

Section Five:

Common Questions and Controversies Concerning HIV and Suggested Responses

Common Questions and Controversies Regarding HIV/STI Prevention in Schools

Frequently Asked Questions about Culture and Controversy

Issue: Talking openly about sex is against our culture!

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Question: Isn't AIDS a gay disease?

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

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

Frequently Asked Questions about Gender, Equity and Human Rights

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

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

According to the Convention on the Rights of the Child, the right of children, even those with impairments, to receive education should not be prevented or denied. In response to the challenge of HIV, teachers and trade union leaders can monitor and implement policies to ensure that the rights of young people and teachers remain protected within the school environment.

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

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

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

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

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

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

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

Frequently Asked Questions about HIV Transmission

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

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

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

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

Sexual behaviours that increase risk for HIV include:

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

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

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

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

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

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

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

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

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

Other risks individuals face for becoming infected:

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

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

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

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

Frequently Asked Questions about Testing and Treatment

Question: What is an HIV test?

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

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

Question: Is there a cure for HIV and AIDS?

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

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

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

Frequently Asked Questions about Condoms

Question: How effective are condoms in preventing HIV/STI?

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

Proper use of condoms means: using only latex condoms; using condoms that have been stored in a cool, dark place (not a wallet or in direct heat of the sun); handling condoms carefully to avoid damage from finger nails or rings; putting the condom on as soon as erection is achieved; leaving some room at the tip when condom is put on; withdrawing immediately after ejaculation; changing condoms after each ejaculation.

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

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

Frequently Asked Questions about Drugs, Alcohol and HIV Transmission

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

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

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

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

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

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

Question: How can someone get AIDS from a needle?

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

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

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

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

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

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

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

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

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

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

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

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

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