

VSO Working Papers in Development

Schools HIV/AIDS resource pack

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No 1:

Schools HIV / Aids Resource Pack by Diane Greenwood

This HIV/Aids Resource Pack consists of basic information about HIV and Aids, followed by eight activities for use in schools. The Pack was produced for teachers as part of a training course to become Aids Awareness educators in their schools. It is intended for teachers although community health workers and educators would be able to adapt the activities for their work. The simple and clear language makes this resource easily accessible to non-specialists.

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About the Author

Diane Greenwood has Bachelor degree in Nursing and is a registered nurse and health visitor. She has extensive experience of community-based health work in women's health, mother and baby clinics, family support and running group discussions in schools about health issues including HIV/Aids.

Diane worked as a VSO Aids Awareness Facilitator with a Kenyan NGO, COBA (Community Based Development Agency) from 1994 to 1996. With Mr Joseph Nzioka, the local hospital's HIV Counsellor, she visited schools in the district to discuss Aids with students and teachers,

and ran several courses which trained teachers to be HIV/Aids educators with the support of a local NGO, KIWASP. This Resource Pack was written by Diane to support the work of teacher Aids educators in their schools. The author's work benefitted greatly from liaison with HIV/Aids organisations in Kenya, in particular the Kenya HIV/Aids Consortium in Nairobi and the Youth Counselling Centre of the Family Planning Association of Kenya in Mombasa.

Introduction

This HIV/Aids Resource Pack for schools was produced in response to the requests for written information on HIV/Aids, which were received from many teachers during school visits in the Kilifi district of Kenya during the Aids Awareness Programme in 1995. The Resource Pack is intended to develop the knowledge, attitudes and behaviour of both teachers and students on the issue of HIV/Aids, and in turn to benefit their families and communities. The pack consists of two sections: 'Information on HIV/Aids' followed by 'Aids Activities' for use in the classroom. It is now widely recognised that to just give information alone is not enough in the fight against Aids: we must attempt to influence peoples' attitudes and behaviour if we are to make an impact. Aids continues to spread through Kenya and everybody must take responsibility for raising awareness of the problem; it is hoped that the activities in this Pack will be used in as many different classes and subjects across the curriculum as possible, for example: In English: to give students practice and confidence in both oral and written language. In Biology: to meet the specific objectives on Human Health in the K.N.E.C. Syllabus. In Social Education and Ethics: to meet many of the specific objectives listed in the K.N.E.C Syllabus, for example:

- the moral responsibility towards and the social impact of sexually transmitted diseases (STDs).
- to appreciate and respect other members of the community.
- understanding factors that promote self-identity, such as self-awareness, assertiveness, risk-taking, handling peer pressure, coping with emotions and communication skills.

If, however, you feel there is not enough time during lessons to carry out the activities with the students, why not start an **Aids Awareness Club** at your school? Such clubs are gaining popularity in Kenya, as the power of **peer education** is realised (this refers to the passing of information between young people in a way that is easy and acceptable to them). Examples of the activities of an Aids Awareness Club are those listed by an established Aids Awareness club at Kilifi Township Secondary School: organising lectures and video shows in the school with guest speakers (like doctors), attending seminars and lectures organised by other organisations, producing literature, dramas, poetry etc to educate the public about Aids, visiting and exchanging views with people with HIV or Aids; organising World Aids Day events in the school.

Acknowledgements

The 'Basic Information about Aids' section has been compiled using information from many different published resources, including:

Think about it! - An Aids Action Programme for Schools, Ministry of Education and Culture, Zimbabwe in association with UNICEF, Harare, Zimbabwe (1994).

Stepping Stones - A training package on HIV/Aids, communication and relationship skills,(manual and video), by Alice Welbourn and Alison Williams, and published by ActionAid, London, UK.

A useful source of information about the response of individuals and communities to Aids is a series of booklets called Strategies for Hope. Both Strategies for Hope and Stepping Stones can be ordered from TALC (Teaching Aids at Low Cost), PO Box 49, St Albans AL1 4AX, UK.

Thanks to

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- and special thanks to the students of the Aids Awareness Club of Kilifi Township Secondary School, for their unfailing motivation and interest in the club, and to Mr Joseph Nzioka, HIV counsellor, Kilifi District Hospital, Kenya, who is an active Aids Awareness facilitator in the District School's programme.

Section 1 - Basic Information on HIV and Aids

It is acknowledged that in education about HIV and Aids, giving out information is not enough on its own. However a clear understanding of the basic facts is essential. Aids is a relatively new phenomenon and there is a lot about it that we don't know. But we do have a basic picture of HIV, the virus which causes Aids, how it is spread and how it affects the human body. This information is unlikely to change in the future. Getting a firm grasp of the basic facts will enable you to give a sensible response to questions which may be asked and to counteract misinformation. Also, be prepared to challenge prejudices and offer reassurances against unwarranted fears and anxieties.

No one can become a medical expert. However it is valuable that you have the confidence to admit that you don't have all the answers and that you are willing to help pupils to find out more if they want to.

What is Aids?

Aids is a sexually transmitted disease syndrome caused by a virus. A closer look at the term tells us a lot about what Aids is:

Aids stands for

A cquired: something which is not genetically inherited but can be caught from somebody

I mmune weakness or inadequacy of the body's main

D eficiency: fighting mechanism (the immune system)

S yndrome: a collection of different diseases.

Aids arises from damage to the immune system which is Acquired as a result of infection with HIV. There are many conditions which can result in someone being diagnosed as having Aids but what links them all is a Deficiency or a weakness of the Immune system. The word Syndrome is used to emphasise that Aids is a group of signs and symptoms and not a single disease.

The virus which causes Aids is known as the Human Immunodeficiency Virus shortened to HIV. This virus eventually causes such extensive damage to the body's immune system that the body is attacked by life threatening diseases. These diseases vary in different countries, depending on which viruses, bacteria and fungi exist there.

Aids cannot be diagnosed from the existence of one sign or symptom. Only well qualified and experienced health workers can diagnose Aids. All the symptoms of Aids can be symptoms of other diseases too. *Therefore you cannot tell whether you have Aids unless you have been examined and diagnosed at a hospital or health centre.*

What is HIV? HIV stands for:

H uman
I mmunodeficiency
V irus

This means that HIV is a virus which causes a failure of the immune system in humans. Viruses are tiny organisms that cause many diseases in humans and other animals and even in plants. Viruses are amongst the smallest and simplest living things. There are numerous types of viruses. Human diseases which are caused by viruses include measles, polio, mumps, common cold and flu.

Viruses cannot multiply on their own. They can only reproduce by using the genetic materials of the cells of the host animal or plant. In order to reproduce, HIV attaches itself to the genetic material of the cell it has infected. This makes it very hard for either the body or drugs to destroy it without at the same time destroying the cell itself. This is why it is so difficult to develop a 'cure' for HIV.

The destruction of the immune system by the virus means that infectious organisms can invade the body unchallenged and multiply to cause disease.

The following analogy can help: HIV invades the body like termites invading a mud hut. To begin with, there is no apparent damage. But slowly the termites eat up the poles and thatch which hold the house together. One day a strong wind comes along and knocks the house down. What caused the house to collapse: the wind or the termites?

What does HIV do in the body?

HIV causes damage to part of the immune system. The immune system protects the body from infection and disease. The skin serves as a physical barrier and the white cells in our blood deal with potentially harmful organisms such as viruses. These cells are amongst the most important in the working of the body's immune system. They cause special cells to produce chemicals called antibodies which neutralise infection. HIV is attracted to certain white blood cells.

After being infected with HIV, the body produces the antibodies to HIV in an effort to protect itself. These antibodies are usually not powerful enough to neutralise the virus. By this time the HIV will have attached itself to the genetic material of some white blood cells, ready to reproduce itself sometime in the future.

Some people with HIV show no symptoms of disease for months and even years (up to 10 years). These people may remain completely healthy and free from symptoms of HIV but they have the virus in their blood and are at risk of developing Aids at some time in the future. Once you are infected with HIV you can transmit the virus to other people even though you may appear perfectly healthy and may not know that you have been infected with HIV.

If you are healthy there is no real way of knowing whether you are infected with HIV except by considering how much you have been at risk and therefore how likely it is that you could be infected, or by having a blood test.

Some people with HIV infection develop one or more of the signs and symptoms which make up Aids. They include: persistent fatigue, severe weight loss, night sweats or fevers lasting several weeks, persistent diarrhoea lasting over one month. Each of these symptoms can easily be mistaken for symptoms of many other illnesses.

A common complaint is painless swollen glands, usually in the neck and armpits, which last for at least three months. Some people develop recurrent infections such as oral thrush (candida), herpes zoster (shingles) or genital herpes. Children often show symptoms such as failure to

thrive, prolonged diarrhoea and pneumonia which does not respond to treatment. All these symptoms are thought to be caused by the direct effects of HIV on particular organs in the body.

It is not yet understood why the length of time it takes for people with HIV to develop Aids varies so widely from person to person. The following factors are thought to contribute:

- The amount or concentration of the virus in the blood.
- Infection with different strains of the virus.
- Individual differences in immune responses.
- Stress on the immune system because of a general lack of fitness and exposure to repeated or severe infections.
- State of mind - anxiety, depression and generally feeling low may increase the risk of other infections and so add stress to the immune system.
- Other health risks such as smoking, overtiredness, bad diet and heavy drinking of alcohol.

A commonly asked question is 'If both partners in a couple are HIV-positive, and the woman gets sick first, who was infected first?' There is no answer to this; as we have explained above, the speed of onset of illness is not related to who was first infected.

How is HIV transmitted ?

HIV can be transmitted through semen, vaginal and cervical secretions and through blood.

HIV can also be transmitted in breast milk, but only to a limited extent. The World Health Organisation (WHO) still recommends that all mothers in developing countries should breast-feed their babies. This is because the advantages of breast-milk (increased immunity against diseases such as measles, polio and diarrhoea) are greater than the risk of HIV infection as well as the exposure to other infections from breast milk substitutes given by bottle.

Sexual intercourse

The most common route of transmission is sexual intercourse with an infected partner. HIV is present in semen and in cervical and vaginal fluids, and the vagina and penis provide entry points to the body. The rapid spread of Aids in the world today is attributed to transmission through sex.

HIV has been described as one of the 'latest' sexually transmitted diseases (STDs). The transmission of HIV is made easier by the presence of other STDs, particularly genital ulcer disease such as chancroid. The presence of an STD makes the risk of contracting HIV during sex with an infected person very high. It has been shown that the spread of Aids can be significantly reduced by managing other sexually transmitted diseases.

Infected mother to unborn child

HIV can be transmitted from a woman with HIV to her child before or during birth. Before birth, it may be transmitted across the placenta to the foetus; during birth it may be transmitted through the mother's blood. The chances of a mother infected with HIV passing on HIV to her child are estimated at 30% to 50% in Kenya. So it is possible for an HIV-positive woman to give birth to some children who are HIV-negative and others who are HIV-positive. It can take 12-18 months for doctors to tell whether a baby of an infected mother is HIV-positive or negative.

Blood

As a virus which lives in the blood, HIV may be transmitted by the transfusion of blood from an infected donor. In Kenya, all blood which is donated to the National Blood Transfusion Service is routinely screened for HIV antibodies. This means that blood which is given to patients in health centres and hospitals is safe.

HIV can also be transmitted through the use of needles, syringes, blades, knives, surgical instruments and other piercing instruments that have been used on an infected person and

have not been properly sterilised after each use. This includes instruments used for circumcision, tattooing, acupuncture, earpiercing and traditional healing practices.

How HIV is not transmitted

We know that HIV is not passed in these ways:

- shaking hands
- social kissing and hugging
- sharing cups, plates and other eating utensils
- sleeping in the same room as an infected person
- sharing toilet and bathroom facilities
- through coughing or sneezing
- sharing work instruments or machinery
- swimming together
- donating blood to the Blood Transfusion Service
- bites by insects eg mosquitoes, bedbugs, fleas, etc.

You CANNOT get Aids through everyday social contact with an infected person. There are no known cases of people becoming infected with HIV through normal living with an infected person.

How to prevent HIV infection

Sexual intercourse

The majority of people infected with HIV were infected during sexual intercourse. The only way to be absolutely sure that you will not be infected through sex is by not having sexual intercourse (abstinence). However there are a number of measures which sexually active people can take to ensure that the risks they take are minimised.

There is no risk of infection through sex if you and your partner have sex only with each other and neither of you has previously been exposed to the HIV virus. By sticking to one faithful lifelong partner you can avoid infection with HIV.

If you are not in a mutually faithful lifelong relationship then practising safer sex can lower your risk of infection. Safer sex means not having sex that allows your partner's blood, semen, vaginal fluids or other body fluids to enter your body. Having a sexual relationship does not mean only vaginal intercourse. Things that you can do together which are very low risk include:

- Hugging and kissing are generally safe. Wet kissing where the tongue of one partner enters the other person's mouth should be avoided if either of you have cuts, sores and ulcers in or around the mouth.
- Caressing and fondling each other and massaging and body rubbing are safe, provided that no semen or vaginal fluids come into contact with broken skin or sores.
- You can use condoms. If condoms are used correctly they can reduce the risk of getting or passing on HIV or other STDs. It is very important to use a condom properly. The decision to use condoms must be discussed between partners. It is important to discuss the risks and advantages together. In Kenya, you can buy condoms in supermarkets or get them free from clinics, hospitals and health workers.

If you already have HIV, it is risky for you to be exposed to it again. If they are used correctly, condoms can help to protect both partners from re-infections and new infections. The risk of infection with HIV is greater if either partner has another STD, particularly if they have a sore. This is because semen or vaginal secretions of an HIV infected person can come in contact with open sores easily. Although there is no cure for HIV infection, most other STDs can be treated or controlled - if you have an STD, you should seek treatment immediately and notify your partner(s) and encourage them to get treated also.

Mother to child

Avoid pregnancy if you are infected with HIV. If a woman infected with HIV gets pregnant, there is a 30% to 50% chance that her baby will be infected with HIV and die within the first few years of life. An HIV-positive woman's own state of health may get worse through pregnancy.

Blood

Great care should be taken that instruments which draw blood and are used in activities such as circumcision, tattooing or ear piercing, are sterilised after use if they are to be used again. Instruments can be cleaned by leaving them in a solution of one part bleach to nine parts water (1:9) for 30 minutes or boiling them in water for 20 minutes.

The HIV test

Most people with HIV feel healthy. They don't know that they have HIV. If a person is healthy, but they know that they have been at risk, the only way to know whether they have HIV is to have a special blood test. This test uses a small amount of blood which is drawn by needle from the arm. The test shows the presence of antibodies (a blood reaction to HIV) not the virus itself.

It may take the body up to three months to produce antibodies so people should not take a test too soon after risk, because recently infected people may test negative. This time period between the risk and the appearance of antibodies is called the window period.

If a person takes this blood test, they may be told that they are HIV-positive. This means that they have the HIV virus in their blood. If they are not sure of the results, they may ask for another test. Finding out that you are HIV-positive is distressing and may come as a shock. A person in this situation needs someone they trust to talk to.

If the test cannot find any signs of HIV in the blood, the person will be told they are HIV-negative. It may take time for the signs of HIV to show in the blood so it may be necessary to be tested more than once to be sure.

It is only wise to get a test:

- if someone is thinking about getting married.
- before someone decides to have a baby.
- if someone took a risk and wants to protect their faithful partner.

For more information, contact local HIV/Aids counsellors and educators, or support groups.

Treatment

Although there is no cure for HIV and Aids, there are various steps that people with HIV can take to safeguard their health. In order to maintain good health and delay the onset of the disease, it is important for people with HIV to:

- seek early medical treatment for any health problems
- eat a varied balanced diet
- have regular exercise
- have enough sleep and rest
- relax and enjoy leisure time
- take good physical care of the body
- practise good hygiene
- maintain morale and a positive self image

It is also important for people with HIV to:

- avoid further HIV infection through unprotected sex
- avoid smoking

- avoid becoming overtired
- reduce stress and worry
- avoid other infections

These are all practical steps that people can take as individuals.

Although doctors and scientists are searching hard for a cure for HIV and Aids and a vaccine to protect against infection, they have not yet succeeded. In the absence of an effective vaccine, or cure for HIV infection, education on how HIV is transmitted and how people can protect themselves is the most important means of reducing the spread of HIV.

Living with HIV and Aids

The spread of HIV/Aids in throughout the world means that very soon, every one of us will have to address the issues that surround living with HIV and Aids. Whether you yourself are HIV positive, whether it is a partner, a family member, a friend, a workmate or a neighbour, Aids is a problem which you will be asked to share.

We know that HIV is not contagious. It is not transmitted through normal everyday contact, so there should be no stigma attached to the disease. But perhaps because the sensitive issues of sex and death are interwoven around Aids, there has been strong negative reaction from the general public. Aids has produced reactions of fear, hostility and prejudice. It has been suggested that people with Aids should be isolated. There have been calls for compulsory testing. Many people with HIV/Aids have been evicted from their lodgings, rejected by their families and friends and lost their jobs. Consequently people with Aids are afraid to tell others about their condition for fear of victimisation.

Reactions to Aids such as these are often the result of ignorance of the facts. Education about HIV/Aids should help dispel such reactions and produce more understanding for those affected by the epidemic. YOU have a role to play.

Aids in the home

The home is a very important place for a person with Aids. If a person with Aids is assured of a caring and understanding family, he/she will be much better able to cope, emotionally and practically, with the illness.

A person with Aids needs both moral support and physical care. As there is no cure that the health services can provide, the best care can often be given by the relatives. The patient will feel more secure at home where he or she is amongst loved ones.

There is no risk attached to caring for a person with Aids at home provided that sensible household hygiene measures are taken. These include:

- Avoid skin contact with blood; if blood gets on to your hands, wash as soon as possible in soapy water. Do the same for other body fluids and secretions such as urine or faeces.
- Cover any cuts or sores on your hands with a waterproof plaster.
- If plastic or rubber gloves are available, use these to cover your hands when dealing with blood or soiled linen; you could also use plastic bags to cover your hands.
- Boil soiled laundry for 20 minutes and/or use bleach (1 part bleach to 9 parts of water) to kill any virus present.

Providing physical care to someone with Aids is a very sure way of showing them you love them. It is also important to provide psychological care which includes:

- sit and talk with patients, giving them the opportunity to chat or remember old times if they want to.
- find out what patients need and want eg to eat, to pass the time, or who they would like to see.
- ask patients how they are feeling, and help them to talk about any worries or concerns

they have.

- help to reduce loneliness by being there, sharing the day's events, including patients in discussion and decisions and making them feel part of the family.

Counselling

As an Aids educator, you may find that pupils and other people concerned about Aids approach you for advice or counselling. People may come to you with different problems. They may have HIV or Aids themselves, their spouse or a family member may have Aids, they may just feel that they or someone close to them is at risk and need advice on how to protect themselves.

Counselling is a process through which a person is helped to cope with some aspect of their life. It may mean helping them to see problems in perspective, to work out possible courses of action, to make decisions and to implement them.

When we are approached for help with a problem we are often tempted to take the problem as our own, and as a result take away responsibility and create dependency. This is not the solution. When involved in counselling we should not make decisions for anyone or try to tell them what to do. We should not try to convince the person to see things our way. Instead we should offer the person a trusting relationship so that they can talk about their problem and express their emotions freely. We should be able to offer information where needed and suggest practical solutions.

In relation to counselling for HIV and Aids we may need to:

- find out the person's level of understanding of HIV and Aids, their beliefs about it, their attitudes and their misconceptions.
- correct wrong information, and check that a person has gained a more accurate understanding of the virus and its transmission, and the disease.
- identify risk factors for HIV by taking a detailed personal history.
- help the person to understand what aspects of their behaviour they need to change in order to safeguard themselves and others, and help to motivate them to achieve these changes.
- assist the person to adjust emotionally to HIV or Aids, assist other family members, in particular sexual partners, to cope with the information and to support the affected persons as well as considering their own risk.
- assist in different ways with the many practical problems that may arise, informing the person of other sources of help, and helping to mobilise these resources if necessary.

HIV and Aids in the workplace

The current statistics for Aids cases in Kenya indicate that the majority of people with HIV/Aids are in the economically productive age group, 20-39. This has important implications for the workplace.

We must first recognise that the majority of HIV infected people are healthy. As time passes, they may develop Aids or other HIV related conditions or they may remain healthy. We should also consider that in the majority of workplaces there is no risk of acquiring or transmitting HIV between workers, from worker to client or client to worker.

In Zimbabwe, the Congress of Trade Unions issued the following recommendations for dealing with HIV/Aids in the workplace:

- Compulsory HIV screening, whether direct or indirect, should not be required. No other blood test should be used for HIV screening without the employee's consent.
- Confidentiality on HIV status must be maintained and there should be no obligation to inform an employer of an employee's HIV status.
- Employees must be protected from stigmatisation, discrimination and unfair dismissal due to real or suspected HIV/Aids.

- Employees with HIV should not be discriminated against in benefits, including pensions, social security, housing, etc.
- Having HIV does not impair fitness for work and is not a cause for termination of employment.
Aids cannot be spread through normal workplace contact. Workers with Aids should work for as long as medically fit, with suitable work arrangements made where possible.
- Precautions (such as availability and use of rubber gloves) should be made in first aid procedures and other changes should be made to the work environment of those occupationally at risk.

Section 2 - Classroom Activities



No 1:

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Section 2 - Classroom Activities

Notes for the teacher

Before using the following activities, it is important that you, the teacher: Understand the basic information about HIV/Aids:

- Confront your own feelings, especially your fears about HIV/Aids, and about people with Aids. You must feel comfortable with the issues raised, particularly those related to human sexuality and sexual behaviour so you can discuss them with confidence in the classroom.
- Recognise the wide range of sexual development of your students. Some may only be in the early stages of puberty whilst others may already have had some sexual experiences.
- Give support to students whose fears about Aids and about relatives contracting the disease may be aroused by some of the information discussed. Some students may already have contact with people with Aids in their families and may be concerned about them.
- Reassure students by stressing that they can prevent Aids by adopting and maintaining lifestyles which will help ensure they avoid HIV infection.
- Help students to develop compassion for people with Aids and their families.

Language is important

It is very important to use accurate language when talking about HIV, Aids and the issues which surround them. A lot of confusion is created by the use of inaccurate language and many incorrect assumptions are drawn. As teachers we must be aware that the people that we teach will adopt the language that they hear us use. We must be very careful to choose our words carefully. It is important for us to understand what Aids is, what HIV infection is and to be able to distinguish between the two different terms. As we have seen, being infected with HIV and being diagnosed as having Aids are two very different things. For example, we often read about the 'Aids virus' when in fact there is no such thing - what the writer really means is HIV (or human immunodeficiency virus) the virus which causes Aids.

Similarly people talk of the 'Aids test' when they mean a test for HIV. This test detects antibodies to HIV which the body produces after infection with the virus. Most people who test HIV positive do not have Aids. So we should use the term 'HIV test'.

Most important of all is the language we use when talking about people with HIV and Aids. A phrase in everyday use is 'Aids victims'. This implies that the people concerned are powerless to do anything about their condition when in fact many people with Aids are fighting hard to remain healthy as long as possible. Another phrase we hear used is 'Aids patients'. This

immediately conjures up the image of sick patients in a hospital, which may not be the case at all. 'People with Aids' is a more straightforward and appropriate term to use.

Another phrase that is often used is 'Aids carrier'. This is often applied to someone with HIV infection but who has not developed Aids. The term 'carrier' gives the impression that HIV or Aids can be easily caught by casual contact, which is not true.

Where did HIV come from?>/b>

This question is commonly asked by students. In discussing this issue you may wish to cover the following points:

- **No-one knows. How useful would this information be even if we knew?**
- **Just because the HIV epidemic is bad in some places, for example in Uganda, it does not mean it started there. Other things, such as poverty and many years of civil war, have made the situation bad there.**
- **Racism - we always like to blame some other group.**
- **'Innocent' vs. 'guilty' - can someone be 'guilty' of catching a virus?**
- **Does it make any difference where other diseases, such as malaria or polio, started?**

Activity 1 : The spread of Aids

Objective: Students will understand the way the HIV operates and causes Aids in humans.

Time: Approximately 30 minutes

What to do:

1. Start with a 5 minute general discussion on the topic of Aids. For example, start by asking questions like 'What do you know about Aids?', 'What is Aids?', 'Who can tell us anything about it?' 2. Write the following sentences on the chalkboard and ask the students to and fill in the missing words:

A = (You get it from other people)

I = (Your body cannot protect itself against diseases)

D = (A collection of illnesses)

S =

H It attacks people

I Your body cannot protect itself against diseases

V A very small germ

3. Explain the difference between somebody who is HIV positive and someone who has Aids: being HIV-positive means that the virus is in your blood and germs can enter your body more easily. However, you may not develop symptoms for months or even years. The fact that the virus can stay hidden for so long makes it dangerous because you can still give it to other people. When you start to develop symptoms, then you have Aids. Aids is not one particular sickness - HIV allows other diseases, for example, ordinary colds and diarrhoea, to enter your body more easily, and they last longer and are worse than normal.

4. Ask the students to copy the following text into their books and, working in pairs, fill in the gaps from the words listed below

What Aids does - fill in the blanks using the following words:

Aids, better, disease-carrying, look, sick, body-soldiers, weak, know, fight, disease, germ All our bodies have special cells inside them to protect us from diseases. When ordinary germs attack our body, these 'body-soldier' cells go and the germs. While they are fighting we feel but when the body-soldiers kill the germs we feel However, the germs are different. Instead they attack and kill the inside us. They do not bring one special sickness. At first we do not this has happened, and we do not feel or ill. But later, when another ordinary disease-carrying comes along, our body-soldiers are too

. to fight it, and we get very sick.

Answers

The gaps are filled in this order: disease-carrying, fight, sick, better, Aids, body-soldiers, know, look, germ, weak.

5. Ask students to explain what they now know about Aids that they did not know before the lesson. Answer any questions they may have.

Activity 2 : How is HIV spread?

Objective: To identify the ways in which HIV/Aids is or is not spread

Time: Approximately one hour

What to do:

1. Choose 3 separate areas of the room and call them 'TRUE', 'FALSE', and 'DON'T KNOW' (you may want to put up signs to label them).
2. Explain to the group that you will read out a list of statements one at a time. Each person must listen carefully and decide how they feel about each statement and then move to the appropriate area of the room. If they are uncertain about the statement they can move to the 'DON'T KNOW' sign.
3. Read out the first statement. Once everyone has moved to their chosen place, ask each student to choose one person near them and discuss the reasons why they are standing where they are.
4. Now ask each student to choose someone standing in a different area of the room and discuss the issue with them. Each partner should discuss why they have chosen to be where they are.
5. Repeat this procedure for as many statements as time allows.
6. Re-assemble and ask each individual in turn to identify one piece of the information they are still confused or unclear about. Ask other members of the group to clarify the issues involved and intervene yourself where necessary.

Statements on how HIV IS or IS NOT spread:

- If you stick to one partner you will not become infected by HIV.
- Married people don't get infected with HIV.
- You can get HIV from toilet seats.
- If you only have sex with people who look healthy you won't become infected.
- Donating blood to the National Blood Transfusion Service is not a risky activity.
- A mother can only pass on HIV to her baby if she is sick with Aids.
- Women are safe from HIV so long as they use a contraceptive.
- No cases of transmission through kissing have been recorded.
- Condoms help prevent the transmission of HIV if they are used correctly.
- A small child with HIV can pass it on to other children while playing with them.
- Other family members living in the same house with someone who has HIV are at risk of getting infected.
- Aids is spread through the use of contaminated needles or razor blades.

Answers

1 FALSE: This depends on the partners involved. If either partner has previously had unprotected sex then there is the risk of HIV.

2 FALSE: Marriage in itself offers no guarantee of safety. As statement no.1, risk depends on the partners involved, and what they did before they met. Extra marital sex is also a high risk factor.

3 FALSE: There are no known cases of HIV transmission from toilet seats.

4 FALSE: Most people with HIV look perfectly healthy, yet the virus is in their blood and they

can pass it on to others.

5 TRUE: It is perfectly safe for people who are not HIV-positive to donate blood to the National Blood Transfusion Service. There is no risk involved.

6 FALSE: There is a 30-50% chance that a woman with HIV will pass it on to her baby whether or not she is sick.

7 FALSE: The use of condoms as a contraceptive makes sex safer, but they do not offer complete safety. No other form of contraception offers protection from HIV.

8 TRUE: There is no evidence of transmission through saliva, although kissing when there are sores in the mouth may pose some risk.

9 TRUE: Condoms used properly will help to prevent the transmission of HIV from a person with HIV to an uninfected partner. Condoms are not 100% safe though.

10 FALSE: HIV is passed on in very specific ways: when the body fluids of a person with HIV enter another person's body or from a mother with HIV to her child.

11 FALSE: HIV cannot be passed from a person with HIV to someone living in the same house unless they are sexual partners.

12 TRUE: If the needle or razor used is contaminated with HIV, there is a risk that HIV will spread in this way.

Activity 3 : 'Know where you stand' - attitudes to Aids

Objective: To help students identify their own attitudes to HIV/Aids and recognise the assumptions they make about HIV/Aids and people with HIV/Aids.

Time: Approximately 40 minutes

What to do:

1. Either display the list of statements below or read out each statement to the students. Ask them to think about each statement and write down on a piece of paper whether they 'agree', 'disagree', or 'don't know'. Encourage the students to give their own opinion without consulting each other. Tell the students that the exercise is not a test, that there are no right or wrong answers and that no one else will see their papers.

2. Once all the statements have been presented, you can either look at each one in turn and ask students to share their opinions, or you can initiate a general discussion on students answers by using any of the following questions:

- Which statement is the most controversial in our society?
- Which statement did you find most easy and which most difficult to answer?
- Which statements cause discrimination for certain groups of people?

List of statements:

1. I do not believe Aids exists because I have never seen anyone with it.
2. There are more serious health problems than Aids, such as malaria and malnutrition.
3. All people infected with HIV should be forced to carry an identity card.
4. People with Aids can contribute much to society.
5. Prostitutes are largely responsible for spreading HIV and Aids.
6. People at risk of Aids should be made to take a test.
7. People with HIV and Aids should be isolated.
8. All people suffering from Aids have to be cared for in hospital.
9. I would feel embarrassed talking about condoms.
10. School is not the place for young people to learn about HIV and Aids.
11. Aids is a disease of the towns.
12. Men have a stronger sex drive than women.
13. It is natural for young men to experiment with several sexual partners.
14. Young women are more interested in marriage than in short-term relationships.
15. The main reason to have sex is for pleasure.

16. The main reason to have sex is to strengthen a relationship.
17. Aids is a punishment from God.
18. We all die sometime so if it's through Aids, that is just the plan.
19. I am not the kind of person to get Aids.

Points the teacher may wish to cover:

1. This belief allows people to ignore the growing problem until Aids directly affects them or their family ('the head in the sand' attitude).
2. here are many serious health problems we face today, but Aids has no vaccine or cure.
- 3 and 6- Someone's health status is their own business and not everybody else's. Normal social interaction with someone who is HIV-positive causes no risk to anybody:
 - The window period (refer to 'The HIV Test' in Section 1) makes it impractical to test everyone, because they would have to be re-tested every 3 months. It is impossible to say that somebody is definitely negative at the time of the test.
 - It goes against human rights to force testing on people. There is still a lot of prejudice against people with HIV and people who test positive may be turned out by their families and blamed for the virus. Yet experience in many countries has shown that the best educators about the dangers of HIV are people who are themselves HIV-positive and who feel confident that if they talk openly about it, they will still be loved and cared for by their families and friends.
4. The majority of people with HIV/Aids in Kenya are in the economically productive age group 20-39, and are able to contribute much to society.
5. You may find students starting to talk about people, rather than activities. If they say, for instance, that prostitutes are responsible for spreading Aids, ask them whether they think it is the person that is the risk or the activity involved. Point out that in some parts of the world, sex workers actively prevent the spread of Aids, by always insisting on condom use. But in most places they find this impossible, because their poverty means that they have no power to insist on anything and they have to do whatever their clients want. So is it fair to blame them?
6. See above, point 3.
7. Aids could happen to any of us or any of our family or friends. If we are shunned and avoided, we could fall sick quickly through depression and neglect.
8. The home is a very important place for a person with Aids (refer to 'Aids in the home' section).
9. As Aids becomes an increasingly common problem, we have to overcome our embarrassment of talking about condoms and sexual issues.
10. A report by The Kenya Association for the Promotion of Adolescent Health indicates that by age 19, up to 75% of young people have been sexually active. The Association reports that the rate of HIV infection amongst young people to have been steadily rising, from 2365 in 1985 to 25,000 in 1995. With some many young people directly affected, school is definitely the place for young people to learn about HIV/Aids.
11. There are currently more HIV infections/Aids cases in the towns in Kenya, but the infection is rapidly spreading to the most remote rural areas of the country.
- 12/13/14/15. These statements are intended to challenge our stereotypes of behaviour for young women and men. We are all influenced by these sorts of views and can feel pressured to behave in a way we are not comfortable with (peer pressure). It is important for students to realise that everybody finds it hard to live up to the images of how we are supposed to behave.
16. A good, strong relationship is not based on sex, but on love, trust and understanding.
17. HIV/Aids is just another type of infection/disease, which we have control over getting or not.
18. HIV infection can be prevented; to take a fatal view of it is irresponsible.
19. It could happen to any of us. It encourages a false sense of security to assume that it is only certain people who can get HIV. It is the infection, not the infected against which we should fight.

Activity 4 : Who is at risk? The number game

Part 1: The HIV transmission tree

Objective: To demonstrate the fact that the most common way to get Aids is through having sex with many different partners or through having sex with a person who has had sex with many other partners.

Time: Approximately 30 minutes

What to do:

1. Explain the following situation:

Baya and Kadzo are going to get married. Each of them had sex with two other people before they met. Each of those people had also had sex with two other people. How many risks are Baya and Kadzo taking when they have sex ?

2. Draw a diagram to help you work out how many risks they are taking.

3. If everyone in the story had sex with three other people, instead of two, what would the risk be? Can you work it out?

Answer: With 2 partners each: With 3 partners each:



13 people are involved 25 people are involved

4. Remind students that sex between mutually faithful partners is not risky. This is why they should wait until they are older before getting involved in sexual activity.

Part 2 : The HIV transmission game

Objective: To help students understand how quickly HIV can spread.

Time: Approximately 15 minutes

What to do:

1. Prepare slips of paper, enough for one for each student and one for yourself: 25% marked with '+' (plus sign), 75% marked with '-' (minus sign).
2. Ask each student to take a slip of paper from a box or hat. Keep one for yourself too, making sure it is one with a '+' sign on it. Emphasise that no-one should look at their slips of paper until the end of the exercise.
3. Ask the students to move freely about the room, stopping to greet friends. Do this yourself also.
4. After each person has greeted 4 or 5 friends, stop the activity and ask everyone to look at their slip of paper. Include yourself in the following instructions.
5. Ask all those who have a '+' (plus sign) on their paper to come forward. Explain that this game is *pretending* that these people are HIV positive. Reinforce the point that there is *no risk* of catching HIV through normal social greeting - this is a game to show how fast HIV can spread.
6. Then ask all students who greeted anyone with a '+' (plus sign) slip of paper to come forward to join their friends. Explain that this game is *pretending* that these people are at high risk of being infected with the HIV virus.
7. Next, look to see who is left. Explain that this game is *pretending* that the status of these people is unknown. They may have made friends with those infected before they had become infected; but in any case they are at risk.
8. Finally ask, according to this game:
 - How many people were originally infected with the HIV virus?

- How many are at high risk of being infected?
- How many others are at risk of being infected?
- How many remain uninfected?
- What does this tell us about the spread of HIV in our community?

Activity 5 : Staying safe - prevention of HIV spread

Objective: to discuss the ways of preventing HIV transmission and give students strategies to protect themselves and others from infection.

Time: Approximately 40 minutes

What to do:

1. Ask the students to list the 3 main ways that HIV/Aids is spread (they should know this from Activity 3). (Answers: sexual intercourse, infected blood, from mother to baby).
2. Write the three main headings (Sexual intercourse, infected blood and from mother to baby) in the chalkboard and for each one, ask students to write down as many things as possible that people can do to avoid infection. You may need to give hints if some things are omitted. For suggestions refer to the 'How to prevent HIV infection' in the reference section.
3. Ask the students to explain why they think it is difficult for many people to follow the actions that are listed in Section 1 under 'How is HIV transmitted' (for example, men may refuse to use condoms, people may be unfaithful to their partners, young people may not delay sex until marriage, etc.)
4. Review all the ways of protection from Aids that the class has written down. Ask each student to choose 2 or 3 of the things that are most important to them and to use these ideas in drawing a poster for themselves. Encourage them to put their poster where they can see it everyday.
5. As a further activity, students can think of some words for a song or a slogan for poster that will stay in people's minds and help them to protect themselves. It can be in English or in any local language.
6. Give students some examples of positive slogans to help them in devising their own, for example:
'Avoid Aids - Later sex is safer sex'
'Don't make love, just show it!'
'One man, one woman'

Activity 6 : Roleplay - negotiating safer sex

Objective: To enable participants to recognise peer pressure and to practise ways of saying no to sex or to negotiate sex as they want it.

Time: Approximately 40 minutes

What to do:

1. Outline the problem for the group, and the characters involved:

Kazungu wants to have sex with his girlfriend Sidi. They have been seeing each other for a number of months now but have not had sex. Kazungu feels that they are ready for sex now and tries to negotiate with Sidi. Sidi may not want to have sex at all or she may want to have safe sex.

2. Ask the group to split into pairs. One partner plays Kazungu and the other partner plays Sidi.
3. Each pair should role play the situation. Encourage students to try to reach a conclusion to their conversation.
4. After the first conversation, the partners should exchange roles so that each partner has the turn to practise both roles.
5. Allow about 20 minutes for both partners to play both roles.
6. Ask the whole group to reconvene and ask how they felt during the roleplay:
 - How did people feel playing the role of Kazungu? And Sidi?

- Would it be harder to negotiate with somebody in a real life situation?
- How would Sidi feel if she refused to have sex? How would she feel if she agreed?
- How would Kazungu feel in either case?
- What are some of the things Kazungu and Sidi might consider in making their decision?
- Were students happy with the they decision made in their roles?
- Are there other ways to challenge somebody effectively?

7. Encourage discussion to take place.

What to expect

Students will have had a chance to role play the experience of refusing sex with a partner or of negotiating sex on their terms with a partner, as well as being refused or turned down. Having girls play the boy's role and vice versa should encourage young people to give more thought to how their partner might be feeling if they experience such a situation at some stage.

Activity 7 : Agnes's Song

Objective: to encourage students to consider how unplanned sexual encounters result from failure to consider the consequences of spur-of-the-moment decisions.

Time: 40 minutes

What to do:

1. Present the poem to the class; it should be read in a rapping rhythm: 'Agnes's Song'

Only one night
That was all he had
But look at me now
In trouble so bad.

I'd argued with my mother
I was feeling low and down
When the man said 'come on,
Let's go down to the town.'

I didn't really think
I was too young to know
All I wanted at the time
Was somewhere else to go

I must have been crazy
or it might have been the drink
It sort of happened by itself
I didn't really think.

It wasn't what I meant to do
I'd decided that before
I wanted to stay safe and wait
But I'm not free no more.

Only one night
That was all I had
But look at me now
In trouble so bad.

2. Divide students into groups of 6 and ask them to discuss the following questions about the song:

- 1. What do you think Agnes means when she says 'I'm in trouble so bad.'? Write down all the possible things.
- 2. How old is Agnes?

3. Do you think she is stupid or do you feel sorry for her?
4. What do you think happened the night Agnes 'went down to the town'?
5. Why did Agnes do something that she hadn't 'meant to do'? Give several reasons.
6. How could she really have avoided what happened?
7. How do you think the man feels about what happened?
8. Would it be different if he was a boyfriend of Agnes' own age?
9. Can you find the 3 danger points in Agnes' song - times when she did something without really thinking, or when she went against her usual ideas?

Answers:

1. Some possible reasons for Agnes' trouble are: she is pregnant, she is HIV positive, she is in trouble with her mother, she has been expelled from school.
2. Agnes is aged anywhere between 13 and 18 years.
3. Encourage students to give reasons for their views.
4. Agnes had alcoholic drinks and then had sex with a man.
5. She did something that she 'hadn't meant to do' because she was rebelling against her mother ('I'd argued with my mother'), she wanted some excitement, she thought it was grown-up to go out on the town, she had been drinking alcohol.
6. She should not have gone out with the man.
7. He probably does not care. He used Agnes for a night out.
8. Probably, but allow students to discuss whether it is safer to associate with persons of the opposite sex who are of the same age-group.
9. Agnes' three danger points are: she argued with her mother; she accompanied a stranger (the man) down to the town; she accepted drinks that she was not used to drinking.

3. Groups should report back to the class, and justify their answers where appropriate, drawing on their own experience.
4. A further activity of role-play may be done; If possible students work with a partner of the same sex first, then change partners and work in boy-girl pairs. Students should act both as Agnes and as the man.
5. Ask the students to act out the conversations between the man and Agnes at one of the danger points in the story (see answer 9 above), but this time Agnes must refuse everything. Be as natural as possible. Whoever is taking the man's part, should try hard to persuade Agnes to do what they want, like this: 'come on just one beer won't hurt you'; 'Don't be silly - I only want a kiss.' and so on.
6. Ask students how it felt to act as someone of the other sex. Hopefully, the girls will understand the kinds of techniques the man uses to persuade Agnes to accompany him, and the boys will understand the way girls might feel about sexual advances.

Activity 8 : Sexually transmitted diseases (STDs)

Objective: Students acquire knowledge about some common sexually transmitted diseases and an appreciation of the need to seek prompt medical attention if they become infected with any of them.

Time: Approximately 40 minutes

What to do:

1. Before the lesson, if it is possible in your area, ask students to collect information on STDs from the local clinic or hospital and the doctors and nurses. A number of volunteers can prepare to talk in class about each of the diseases: syphilis, gonorrhoea, non-specific urethritis (NSU), genital herpes, genital warts, candidiasis(thrush), and any others they know of.
2. In class, divide students into groups of 6 for discussion of the following questions:
 1. What do the letters STD stand for?

2. How do people become infected with STD?
3. What are some common forms of STD? What are the symptoms?
4. Why does STD make it easier to get infected with HIV?
5. Who is at risk of contracting STDs?
6. Would you be prepared to visit your local clinic if you had an STD? Why or why not? If you would not, is there anybody you can trust to talk to?
7. What sort of person would you be willing to talk to if you thought you had an STD?
8. Have you heard older people talk about their experiences of STDs in a boastful way? Why do you think people may feel proud to tell everyone that they have an STD?
9. What actions should someone take who is infected with STD?
10. How can you prevent infection from STDs?

Answers

1. STD = Sexually transmitted disease.
2. Through sexual contact/intercourse between man and woman, man and man, or woman and woman.
3. Gonorrhoea- irritation in the urethra while passing urine, pus coming out of the penis, vaginal soreness, testicles may become swollen and tender; abdominal pain associated with pelvic inflammatory disease in women.
Syphilis- occurs in stages:
Stage 1: Appearance of a painless ulcer on the genital area or in the mouth which will disappear on its own after a few days.
Stage 2: Appearance of a rash which does not itch. Red inflamed patches in the mouth region. Low fever.
Stage 3: Disease remains in the body showing no external signs for between 1 to 20 years.
Stage 4: Syphilis may attack and destroy any part of the body, eg brain, causing madness; heart, lungs, eyes, ears etc.
Genital Herpes- Blisters appear on the genital areas (no cure). If a baby gets herpes during birth, it can die. Herpes can also cause cervical cancer in women.
Genital Warts- Pink or red and soft in women. Small, hard and yellowish-grey in men. They grow on the cervix, vagina or rectum.
Candidiasis (thrush)- Acute irritation. Women may have whitish discharge, men may carry the fungus without showing any signs.
Trichomoniasis- Commonly noticed in women. Causes itching and increased vaginal discharge with an offensive smell. Inflames the whole vagina and red spots appear on the cervix.
Non-Specific Urethritis(NSU)- Caused by bacterial infection of the urethra which becomes inflamed and may be accompanied by a painful discharge.
4. Many STDs cause ulcers or wounds on the genitals which make it easier for the HIV to enter into the body.
5. Anybody who is sexually active may get an STD. Sexual activities include sexual intercourse, caressing, masturbation, anal intercourse, oral sex, kissing (herpes). STDs such as herpes, syphilis and gonorrhoea may also be spread by an infected mother to her unborn child.
6. It is important for students to identify a knowledgeable individual in their community in whom they can confide in the regrettable event that they get an STD. Be sure students understand that although it can be embarrassing to go to the clinic or doctor with an STD (especially if you are still in school), it is better to be safe and to be embarrassed for a few hours than to stay infected

with a dangerous STD for a long time.

7. This may be someone with a medical or health education background:
 - in your family or community who is always prepared to listen to you when you are worried or in trouble
 - who never talks to anyone about anything you tell them in confidence
 - who is responsible and whose advice is always good. etc.
 8. Encourage students to talk about what people around them say about any experiences they have had of infection with HIV. In some communities and particularly for men, having an STD is seen as something to be proud of because it shows that you have had sexual intercourse with someone. This attitude can influence young people especially strongly through peer pressure.
 9. Actions to take include:
 - Seek prompt medical treatment at a recognised health facility.
 - Complete the dose given by the doctor.
 - Encourage your partner to get similar treatment, even s/he is not experiencing any symptoms.
 10. To prevent infection with STDs:
 - have protected sex: use condoms
 - get an early diagnosis and prompt treatment to stop spread of the STD
 - treat infected mothers during pregnancy
 - provide health education
 - practise good hygiene: wash genitals before and after sexual intercourse, urinate after sexual intercourse, keep appointments for routine medical check-ups.
-