contact, almost always by sexual contact. It can also be passed from an infected mother to her unborn baby. This can result in stilllbirth or deformity.

Syphilis has four stages. Each stage has typical signs and symptoms, but these can vary or be absent.

PRIMARY STAGE A sore appears on the body where infection took place 9 days to 3 months after infection occurs. This sore is called a chancre. A chancre is round, rubbery and firm, and may ooze colourless liquid. The glands may swell but are not often painful. There is no feeling of illness and the sore heals in a few weeks without treatment.

SECONDARY STAGE This occurs when the bacteria spread through the body. It may occur immediately after the primary stage or may take some weeks or months. The person is highly infectious. A dark red rash develops on the body. The person will feel generally unwell and may have headaches, swollen glands, general aches and pains, sickness and perhaps fever.

As in the primary stage, these symptoms disappear by themselves after approximately one month.

LATENCY PERIOD The infection continues to spread through the body without showing symptoms. However, the presence of syphilis can be shown by a blood test. A person is no longer infectious during the latency or tertiary stage.

TERTIARY STAGE This stage occurs in about a third of those people who have not been treated earlier. Serious disabilities now occur, such as paralysis, mental deterioration, severe psychiatric illness and death.

Syphilis can be treated with penicillin.

Herpes

Herpes is caused by a virus and is sexually transmitted. The first sore usually appears 4 – 7 days after intercourse with an infected partner. These painful sores take the form of small blisters on the genitals which have a colourless discharge. Many people also experience fever, headaches and muscular pains. These symptoms last for about 9 – 13 days. In most cases infection is recurrent. There is no cure for herpes.

Chancroid

Chancroid is caused by a bacterium. About a week after infection occurs, multiple painful ulcers form on the genitals. These ulcers bleed easily and may become further infected with other bacteria. The lymph nodes can become swollen and tender and may rupture. Chancroid can be successfully treated with a number of different antibiotics. The presence of chancroid greatly increases the transmission of HIV.

The Advantages of Teaching Students About HIV and STDs at the Same Time

- STDs help to make HIV more real. STDs are more common and often have very obvious symptoms, but very few people have seen someone with HIV or AIDS.
- The ways of protecting yourself from HIV or STD infection are similar.
- Without STDs, Swaziland would not have such a serious AIDS problem.

Questions for Classroom Discussion

Ask your students to think about the following questions. They can discuss their answers in pairs or in groups.

- What would be the first thing that you would do if you thought that you had an STD?
- Would you tell your partner? How?
- How would you feel about going to the doctor, clinic or hospital?
- Would you tell your parents?
- Would you tell your best friend?

Safer Sex

The best protection of all against infection from HIV/AIDS and other sexually transmitted diseases is **abstinence**. If a person abstains or never has

sex with another person, he or she cannot become infected with HIV or another STD. For young people in particular, waiting until he or she is in a loving and long-term relationship with a person who has also waited is an option to be seriously considered.

If a person decides not to wait and does engage in sexual activity, the next best way to protect himself or herself is to use **safer sex practices**. Safer sex is sexual activity in which partners take precautions to protect each other from passing blood or sexual fluids from one partner into the other partner's bloodstream. Young people can express themselves physically and be sexually satisfied without putting themselves at risk of HIV infection. Safer sex options include:

- using condoms;
- mutual masturbation;
- thigh sex;
- hugging, kissing, touching, massaging.

Students should be strong in their attitude to safer sex as some activities can make partners sexually excited and make them consider unsafe sex options.

Safer sex needs to be talked about and partners need to do this before a situation arises where sexual activity is a possibility. Students can be given the opportunity in the classroom to consider the ideal time and place for such a discussion. Some of the issues that partners need to discuss include the following:

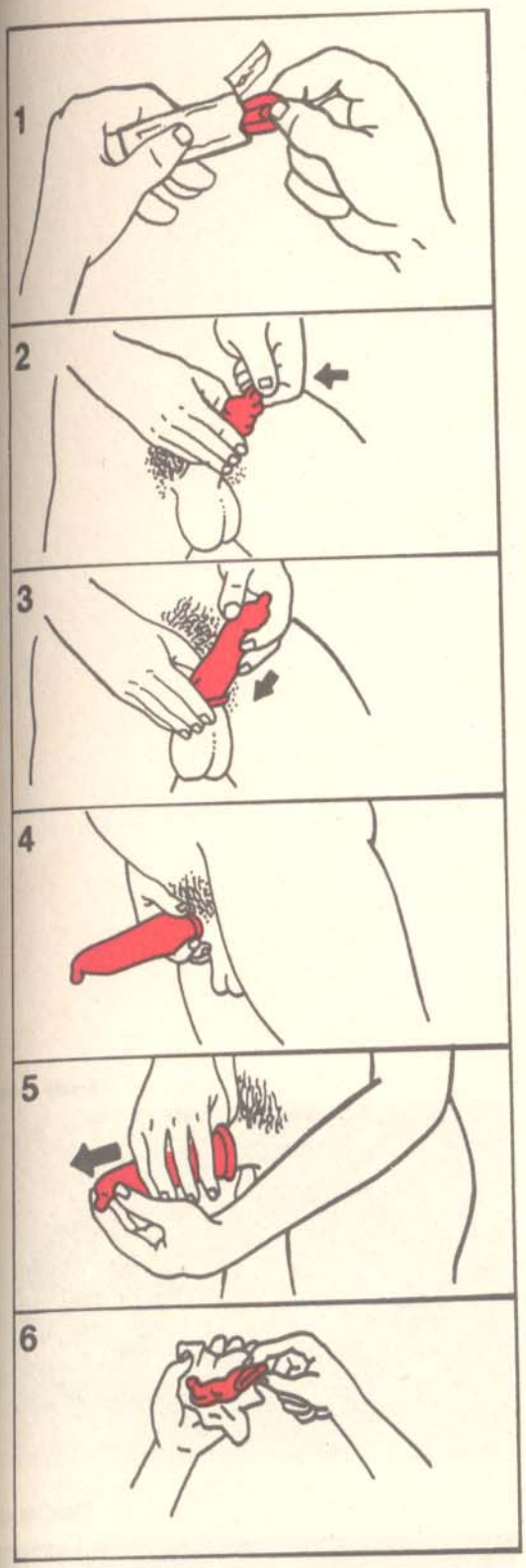
- Could past sexual relationships have put them at risk of being infected with HIV?
- Are they going to go together for HIV testing?
- Should they consider other forms of sexual satisfaction rather than penetration?
- Will they use condoms or not?
- Will they use extra lubrication or not?

Condoms

Most students in Swaziland in their late teens are already sexually active or soon will be. Condoms are one way of protecting themselves during sexual interaction. Condoms are only effective if they are used correctly. If students are not taught how to use and store condoms properly, the condoms may tear or burst.

- Condoms should be stored in a cool, dark place and they should be kept dry.
- Keeping condoms in a wallet or back pocket is not a good idea because they might be damaged from being bent when the person sits down and stands up.
- Condoms should be handled carefully to avoid being torn by rings, fingernails or other objects.
- Condoms have a use-by or expiry date on them because they deteriorate as they get older. They should not be used after this date. (Condoms obtained from a clinic or family planning might not have dates on them because they are supplied in bulk.) Condoms generally will not expire for a long time.
- Condoms should be left in their foil or plastic wrapper until needed so that they are not exposed to air and sunlight.

How to Use Condoms Correctly



Students can better protect themselves against HIV infection if they are given the opportunity to examine condoms and find out how they work before they need to use them. The correct method of using a condom is as follows:

1. Check the date on the condom pack to make sure the condom is still good to use.
2. Open the packet and carefully remove the condom.
3. Put the condom on the man's erect penis, as described in 4 below, before any penetration takes place because the man releases sexual fluids even before he ejaculates.
4. Hold the tip of the condom between two fingers and press out the air. The tip is there to catch the man's sexual fluids when they are released. If it is already filled with air, the condom may burst.
5. Keep holding the tip of the condom while placing the condom onto the head of the penis. Roll the condom all the way down the full length of the penis.
6. Enjoy sex as usual.
7. After ejaculation and **before the penis becomes soft**, take the condom off. To do this, hold the condom at the base of the penis and withdraw the penis. Avoid spilling any sexual fluid on your partner's body.
8. Wrap the condom in some paper and throw it away where children cannot reach it. Children may play with a condom thinking it is a balloon, which is dangerous because a used condom can cause illness and disease apart from HIV/AIDS.
9. Condoms can be used once only. A new condom should be used each time partners have sex.

Lubrication

Almost all condoms today are made from latex, a kind of rubber, and most are already lubricated. This makes a condom more comfortable for both partners.

Women secrete vaginal fluids that act as a natural lubricant during sexual activity. Sometimes using a condom causes this lubricant to dry up and then the condom can burst during sex. Partners can prevent this from happening by using a lubricated condom and extra lubrication jelly when they have sex. Jelly can be put on the condom once it has been placed on the penis and some lubricant can be put into the vagina or anus before penetration.

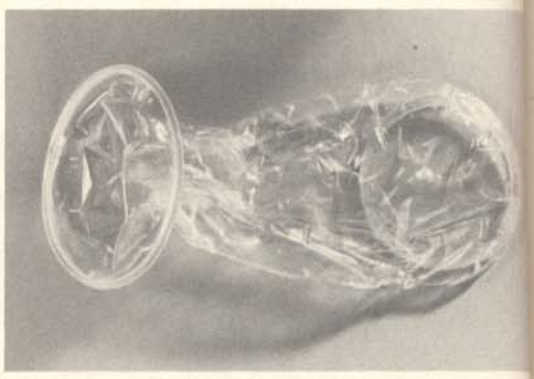
Some people try to reduce the friction by using oily substances such as baby oil, butter, cooking oil or vaseline, but these may damage the condom or irritate the mucous membranes. The best lubricants are water-based products such as KY jelly, which is available from family planning clinics and chemists.

Types of Condoms

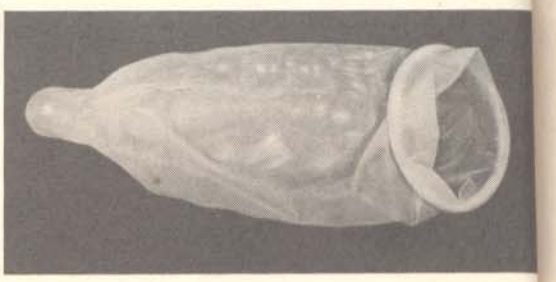
Students may be reluctant to use condoms and might say that they want 'flesh to flesh' contact. One way to encourage them to use condoms is to acknowledge that condoms do feel different but that there are many different types from which to choose. If one sort does not feel right, they should try another. There are also condoms that can be fun to use because they are coloured, flavoured or textured for added sensation.

Not all condoms offer the same protection. Those made from animal skin or intestines are not as reliable as those made from latex rubber. Some condoms are made especially for fun and may not provide the same protection against HIV/AIDS and other STDs. Flavoured condoms are often dry and need added lubrication to reduce friction during intercourse. Chemists can give advice on the best condom to use, and family planning clinics offer free condoms that have been proven effective.

Female cond



Male cond



The Advantages and Disadvantages of Using Condoms

Students should be encouraged to carefully consider condoms as a form of safer sex.

Asking them to consider the advantages and disadvantages of condoms will help them to do this.

- If sexual partners have never used condoms before, they may find using one awkward the first time.
- Some people say that condoms interfere with the physical pleasure of sexual activity but other people say that condoms help a man to keep his erection longer and make the pleasure more intense.
- Some men worry that condoms are too small for them to use, but condoms can stretch to fit anyone. Some say condoms are too big, but condoms are available in snug or contour fit.
- Using condoms helps to make sexual activity less messy because the man's sexual fluids are contained in the tip of the condom and do not spill on him or his partner or the place where they are having sex.
- Some people worry that the condom could come off a man's penis inside a woman's body and travel through her body to block her lungs. This is impossible because of the way that a woman's reproductive organs are made. In fact, unlike some other forms of birth control, condoms have no harmful effect on a woman's health. They are only used when needed and do not interfere with the natural processes of a woman's body.
- Condoms do not cause STDs in either women or men, but they may cause a woman's vagina to be dryer than usual. Using a lubrication jelly can help this problem if it occurs.

- Some people say that condoms are unnatural or unSwazi. Sexually transmitted diseases are natural but they have a very bad effect on a person's health. Condoms can offer protection against HIV, hepatitis, genital warts, herpes, gonorrhoea, chlamydia, syphilis, candida and trichomoniasis. Teenage pregnancy is also said to be unSwazi, but this does not stop Swazi teenagers from being sexually active. Condoms are a **responsible** way of protecting a sexually active person's health and helping to prevent unwanted pregnancies. Sex with a condom can help enhance the experience because partners do not have to worry about infection or an unwanted pregnancy.

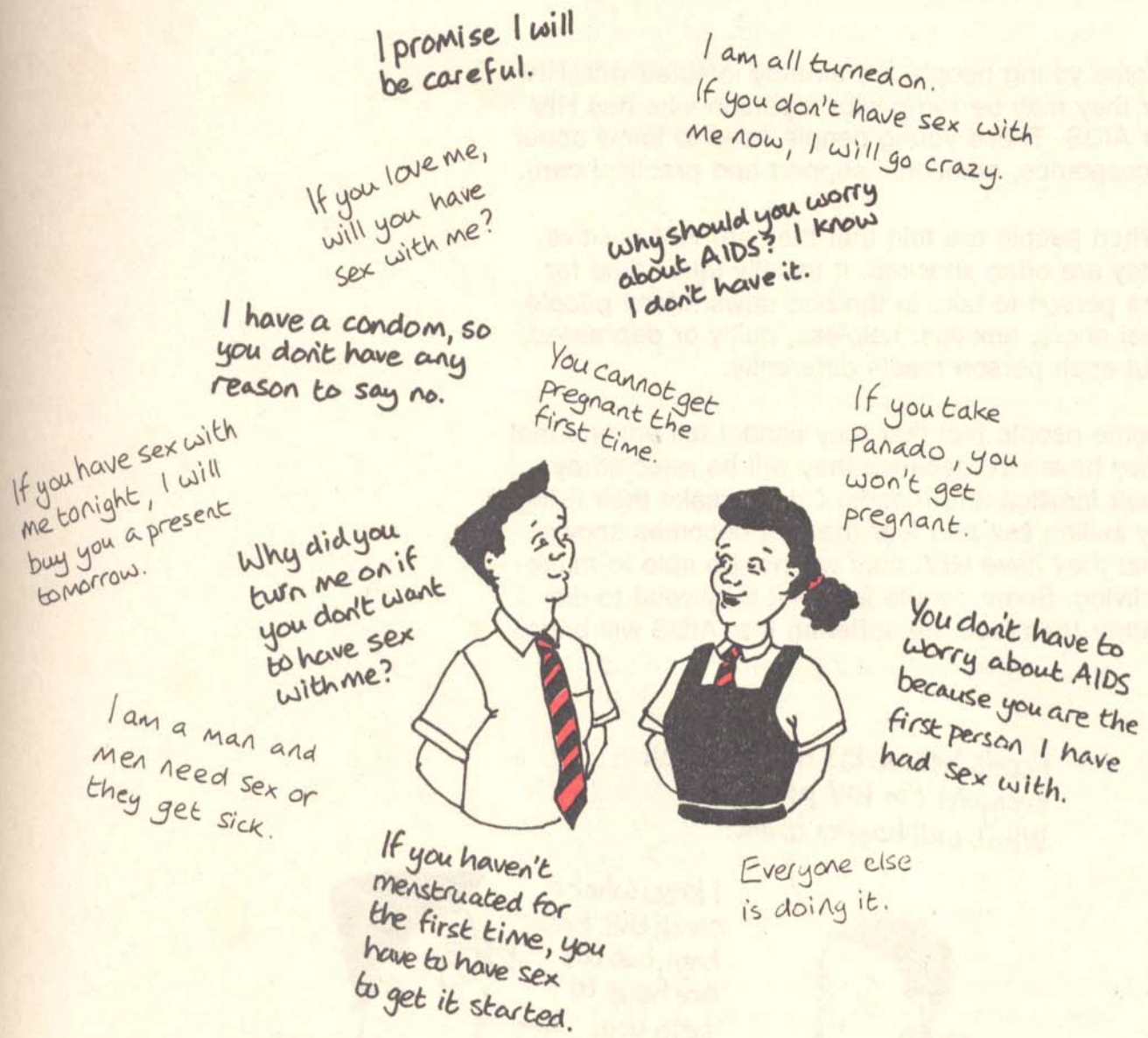
- Some people who do not approve of family planning say that condoms are a means of throwing away children, but women do not become pregnant every time they have sex whether they use a condom or not.

- Some people say that using a condom is a sign of distrust, but a person can have HIV or other sexually transmitted diseases without showing symptoms. Using a condom can be an indication that partners love and care for each other.

Helping Young People to Deal with Pressure to Have Sex

No one likes to feel pressured to do something that they do not want to do, including young people. But many young people, particularly young girls, are pressured to have sex before they feel ready for it. Parents and teachers can help young people learn how to deal with this pressure by talking about it.

Some of the things that people say to get other people to have sex include:



Students should consider the comments and contribute some more that they have heard. They can think about and practise responding assertively to these statements.

Many young people want to say 'no' to sex, but they do not know how. Some want to have safer sex with a condom, but do not know how to tell their partner to use one. One way parents and teachers can help young people to deal with pressure to have sex is to teach them **how to communicate their concerns to their partner and to negotiate**.

Open talk in the classroom can help young people learn that they have several options:

- They can say 'no' to sex.
- They can say 'no' to sex without a condom.
- They can talk to their partner about what 'I love you' means within the context of their relationship and how to express that love.
- They can suggest expressions of love with which both partners will feel comfortable.

Living with HIV/AIDS

Some young people are already infected with HIV or they may be living with a person who has HIV or AIDS. These young people need to know about acceptance, emotional support and practical care.

When people are told that they are HIV positive, they are often shocked. It usually takes time for the person to take in the bad news. Many people feel angry, anxious, helpless, guilty or depressed, but each person reacts differently.

Some people feel that they cannot tell anyone that they have HIV because they will be rejected by their families and friends. Others make their living by selling sex and fear that if it becomes known that they have HIV, they will not be able to make a living. Some people feel that they want to die rather than face the suffering that AIDS will bring.

Some people believe that the test result must be wrong. Others feel that contracting HIV was inevitable because of their lifestyles. Other people feel that discovering that they have HIV has been a good thing because it has made them realise how precious life is. They believe that they only really began to live when they knew that they could become sick with AIDS at any time.

Issues that Being HIV Positive Raises

The reality of HIV and AIDS presents a number of problems for people infected with HIV. The possibility of death is not easy to accept and brings with it other issues that must be resolved. For example:

- Who will look after my partner or children?
- My dreams and life goals have not yet been realised.
- I must face physical weakness and perhaps a loss of dignity.
- Who will care for me?
- Will I lose my friends and my job?
- Will my medical aid scheme cover my illness and will my insurance pay out when I die?
- How can I tell my partner and family?
- Can I continue to have sex?
- Must I tell my doctor and dentist?

Students can discuss solutions to these concerns. This may help those who are already infected and those who will become infected. It may help students to appreciate what it really means to be HIV positive.

If a partner also has HIV, the situation becomes more complex. Other issues need to be resolved, such as:

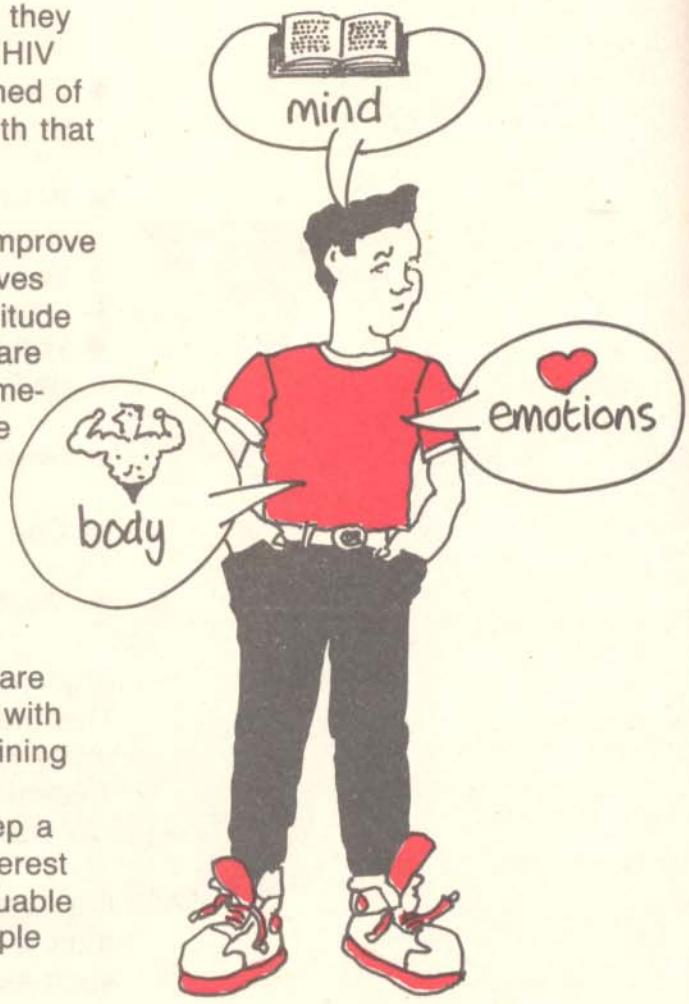
- Who is going to get sick first?
- How can I watch my partner caring for me when I know that no one will be there to care for him or her when they become ill?
- If all the money available for care is spent on the first person to become ill, what happens to the other partner?
- Will our children become orphans? Who will look after them?

Improving the Quality of Life for a Person with AIDS

People with AIDS need support and practical care from family and friends, but they also need to help themselves by taking care of their minds, their emotions and their bodies. Life does not stop for people with HIV or AIDS and many find that their lives take on new meaning.

Many people only see the value of life when they are in danger of losing it. Often people with HIV start to do the things that they always dreamed of doing. Many discover information about health that they never felt they needed before.

People with AIDS can do several things to improve the quality of their lives and to help themselves stay well longer — they can change their attitude and they can change their lifestyle. Health-care services, counselling and group support, home-based care and community resources can be provided by other people and organisations but attitude and lifestyle changes can only come from the person with AIDS.



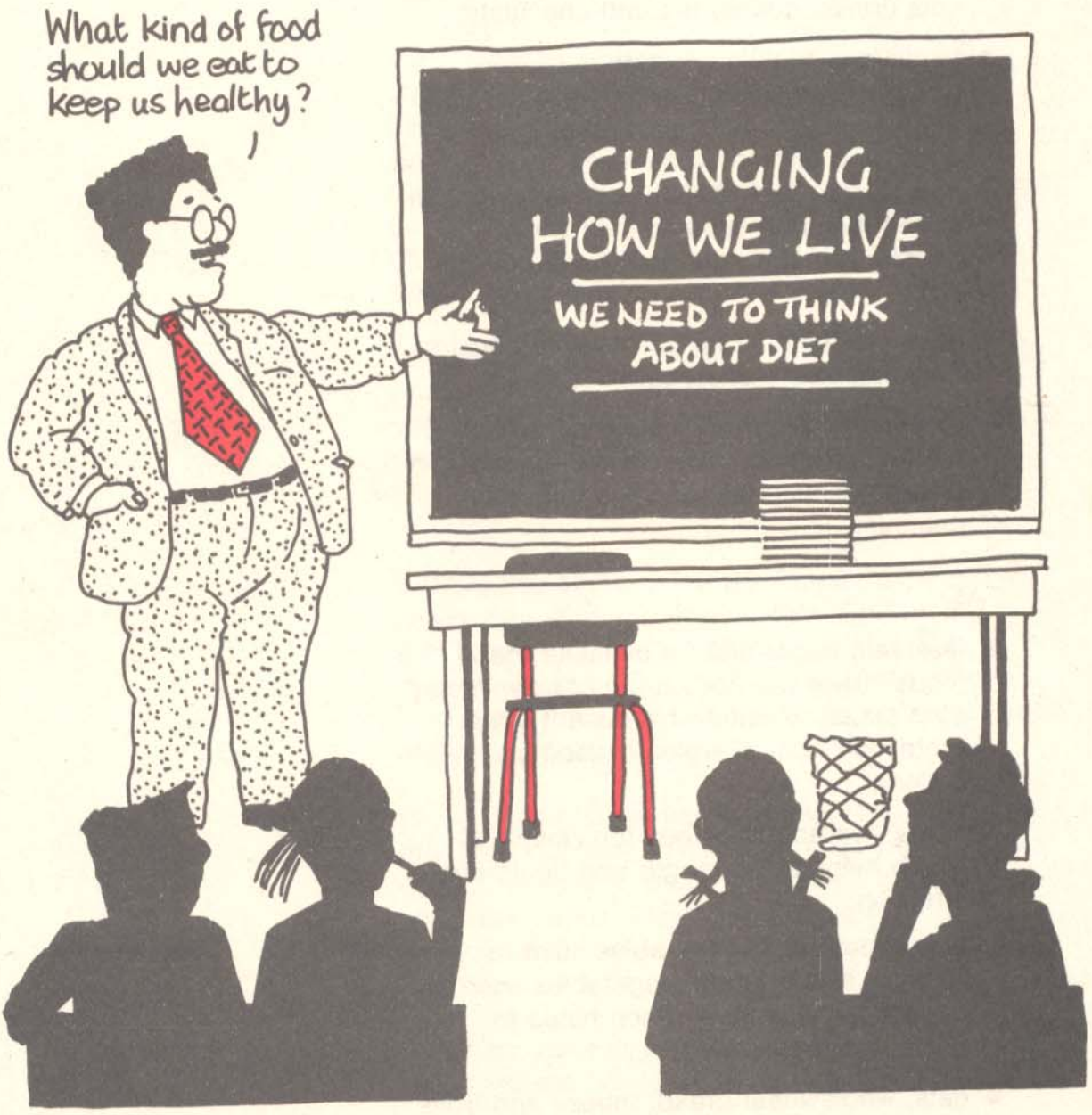
Changing Attitude

A positive self-image and a will to enjoy life are important factors in the ability of the person with AIDS to live as normally as possible. Maintaining control of their lives and doing as much for themselves as possible will help them to keep a positive self-image. Finding something of interest to do and helping other people can be invaluable in increasing the quality of life for some people with AIDS.

Maintaining a loving relationship with a partner and finding ways to receive and give sexual satisfaction to a partner without risk of that person getting HIV are other ways to enhance the quality of life for a person who has AIDS. Counselling may help partners to deal with the problems of HIV/AIDS and help them to change their sexual practices and find new ways of achieving sexual satisfaction.

Changing Lifestyle

Four important things for the person with AIDS to consider about their lifestyle are diet, hygiene, stress and avoiding people with infections.



1 DIET There are some simple principles that can be applied to diet to ensure the best possible health.

AVOID:

- processed foods such as tinned foods, white bread, white mealie meal and margarine;
- large amounts of alcohol;
- smoking tobacco (some people believe that the stress involved in stopping smoking is more harmful than the smoking itself — each individual must decide for himself or herself);
- substances that contain caffeine such as cola drinks, coffee, tea and chocolate;
- foods that contain dangerous micro-organisms, including such foods as unpasteurised milk, half-cooked meat or eggs, and fermented cheeses such as Brie and Camembert (these foods may contain certain bacteria such as salmonella that people with HIV may not be able to fight off);
- dairy products as far as possible because they can cause diarrhoea.
- mucous forming foods such as milk products, refined foods, bananas and cola drinks because bacteria like to live in mucous;

EAT:

- less salt, sugar and fat because these foods stress the body (but consider honey as a sugar substitute because it offers protection from allergies caused by pollen);
- citrus fruit and tomatoes for Vitamin C which helps cell strength and fights off infection;
- dark-green, leafy vegetables such as spinach and colourful vegetables such as carrots for Vitamin A which helps to prevent disease;
- oats, wholewheat bread, muesli and fruits

and vegetables for fibre that helps to prevent dangerous intestinal infections by aiding the digestive processes;

- sesame seeds, dark-green vegetables and tinned fish, such as pilchards, for calcium which is a natural anti-depressant and strengthens the nervous system;
- fresh fruit and vegetables for many vitamins and minerals. (Always wash these foods before eating and do not overcook vegetables because that destroys the vitamins. One way of ensuring that all the vitamins in vegetables are used is to use the water that vegetables are cooked in as a soup.)

Taking a good vitamin and mineral supplement can help to ensure that the body is receiving all the necessary nutrients such as Vitamin E and zinc which help to heal infections and restore tissue.

Drink plenty of water to help rid the body of toxins (substances that harm the body). Some people choose to help this process by eating only fruit and drinking only fruit juice in the mornings.

Antibiotics destroy intestinal bacteria that help the body to absorb nutrients. Eating live cultured yoghurt after taking a course of antibiotics helps to restore intestinal bacteria.

2 DEALING WITH STRESS Stress helps HIV to destroy the immune system. Any lifestyle change that helps a person to manage stress will help the immune system. The best way to deal with stress is to try to relax and engage in enjoyable activities more frequently.

Some people enjoy **working hard** and the stress that accompanies it. These people may be bored when they take a break. If a person's job is a source of stress, they could consider a change in employment if possible or arrange to take periodic breaks.

Small amounts of **alcohol** (one glass per day) can reduce stress but larger amounts can increase it.

Exercise reduces stress. A person with HIV should exercise at least three times a week. The best exercise for a person who has AIDS is swimming because it exercises the heart and lungs and does not strain the joints.

Sufficient **sleep** is important to reduce stress because white blood cells reproduce faster when the body is asleep. Important brain chemicals that are used during the day are restored and the body absorbs nutrients from digested food during sleep.

3 HYGIENE Many infections can be prevented by keeping the body clean. A simple thing like dirty fingernails can cause a fungal infection in a person with AIDS.

- Teeth should be brushed with a soft toothbrush after every meal. Where possible, dental floss should be used each day to help prevent gum disease. A dentist can offer advice on an effective mouth rinse.
- Skin should be kept moist with the use of moisturisers. Mild bath soaps help to prevent dryness. Taking a shower rather than a bath helps to prevent organisms from spreading from one part of the body to others.
- Pressure sores can be avoided by not sitting or lying in the same position for too long a time.
- Keeping fingernails and toenails cut helps to prevent fungal infections.
- Use hair and scalp conditioners, a gentle shampoo and do not wash the hair too often.
- Any irritation of the vagina or the anus should be checked by a doctor immediately.
- Hands should be washed regularly, especially before eating and after using the toilet. Using liquid soap rather than bar soap can help to prevent the spread of germs from one person to another.
- Infections should be treated by a doctor as soon as the first signs of illness appear.

Skin infections, in particular, are usually easy to treat if they are recognised early.

- Tissues or cloth with faeces or blood on them should be put into plastic bags and tied shut. Sheets or clothes with blood on them can be washed normally after they have been soaked in bleach.
- Faeces or blood spilt on the floor should be cleaned up with paper or cloth that can be thrown away. The floor area should be washed with a mixture of one part bleach and ten parts water.
- Plates and other eating utensils should be washed in hot, soapy water. These items can be air dried without the aid of a dish towel.

4 AVOIDING PEOPLE WITH INFECTIONS
Avoiding people with infections may seem rude but it is an important skill for people with AIDS to practise. If the person with HIV is still in the incubation stage, avoiding people with infections is not necessary.

Medical Support

Each individual must decide for themselves whether to tell their doctor or their dentist that they are HIV positive. Medical professionals should be protecting themselves every time they are in contact with a patient as many patients will not know if they are positive or not. Medical professionals who provide care and treatment will be able to do their job better if they know whether a patient is HIV positive. This is because some antibiotics and vaccines can be very dangerous for people with HIV. Others work well and could be used. A person who is cared for by an informed doctor will get the best care possible. A person with HIV who has a doctor that he or she feels uncomfortable talking to about being HIV positive should change doctors.

Even though scientists and doctors are working very hard, no one yet has found a cure for HIV or vaccines to prevent a person from getting it. But there are treatments available for people who have AIDS.

Drug Therapy

Zidovudine or AZT is one drug that doctors use to try to slow down HIV from reproducing itself. AZT does not appear to lengthen the life of people with HIV, but it does seem to lengthen the stage in which symptoms do not threaten life and so to delay and shorten the final stage of AIDS.

AZT is not the miracle drug that people had hoped it would be. Many people do not use it because of the side effects that include hair loss, nausea, headaches and problems with the bone marrow production of red blood cells. The drug seems to be most effective when people begin to take it while they are still healthy carriers of HIV who have not yet shown symptoms.

Another drug that has a similar effect to AZT is didanosine or ddI. These two drugs are sometimes used in combination. Both are very expensive so they are not an option for people who do not have much money. Treatment programmes are most effective if the individual feels comfortable with them.

Treatment Programmes

In designing a treatment programme for a person with HIV or AIDS, a person's physical health is not the only consideration. His or her emotional well-being is also considered. People who are happy and positive fight off infections better than people who are stressed or traumatised.

Some modern western treatments cause stress to the patient. Fortunately, these treatments are not the only option. Many people with AIDS have experienced better results with alternative or holistic medicine. Holistic therapies include things such as nutrition, meditation, massage, acupuncture, herbalism, relaxation training and dream analysis.

The most important objective of treatment of any kind is to boost the person's immune system. Proper nutrition, adequate rest and sufficient exercise form a good basis for this but emotional well being is also needed. Expressing emotions by laughing and even crying can help the body to help itself heal infections.

While no miracle cure yet exists and the battle against AIDS is a difficult one, people with AIDS can help themselves by adopting a positive attitude and a healthy lifestyle.

Traditional Healers

Traditional healers in Swaziland have also joined the fight against HIV and AIDS. Modern medicine is studying traditional methods and is learning from them.

Traditional healers have improved the quality of life for some people with AIDS, but some traditional remedies can have a negative effect on the health of AIDS patients. Treatments that induce vomiting or use laxatives that cause diarrhoea make people lose body fluid. If a person is unsure about a particular treatment and its safety, SNAP can provide information. This organisation works with traditional healers and can offer assistance.

Home-based Care

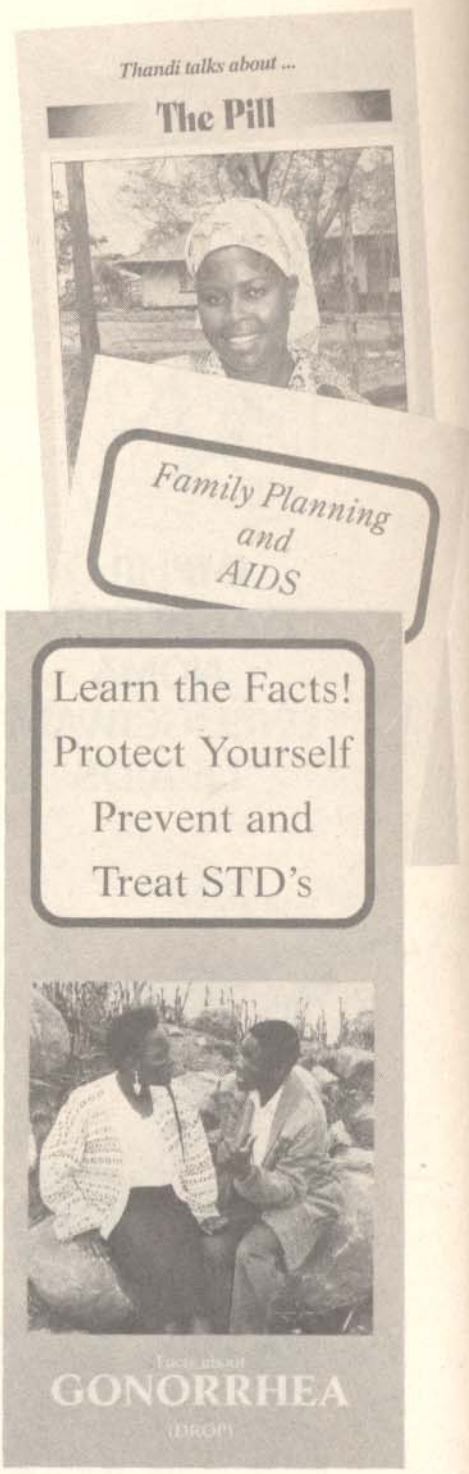
The Swaziland Government has recognised that hospitals cannot cope with all the people who have AIDS or HIV-related infections. For this reason, the government has designed a plan to cope with the increasing number of people with AIDS.

Most treatments that are given to people with AIDS can be given to them in their own homes. The Home-based Care Project, implemented by the Salvation Army, HOSPICE at Home and the Emkhuzweni Rural Health Centre, teaches families and friends how to care for people with AIDS at home. Many people with AIDS fear they will be rejected by their community, so the Home-based Care Project not only offers them support but also encourages their families and friends to educate the whole community about HIV and AIDS.

Community Resources

Various community organisations care for people with AIDS. These organisations also offer information on living a healthy lifestyle.
People with HIV or AIDS can help themselves

by constantly updating their information and knowledge and trying to stay as healthy as possible.



Counselling and Support Groups

Some people who find it difficult to accept that they are HIV positive avoid the help of medical professionals, traditional healers, counsellors or support groups for as long as possible. No one can be forced into acceptance and for some people coming to terms with having HIV takes weeks or months. Once people have dealt with their feelings, they may be open to receiving information and support from counsellors or support groups.

Counsellors and support groups help people to find emotional support and they can provide accurate information about improving the quality of life and coping with HIV and AIDS. Counsellors who have received professional training can help people to express their feelings about having HIV and they can offer specific answers to questions.

Support Organisations

School HIV/AIDS and Population Education (SHAPE)
P O Box 182, Mbabane
Telephone 45006
Fax 44246

Swaziland National AIDS Programme (SNAP)
P O Box 1119, Mbabane
Telephone 48440/1
Fax 45397

Family Life Association (FLAS) and Project HOPE HIV/AIDS Prevention Project
1st Floor, Liqhaga Building
P O Box 1051, Manzini
Telephone 54790/53586

FLAS
P O Box 1286, Mbabane
Telephone 46680
Fax 53191

FLAS Clinic
Mbabane Telephone 46680

Baphalali Swaziland Red Cross Society
P O Box 377, Mbabane
Telephone 42532
Fax 46108

Salvation Army
P O Box 2543, Mbabane
Telephone 45234

Save The Children Fund
P O Box 2453, Mbabane
Telephone 42573
Fax 44719

The AIDS Information and Support Centre (TASC)
P O Box 1279, Manzini
Telephone 53910
Fax 54752

TASC AIDS Helpline Telephone 53910

The Traditional Healers Association
P O Box 152, Siteki
Telephone 34449

Women's Resource Centre
P O Box 3573, Manzini
Telephone 55771
Fax 66771

Roman Catholic Church
P O Box 19, Manzini
Telephone 52348

Macmillan Boleswa Publishers
P O Box 1235, Manzini
Telephone 84533
Fax 85247

Questions for Classroom Discussion

Ask your students to think about the information that you have given them about living with HIV/AIDS. You might want to discuss some of the following questions with them.

- What would worry you most about being HIV positive?
- How do you think your parents would react if you told them?
- Out of all the suggestions that have been made to keep yourself healthy longer, what would you do first?
- What would you say to your best friend if they told you they were HIV positive?

An Introduction to Counselling HIV/AIDS Patients

What is Counselling?

Counselling is a **helping relationship** which helps a person to cope with some aspects of his or her life. It is a process that aims to empower people to understand and face up to their problems so that these can be dealt with constructively. Depending on the severity of the problems, counselling can be either a short-term or a long-term process. Either way, the task of counselling is to give people an opportunity to explore ways of living a more satisfying life.

AIDS counselling tries to help people solve some of the problems arising out of HIV infection, and to empower them to live positively with HIV/AIDS. People who have HIV often need a lot of help in coming to terms with their situation, because of the serious nature of the illness.

Why is it Important to Offer HIV/AIDS Counselling?

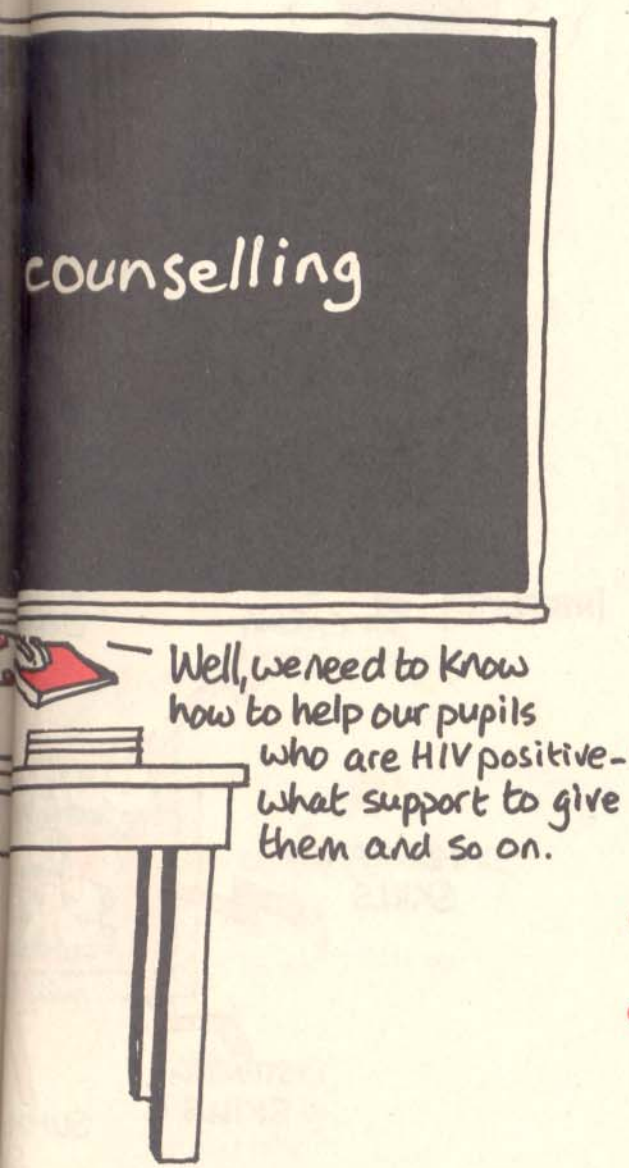
HIV/AIDS counselling is offered in order to:

- **provide social and psychological support to anyone affected by HIV/AIDS.** HIV positive people and their families often need and value support in helping them live with the disease and plan for the future.

- **help to prevent the spread of HIV infection** by giving people accurate information and helping them to plan and carry out positive behaviour choices to prevent themselves becoming infected with HIV or infecting other people.

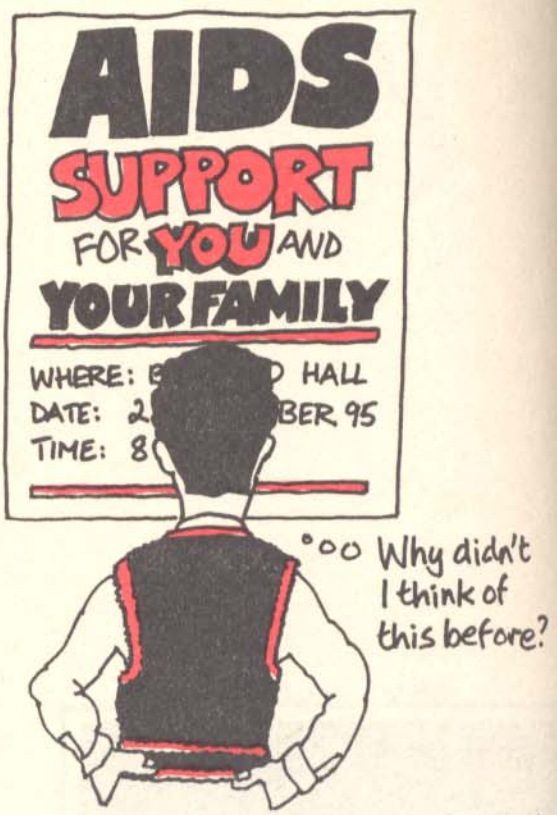
Who Should Be Offered HIV/AIDS Counselling?

- People who are worried that they may be infected with HIV. This **pre-test counselling** takes place before a person has a blood test to find out whether they have HIV. The aim of pre-test counselling is to help a person make an informed decision about whether or not to have an HIV antibody test, as well as to start them thinking about the potential consequences of being HIV positive.
- People who have just learnt that they are HIV antibody positive or negative following an HIV antibody test. This is called **post-test counselling** as it takes place after the test. The aim of post-test counselling is to help the person cope positively with the news of HIV infection.
- People who know they are infected with HIV and are living with it. This is providing **ongoing support**. We encourage 'positive living' when offering this type of counselling.
- People who have developed AIDS, who may be going through periods of acute or chronic illness, and who may be undergoing a lot of medical treatment in and out of hospital.
- Relatives and friends of people with HIV/AIDS may also need assistance in coping with the effects of the disease and the stress that goes with living with someone who is seriously ill.
- Health workers and others who care for people with HIV.
- Any person who seeks information or wants to discuss how they can avoid being infected with HIV or how they can avoid infecting other people. This is termed **prevention counselling** and is an essential part of all counselling activities.



The area where counselling takes place should ideally be private, comfortable and quiet, so that the person being counselled can feel at ease.

In Swaziland, HIV/AIDS counselling is offered in clinics and hospitals, where there are a number of trained AIDS counsellors. Other institutions that deal with AIDS counselling are listed on pages 82 and 83 of this book.



What Makes a Good Counsellor?

An AIDS counsellor should be a mature person who is committed to helping people with HIV and their families to understand and cope with their problems. He or she must be able to understand other people's feelings and concerns, and be strong enough to cope with the difficult and painful issues surrounding HIV infection. Counsellors must have successfully completed training. They are expected to communicate information about HIV in an accurate, consistent and objective manner.

Basic Counselling Skills

There are some basic qualities and skills an AIDS counsellor needs to have in a counselling session.

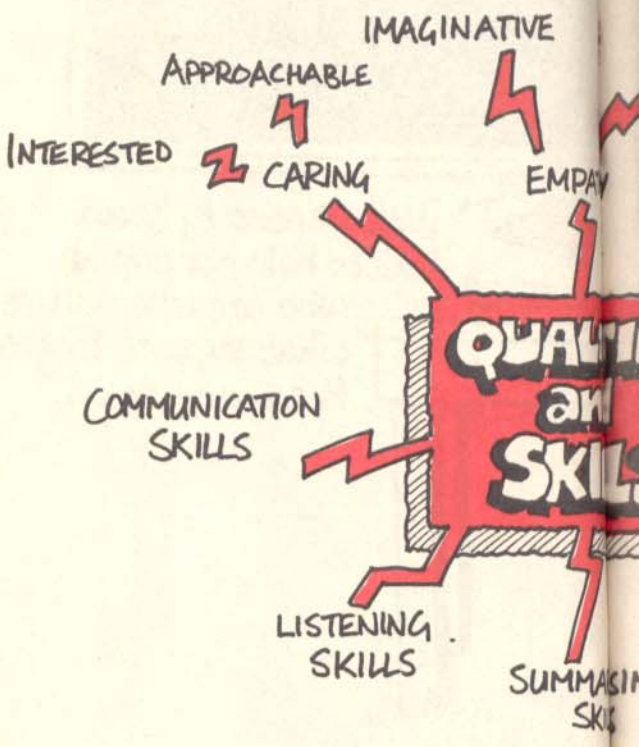
He or she needs to show **empathy**. This means that the counsellor tries to understand how the person is feeling, and tries to imagine what the person's situation is really like.

A good counsellor **cares** and wants to help. This can be expressed by being approachable and interested in the person being helped. A counsellor should show warmth, concern and trustworthiness.

Confidentiality is very important. A person must feel confident that the counsellor will not reveal anything he or she has been told to anyone else.

A counsellor should show complete **acceptance** of the person being helped. The aim of counselling is to enable people to make their own choices and decisions, not to prescribe solutions for them.

Good **communication skills** are also important in a counselling session. The counsellor can then



help the person to share his or her problems and to start considering how they might best be dealt with.

Listening is perhaps the most important communication skill of all. It is helpful to keep eye contact with the person and let him or her speak at their own pace. One should also be sensitive to a person's non-verbal communication (i.e. facial expressions and body movements), which can give important clues to their state of mind.

A counsellor should **confirm that he or she understands** by repeating back or summarising what the person has said.

There is also a skill to **asking and answering questions** in a counselling environment. It is best to ask one question at a time. Good questions are simple and open-ended. This helps a person to understand their problem more clearly.

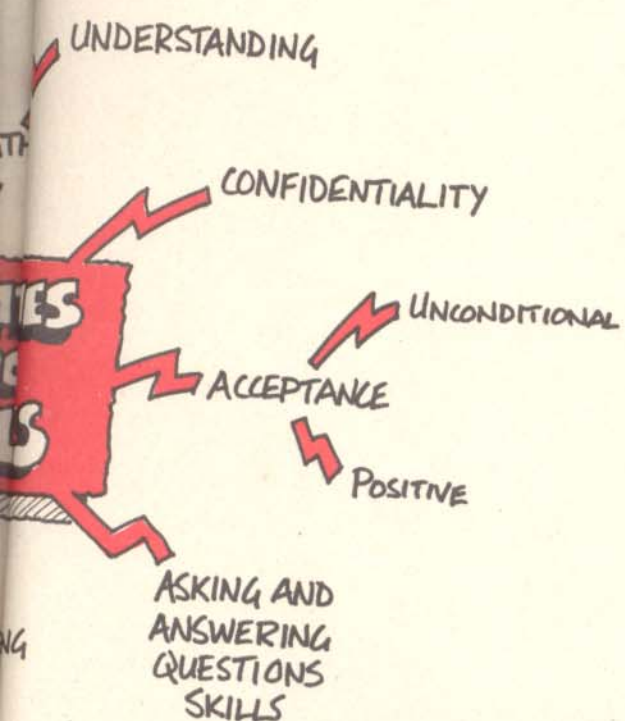
Example:

PERSON: 'I feel so worried.'

COUNSELLOR: 'What worries you most?'

PERSON: 'I am worried about my husband being upset.'

COUNSELLOR: 'What do you think would upset him?' etc.



When **answering questions**, there are a number of points to remember:

- Give accurate information. Honesty is essential. It is all right for a counsellor to say 'I do not know.'
- Use simple, clear language. Complicated medical jargon can confuse people.
- It is important that a counsellor does not use phrases like 'You should...' or 'You must...'. These do not help the person decide for him or herself what to do. Unless people make decisions for themselves, their behaviour will not change.

Stages Involved in Accepting HIV Positive Status

One of the most important functions of counselling is to help people come to terms with their situation if they are confronted with an HIV positive result after taking an HIV antibody test. Acceptance of an HIV positive status does not occur immediately. People often go through a series of stages. The counsellor can be of vital importance in assisting people to negotiate these stages. These are some of the possibilities:

- **Shock:** Most people will experience some form of shock on learning that they are HIV positive. This can manifest itself in a number of ways such as uncontrollable crying or laughter, sweating or even shaking. Normally this does not last very long.

- **Denial:** Many people respond by denying the news after the initial shock. This is a normal coping response to bad news.

- **Anger:** Some people become angry as they adjust to the news of being infected with HIV. This anger may be directed at God (Why did this happen to me?), at oneself (Why did I do certain things?) or at others.

- **Depression:** As they adjust to having HIV, some people may feel completely helpless and feel that nothing they can do will change the situation. Depression may be expressed by withdrawing from other people, tiredness, loss of energy and irritability. Some people become suicidal at this stage.

- **Bargaining:** Sometimes a person has started to realise that he or she has an infection that is not curable and may well lead to death. To try and win some control over it, they then attempt to 'bargain' to see if there is any way this disease can be taken away from them. This may take the form of looking for miracles or magical cures, or of undergoing some kind of religious conversion.

- **Acceptance:** This is achieved when the person has come to adjust to the situation as it is.

They have HIV and this fact can not be changed. The person starts to face up to the responsibilities of being HIV positive, preventing the spread of the infection, informing sexual partners about their status, and finding out about positive health choices.

- **Coping:** By this stage, the person has learnt to live with the many uncertainties of being HIV positive. The person tries to live positively, seeks help and support when needed and tries to make the best out of life. This may include planning for the future of their family and children, or exchanging ideas with and gaining support from other people who are HIV positive. Some people also gain strength by re-examining their values and spiritual life.

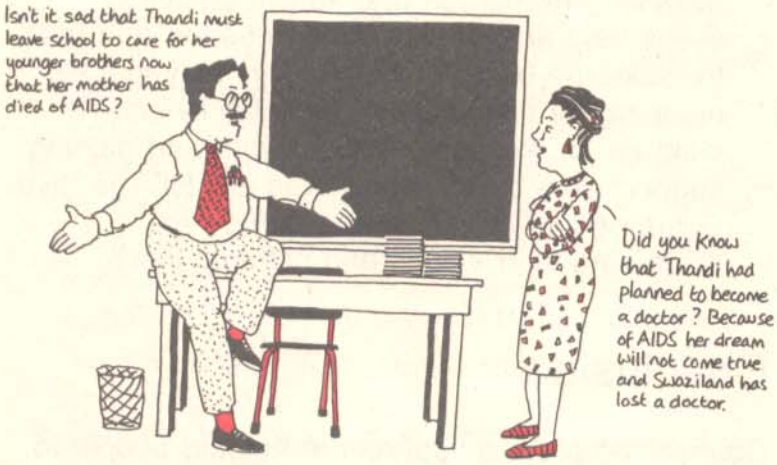
Conclusion

Counselling plays a vital role in helping people to adjust to their HIV positive status and its implications, as well as assisting those around them who also have to deal with traumatic changes and drastically altered expectations about their lives. Counselling takes place in three stages:

1. The counsellor helps the person tell their story.
2. The counsellor helps the person consider their options and possible solutions to their problem.
3. The counsellor helps the person to make a plan or resolve their difficulties.

The qualities a good counsellor needs (like empathy, acceptance and good communication skills) can be developed by practice and experience, although they should to a certain extent already be present in people being selected for training as counsellors.

The Social, Cultural and Economic Implications of AIDS for Swaziland



The immediate effect of the HIV/AIDS epidemic will be felt at the micro-level by the affected individuals and their families. Once a large enough number of people have been infected, the effects will spread to macro-level when communities and subsequently the nation will feel the effects of AIDS. The AIDS epidemic has different implications for the individual, the family, the community, society and the nation. This section examines these implications.

The Individual

The effect of HIV/AIDS on the individual will have psychological, physical and economic implications.

An individual's psychological response to HIV and AIDS is complex and varied. When confronted with an HIV positive blood test result, people may experience shock, denial, anger, depression, the desire to bargain, and finally acceptance or the ability to cope. This is explained in detail in the section on counselling beginning on page 84. Counselling plays a vital role in helping people to adjust to their HIV positive status and its implications. Without access to adequate

counselling, the effects may be traumatic for individuals and for those around them.

As people develop AIDS and become increasingly weak and prone to illness, they may become depressed and experience feelings of helplessness and of being a burden to those around them.

Other implications for those who are HIV positive and who will eventually develop AIDS include:

- negative reactions such as lack of understanding, ignorance, rejection, isolation from family, friends and the community;
- loss of job;
- loss of accommodation;
- loss of insurance;
- difficulties in relationships with the opposite sex;
- complex decisions to make when considering whether to have children;
- concern about who will look after their children during their illness and after their death;
- inability to support dependents financially due to loss of earnings and or illness;
- the need for more money to spend on medical treatment — western or traditional;
- a considerably shorter lifespan;
- eventual death.

The Family

The illness of a member of the family will have various effects, which depend on his/her age and economic role. As with the individual, these effects may be emotional, physical or financial.

Loss of Labour, Income and Food

As the group most affected by AIDS is the people who are in the workforce, the illness of a working member of the family may mean a direct loss of income and productive labour for the homestead. This will lead to more work per person in the family if the same level of output is to be achieved. In the case of an agricultural-based

family, as is the case in most Swazi homesteads, there may be fewer crops produced for sale or for consumption by the family. The type of crop grown may also change with reduced labour. When there is shortage of labour the Swazi tendency is to produce maize and to stop cultivation of the more nutritious crops such as legumes.

Burden on Women

The family will have additional work to do as members fall ill. This burden will fall mainly on the women who already carry the greatest workload, especially where the able-bodied males and youth migrate to the urban areas in search of employment. In addition, there is virtually no support mechanism that exists for families who lose a breadwinner or fall into poverty for whatever reason. The experiences of those few widows who do receive some kind of social security from the government suggest that such measures are inadequate to satisfy the basic human needs.

Effect on Children

As adults fall ill the burden of care and work may fall on the children. They may be required to leave school early in order to care for those who are ill or to cultivate crops or look after the cattle. This will in turn have implications for their educational attainment and future job prospects.

Funeral Expenses

Funeral expenses are very high. In Swaziland, although the subject of debate in some areas, the bereaved families may be expected to feed mourners from the date of death up to at least a month after the funeral. During the funeral a cow is slaughtered and fed to people who attend the funeral (the number of people can be large, depending on the person's popularity). Another beast is slaughtered a month later when cleansing ceremonies are performed and yet another large number of people must be fed. Funeral expenses will result in reduced cash available for the family.

The Community

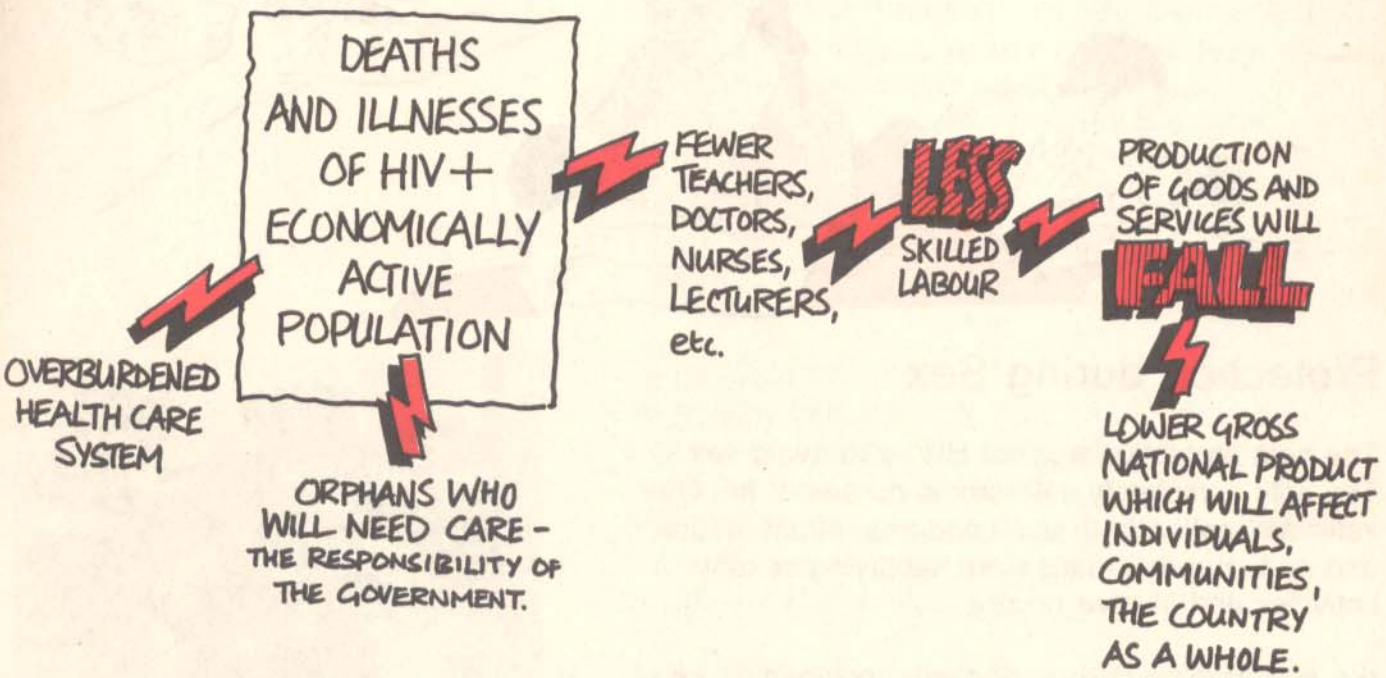
The implications of the virus for the economically active population cannot be underestimated. Wage earners in the 20 – 55 age group will be most

affected. Businesses and industries will run short of personnel and skilled workers. The country will suffer irreparable loss of specialised persons such as teachers, nurses, doctors, lecturers, engineers, scientists, trainees in colleges and universities. The personal loss that AIDS brings will thus be translated into economic loss affecting the whole country.

A further implication of this loss of skilled labour is the resulting reduction in gross earnings. Production of goods and services will fall. Gross national product per capita and revenue will also be affected.

As the years go by, more and more HIV positive people will develop AIDS and become sick. This will place an additional burden on the already overburdened health care system in Swaziland.

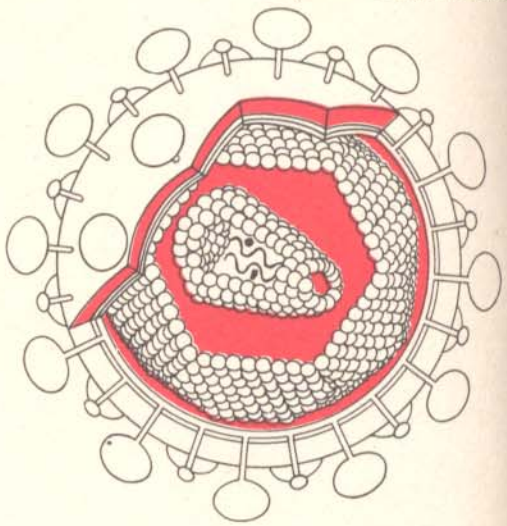
By the year 1997, it has been estimated that there will be more than 7 000 orphans as a result of AIDS. In the past, many of these orphans would have been cared for by the extended family. Today much of the responsibility for caring for these children will fall on the government.



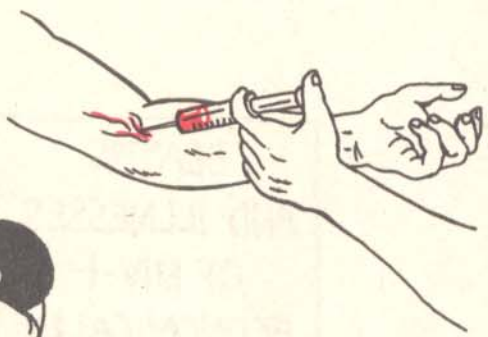
Summary of Basic Facts about HIV/AIDS

Doctors and scientists know what causes HIV/AIDS and how it is transmitted, which means that people can protect themselves from it. AIDS is a disease caused by a virus called HIV. This virus lives in the blood and sexual fluids of people who are infected with it. Any activity in which blood or sexual fluids can leave one person's body and enter another person's bloodstream are activities in which HIV/AIDS infection is a risk.

Cross-section of an HIV virus



The three ways that HIV can get into a person's bloodstream are through sex with a person who has HIV; from a mother with HIV who passes it on to her child during pregnancy, through the birth process or while breast-feeding; and, by sharing instruments that pierce or cut the skin with a person who has HIV. These are the only activities in which a person with HIV can infect another person with the virus. Ordinary, everyday contact with a person who has HIV poses no risk of infection.



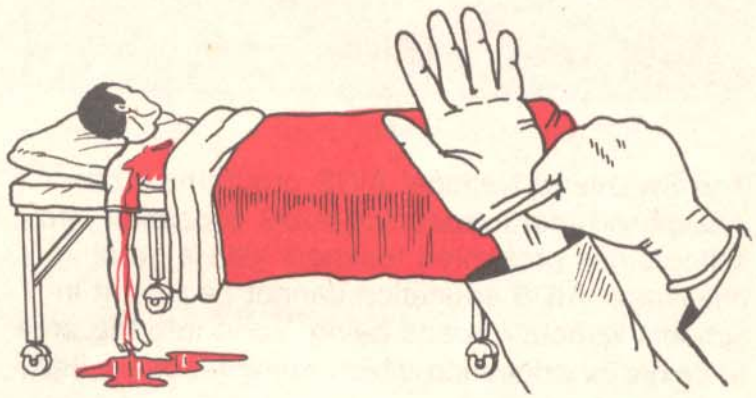
Protection during Sex

The best protection against HIV is to avoid sex. The only completely safe sex is no sex at all. One safer sex option is to use condoms. Masturbation and mutual masturbation are satisfying sexual activities and involve no risk.

If a man has more than one wife (polygamy), he is safe if: he has sex with no one except his wives; his wives only have sex with him; and, both he and his wives have been tested for HIV antibodies.

Other Types of Protection

Any spilt human blood is potentially dangerous and should be regarded that way. While the risk of acquiring HIV from spilt blood is low, people who must deal with it should take precautions for safety and cover their hands with plastic packets or rubber gloves.



How HIV Makes a Person Sick

HIV damages the ability of the blood to fight off illnesses. Eventually HIV destroys so many T4 cells that the body cannot protect itself from infection. When a person with HIV reaches this stage of infection, he or she becomes prey to opportunistic infections such as TB and pneumonia that take advantage of a person's weak immune system.

How to Detect the Presence of HIV

People who have HIV in their blood may appear to be healthy because HIV does not always show signs. Many years may pass before a person who has been infected with HIV becomes sick. The only way to know for certain if a person has HIV or not is for that person to have a blood test that checks for HIV antibodies.

If HIV antibodies are positively identified in a person's blood that person is said to be HIV positive. If HIV antibodies are not identified in the blood, that person is said to be HIV negative.

HIV antibodies in the blood can take from six weeks to three months to be detected in the blood. This period during which HIV cannot be detected is called the window period.

Your Contribution

The Swaziland National AIDS programme has recognised that introducing AIDS education into schools has presented teachers with a great challenge. AIDS education cannot be taught in schools without inroads being made into the area of sexuality education which many teachers find problematical.

As we have discussed in this handbook, sexuality education requires a different kind of approach from teachers to that which they are used to in other subject areas. They have to not only share information with their students but also equip those students with the necessary skills to act on this information.

In this handbook SNAP have tried to provide teachers with a general introduction to the field of AIDS and sexuality education, providing background information on HIV infection and AIDS as well as explaining why sexuality education in schools is of paramount importance in the fight against AIDS.

However, it is very important that you, as teachers, contribute your ideas and your classroom experience to this field. SNAP and the publishers would like to hear from you about this handbook and would like to ask you to become involved in the development of new materials by letting us know what you would like to see included in future AIDS and sexuality materials. Please write to SNAP at the address given on page 82 or to the publishers, addressing your letter to the AIDS Commissioning Editor, Macmillan Boleswa Publishers (Pty) Ltd, P O Box 1235, Manzini, Swaziland.

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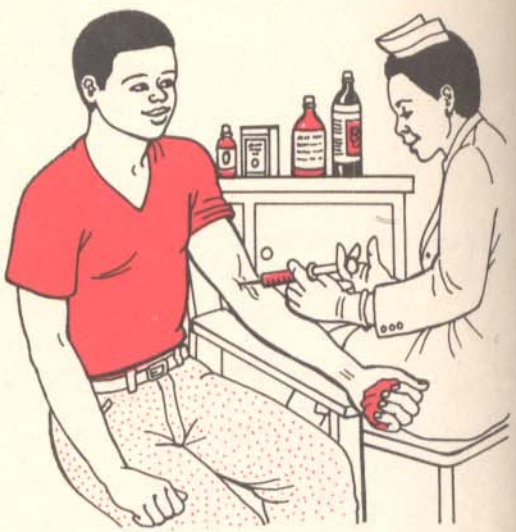

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Glossary

Abortion: Medical operation to terminate or end a pregnancy.

AIDS (Acquired Immune Deficiency Syndrome): A condition in which the body's immune system loses its ability (is deficient) to ward off infection.

AIDS dementia: A form of mental illness caused by HIV. Loss of memory, disturbances of vision and movement and personality changes may occur.

Anal sex: Sexual activity in which the penis enters the anus of the sex partner.

Antibiotic: A substance used to attack bacteria.

Antibody: A protein in the blood that is a part of the immune system which attacks any micro-organism that is foreign to the body.

Antibody positive: See **HIV positive**.

Antigen: Any foreign substance in the body which causes the immune system to produce antibodies. An example of an antigen is HIV.

Antigen test: A blood test that tests for HIV, usually only used in special circumstances.

Asymptomatic: Free of symptoms. People with HIV are asymptomatic during the incubation period.

AZT: Zidovudine. A drug that was designed to slow down the process of the virus.

Bacteria: Single-celled micro-organisms. Some bacteria cause disease but some bacteria are useful to the body. Many types of bacteria live in the intestines and are useful in digestion.

B cell: A special white blood cell that produces antibodies after receiving messages from the T4 cells.

Bisexual: Someone who is sexually attracted to both males and females.

Blood donation: The giving of blood for use in medical emergencies.

Blood transfusion: The receiving of blood after a major accident or after surgery.

Bone marrow: The soft tissue located in the cavities of bones. Bone marrow is responsible for the manufacture of red blood cells. AZT can damage bone marrow causing serious side effects.

***Candidiasis* (candida):** A yeast-like infection of the mucous membranes that is a common opportunistic infection in people with HIV.

Carrier: A person who is carrying an infectious organism in their body but shows no symptoms. Someone in the incubation stage of HIV is a carrier.

Cervical secretions: Fluids that keep the vagina moist. These are also called female sexual fluids.

Commercial sex worker: Someone who sells sex for money.

Condom: A thin sheath of latex rubber that is rolled onto the penis. A condom is used to prevent pregnancy and the spread of sexually transmitted diseases.

Contraception: The prevention of pregnancy using condoms, 'the pill', the 'injection', or devices, such as the loop.

ELISA (Enzyme Linked Immuno Sorbent Assay): A test that looks for HIV antibodies in the blood.

Foetus: An unborn baby in the womb.

Hepatitis: Inflammation of the liver caused by the hepatitis virus.

Herpes: Inflammation of the skin caused by the herpes viruses.

Heterosexual: A person who is sexually attracted to the opposite sex.

HIV (Human Immunodeficiency Virus): The virus that causes AIDS.

HIV antibody test: The blood test that checks if a person has HIV antibodies in their blood. If they have HIV antibodies, they also have HIV.

HIV negative: Having to do with the result of an HIV antibody test that shows that a person's blood has no HIV antibodies and therefore the person does not have HIV.

HIV positive: Having to do with the result of an HIV antibody test that proves that a person does have HIV antibodies in their blood and therefore

has HIV. People who are HIV positive can also be called antibody positive or seropositive.

Homosexual: A person who is sexually attracted to people of the same sex.

Immune deficiency: The inability of the immune system to fight infection. HIV is an example of an organism that can cause immune deficiency.

Immune system: The body's defence against infection and disease. The immune system consists of special white blood cells that work together to fight infections.

Incubation period: The period between infection and the appearance of the first symptoms.

Infection: The transmission of a 'germ' (infectious organism) into a person's body and the successful multiplication of that infectious organism inside a person's body.

Intercourse: Sexual activity in which the penis enters the vagina or the anus.

IV drug user: An IV or intravenous drug user is a person who uses mind altering drugs that need to be injected into a vein. An IV drug user does not use drugs for medical purposes.

Kaposi's sarcoma: A skin cancer that is very rare in people who do not have HIV, but is very common in people who do have HIV.

Lymphadenopathy: The condition in which the lymph glands swell up in their attempt to fight infection. The lymph glands are found in the neck, under the arms and in the groin.

Masturbation: The use of the hands to stimulate the sexual organs of oneself or a partner.

Micro-lesions: Small breaks or tears in the mucous membrane. These micro-lesions cannot be seen without the help of a microscope. They allow infectious organisms, like HIV, to enter the body.

Micro-organism: A collective term for the smallest living organisms. Micro-organisms cannot be seen by the eye. Examples of micro-organisms are bacteria and viruses. Micro-organisms are sometimes called 'germs'.

Monogamy: A sexual relationship between two people, exclusive of any other partners.

Mucous membrane: The thin, moist and sensitive skin that lines the vagina, the mouth and the anus and that covers the head of the penis.

Mutual masturbation: The sexual activity in which partners use their hands to stimulate the sexual organs of the other partner.

Nonoxynol-9: A substance in the form of a cream or a foam that can be used during sex to kill sperm, HIV and some other STDs. Nonoxynol-9 can be used inside the condom and can also be put in the vagina.

Notifiable disease: A disease that must be reported by the doctors who treat people for it to a central medical department. A law has to be passed to make a disease notifiable.

Opportunistic infection: A disease caused by an infectious organism that attacks the body when the immune system is weak.

Oral sex: A sexual activity in which the mouth and tongue are used to stimulate the sexual organs.

PCP *(pneumocystis carinii pneumonia)*: An opportunistic infection of the lungs that is common in people with AIDS.

Penetrative sex: Sexual activities in which the penis penetrates the vagina or the anus.

PGL: See **Lymphadenopathy**.

Placenta: Mass of veins and tissue inside the womb to which the foetus is attached.

Polygamy: Married state between one man and more than one woman.

Promiscuous: This is a moralistic term that describes a person who has sex with many different partners.

Prostitute: This has become a moralistic term for people who sell sex for money. A more acceptable term is **commercial sex worker**.

Risk behaviour: Any behaviour that puts a person at risk of acquiring a disease.

Safer sex: Sexual activities that are not regarded as high risk for getting HIV or other STDs. Examples of safer sex are penetrative sex with a condom and mutual masturbation.

Semen: The male sexual fluid that contain sperm.

Seroconversion: The time when the immune system produces antibodies to fight infection.

Seropositive: See **HIV positive**.

Sex worker: See **Commercial sex worker**.

STD: Sexually transmitted disease.

T4 helper cells: The cells that coordinate the immune system. T4 cells are also the cells that HIV invades.

Thrush: An infection of the mucous membranes caused by fungus which is common in people who have AIDS.

Transmission: The movement of infectious organisms from one person to another.

Vaccine: A substance that teaches the immune system to fight a specific infection. Vaccines only work to prevent infection. They cannot cure infection once it is already in the blood. Examples of vaccines are the vaccines against polio and smallpox. There is no vaccine against HIV.

Vaginal fluid: See **Cervical secretions**.

VD: Venereal disease. VD is the old term that doctors used to use for STDs.

Virus: The smallest type of micro-organism. A virus needs another living cell in which to multiply.

Western blot: An HIV antibody test. Western blot tests are usually used to confirm the positive results of ELISA tests.

Wet kissing: Kissing with an open mouth that allows the tongue to enter the partner's mouth.

Window period: The time that it takes for tests to be able to identify the antibodies that form once a person has HIV. The time period varies from 6 weeks to 3 months.

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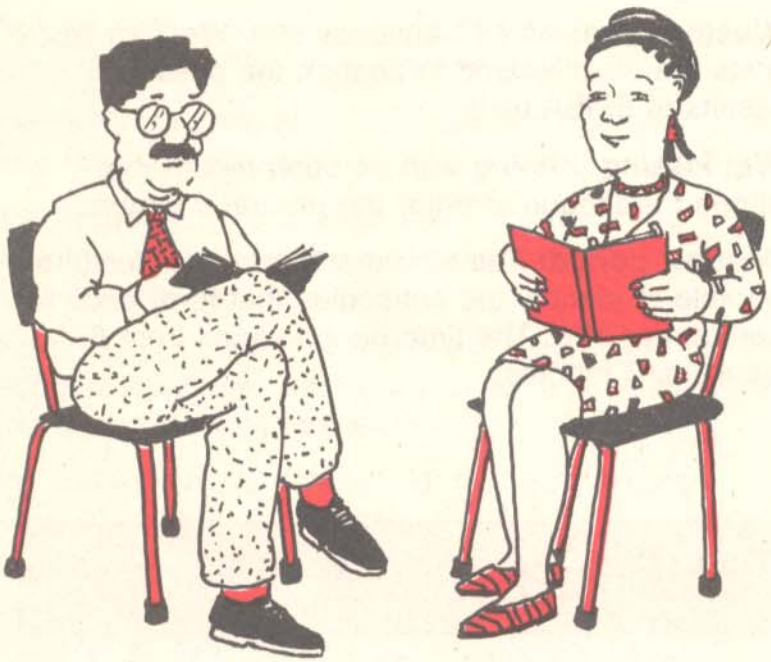

AIDS – A Handbook for Teachers in Swaziland **is the first book of its kind aimed specifically at teachers in the Kingdom of Swaziland. It contains a wealth of information on all aspects of the subject, from the disease itself and its impact on society, to sexual behaviour and living with HIV. It also serves as an invaluable resource for teachers, providing them with the techniques and strategies that they need in order to tackle these sensitive issues in the classroom. The information is presented simply and clearly and the text is enhanced by up-to-date statistics and lively illustrations.**

In producing this book, the Swaziland National AIDS Programme has drawn on the experience and knowledge of many of those involved in the battle against AIDS in Swaziland, including members of SNAP, SHAPE, TASC, FLAS, UNISWA and the Ministry of Education. With such support, and with the help of this handbook, the battle against AIDS can now be taken into the schools. The handbook will help teachers to give our pupils the knowledge and skills they need to protect themselves from becoming infected with the AIDS virus.

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