

# Think about it!

An AIDS Action Programme for Schools

**Form 2 Teachers Book**



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Developed by the Curriculum Development Unit  
Ministry of Education and Culture  
with assistance from UNICEF



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# Introduction

## The aims of the programme

Our goal in the AIDS Education programme in the school curriculum is to develop the knowledge, attitudes and emotional support to maximise individuals' and their communities' commitment to the safest protective behaviour possible. In helping students develop acceptable modes of behaviour, we hope that families and communities will also benefit. In particular the programme aims to introduce a comprehensive AIDS Education Programme in schools that will:

- 1 Develop in students knowledge and understanding of AIDS issues and problems.
- 2 Develop desirable attitudes in students to health both through what they learn and how they learn it.
- 3 Help students develop positive attitudes to people with HIV/AIDS.
- 4 Enable students to understand and deal with their own health problems, fears and anxieties wherever possible.
- 5 Develop in students values and life skills such as problem-solving, analysis, evaluation and prediction that are conducive to positive, responsible and healthy life-styles.
- 6 Promote responsible behaviour in students that maximises protection from sexually-transmitted diseases including AIDS.
- 7 Increase self-assertiveness and self-confidence in students in their relationships with peers and adults.
- 8 Enable students to recognise physical, emotional and sexual abuse and deal with it.
- 9 Develop appreciation of girls and women as equal partners to boys and men in society.
- 10 Foster a new youth identity and students' consciousness of themselves as members of a relatively HIV-uninfected group.
- 11 Enable students to make better use of available resources to improve health care.
- 12 Develop an appreciation by students of the socio-economic, cultural and historical factors in the transmission of HIV.

## The structure of the programme

In the twenty units in the course there is sufficient material for approximately two school terms' work. One unit should be covered each week in one thirty-minute period, but a number of activities, including those in the 'What do we do now?' Sections of the units may need to be completed for homework or in free time that becomes available on the timetable. Periodically, students may demonstrate an intense interest in particular topics related to their own experiences or to their fears and uncertainties about some matter. This may occur in the case of 'caring for people with AIDS', for example. When this happens, make more time available for students to fully explore issues of immediate interest to them. Coverage of the units can then be extended into the beginning of the third school term.

In the third school term students use the knowledge and skills they have developed during the first two terms to work on projects of their choice. Students work in groups on any one of the four projects outlined. Work on the projects will help students to consolidate their understanding of the issues studied in the units, and will enable them to use their knowledge and skills for their own benefit and for that of others in the school and the community.

## The scope of the programme

The programme has a wide focus encompassing not only factual information but also issues in such areas of students' experiences as follows:

### Relationships

Influence and pressure of friends and peers, family members and other members of society. Influence of current community perceptions of stereotypes and in particular of gender-roles in shaping behaviour of students in their relationships with other people. Current sexual attitudes and practices in society that represent danger for adolescents.

### Life-skills

Problem-solving, self-awareness and assertiveness, risk-taking and decision-making, communication,

critical thinking, handling peer pressure, coping with emotions and stress and anxiety, social adjustment.

### **Human growth and development**

Understanding physical changes at puberty and concomitant psycho-social and emotional development, and the challenges these present to the adolescent in adopting responsible and healthy life-styles.

### **Health**

The influence of healthy life-styles on the development of a positive self-image, and avoidance of diseases, especially HIV-infection and AIDS.

In the programme there is considerable overlap and cross-referencing between the four areas above. The rationale for the wide focus is that we believe a holistic approach to the development of positive attitudes and behaviour will better equip students to avoid HIV-infection and AIDS.

It is expected that the approach should be far more effective than a narrow information-based programme.

### **Essential knowledge, skills and attitudes for the teacher**

For the programme to be effective, you will need to:

- understand what is known about HIV and AIDS. Accurate and comprehensive knowledge about the disease and how it is transmitted will enable you to give reliable information about it to your students and members of your community. You will find this information in the section 'Basic Information about HIV and AIDS'.
- confront your own feelings, especially your fears about HIV and AIDS, and about people with AIDS. You must feel comfortable with the issues raised in the course, 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 that your students may have undergone. Some of them may only be in the early stages of puberty whilst others may already have had some sexual experiences. So you will need to be sensitive in dealing with the various issues relating to sexuality and sexual development in the materials.

- give support to students whose fears about AIDS and about relatives contracting the disease may be aroused by some of the information given in the programme. Some students may already have contact with people with AIDS in their families and may be concerned about them. Be sensitive and supportive in helping to allay their fears and to enable them to deal with their situation positively.
- reassure students by stressing that they can prevent AIDS by adopting and maintaining life-styles that will ensure they avoid HIV infection.
- correct misinformation about AIDS and HIV transmission. It is impossible to become infected with HIV through casual and social contact.
- help students develop compassion for people with AIDS and their families.

### **Teaching methods for the programme**

The central concern of the programme is with behaviour and behavioural change. Students are invited to examine their own behaviour and that of others, and to decide to adopt behaviour patterns that will enable them to lead happy, healthy and productive lives, and in particular help them to avoid infection with HIV. We hope that students will also act as a positive force in influencing other young people to adopt life-styles that will enable them to play constructive roles in their communities.

To empower students to effect behavioural change in themselves wherever necessary, and to influence behavioural change in other young people, they need to participate actively in the learning process. Knowledge of accurate information is essential, but this is only the starting point. Information such as that included in the reference section of the students' book and in this teacher's book provides the factual information that is the basis of the course. The learning experiences themselves, however, are designed to encourage students to evaluate their own and others' current patterns of behaviour and to adopt and maintain positive lifestyles themselves.

In conducting the programme, your major role is that of facilitator for the various participatory activities. Information-giving on your part is reduced to a minimum, and your views on issues raised are recognised as only the opinions of one person,

although admittedly a person who has considerably more relevant real-life experience and specialist knowledge of the subject. Treat the views and opinions of students with respect, and acknowledge that they all have important experience to draw from.

A variety of participatory activities are included in the lesson units. The major types are described in this section, together with a number of other techniques and materials that can be used to stimulate thinking and interaction among students as they reflect on issues of concern to themselves, and as they try to determine modes of behaviour that they will adopt.

## Discussion

Discussion is suggested in 'Let's talk', 'Think about it' and within other activities throughout the programme. This is a technique which allows members of a group to openly express their opinions on a subject and listen to the opinions of others. You can conduct discussions with a whole class but using group discussion creates a more informal atmosphere and promotes participation by all.

### What you do

Organise participants in groups of 6 to 8 to ensure that everyone gets a chance to speak and feels able to contribute.

Arrange the seating in circles or around a table to promote good interaction. Tell each group to elect one member to feed back the main points of discussion to the class group. Give the groups their discussion topic.

For example, from Unit 8:

---

Arguments between adolescents and parents:

- Are your parents always 'the enemy'? Why do they nag and complain?
  - What aspects of your parents' behaviour do you dislike? Would you ever behave in the same way towards your children, if you were to have any? Be honest!
  - What aspects of your own behaviour do your parents dislike? Are they justified in disliking this behaviour? Why?
  - How do you view your parents? What do adolescents think about parents generally? How do parents generally seem to view adolescents?
  - Which issues do parents and adolescents frequently disagree about? Why?
  - What can you do (or do you do) to reduce conflict between you and your parents?
- 

Leave the groups to get on with the discussion unless you really need to intervene or you are asked for help or advice.

When groups have had sufficient time to discuss the issue, ask a member of each group to summarise the main points that have arisen. List important findings and conclusions on the board.

Together with the participants, draw conclusions which will guide attitude and behaviour in the future.

### *Why we use group discussion*

Group discussion stimulates free exchange of ideas. Group members have the freedom to discuss their feelings among a small group. The intimacy created when a small group of peers discuss an issue helps remove inhibition. This is very important when discussing issues related to HIV and AIDS.

Later, share ideas with the class group so participants also hear the opinions of others. This may help individuals to clarify their own ideas, values and attitudes. Group work can build good relationships between group members. Encourage this as peer groups have such an important role to play in forming values for young people.

### *What to expect*

Discussion may be difficult and even chaotic at first. But as students get used to the technique it should become easier and more successful. One of the most difficult things to achieve in group discussion is participation from all members. We will always find people who have the tendency to monopolise. Encourage all members to contribute.

Discussion works very well if it follows some kind of 'trigger' e.g. role play, a case study, presentation of a problem, brainstorming.

## Brainstorming

Brainstorming involves inviting spontaneous responses from participants on a certain subject.

### What you do

All students think of as many different suggestions, feelings, and ideas on the chosen topic as possible. The teacher writes down all the ideas on a board or large piece of paper, without commenting on the ideas, although seeks clarification if the point being made is unclear.

It is important to write down everyone's ideas. If a student has plucked up courage to make a sugges-



tion, it should appear, otherwise that student may not speak again. Once all contributions have been made, the suggestions are discussed with the groups.

#### *Why we use Brainstorming*

Brainstorming helps ideas to flow and so generates ideas quickly. The ideas are put down in writing and can be used as a basis for discussion later. The technique allows students freedom to express ideas they might normally withhold because they fear judgement from the teacher or anyone else.

When approaching a difficult topic such as sex, which usually makes people nervous and shy, you may find brainstorming invaluable in loosening up a group. It can be very enjoyable at the same time.

#### *What to expect*

Brainstorming with a large group, such as a class of students, may be difficult as individuals will shout to be heard. Once the technique has been demonstrated, a large group can be sub-divided and each small group can select someone to write down suggestions.

#### **Devil's advocate**

A 'devil's advocate' is a person in a discussion who puts forward an undesirable or dangerous point of view. The technique involves a 'devil' who advocates risky behaviour or undesirable attitudes. The other students question and argue to try to defeat the argument. The 'devil' must be a capable speaker and have a strong character.

#### **What you do**

Ask students to identify some of the temptations which face them. In pairs one student pretends to be a 'bad' friend who is trying to make the other succumb to the temptation. They think of all the arguments as to why it is alright and try very hard to tempt the others. The other student argues to avoid the temptation. For example, students might begin like this (from Unit 9: Act it out!)

Your friends want you to try mbanje but you don't want to because you know it is illegal.

Devil : Sipho, Rudo, take a pull on this! It's great!

Sipho : But mbanje is illegal, isn't it?

Devil : Who will know if you try?

Rudo : I will know. And I know it's not good for you.

Devil : Ah! Come on. Lot's of people do it . . .

Sipho : .....

Rudo : .....

The exchange between the devil and the group or individual should not go on too long. There need not be a winner or loser, the purpose of the activity is to raise questions and set students thinking about the issues.

Allocate some time for small groups to report back to the class what happened in their conversations. The teacher can summarise any helpful points students outline for resisting temptations.

#### *Why we use Devil's advocate*

Devil's advocate is most often used when dealing with areas of temptation for participants. In this respect it helps them to judge some of the choices they have to make related to modes of behaviour, and think up alternatives where necessary.

In arguing with the 'devil', skills of reasoning as to why or why not you want to behave in a particular way are developed.

In this way students are introduced to the difficulties of clarifying values and will start developing their own beliefs.

#### *What to expect*

Point out to students that the people taking the role of the 'devil' are not necessarily speaking their own opinion but are only playing a role.

The technique of devil's advocate is not restricted to one 'devil' arguing with a large group. The devil's advocate could actually be the peer group asserting pressure on an individual. Since peer group pressure is often the reason young people engage in risky behaviour, this is an important option.

#### **Pair and small-group work**

By small-group work we mean a structured group activity such as:

- an exercise in problem solving
- a questionnaire or table to fill in or complete
- a decision-making task
- a letter to write.

The activity should be relevant to the students themselves if they are to carry it out enthusiastically. Small group activities related to the needs and interests of young people are found throughout the materials on the programme.

#### **What you do**

An example of a problem-solving exercise is found in Unit 5: What would you do? Look at pages 14 and 15 of the Student's Book for the Action plan box and

the situations the students are asked to look at. An example of the instruction follows:

---

Following steps like those in the box below, decide what you would do in each of the three situations in the boxes on the next page.

---

#### *Why we use pair and small-group work*

Many students respond well to a set task. For younger students especially, getting students to think around a set task can be the easiest way to get a meaningful discussion going. Students who may not feel confident enough to participate actively in tasks involving big groups or the whole class will often contribute very significantly to smaller group activities.

#### **Letters to the editor**

The letters which appear on problem pages of magazines are very popular. Use relevant letters from these pages as case studies. Generally people write to problem pages because they cannot approach anyone about their problem or because they find it easier to write down their problem than they would to talk about it. Many of the letters submitted to problem pages are from young people. An example can be found in Unit 2.

#### *What you do*

Groups can discuss the letters, the possible courses of action for the letter-writers to take and even compose replies to the letter.

#### *What to expect*

If the letters to the editor or case studies present problems to which one or more participants relate closely, you may encounter a strong reaction during the activity, or you may have a group member approaching you after the lesson.

If the group you are working with is a caring and open group, they can probably handle such a case and offer support to the individual in question. But if the group cannot be trusted to react in a supportive way, it is up to you to protect the individual. This may mean interrupting the session. The most important thing to remember if you are approached personally by a young person who has a problem is to listen and show that you believe them.

#### **Role play**

Role play involves presenting small spontaneous plays which describe possible real life situations.

#### **What you do**

Give a situation or problem to a group of students and they take on the roles of the people involved. The role play or situation must have enough in it to stimulate them. The situation must be clearly outlined and must be important and relevant to the students. Volunteers act out what the people would say or do in a given situation. Other members of the group watch carefully and after the play they all discuss their reactions to it.

#### *Why we use role play*

Role play allows us to practise situations before we meet them in real life. For example, a role play may be like that in Unit 4, Act it out!. This preparation will help provide the skills we need in order to protect ourselves from becoming infected with HIV.

In role play, we take on someone else's character. This allows us to express our own ideas and emotions through the character we play. This is a less intimidating way of expressing ourselves and may allow us to express feelings we might otherwise keep bottled up. Also, asking students to play someone of the opposite sex may give them an extra insight into the problems faced by other people and may also reveal some of their preconceived ideas about the opposite sex.

Finally, role play provides a good basis for discussion and review of a topic and the issues associated with that topic.

#### *What to expect*

If students have never tried role-play before, it will take them a while to lose their inhibitions and allow them to take on someone else's character. Young children are very good at role-play as they generally have few inhibitions.

Students may become very involved in the role play and while this is a good sign it is important to 'de-role' them, that is to ensure they stop pretending to be somebody else and return to reality.

The concept of role play must be fully understood by the students. If students who are asked to play 'bad' characters feel that others will mistake them for their role-play character, they will be reluctant to participate.

## Poetry

Poetry is a vital and meaningful form of expression through which a poet conveys his thoughts and feelings. We may use poems that are written on a topic to provoke discussion or we may encourage students to express their own thoughts and feelings in a poem.

### What you do

Ask one of the participants to read out the poem after carefully preparing it, for example the poems in Unit 9 Sweethearts and the Love poems in Unit 10.

Divide students into groups of three and ask them to appoint one group member to report back to the main group. The groups discuss questions devised on the poem to bring home the pertinent issues.

For example in Unit 10, Think about it!:

---

What attractions does the first poem describe?  
Do both poems talk about the same kind of love?  
What qualities do you look for in a boy or girl that you might love?  
How could you keep your love 'frying'?

---

Once the small groups have discussed the questions, re-convene the class group. Discuss the questions in the large group making sure that each group has the opportunity to contribute.

In summing up, the teacher can ask the students to talk about the most important lesson for themselves in the experience related in the poem.

### Why we use poetry

Many young people enjoy reading poetry, especially if it relates to situations they relate to themselves. It can offer reassurance that they are not the only ones with a certain problem.

Poetry is often a popular form of expression among adolescents who find that they can express feelings in poems that are difficult to express otherwise.

## Song

Songs can be used to give people ideas or messages about health. If the tune is catchy, people will remember the song and the information it contains. Songs can put people at ease and encourage group participation so use it this way during the programme. Young people love to write and perform songs or 'raps' (speaking out the message rhythmically).

### Why we use song

Young people can use songs very effectively to spread ideas and messages about HIV/AIDS into their local communities. Use a catchy tune and make sure the message is clear.

### What you do

Put a poem to music or make up words for a song that will stay in people's minds and help them to protect themselves. It can be in English, Shona or Ndebele. You may put actions to the words, add different choruses and even turn the song into a dance-drama! If you can't make up new tunes, use well-known tunes with new words so that the students enjoy singing the old song with a new message!

## Proverbs

Proverbs express the traditional wisdom of a people, and often convey positive messages regarding behaviour and relationships. Students will have a fund of proverbs that have been passed down from generation to generation, and many of these can be discussed in relation to target attitudes and behaviour patterns which the AIDS education programme seeks to develop.

## Stories and fables

Stories are an attractive means of communicating important messages. Traditional folk stories, like those in which animal characters, for example, Kalulu, represent human beings, may be adapted to express ideas about risky behaviour and attitudes and activities that should be cultivated in the fight against AIDS.

## Pictures and photographs

Pictures and photographs and other graphic materials (e.g. flow-charts, graphs, tables etc.) are useful in gaining students' attention. They can be used to:

- focus attention on a topic e.g. charting the spread of AIDS
- provide a stimulus for discussion or practical activity (like designing a poster).

Make sure that the pictures and photographs you use are relevant to your students' interests and depict people and situations they can relate to. Also use students' own pictures. These will attract a lot of interest from the class. Ensure that your pictures are clearly visible and the main idea you want to focus on is not obscured by distracting images.

## Flip charts

You can make a flip-chart quite simply by attaching a number of sheets of blank paper together at one end with string, a clothes' peg or staples, etc. If the sheets of paper are attached to a piece of thick card, they will be more durable and you will find it easy to rest your flip-chart on a chair on top of a table where it will be seen by the whole class.

Use coloured chalk or felt-tipped pens to write or draw on the pages. You may use your flip-chart to present a series of tables or graphs, one on each page, to show, for example, the increase in the number of AIDS cases. Or you may wish to present a story in pictures, one scene or episode on each page. No doubt you will have other ideas, too, about how you can use the flip-chart.

## Videos

Videos are useful in engaging students' attention and interest. You should pre-view any video you plan to show your class to ensure that the material is suitable and to plan your teaching strategy. You may decide to play the entire video through and then use it as the basis for discussion. Alternatively, you may wish to play sections and use each segment for a short activity before continuing with the next one.

If you are fortunate enough to have a video or access to one, the following video cassettes are currently available in various health education libraries in Zimbabwe. You can write to NACP, Ministry of Health, P.O. Box 8204, Causeway, Harare for more information about them:

### Facing the challenge

15 minutes

A true life story of person with AIDS in Kenya who went public on AIDS day.

### AIDS is not only for others

51 minutes

A portrait of an epidemic in Zimbabwe. Through interviews with people from all walks of life, the film gives a picture of a society where the traditional moral system is disintegrating, and sexually transmitted diseases are flourishing.

**TASO : Living positively with AIDS** 55minutes  
A video about the care, support and counselling of people with HIV infection and AIDS.

### Blue pigeon

13minutes

Focusing on the sexual changes that take place in the minds and bodies of teenage boys and girls, this animated film explains the process of sexual intercourse and conception through to childbirth.

### Music for Two

11minutes

Features a girl in pursuit of true love who imagines a variety of male/female relationships, this animated film is supported by an impressive musical score and vivid colours.

### The Orphan Generation

Focuses on the struggle of one Ugandan village to cope with the deepening orphan crisis and suggestions by community workers on how problems may be redressed by community-based as opposed to institutional care.

### It's not easy

48minutes

Ugandan story of a businessman through whom his family become infected with HIV.

### Consequences

54minutes

Explores the problem of teenage pregnancy and the use of safe sex practices to prevent it and to protect against STD and AIDS.

### Born in Africa

90minutes

The story of a Ugandan musician Philly Bongoley Lutaaya who had the courage to go public about his own HIV status at a time when AIDS was little known or understood by the people of his country.

### No need to blame

35minutes

Presents the life stories of five young Zimbabweans who are living with HIV and AIDS.

### Mashambanzou

24minutes

Mashambanzou is a drop-in centre in Harare for people with HIV and AIDS. Through the voices of the people who go there, this video explores their needs, their problems and the relief and support that Mashambanzou gives them.

## Projects

There are four project topic-areas outlined in the students' book. In addition, there is an introductory section and a section on principles for conducting interviews. Please refer to these sections in the students' book before they start their projects.

### Objectives

Students will:

- 1 consolidate their knowledge about AIDS and how it is transmitted.
- 2 strengthen behaviour patterns that will help them avoid HIV-infection.
- 3 contribute to national efforts to fight against AIDS.
- 4 give assistance and support to people infected with HIV and people with AIDS

Students will also develop skills of planning, carrying out an investigation, collecting information and studying it to find out important facts, and presenting information collected, in ways that will be useful to other people at school and in the community.

### Project topics

Students in groups of four or five should choose one of the following topics. Make sure each topic is done by at least one group but different groups will also be working on the same topics.

- 1 **True life stories** of people with AIDS and the people who care for them.
- 2 **Bad habits** — abuse of tobacco, alcohol and other drugs by young people in your area.
- 3 **Fair's fair** — Problems of inequality women and girls face in your community.
- 4 **Until death do us part!** — Attitudes to marriage and family life in our community.

### Scheduling work on the projects

Projects will normally be scheduled for the third school term, after students have completed the twenty lesson units in the programme. This will enable groups to participate effectively in the annual World AIDS Day activities (December 1) in their communities. Some teachers and schools may, however, wish to schedule work on the projects earlier in the year, perhaps as part of the preparations for the school's Open Day or Prize-giving Ceremony. Schools should exercise their own discretion in making this decision.

### Organising and conducting the projects

Refer to the section 'What you need to do to succeed in your project' in the students' book (pages 46-47) for an account of the activities all groups should carry out. In particular, it is important that you :

- give students support and encouragement in their work on the project.
- assist with suggestions about how they may proceed at each stage.
- ensure that all the students in each group participate actively in the work.
- keep a weekly record of the progress of each group. (A separate page in a notebook for each group should suffice for this.)
- arrange visits and interviews for the groups, where necessary.
- assist students in preparing questions for interviews and questionnaires, and in helping them to rehearse in preparation for interviews.
- help students to collect information and suggest sources which they can approach for information.
- provide materials (e.g. card, felt-tipped pens, etc.) that students may need, where possible.
- arrange for the storage of project materials at the end of each work session.
- arrange for the display and presentation of the finished project materials.

## Basic information about HIV and AIDS

Whilst it is acknowledged that in HIV and AIDS education giving out information is not enough on its own, 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 that may be asked and to counteract misinformation. You must also be prepared to challenge prejudices and offer reassurances against unwarranted fears and anxieties.

No one is expected to become a medical expert. However it is important that you as a teacher 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. We hope this section will provide a sound base of knowledge and understanding for the Schools' AIDS Education Programme.

### What is AIDS?

AIDS stands for

- |   |           |  |
|---|-----------|--|
| A | quired:   | not genetically inherited but you get it from somebody                               |
| I | mmune     | } weakness or inadequacy of the body's<br>main fighting mechanism, the immune system |
| D | eficiency |  |
| S | ndrome:   | group of diseases, not just one disease  |

AIDS is a sexually transmitted disease syndrome caused by a virus. A closer look at the term itself tells us a lot about what AIDS is. AIDS arises from damage to the immune system 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 (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 virus, bacteria and fungi exist there.

AIDS cannot be diagnosed on 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 or not unless you have been examined at a hospital or health centre and diagnosed as such.

### What is HIV?

HIV stands for:

- H uman  
I mmuno deficiency  
V irus

This means that it is a virus which causes a failure of part 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 among the smallest and simplest living things. There are numerous types of viruses which cause all sorts of diseases. Human diseases caused by viruses include measles, polio, mumps, common cold and flu.

### What does HIV do in the body?

Viruses cannot multiply on their own. They can only reproduce themselves 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 deal with it, without destroying the cell itself. This is why it is so difficult to develop a 'cure' for HIV, since anything which damages the virus is likely also to damage the cell it has infected.

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

HIV causes damage to part of the immune system. The immune system is the means by which the body protects itself 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. HIV is attracted to certain white blood cells. These cells are among the most important in the working of the body's immune system. They cause special cells to produce chemicals called antibodies which neutralise infection.

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

Some people with HIV show no symptoms of disease and may be asymptomatic for months and even 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 the HIV virus infection develop one or more of the signs and symptoms which make up HIV. These can be easily mistaken for those of many other illnesses. They include; persistent fatigue; severe weight loss; night sweats or fevers lasting several weeks; persistent diarrhoea lasting over one month.

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. A common presentation in children is 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.

These symptoms are also common in people who do not have HIV infection. However, when several of these occur at the same time and they are persistent, this may indicate HIV infection. As the immune system is increasingly damaged, these health problems become more serious and more difficult to treat. The most serious consequence of HIV is AIDS.

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 and infection with different strains of virus.
- Individual differences in immune responses.
- Stress on the immune system through 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.

### **How is HIV transmitted?**

It is now quite clear that HIV can be transmitted through semen, vaginal and cervical fluids and through blood.

#### **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. The transmission of HIV is made easier by the presence of other STDs, particularly genital ulcer disease such as a chancroid. With an STD the risk of contracting HIV during sex with an infected person is very high.

#### **Infected mother to new-born 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 chance of a mother infected with HIV passing on HIV to her child is estimated at 30% to 50% in Zimbabwe.

#### **Blood**

As a virus which lives in the blood, HIV may be transmitted by the transfusion of blood from an infected donor.

In Zimbabwe, all blood which is donated to the National Blood Transfusion Service and the Red Cross for transfusions 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 not been properly sterilised. This includes instruments used for circumcision, tattooing, acupuncture, ear piercing and traditional healing practices.

In Zimbabwe, the main means of transmission are :

Sexual intercourse with an infected person

Infected mother to child.



## 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 or through the air we breathe
- sharing work instruments or machinery
- swimming together
- donating blood to the Blood Transfusion Service or the Red Cross
- bites by insects e.g. mosquitoes, bed bugs, 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

### Sex

The majority of people infected with HIV were infected during sexual intercourse. The only way to be absolutely sure that you are not going to get infected through sex is by not having sexual intercourse. 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 AIDS 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 avoiding sex that allows your partner's blood or body fluids (semen or vaginal fluids) to enter your body. Having a sexual relationship needn't just mean 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 not fair to force one partner to do what the other partner wants. It is better to discuss the risks and advantages together. You can buy condoms in supermarkets. Clinics, hospitals and health workers distribute them free.

If you already have HIV it is risky for you to be exposed to it again. Used correctly, condoms help protect both partners from re-infections and new infections. The risk of infection with HIV is greater if either partner has another sexually transmitted disease, particularly where a sore is present. 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 sexually transmitted diseases can be treated or controlled.

**If you have a sexually transmitted disease, you should seek treatment immediately and notify your partner(s) and encourage them to get treated.**

#### **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.

#### **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.

## **Why mosquitoes do not spread AIDS**

by Jonathan Mann

*First published in New Scientist, London (26th March 1987)*

Probably the most commonly asked question about AIDS is whether the virus spreads through mosquitoes or other blood-sucking insects. Fortunately, the answer is no. Here is why:

Malaria is biologically transmitted when the malaria parasite enters the mosquito, thrives and then makes its way to the insect's salivary glands, from which it is injected into another person. This sequence of events is unlikely for HIV because the virus appears to replicate in a narrow range of mammalian cells. The second hypothesis is mechanical transmission, with the virus spreading on the insect's mouthparts which might become contaminated with blood containing HIV. If a mosquito bit a person infected with the virus and was then disturbed, so that it interrupted its feeding, the insect could then fly off to bite another person and perhaps the virus on its mouth parts could be injected into the second person. According to this theory, the

insect would then operate like a very tiny contaminated needle. The evidence against mechanical transmission comes from several sources. First, the age and sex distribution of people infected with HIV in Africa is typical of a sexually transmitted disease. If insects spread HIV, there should be just as much, possibly more, infection among young children and old people as among people between 20 and 40 years old. Thus, for example, malaria is common among infants and children in these areas.

Several studies among families of AIDS patients in Africa show that people who live in the same household as AIDS patients are no more likely to be infected with HIV than members of households without an AIDS patient. The exception to this was if they were the sexual partner (spouse) or child of the AIDS patient. Thus, in Africa as in the US and Europe, researchers have not found that the virus spreads among people living together, except for sexual partners and transmission between

mothers and children. If mosquitoes, bedbugs, lice or other insects living in a crowded African home could spread the virus, we would have expected to find more infected people in the households of AIDS patients.

Another reason why transmission by insects is unlikely is the tiny amount of blood on an insect's mouthparts, together with the small quantity of the HIV that seems to be present in the blood of infected persons. These combine to make mechanical transmission even less likely.

The studies of families of people with AIDS also allow us to discount theories about casual spread of AIDS by contact. Also, studies of hospital workers showed that HIV was no more contagious from hospital patients to hospital staff in Africa than in the Western world. All the evidence leads us to conclude that the virus is transmitted everywhere in the world in the same basic ways (sex, blood and mother-to-child), although there are important geographical and social variations.

## Language is important

Do not get back street 'injections'. The needles and syringes used by the back street practitioners are not sterile.

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.

It is very important to use accurate language when talking about HIV and 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 we teach will adopt the language 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. Commonly people mistake HIV and AIDS or use the wrong term for the wrong condition. As we have seen, being infected with HIV and being diagnosed as having AIDS are two very different things.

It is not unusual to read about the 'AIDS virus' when in fact there is no such thing. When this term is used reference is being made to HIV, the virus which causes AIDS. The use of the term 'AIDS virus' confuses a virus with a syndrome of many different conditions.

Similarly people talk of the 'AIDS test' when they mean a test for HIV. The HIV test detects antibodies to the virus which the body produces after infection. Most people who test HIV positive do not have AIDS. Therefore it is important not to use the term 'AIDS test'. The term 'HIV test' should be used instead.

Most important of all for health educators is the language they 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 people. This may not be the case at all. 'People with AIDS' is a more straightforward and appropriate term to use. Another phrase 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. This is not true and it is up to health educators to convince people this is so.

You may come across other terms peculiar to your own area which you may wish to think about before adopting. Be sure that you know the meanings of the words you use and that you do not use words which might cause confusion or offend people with AIDS.

## 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 if they have HIV is to have a special blood test.

This is a blood test on a small amount of blood. It 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—recently infected people may test negative.

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.

They may know someone else HIV positive with whom they can discuss their fears. They should never sit and go over their worries and fears alone. They must talk about their fears as often as they need 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 they may need 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 themselves against re-infection.
- if someone took a risk and wants to protect their faithful partner.

**When someone has a test:**

- a small amount of blood is taken from the person
- the result usually takes two weeks to come
- the result is private (confidential)
- there will be someone to help them to cope with the result of the test.

## **Treatment**

At present there is no cure for AIDS. There is no treatment that can fully repair the damage caused to the body's defence system or completely remove the virus from the person's body. But there are several ways of reducing symptoms and of treating the many conditions associated with HIV and AIDS.

One drug which is being used against HIV itself is Zidovudine (AZT). Because of AZT the life expectancy of people with AIDS who have been treated with the drug has increased. It works by slowing down and interfering with HIV's capacity to reproduce itself, but does not eliminate the virus from the body. Unfortunately AZT is expensive and not easily available in Zimbabwe.

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

- seek early medical treatment for 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 incidence of HIV/AIDS in Zimbabwe is such 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, the negative reaction from the general public to the AIDS epidemic has been unprecedented.

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 such as these are often the result of ignorance of the facts. The introduction of education about HIV/AIDS should help dispel such reactions and produce a higher degree of 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 will need 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. Helen Jackson, the author of *AIDS: Action Now* has the following advice to offer:

- 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 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 twenty minutes and/or use bleach (one part bleach to nine 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's also important to be ready to listen and to talk to them.

The same author suggests that we:

- 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, e.g. to eat, to pass the time, or who they would like to see;
- ask patients how they are feeling, and help them to tell 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, making them feel part of the family.

## HIV and AIDS in the workplace

A look at the current statistics for AIDS cases in Zimbabwe indicate that the majority of people with HIV/AIDS are in the economically productive age group, 20-39. Implications for the workplace must therefore be given the consideration due to it.

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 the majority of workplaces do not hold any risk of acquiring or transmitting HIV between workers, from worker to client or from client to worker.

The Zimbabwe Congress of Trade Unions convened a national workshop on AIDS in August 1989 and put forward the following recommendations:

- 1 Compulsory HIV screening (at workplace or beyond), whether direct or indirect should NOT be required. No other blood test should be used for HIV screening without the worker's consent.
- 2 Confidentiality on HIV status must be maintained and there should be no obligation to inform any employer of an employee's HIV status.
- 3 Employees must be protected from stigmatisation, discrimination and unfair dismissal due to real or suspected HIV/AIDS.
- 4 HIV infected employees should not be discriminated against in benefits, including pensions, social security, housing, etc.
- 5 HIV infection does not impair fitness for work and is not a cause for termination of employment.
- 6 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.
- 7 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 environments of those occupationally at risk of infection.

How can these recommendations guide school policy on the way the school treats HIV infected people?

## 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.

Health workers are trained in counselling but they may not always be available or people may prefer to approach someone outside the health sector. It is good to be prepared to assist people in need of help if you are approached.

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 the disease and its transmission.
- 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 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.

# Lesson by lesson guide



# 1 Changes

## Rationale:

Students are led to understand that the changes that may be occurring in their bodies are natural processes of adolescence, and should not cause them undue concern and worry. They are also made aware that these changes occur at different ages and at different rates in individuals.

## Objectives:

Students will:

- 1 examine the changes that have occurred and are occurring in their bodies, and relate such changes to the natural processes of adolescence.
- 2 gain reassurance about aspects of such changes that have been troubling them personally.

## BEFORE THE LESSON

Ask students to think about some of the major changes that occur in the bodies of young people like themselves from the time that they can first remember up to their present ages (e.g. losing their first set of teeth, increase in height and weight, boys - voices breaking, girls - developing breasts, etc.). Ask students to be prepared to talk about these changes in class.

## INTRODUCTION

Teacher: *Today we are going to talk about the changes that take place in our bodies when we are about the age most of you are. Sometimes these changes take place when we are as young as eleven or twelve years old, and sometimes rather later. These changes are NORMAL. They happen to ALL of us. Let's talk about what these changes are...*

# 1 Changes

How they've grown!

Growing older brings with it many changes, especially to our bodies. Look at Rumbidzai and Sacha.



## Let's talk

**Groups:** After listing the changes they can see in the pictures, students talk about the different rates of growth in different young people. Important: just as people progress at different rates in other areas of human development, e.g. learning to read, so physical development proceeds at different rates in different people. But, there is nothing abnormal that one child progresses through adolescence ahead of another.

## Am I normal?

**Class:** Encourage students to talk about some of the changes that they have noticed in some of their friends: perhaps voices breaking in boys, pimples and other skin problems, etc. Important: students should be made aware that although these changes can sometimes embarrass young people, they are a normal part of growing up. Young people will have to get used to these changes (e.g. lower voices in boys, breasts in girls), and should realize that they are the signs of approaching adulthood.

### Let's talk

Make a list of everything that has changed about Rumbidzai and Sacha.

As we grow older, our bodies change in all the ways we have seen Sacha and Rumbidzai changing. But remember, we do not all grow at the same pace. Some people grow tall faster, while others gain more weight, and so on.

Why do you think some people develop more quickly or more slowly than others? Report your groups' ideas to the rest of your class.



### Am I normal?

As we saw in Sacha and Rumbidzai's pictures, many changes occur to our bodies as we grow up and older. Some of them are nice, like maybe growing stronger or your hair growing longer. But sometimes the changes don't feel so good.

Look at what Chris and Peggy think:

*I hate being a teenager. My voice is squeaky. My uncle says it is breaking and I will have a deeper voice later. But when? I am so afraid of even speaking in class as everyone sniggers.*

*My body has grown so big. My legs, my breasts, my arms — everything! Why couldn't I have stayed as I was? I feel like everyone is looking at me all the time.*



### What do you think?

What advice would you give to Peggy and Chris? Remember that as we said, some people grow faster than others, and we all change in different ways as we grow older. The important thing is to be comfortable with the changes that are taking place. This is what growing up is all about — changes!

### What do we do now?

Make a list of all the things you like about the changes in your body and all the things you don't like. Is there anything that you want to know more about? Is there anything you think is abnormal? Write a letter to a magazine asking any questions you have, but put it in the letter-box in class. You don't have to use your real name but your teacher will send a reply to the name on the letter for you to read.

### What do you think?

**Pairs:** Students compose replies, either in writing or orally either to Peggy or to Chris, and report back to the class their advice. Through this exercise, it is intended that students will come to terms with changes that are occurring in themselves.

### What do we do now?

Encourage students to use this opportunity to ask questions that are really of concern to them. Make sure that students receive your confidential reply to their queries promptly, and be careful to be sympathetic and supportive in your answers to them.

# 2 I could have died!

## Rationale:

In this unit, students examine some of the problems that adolescents face, and the emotional upsets that these cause young people. They explore various ways of dealing with such problems in an attempt to understand and find satisfactory ways of handling their own particular problems.

## Objectives:

Students will:

- 1 review personal problems which they find deeply distressing.
- 2 develop an objective approach to dealing with them in a positive way.

## BEFORE THE LESSON

Ask students to be prepared to give a short talk in class about something that happened to one of their friends that was very embarrassing to that person, and to say what their friend did and said.

## INTRODUCTION

**Teacher:** Tell the class a brief story about a distressing or embarrassing moment in your life. Invite students to talk about an embarrassing incident involving one of their friends. (They will have prepared their talks before the lesson. Students will probably feel more comfortable talking about someone else's embarrassing experience rather than their own.)

# 2 I could have died. . . !

## Dear Auntie Rose . . .

Dear Auntie  
I am having problems with my father. He drinks beer and sometimes when I bring my friends home, he tells jokes and talks loudly. I get so embarrassed. My poor mother says he is just trying to be friendly but can't he tell that I will not be able to bring my friends home any more?

As I am only 14, how can I get to tell him what he is doing to me? I am afraid that if I tell him, he will be very angry. Please, help me, Auntie. I wish I had a different father!

MM, Maavingo

Dear Auntie  
I am a boy aged 15. I will be very happy if you would answer these questions for me concerning AIDS.

I want to know if rashes (*mhezilimpunza*) such as measles can lead to AIDS. Are these rashes a sign of AIDS if they do not get better?

Secondly, I want to know whether bilharzia can develop into AIDS?

Lastly, I would like to know whether you can catch AIDS by using a towel which has

been used by someone who has got AIDS?

I ask these questions because all the things I have mentioned have happened to me. I am now so terrified and I keep imagining myself dying from AIDS. I have begun to have terrible dreams in which the doctor tells me I have AIDS.

Desperate, Plumtree

Dear Auntie  
I am a teenager. The problem is that my intestines often make embarrassing noises. This happens usually after I have eaten something. Sometimes I belch (*kudzova/uku-bhodfa*) a lot. I have visited the clinic several times but these efforts have been unproductive. What is wrong with me? Auntie, please help me, I am in agony!

BC, Rushinga



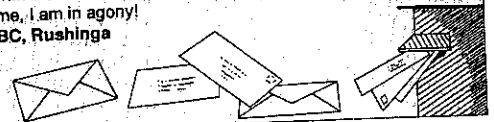
Dear Auntie

I am a girl aged 16, intelligent and a church-goer. But I have a problem which worries me. I don't have a boyfriend and I have never fallen in love; no young man has ever approached me since I was born. Is there something wrong with me or do I have what they call in Shona *munyama* (bad luck)?

I have visited so many *n'angas* and *vaporoit* (prophets) but I was told nothing was wrong with me. I was given some tree roots to bath in and apply to my body to wash away the bad luck, but nothing has changed.

Auntie, I am getting tired of waiting for someone to fall in love with me and some of my friends are laughing at me as they all have boyfriends.

Very worried, Zengeza



## Let's talk

**Class:** Ask students to express their views honestly about how serious they think each letter writer's problem is. Encourage them to talk about their own experiences when they have been embarrassed or worried about something. Be careful to treat each contribution from students with sympathy and understanding. Try to guide students to a realistic appraisal of their experiences, to an understanding of how they may deal with each problem situation they describe, and to avoid acting in ways that may cause injury to themselves.

## Can you help?

**Pairs:** Students consider how to advise the writers of each of the letters in the unit. In thinking about how to give constructive advice to each writer, it is intended that students will adopt a more objective and reasoned approach in handling their own problems. Pairs report back to the class and compare their suggestions for advice to the writers.

### Let's Talk

Are MM's feelings about her father normal? What emotions does she experience when her father jokes and talks loudly?

What are some of the family situations you have experienced which have aroused various emotions in you? Did you ever feel this way when you were younger?

Why did the second writer sign his letter 'Desperate'? Do young people often feel desperate? What situations might make you feel desperate?

What is worrying BC? What feeling is he expressing because of this worry? Would he have worried about these embarrassing noises if he were 8 or 9 years old? Is it normal for teenagers to react like this?

Is *Very Worried's* worry common? What happens to young people who don't have girlfriends or boyfriends? How do they feel? Should they feel this way? Would *Very Worried* have worried about this if she were younger?

### Can you help?

In pairs, discuss the problems and decide what replies you could give to each person. Compare your answers with the answers given by the rest of the class.

Who gave the best advice? Take a vote!

### Think about it!

With your partner, list some of the emotions that teenagers have, like attraction to members of the opposite sex, inferiority and so on.

What situations bring about these emotions? Compare your lists.

What could affect these emotions?

How can teenagers cope with some of the emotional problems they experience as they grow up?

Think about people in your family or community who might help. If you belong to a youth group at your church, for example, there are always understanding people for you to talk to.

### What do we do now?

Start a problem box in the classroom to give one another good advice on solving your problems.

You don't have to put down your real name if you don't want to and groups can take turns in giving advice.



### Think about it!

**Pairs:** Students explore the range of feelings that they experience in response to the various problematic situations in their daily lives, and suggest ways in which they can deal with them in future. Encourage students to consider the consequences for themselves and for others, both good and bad, of each course of action that they propose to adopt in handling their difficulties in future.

### What do we do now?

Ensure that the students who submit problems for discussion by groups have their anonymity protected if they so wish. Encourage groups to give the problems they consider their serious attention, and appreciate that the writers who have submitted them need their carefully considered advice.

# 3 Playing moms and dads

## Rationale:

In this unit students gain reliable knowledge about how pregnancy occurs. Students are also helped to develop a realistic appreciation of the responsibilities and problems that accompany parenthood, particularly in the case of teenagers becoming parents.

## Objectives:

Students will:

- 1 give an accurate account of how pregnancy does, and does not, occur.
- 2 describe the consequences for themselves of becoming a parent before adulthood and marriage.

## BEFORE THE LESSON

Ask students to find out how people regard pregnancy in their communities — what value people place in young people abstaining from sex before marriage, how people behave towards unmarried girls who fall pregnant, how young people like themselves feel about teenage sex and pregnancy, etc.

## INTRODUCTION

*Teacher: How do people in our community feel about teenage pregnancy and sex? How do young people like yourselves feel about these things? Do you agree with the views of adults in our community about teenage sex and pregnancy?*

## Finding out the facts

*Pairs.* Students examine the statements in the table and reach agreement about whether they are true or false, giving reasons for their answers. They add to the list any beliefs that are current in their community. The whole class can discuss the contributions of the pairs, and de-

## 3 Playing moms and dads



## Finding out the facts

None of us wants to be in the situation shown in the cartoon, but teenage pregnancy happens. In many cases it happens because of lack of true information and many 'old wives' tales' or myths we are told by our friends or other people.

Below is the beginning of a list of beliefs some people have about how pregnancy occurs. Add your own beliefs or myths and then fill in the blank spaces, adding one sentence to say why you think that.

| Belief   | True/False | Why?                |
|--|------------|---------------------|
| <i>For example :</i><br>You don't get pregnant if you have sex only once | False      | Once can be enough. |
| A 13 year old boy can make a girl pregnant.                              |            |                     |
| Only bad girls get pregnant.   |            |                     |
| You won't get pregnant if you bathe soon after sex.                      |            |                     |
| You won't get pregnant if you have sex standing up.                      |            |                     |
| The way you get pregnant is the same way you can get HIV.                |            |                     |
| There is a birth control pill which men take.                            |            |                     |
| A boy of 9 can't make a girl pregnant.                                   |            |                     |
| If she drinks black tea just after sex, a girl won't fall pregnant.      |            |                     |

There are many old wives' tales about pregnancy. Now add some you know too. Remember that ignorance is not bliss, it's dangerous!

cide what is true for each item. Through this exercise, students will be able to separate fact from fiction and be in a better position to behave responsibly in situations in which they may be tempted to experiment with sex.

### Let's talk

**Class: Important message to convey —** Lead students to examine the joint responsibility of both boys and girls in avoiding pregnancy through abstinence from pre-marital sex.

### Think about it!

**Groups:** Students discuss the realities that confront

teenage parents, and gain an appreciation of the hardships that inevitably follow from pre-marital parenting. Groups report back to the class, and the class determines the validity of each group's views.

### Food for thought

**Individually.** Students write down three reasons they do not want to have a baby before adulthood and marriage. These reasons should be related to Students' ambitions ('I hope to go further with my studies, and a baby will mean that I have to go out and get a job to support it, and there will not be any money left to pay for my studies'); and with their lack of prepared-

ness for the responsibility and sacrifices that having a baby will mean ('I still want to have some fun with my friends, and I want to be able to travel to other centres to play soccer against other teams whenever I like, and besides I don't know the first thing about bringing up a baby', etc.) Encourage students to display their list of points where they can refer to it frequently, and to resolve to be guided by it whenever they feel tempted to indulge in risky sexual behaviour.

### What do we do now?

**Groups:** Students list all the reasons that people have children, for example, they feel that their lives are made richer through having children to care for, children are a source of joy and happiness for their parents, children comfort and care for their parents when their parents get old, etc. Encourage them to talk about the reasons they have written down, and lead them to realize that these reasons are more appropriate to adults than young people.



### Let's talk

Do both boys and girls have the responsibility to prevent pregnancy? How can you prevent pregnancy?

### Is being a teenage parent fun?

When a new baby is born in the family everybody says things like, 'Oh, sweet!' or 'She is so beautiful!' and so on. We all want to touch or hold the baby or play with it. But is that the whole story?

Having a baby and looking after it is a big responsibility. Imagine yourself, whether you are a boy or girl, having a baby this year.

### Think about it!

Make a list of some of the problems you may face, for example, being expelled from school, finding the money to go to the clinic for check-ups, finding money for the nappies, clothes, soap and so on! If you are a boy, you would be required to help and also be expelled from school.

How would your parents react? Try to be realistic here. Would they chase you away from your home? Where would you go if they did?

How would having a baby change your life? For example, you will have to find a job in order to support the baby. Or you won't be able to play and go and have fun with your friends any more because you are now 'a parent', with a baby to take care of.

Is being a parent at a young age such fun? Is a baby what some people call 'a little bundle of joy' to a teenager?!

### Food for thought

On your own, think of three good reasons why you don't want to have a baby before you are married and old enough to cope with the responsibility. Let these reasons guide you from now on.

### What do we do now?

Decide on the main reasons that people want to have children. When you are parents, what will your resolutions be? Think about your own parents. In which ways do you want to be like them? How do you think you may be different?

Make a note of all the ideas you have about being a parent and keep them so you won't forget.



# 4 Playing with fire

## Rationale:

Students evaluate risky behaviour in terms of likely outcomes of situations in which decisions are required.

## Objectives:

Students will:

- 1 determine which acts in which some risk is involved are likely to produce a favourable

outcome, and which are potentially dangerous and are to be avoided at all costs.

- 2 describe a range of strategies they will have developed in the lesson to avoid risky behaviour and situations.

## BEFORE THE LESSON

Students should think about a situation when they were involved in behaviour they knew was dangerous or potentially harmful. Ask them to volunteer to talk about this in class, and to describe the consequences to themselves, and what decisions they made afterwards about how they would behave in similar situations in future.

## INTRODUCTION

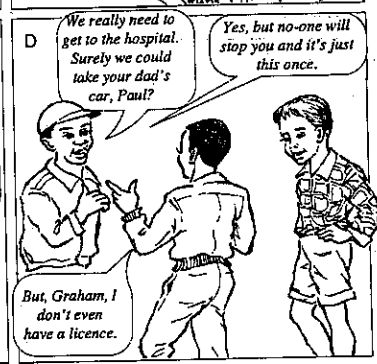
**Teacher:** *Can we avoid all risks in our daily lives? What are some of the types of risky situations that we are often faced with? How do we deal with such situations? In this session, we are going to consider some situations in which the decisions we make can have very serious consequences for us.*

## Think about it!

**Class:** Students study the situations in the pictures, talk about what is happening in each, and predict what is likely to happen next. For instance:

## 4 Playing with fire!

What are risks?



A. the girl allows Themba to persuade her to have sex, because she is not properly in control of her senses after she has had some alcoholic drinks.

B. When Susan suggests that they have sex, Steven agrees because he is under the influence of the mbanje, and cannot resist the temptation.

C. Chipu accompanies Ben out of the dance, and is persuaded against her will to have sex with him.

D. Paul and Graham are involved in an accident and are admitted to the hospital.

E. The risk in this situation calls for judgement on the part of the father, and careful analysis of the various factors that are involved: e.g. the likelihood

of good rains, prospects of high prices for the crop on the market, and so on

**Note:** this last situation is the only one in which it may be advisable for the people portrayed in the pictures to take a risk.

### Act it out!

**Pairs.** Students role-play one of the situations depicted in the illustrations, each student playing each of the two roles in turn, and comparing the decisions they make. They report back to the class and discuss the various decisions made for each situation.

#### Think about it!

Look at the situations in pictures A — E on page 12. What do you think will happen in each one?

#### Act it out

In pairs, take turns to be each of the people in the situations you discussed. Decide on an ending for each story. Did you both make the same decision? Try to be as realistic as you can.

#### Why take risks?

Looking at the situations you have just acted out, why do you think the people concerned may decide to take a risk? Are risks usually worthwhile? Think of times when they may be and times when they will definitely not be.

#### Writing a play

In groups choose a risk situation (the ideas in the box at the bottom of the page may help you) and make up a five-minute dialogue showing your own strategies for avoiding unnecessary risks.

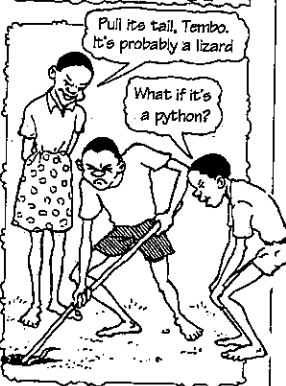
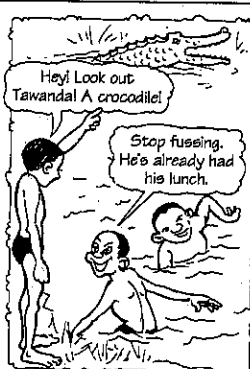
#### Let's talk

Discuss each strategy performed with the class.

Which of the strategies can you implement as an individual, a couple, or a group?

How can you support each other?

Can any adults help you? If so, which ones?



#### SOME COMMON RISKS

- sex outside marriage
- sex at a young age
- meeting with 'Sugar Daddies' after school
- not having a healthy diet
- smoking cigarettes
- taking drugs such as mbanje and mandrax
- drinking alcoholic drinks
- riding your bicycle at night without lights
- playing with broken electrical plugs.

#### What do we do now?

Make a list of the strategies you thought were most useful and remember them next time you're in a risky situation!

### Why take risks?

**Class:** Through discussion, lead students to determine which risks are worth taking and which are not. **Important** — risky behaviour involving sex and alcohol and other intoxicating substances is usually inadvisable, and often dangerous, and is to be avoided at all costs.

#### Writing a play

**Pairs:** Students may choose to develop a dialogue orally in order to save time. **Important:** the activity allows students to practise using the strategies they have developed during the lesson to avoid unnecessary risks.

#### Let's talk

**Class:** Students discuss the relative efficiency of the various strategies that are used in each dialogue.

### What do we do now?

Students should make notes of those strategies that they particularly liked, and place these notes where they can refer to them frequently.



# 5 Decisions, decisions

## Rationale:

In this unit, students are encouraged to anticipate problem situations in which they may find themselves; and to develop strategies to evaluate the danger inherent in each, and to pursue a safe course of action each time.

## Objectives:

Students will:

- 1 assess the potential danger of ill-considered decisions taken in situations to which they may be exposed.
- 2 develop a decision-making procedure to apply to potentially dangerous situations with which they may be confronted.

## BEFORE THE LESSON

Ask students to think about an occasion when they did something that they knew was wrong because they did not carefully consider what they were doing. Ask them to talk in class about the incident, and how they felt about it afterwards.

## INTRODUCTION

Teacher: *Have you ever done something without seriously thinking about whether it was right or wrong first? What were the results of your action? How did you feel about what you did? What did you decide you would do if you found yourself in a similar situation in future?*

## Let's talk

Class. This activity is a revision of last week's lesson. Students talk about the potential dangers of making the wrong decision in each of the situations depicted in the three pictures. For example: A. If the girl agrees to go outside, the young couple may find themselves in a situation they

## 5 Decisions, decisions!

### What shall I do?

In the previous unit, we looked at why we may decide to take a risk instead of playing it safe. These decisions are very obvious and immediate. Look at these situations:



## Let's talk

What immediate decisions are being made in each of the situations? How could these 'spur of the moment' decisions affect a person's life?

## What would you do?

Following steps like those in the action plan below, decide what you would do in each of the three situations in the boxes on page 15.

| Action Plan  |
|--|
| You have to decide whether to do 'A' Level after 'O' Level.  |
| you need to know which schools to apply to, the cost, which subjects you might be interested in studying, and subsequent career options that might be open to you. |
| you need to discuss the options with your parents, teachers and school friends.  |
| you need to know what your options are if you do proceed to 'A' Level, or if you decide against it.  |
| you make your decision and stick to it.  |
| you later evaluate the results of your decision.   |

are unable to control, in which they may engage in a spur-of-the-moment sexual encounter. B. The boy is evidently tempted to do some shop-lifting, an act that he may have decided on without much thought, and which may have very serious consequences for him. C. The girl may feel that it would be 'grown-up' to accept the man's offer of a beer, but she could be placing herself at risk of later being persuaded to do things she would not otherwise have done.

### What would you do?

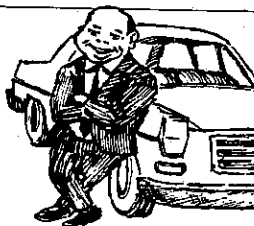
**Class:** A procedure for decision-making is given in this activity. 1: All the relevant information is col-

lected. 2: Advice is sought from responsible people one can trust. 3: The advantages and disadvantages of each option are considered. 4: A decision is taken in the light of 1 -3 above. 5: Later, when we have experienced the results of the decision taken, it is evaluated, and future decision-making is based on the experience gained.

**Pairs:** Students consider how the steps outlined above can be applied to one or more of the problem situations in the boxes, and think about the types of information they would need to collect for each situation, who they would need to consult, and so on.

1

You have been offered a holiday job in a nearby town by a very wealthy businessman who you do not really know. However, you have seen him once or twice delivering groceries to one of his stores in your village. He says that he will pay you well (but he has not said how much), and that you will live with him and his family. You know that your parents will approve of you taking the job if you can convince them that you will be safe.



2

You and your friends are thinking of forming a drama group to perform plays for your community. You would like to be able to cover the costs of your performances and travel and hire of suitable places in which to stage your plays. Your friends think it would be possible to get some money donated to the group if you say you will be doing plays on Health issues. You are not sure, however, that that is a true description of the plays you have in mind. You had really decided on light entertainment. A letter expressing interest in the project has already been received from a possible sponsor.

3

You suspect that a well-dressed man who comes to your area frequently from another part of the country is selling *mbanje* to some of your school mates. They behave strangely afterwards. Also, on one occasion, you went into the toilet just as some of them came out, and there was a smell you were once told was the smell of *mbanje*. You want to do something to stop the man selling *mbanje* to your school mates but you have no proof that this is what he is doing.



### Let's talk

Talk about the steps you followed in reaching a decision in the situation boxes.

Most of us have our religion and our cultural background to help us make decisions but we still need to believe in the decision and make it for the right reason.

Did you use the same steps for every decision? Did they help your decision-making?

### What do we do now?

Make a list of the best steps to take before making a decision. Remember to think about them when you have to make a decision that could affect your life.

### Let's talk

**Class:** Students review how applicable the decision-making process was in each of the situations in the boxes they have been considering. They determine for themselves the procedure they would adopt in similar situations, giving reasons for their suggestions.

### What do we do now?

Students should write down the steps in the decision-making process they intend to use and place this in some place where they can frequently refer to it.

# 6 Once upon a time

## Rationale:

Students consider long-term goals and ambitions, and gain an appreciation of how ill-advised, impulsive behaviour that may appear to be appealing in the short-term may shatter their hopes and dreams.

## Objectives:

Students will:

- 1 describe their goals and ambitions for

the future.

- 2 identify types of behaviour that will jeopardise the achievement of those goals and ambitions.

- 3 list decisions that they have made that will help them to achieve their hopes and dreams.

## BEFORE THE LESSON

Ask students to talk to young adults in the community about their dreams and ambitions when they were still at school. They should find out whether those ambitions have been achieved, and if not, why not. They should also ask if they have done anything they regret and what they would do if they had the chance to go back to that particular incident in their lives again.

## INTRODUCTION

Teacher: *What ambitions do you have for the future? What career do you hope to have? At what age do you think you would like to meet someone whom you could marry? Do you want to travel? What position do you want to hold in your community? Do you hope to be successful as a sportsperson? etc. How can we try to achieve our ambitions? What can prevent us from achieving our ambitions? Let's talk about people we know who have or have not achieved what they hoped to do.*

## 6 Once upon a time . . .

### Shupi shapes her future

When Shupi was born, the stars seemed to shine more brightly than ever before. She had such intelligence, sensitivity and such beauty that surely her life would be charmed.

At thirteen, Shupi went to boarding school. Her parents felt she should be given the best possible education to prepare her for the rest of her life. Shupi shone at everything. She was so kind and so loved by all her friends that no-one could feel at all jealous of her success.

At nineteen, when Shupi had just completed her second year at university where she was studying to be an engineer, she met Lloyd.

Lloyd was such a loveable person with a very vibrant nature. Time spent with Lloyd was always wonderful although he never seemed very serious about his work. . .

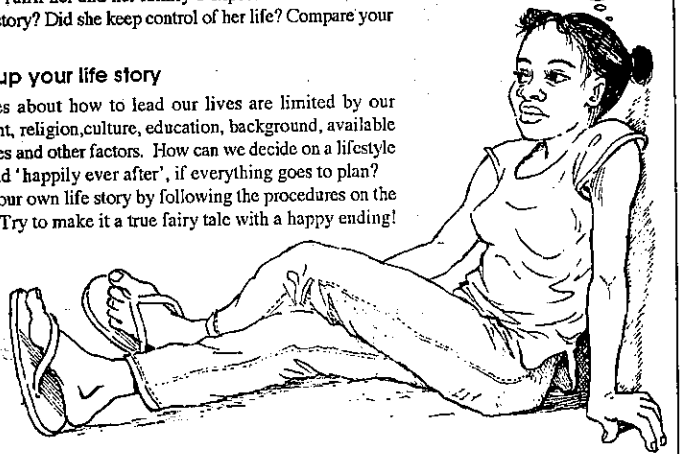
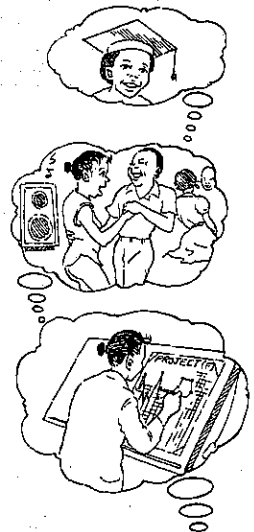
### Let's imagine

In pairs, talk about Shupi's options and then complete her story. Did her life fulfil her and her family's expectations or was this just a fairy story? Did she keep control of her life? Compare your endings.

### Making up your life story

Our choices about how to lead our lives are limited by our environment, religion, culture, education, background, available opportunities and other factors. How can we decide on a lifestyle that will end 'happily ever after', if everything goes to plan?

Write your own life story by following the procedures on the next page. Try to make it a true fairy tale with a happy ending!



## Let's imagine

**Pairs.** Students complete the story for themselves, using their knowledge of how young people like Shupi might behave in such situations.

**Class activity.** Students compare the endings of their stories, and try to justify the endings they have decided on.

## Making up your life story

**Individually.** Students write about what they imagine their lives will be like at different times in the future. They should write one paragraph for each of the different times given. The paragraphs should reflect

their hopes and aspirations and also reveal their appreciation of the dangers of HIV infection to the realization of those ambitions. Ask some students to read their paragraphs to the class but don't coerce them if they are not keen. Focus the discussion on students recognizing the dangers that AIDS presents for the realization of their aspirations, and talk about how students may overcome these dangers (through sexual abstinence, getting married when they are old enough to do so, being faithful to their partner in marriage, etc.).

### Looking into the future

Close your eyes.

#### 1. Imagine yourself next year

Who will you be living with?  
Who will be your friends?  
Will you have a special friend of the opposite sex?  
What will you do in your spare time?  
Will you smoke, drink or take drugs?  
How might AIDS enter your life at this time?  
Will you know anyone who is HIV positive or has AIDS?

#### 2. Next imagine yourself in five years' time and ask yourself the same questions

#### 3. Then think about yourself in your twenties:

Will you be married?  
What work will you be doing?  
How might AIDS enter your life at this time?

#### 4. Finally imagine that you have your own children of 13 or 14.

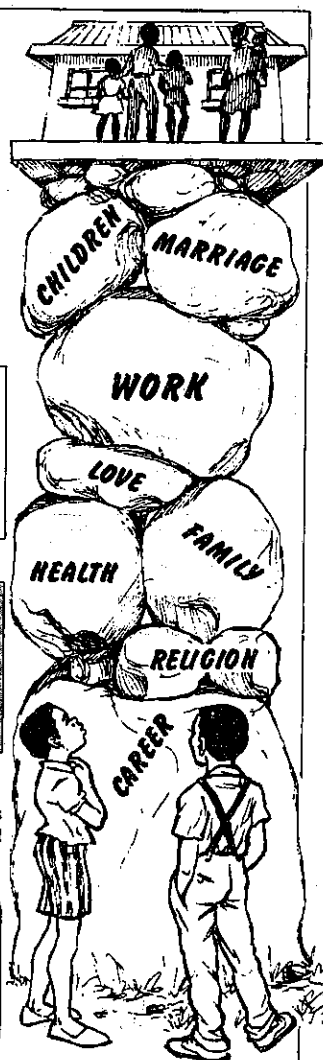
How might HIV/AIDS affect their lives?  
What kind of lifestyle would you hope for for them?  
What fears about AIDS would you have for them?

### Think about it!

We have looked at risks and 'spur of the moment' decisions as well as long-term decisions. Think about life-time decisions and write down at least five priorities for your own future.

#### What do we do now?

Talk to at least five people in your community. Choose people whom you consider successful, unsuccessful, happy or unhappy. Find out (tactfully) if they made any decisions which they regret. Report back to your class.



### Think about it!

Students should write down their priorities and place their lists where they will often be able to see them, so that they may be reminded of their long-term goals whenever they feel tempted to engage in risky 'spur-of-the-moment' activities.

### What do we do now?

Students can continue to find out about people's ambitions and the degree of success they have had in achieving them. Occasionally, ask them to talk to the class about anybody who achieved their aims perhaps through hard work, taking care to avoid actions that might have been risky, and so on.

# 7 Tomboys and sissies

## Rationale :

Students need to understand what gender is and that differences between the sexes has encouraged stereotyping (the giving of labels). For example, girls are considered 'understanding' or 'kind' while boys are 'strong' or 'clever'. These labels categorise people and lay down how they are expected to behave. Assumptions about the passive or compliant nature of girls also place them at risk as they may be coerced into danger-

ous sexual encounters. Boys might believe that 'real men' should have as many sexual encounters as possible to prove their manhood.

## Objectives :

Students will:

- 1 Evaluate their attitudes towards gender roles and the basis of these.
- 2 Explain the inherent dangers of the acceptance by society of an inferior status for girls and women.

## BEFORE THE LESSON

Ask each student to find out from any two of their school-mates in other classes whether they feel that girls and boys are equal in intelligence, physical ability and interests. They should also find out whether their school-mates feel that girls and boys should receive equal treatment at school, at home, at work, etc. and be prepared to talk about their findings in class.

## INTRODUCTION

Teacher: *You have all been busy asking your school-mates in other classes what they think about whether girls and boys are equal. Let's talk about what you managed to find out. (Report back)*

## Are girls different from boys?

Let students indicate in the columns for boys and for girls what is 'expected'. Then ask them to say what they actually prefer for themselves. Groups can compare notes first and then as a class. Students can discuss whether

# 7 Tomboys and sissies?

## What is gender?

Gender refers to whether a person is male or female. Have you heard people say 'Girls don't behave like that!' or 'Big boys don't cry!'? Some boys are called 'sissy' and some girls 'tomboys' depending on how people view their behaviour. What roles are we expected to play as girls and boys?

As we grow up we are influenced by our parents, peers (friends of the same age), the media (newspapers, magazines, radio and television) and community as to how we should behave.

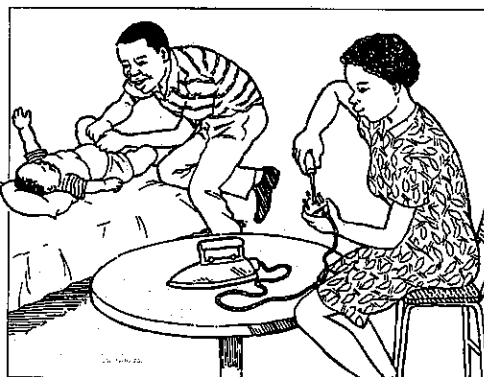
## Are girls different from boys?

In small groups, indicate in the columns for boys and for girls what is 'expected'. What do you actually prefer for yourself? Be as honest as possible!

|  | GIRLS | BOYS |
|--|-------|------|
| Colours                                | Pink  | Blue |
| Playthings and toys                    |       |      |
| Household and other duties in the home |       |      |
| Sports/games                           |       |      |
| Subjects                               |       |      |
| Careers                                |       |      |

Compare your notes with the rest of the class. Compile one table on the board. Are your likes and dislikes the same or different from those expected for someone of your sex?

## Changing Roles?



## Let's talk

Look at these pictures. What do you think of the roles being played by the two people?

Would you, as a boy, change nappies, and, as a girl, would you be happy to fix things in the house?

In the work context, are there any jobs which you think are only for women or men? If so, why?

What roles do you think are appropriate or inappropriate for young men and women of your own generation?

what is expected and what is preferred is different. If it is the same — is this because of conditioning?

## Let's talk

Students look at the two pictures and say what they think of the roles being played by the two people. They can discuss the roles they think are appropriate or inappropriate for their own generation. Make sure they say **why** they think so.

## Future planning

The gender role issue is very important because 'expecting' girls or boys to behave in a particular way stops us from looking at people as individuals. We may not see people's true capabilities.

Allow the students to say whether boys or girls should do the things listed. Do not give them your own opinion.

Students make a list with reasons for their answers and then compare them with those of members in their group and then the class.

### Future planning

Do you think girls should :

|                        |                             |
|------------------------|-----------------------------|
| cook                   | change nappies              |
| go out on their own    | become nurses               |
| ask members of the     | become lorry drivers        |
| opposite sex out       | become infant teachers      |
| wash dishes            | become builders             |
| smoke or drink alcohol | become priests or preachers |

Next decide if boys should do all the things in the box. Make a list with reasons for your answers and compare them with the group and the rest of the class.

## Gender and AIDS



### Think about it!

This is a poster that was used to help girls become more assertive. Should boys also take some responsibility? Talk about the poster and then, in groups, discuss your response to the following situations:

#### Girls:

Your boyfriend asks to have sex with you. You say 'NO'; he asks why. What reasons do you give him?

#### Boys:

Your best friend is boasting about the number of conquests he has made. He thinks there is something wrong with you for not having many girlfriends. How do you explain to him that there is nothing wrong with you. What are your reasons for not sleeping around?

### Gender and the New Generation

Many changes have taken place in societies all over the world. Not many years ago it was the norm for men to go out to work and women to stay at home and tend the fields or the house. The man was considered the breadwinner. Now, most women work and in many cases they support their families.

Gender roles were probably defined to give each individual a place in society. These roles were usually defined by the capabilities of each sex. Due to changes that have taken place in society, many roles which were strictly just for men or just for women have become acceptable for both sexes.

### Think about it!

Ask the students to study the advert on Gender and AIDS and then say whether they think boys should also have the sense not to ask girls to have sex with them. Don't they think that boys, too, need to take some responsibility? They can discuss their responses in groups.

### What do we do now?

Students make a list of jobs which used to be reserved for one sex and are now done by both sexes — for example nursing used to be for women and is now for both men and women.

Students find examples of such jobs and the people concerned within their own communities. They should write their story showing how their community has benefited from not forcing them into a set role or into 'expected' choices.

### What do we do now?

Make a list of jobs which used to be reserved for one sex and are now acceptable for both sexes.

Try to find examples of such jobs and the people concerned within your own community.

Write their stories. Show how their communities have benefited from not forcing them to play a fixed role.

# 8 Teenage trouble!

## Rationale:

Students sometimes find their relationships with their parents confrontational. In this unit, they examine causes of common conflicts between adolescents and their parents and try to understand their own motivation as well as that of their parents in behaving as they do in conflict situations.

## Objectives:

Students will:

- 1 empathise with their parents in explaining why their parents may behave in a confrontational manner in various conflict situations.
- 2 develop strategies to enable them to reduce conflict with their parents in future confrontational situations.

## BEFORE THE LESSON

Each student conducts a survey of two students in other classes at the school to find out whether their relationships with their parents are:

- A totally satisfactory and happy;
- B generally satisfactory with one or two problems;
- C sometimes satisfactory but generally unhappy;
- D totally unsatisfactory.

## INTRODUCTION

Make a chalkboard summary of the findings of the survey conducted by the students:

No. saying A:

No. saying B: and so on

Teacher: *What are the reasons for the problems some young people have in their relationships with their parents?*

## Act it out!

**Pairs:** Each pair selects one of the five questions asked and develop an argument between a parent and teenager to bring out what usually happens in family arguments.

Select pairs to role play in front of the class. All five questions need to be covered.

## 8 Teenage trouble!

'But you don't understand!'

Most of you have probably had at least one row or argument with your parents recently. Perhaps it was a major quarrel with your mother or father and you shouting at each other, a serious discussion in which you were being told where you went wrong, or your mother or father shouting at you while you remained quiet but seething with anger at their stupidity!

### Act it out!

In pairs role play a typical family argument. Use one of the five questions below as your starting point and show what happens.



Who was that untidy-looking friend of yours who came to see you this morning?

Where do you think you're going, looking like that?

Who was that boy (girl) I saw you talking to outside the school gate yesterday?

Is this the time for any decent child to come home?

Have you seen the state of your room?

### Think about it!

Draw two columns on a sheet of paper with the headings 'Things I like about my parents/guardians' and 'Things I dislike about my parents/guardians'. Fill in five things under each heading and compare notes with a partner.

Draw two more columns on a sheet of paper with the headings 'What my parents/guardians like about me' and 'What my parents/guardians don't like about me'. Again fill in five things under each heading and compare them with your partner's.

Are your responses different or similar? Are you being fair to your parents? Are the things you have listed which you dislike about your parents caused by your own behaviour or their behaviour?

Are the things your parents don't like about you caused by your own behaviour? ———

Could you change your behaviour so that there is less conflict between you and your parents?

**Class:** After the role plays, the class can discuss the arguments and say whether or not they portrayed typical situations they have with their own parents.

### Think about it!

After students have filled in things under each heading and compared notes, they discuss the questions asked in pairs or as a class.

**Possible responses: What my parents like about me—**

I behave well  
I do well at school.  
I help around the home.  
I can be trusted.  
I do as I am told, and so on

**What my parents don't like about me—**

I can be difficult  
I don't listen to their advice  
I have a girlfriend/boyfriend  
I am untidy  
I am irresponsible sometimes

**Things I like about my parents—**

They are understanding  
They allow my friends to come home  
They involve me in discussions about my options  
They allow me to go out with friends  
They don't order me around, and so on

**Things I dislike about my parents—**

They don't trust me  
They don't see that I need some independence and freedom

They don't realise that I'm growing up. They still treat me like a child  
They don't listen to what I say  
They are always shouting at me.  
I can't do anything right, and so on

### Let's talk

**Groups:** Students talk about the conflict they have with their parents/guardians using the questions given. It is important that they come up with suggestions as to how they can reduce conflict between themselves and their parents/guardians.

### What do we do now?

This is an out of class activity but try to encourage students to do it. The students could collate the information they gather in their groups and make a list of the similarities and differences between teenagers and the elders they have interviewed. Display the results on a chart for the class to discuss.

### Let's talk

Arguments between adolescents like you and parents are very common. Talk about the following:

Are your parents always 'the enemy'? Why do they nag and complain?

What aspects of your parents' behaviour do you dislike? Would you ever behave in the same way towards your children, if you were to have any? Be honest!

What aspects of your own behaviour do your parents dislike? Are they justified in disliking this behaviour? Why?

How do you view your parents? Do most adolescents have the same view of their parents?

How do parents generally seem to view adolescents?

Which issues do parents and adolescents frequently disagree about? Why?

What can you do (or do you do) to reduce conflict between you and your parents?

### What do we do now?

Look at the list of questions to ask your parents, grandparents, uncles, aunts or adult neighbours in the box below. When you have the answers, compare them with the answers you might have given yourself.

What are the similarities and differences between the adolescent years of your parents' generation and your own generation?

Why have certain things (if any) changed and others not changed at all?

### Questions to ask

- 1 Did you attend school?
- 2 What kind of clothes did you wear to school? (If you went)
- 3 What kind of clothes did you wear away from school?
- 4 What did you do in the school holidays?
- 5 Did you go to parties?
- 6 What kind of parties were they?
- 7 Why did you leave school?
- 8 How did you feel when you had your first boyfriend or girlfriend?
- 9 Where did you meet?
- 10 What did you do?
- 11 Were you allowed to go out with your boyfriend or girlfriend?
- 12 What time did you get home?
- 13 Did boys and girls have sex before marriage?
- 14 Did some teenage girls get pregnant?
- 15 What happened to them?
- 16 What happened to the boys who made them pregnant?
- 17 What happened to young people if they misbehaved in the home?
- 18 Did you ever have arguments with your parents?
- 19 What were some of the issues on which you and your parents argued?



# 9 Sweethearts

## Rationale:

In this unit students examine the natural attraction that adolescent boys and girls have for each other, and the quality of various relationships.

## Objectives:

Students will:

- 1 discuss boy/girl relationships openly and

explain the dangers that may arise in such relationships if they do not practise self-control.

- 2 explore the characteristics of genuine relationships based on love and respect and differentiate such relationships from those in which one partner exploits or uses the other for selfish purposes.

## BEFORE THE LESSON

Students list the five qualities that they find most significant in people they are strongly attracted to.

## INTRODUCTION

Teacher: *Is it natural for boys and girls to be attracted to each other? When does this occur? When a boy and girl are attracted to each other what can sometimes happen to spoil their relationship? Let's talk about these things in this session.*

## A poem — Life in our village

The poem is about how adults react to the increased interest that adolescents develop in the opposite sex. It also shows how the interest is so great that the teenagers still manage to meet.

## Let's talk

The students read the poem and then discuss the questions in groups. Adolescent boys and girls are attracted to each other for many reasons. For example:

## 9 Sweethearts

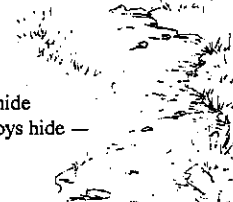
### Life in our Village

In our little village  
When elders are around,  
Boys must not look at girls  
And girls must not look at boys  
Because the elders say  
That is not good.

Even when night comes  
Boys must play separately,  
Girls must play separately  
But humanity is weak  
So boys and girls meet.

The boys play hide and seek  
And girls play hide and seek.  
The boys know where the girls hide  
And the girls know where the boys hide —  
So in their hide and seek,  
Boys seek girls.  
And each to each sing  
Songs of love.

Matei Markwei



## Let's talk

When do girls and boys start looking at each other? Why do they begin to do this?

The elders in the poem think that it is not good for boys and girls to look at each other. Why do they say this? Do you agree?

Should teenage boys and girls play separately, especially at night? What might happen if they play together?

The poet says, 'But humanity is weak, so boys and girls meet'. In what ways is 'humanity' also strong? How can boys and girls develop the strength to counteract this weakness the poet talks about?

How do boys and girls find each other in this poem? How else do boys and girls meet apart from when they are playing games?

What attracts boys and girls to each other?

What would you look for in a friend of the opposite sex? Why?

- the way a person acts—being polite, humorous
- what a person looks like — tall, handsome
- being together often and sharing good/bad times
- what position a person has — captain of the team
- shared interests

Some of the qualities that we can look for in a friend of the opposite sex are:

- loyalty and trust in a friend
- similarity of backgrounds and tastes
- ability to communicate
- a friend who is good company
- ability to understand the other person's views
- being dependable, a listener, and so on

## Let the heartaches begin!

**Groups.** This looks at some of the problems that young people experience in boy-girl relationships. Students read each letter and try to answer the questions that follow. After the group discussion, groups could report back to the whole class for a final analysis.

Possible answers (Any variations are acceptable):

### First Letter

*No, she's not really concerned about the boy's feelings and he should get out of the relationship. The unhappiness is caused by the girl not caring as much for the boy. Yes. A girl can be madly in love with a boy who doesn't care for her that much and who can even have other girlfriends!*

### Second Letter

*He's not a good friend because he is rude to the girl's parents and behaves as though he's too good for her family. There could be many reasons he still visits her — one could be that he thinks the girl comes from a poorer family than his so he can make her do anything, for example have sex with him. She should stop seeing the boy.*

### Third Letter

*No, the boy doesn't love her. No, he does not have the right qualities — all he wants from her is sex. If they had sex, he will probably lose interest in her because he finally got what he wanted or even get the girl pregnant and then 'ditch' her. Some dangers are: pregnancy, catching STD or AIDS, being badly hurt emotionally and losing her reputation. He might have heard of AIDS but he doesn't think he will ever catch it. He's not being fair to himself or the girl.*

## Let the heartaches begin!

Relationships between boys and girls are not always smooth — look at some letters written by boys and girls who have found difficulty and unhappiness in their relationships.

Dear Aunt Mary

I've been going out with my girlfriend for about two months and I really find her fun to be with. The trouble is, she doesn't seem to feel the same. Last Sunday, we went to watch a football match together and she spent the whole afternoon talking with another boy who lives in Gweru and comes to our area on weekends to visit his grandparents. I didn't say anything to her or to this other guy. I got so upset that I finally just stood up and went home. She has written a note asking why I left her at the football ground. I don't know what to do and what to say.

Is the girl concerned about the boy's feelings?

What advice would you give the boy? Why?

What has caused this unhappy situation?

Do girls ever find themselves in the same type of situation as the boy who wrote this letter?

Is her boyfriend a good friend? Why?

Why does he visit this girl if he looks down on her?

What advice would you give the girl?

Dear Aunt Mary

My boyfriend says he loves me and wants to show me how much by having sex with me. He has been trying for ages to persuade me to have sex with him. He says that if I loved him enough I would agree. I'm miserable when he is not there and I think of him all the time, even in class. He's in Form 3 and I am in Form 1. I am worried because all he seems to want from me is sex. He doesn't seem to really bother about me and I'm beginning to see him less and less. I don't want to lose him but...

Dear Aunt Mary

My boyfriend comes from a rich family. He is quite attractive and fun to be with. His parents seem very nice people but whenever he comes home to see me he is a bit rude to my parents. Maybe it's because my parents are not as rich as his. He usually acts as if he is too good for me and for my father and mother.

He has very little to say to my parents and is really not very polite to them. I like him very much but...

Does this boy love this girl?

Does he have the qualities we would look for in a boyfriend?

What problems would arise if the girl agreed to let him make love to her?

What are some of the dangers of having sex when you are still young?

Has the boy ever heard of the disease AIDS? If he has, is he being fair to himself and his girlfriend?

### What do we do now?

Find out about traditional and modern customs relating to dating, courting and sex before marriage among all the different cultures in Zimbabwe, for example, Shona, Ndebele, Nyanja, English, Indian. Also find out what the church says about sex before marriage. You could ask a local church person to talk to you about it.

## What do we do now?

Let students discuss traditional and modern customs relating to dating, courting and sex before marriage in their cultures. In their discussion, they can compare the customs and decide which ones are good for them to follow.

# 10 What is love?

## Rationale:

In this unit students examine different types of love and distinguish the characteristics of worthwhile relationships based on caring and concern for one another.

## Objectives:

Students will:

- 1 determine which types of love are worthwhile and which are not, and identify the characteristics of each.
- 2 develop a clear understanding of the type of partner who will provide them with a mutually caring, supportive relationship.

## BEFORE THE LESSON

Think about two people you know who love one another. They may be members of your family, people in your community or people you have read about. Be prepared to talk about them in class.

## INTRODUCTION

Teacher: What do we mean when we say someone loves someone else? (Note down students' contributions on the chalkboard and compile figures for the number of students who support each statement).

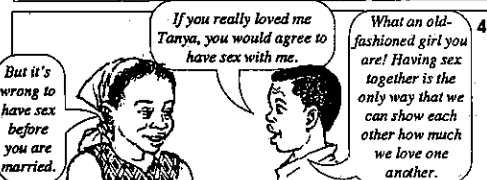
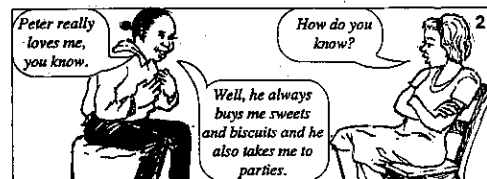
## Let's Talk

**Groups:** Students try to distinguish between different types of love in the cartoons and recognise how they are different. They try to answer the questions asked.

The first cartoon depicts 'having a crush on someone'. It is a kind of infatuation in which Tom's main interest is in Miss Choto being slim and beautiful.

The second cartoon portrays an immature version of love. The girl thinks that be-

# 10 What is love?



## Let's talk

Look at the situation in each box and decide:

What kind of love is being talked about? Which of the different kinds of love in the cartoon strips would you prefer? Why?

Is love the same for men and women?

Do you believe in love at first sight? Why or why not?

Can you love more than one person at a time?

How do you know when you love someone? How do you know when you are loved?

Do women have the capacity to love more than men? Why or why not?

Do young people who have more than one girlfriend or boyfriend really love any of them?

Why is love important to us all?

Is jealousy a basic aspect of love?

Are loving and being in love the same?

How do you develop a loving relationship?

What is infatuation? Is it the same as love?

cause Peter is always buying her sweets and biscuits and taking her to parties, he must really love her. Peter could be doing this because he wants something from her — for example he may want to have sex with her.

The third kind of love is possessive and immature. It is selfish. Susie is jealous and her concern is only with what she wants. She can't allow her boyfriend to be free as there is no trust or respect.

The fourth kind of love is sexual and selfish. The boyfriend is only interested in the physical act of intercourse. He is not worried that he might get Tanya into trouble and he doesn't seem to be con-

cerned about Tanya's feelings.

The fifth kind of love seems to be a more genuine kind of love. Dan loves his girlfriend and is considerate and patient and does not want anything from her. He shows concern for her well-being and it is a comfortable, secure love.

*Infatuation* is usually described as being 'in love with love'. The person who is infatuated is more concerned about being in love than loving and giving to someone. Quite often infatuation disappears fast. While it lasts it can be exciting but is usually selfish and restrictive.

*Jealousy* is the feeling of resentment and bitterness that you have when you think someone is trying to take away something that you feel belongs to you — like your boyfriend or girlfriend. Jealousy is not an indication of love but evidence of insecurity in a relationship.

## Love poems

Students read through the poems — two fluent readers could read them aloud to the class.

## Think about it

*Group or class:* Students talk about the poems and the questions.

## What do we do now?

This is an out-of-class activity. After students have made their collections, they could put them in a box so that everyone has the opportunity to read through them.

## Love poems

### Love

Love, my sister-in-law, requires constant frying  
Like a drying mealie cob in this pan of courting,  
So that both sides become red through turning over,  
This is the only love charm attractive to men,  
Like growing seedlings it requires constant cultivation,  
The pulling out of all weeds which could choke it  
Like the stomach which gets satisfied and gets hungry again

It requires constant feeding;  
And like a roof it requires constant thatching  
So that the thatch does not fall down,  
It also needs patches beneath, where holes have developed.

Where it is blunt it needs sharpening like an axe;  
It does not require exposing on the firestones or in the mortar  
Otherwise it would be made impure by ashes and dirt,  
Like meat when it has been blown on by an eagle.

Henry Pote

### When I see the beauty on my beloved's face

When I see the beauty on my beloved's face,  
I throw away the food in my hand;  
Oh, sister of the young man, listen;  
The beauty on my beloved's face.

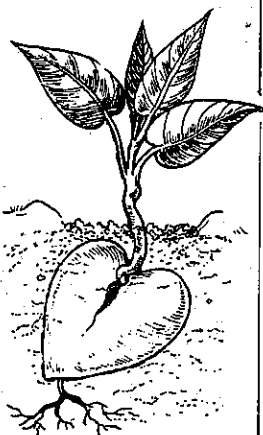
Her neck is long, when I see it  
I cannot sleep one wink;  
Oh, the daughter of my mother-in-law,  
Her neck is like the shaft of the spear.

When I touch the tatoos on her back,  
I die;  
Oh, sister of the young man, listen;  
The tatoos on my beloved's back.

When I see the gap in my beloved's teeth,  
her teeth are white like dry season simsim;  
Oh, daughter of my father-in-law listen,  
The gap in my beloved's teeth.

The daughter of the bull confuses my head,  
I have to marry her;  
True, sister of the young man, listen;  
The suppleness of my beloved's waist.

Acoli (traditional)



### Think about it!

What attractions does the first poem describe?

Do both poems talk about the same kind of love?

What qualities do you look for in someone you love?

How could you keep your love 'frying'?

### What do we do now?

Collect poems, letters to the editor, short stories, articles, pictures and extracts from books which are about love, infatuation and boy/girl relationships. Discuss them with your friends—are they love or infatuation?

# 11 Consequences

## Rationale:

Students determine what courses of action they should follow when confronted with the unwelcome consequences of unwise behaviour.

## Objectives:

Students will:

- 1 justify a course of action they would take in handling situations such as those in the text that have arisen because of unwise behaviour.
- 2 describe activities they may indulge in, in place of risky sexual adventures.

## BEFORE THE LESSON

Students consider all the possible alternative courses of action that they might take, and the various persons they might consult if they suddenly became pregnant or were responsible, together with the girl concerned, for her pregnancy. They should be prepared to justify their statements in class.

## INTRODUCTION

Teacher: *If a girl falls pregnant, who is to blame—the boy or the girl, or both?*

*What arguments are commonly expressed to support the views*

- A *that the girl is wholly responsible?*
- B *that the boy is wholly responsible?*
- C *that both share responsibility for the pregnancy?*

*Write students' contributions on the blackboard.)*

*Discussion: how reasonable are the views expressed?*

# 11 Consequences

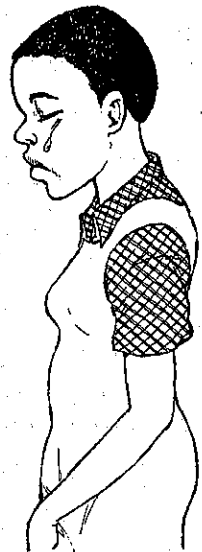
## Rebecca's story

'I am a girl of 14 years of age. I go to Mamvuradonha Secondary School. I am in Form Two. Last year when I had just turned 13, I met Cosmas. Cosmas is a builder. He works for a construction company at the growth point. We started going out to discos at the local hotel. When the disco ends many couples drift into the bush. The first time he took me to the bush I refused to do anything he asked. The following day he wouldn't talk to me or have anything to do with me. He started taking Dadirai to the disco. Until then I had thought of Dadirai as my best friend.

I was so lonely. My best friend had deserted me. All my other friends seemed to be having such a good time. Out of desperation, I decided to talk to Cosmas. I begged him to stop seeing Dadirai. After two days of crying and begging we started going out together again. I was so happy. The next time he took me to the bush, I just had to do as he said.

Three months after we started going out again my periods just stopped all of a sudden. I did not think much about it as this had happened before when my periods started. I was growing fatter, and my breasts also seemed to have grown bigger. In the mornings I sometimes felt sick and vomited. I suspected I was pregnant. My aunt had once told me about pregnancy.

When I told Cosmas my suspicions he told me he was not responsible and did not wish to see me again. He told me that if I told anyone he was responsible he would beat me up. I was devastated and to make matters worse I discovered he had never really stopped seeing Dadirai. A girl who works in a supermarket told me that she had seen Cosmas with prostitutes. I have not seen a doctor or been to a clinic as they might inform the headmaster. I think I am about four months pregnant. What am I going to do? What is going to happen to me and this baby?



## Let's talk

What problems does Rebecca now face? Is she ready for motherhood?

How might her family and friends react to her news?

What would you do if you were Rebecca?

## Act it out!

Decide who Rebecca should talk to then act out the conversation when she explains her situation. Imagine what advice the other person gives her.

## Let's talk

**Groups:** Students in mixed groups talk about the points raised for Rebecca's and Zibusiso's stories. Ask students to pay particular attention to the last question in each case, 'What would you do if you were Rebecca/Zibusiso?' and to try to suggest positive courses of action that would be lastingly beneficial for both the persons involved in each case.

## Act it out!

**Pairs:** Students role-play the characters involved in the dialogue. It is important that the boys are involved in the role-play, both as the counsellor and as Rebecca, so that they may develop understanding of the feelings of girls in this predicament. If time permits, one or two pairs may be asked to perform for the class, and the rest of the students can discuss the way in which Rebecca and her 'confidante' handle her situation.

### Zibusiso's Story

I am a boy aged 18 years. I just completed my 'O' Levels last year at Maphisa Secondary School. I got a place to do my teacher training at Gwanda Teacher's College.

I met Tendai when I had just come to Gwanda. Tendai was doing Form 3 at Gwanda Secondary. She was very popular in town, she seemed to know everyone and where to go in town. We were having such a good time. We were always together.

Tendai's father died two years ago and she was living with her mother and a younger sister and brother. Her mother went to South Africa quite often leaving Tendai in charge of the family. We would then have the house to ourselves. Tendai assured me that she would not fall pregnant as her grandmother had given her some herbs to prevent pregnancy. The family planning clinic would not give her pills. They told her she was too young.

Last month Tendai came to my hostel in college in tears, saying she was pregnant. She had missed two periods. She was very sure she was pregnant although she had not yet gone to the clinic for tests. I was so shocked and confused. I did not know what to say. Her mother had not returned from her last trip to South Africa.

I am so confused, I really do not know what to do. I do not feel I am ready to get married and start a family. Furthermore, Tendai was my first serious relationship. What should I do?

#### Let's talk

Why is Zibusiso finding it so difficult to accept the pregnancy?

What problems does he face?

How will having a family at his age affect his future?

What would you do if you were Zibusiso?

#### Think about it!

How can young people enjoy the company of the opposite sex without indulging in sexual intercourse?

#### What do we do now?

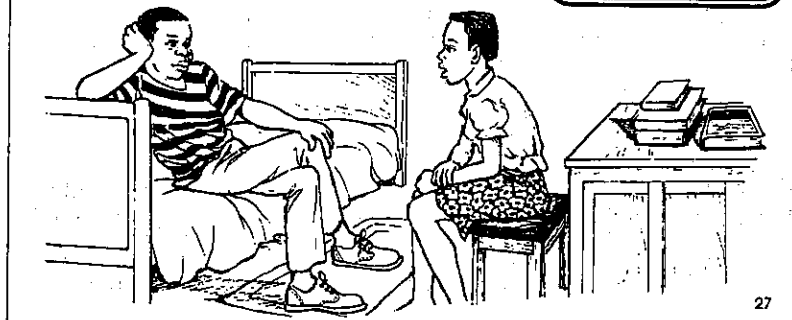
Collect stories, reports and articles about unwanted pregnancies. Find out if there is such a problem in your community and whether there has ever been the tragedy of baby-dumping. In your group, compile a report with suggestions on how this tragedy could be prevented and pin it on the class notice board.

#### Think about it!

**Groups.** Students compile a list of the ways in which young people can enjoy themselves in the company of members of the opposite sex without becoming involved in risky sexual behaviour. Groups report back to the class, and their contributions are put up on the chalkboard.

#### What do we do now?

Students can prepare a display of articles on unwanted pregnancy in the classroom, accompanied by a list of suggestions on how to prevent this from happening. The list can be updated from time to time when students have usable ideas to put forward.



# 12 Bodytalk

## Rationale:

Students acquire knowledge about some common STDs and urinary tract diseases, and an appreciation of the need to seek prompt medical attention if they become infected with any of them.

## Objectives:

Students will:

- 1 describe the symptoms and seriousness of some STDs and urinary tract diseases.
- 2 show an appreciation of the need to get prompt medical attention for treatment in the event of their being infected with any of them.

## BEFORE THE LESSON

Students collect information pamphlets on STDs from the local clinic or hospital, or gather information from doctors and nurses. A number of volunteers prepare to talk in class about one of the diseases: chancroid, herpes simplex, gonorrhoea, syphilis, and other urinary tract diseases. They can talk about each disease in terms of: what the symptoms are, how the disease progresses in the human body, how infectious it is, how serious the condition is and can become, its possible link with HIV infection, and how it can be treated.

## INTRODUCTION

*Group or class discussion:* What is an STD? Volunteers present their talks they have prepared on various STDs.

# 12 Bodytalk

## FACING THE FACTS :

### Sexually transmitted diseases

A sexually transmitted disease (STD) is a disease which can be passed from one person to another during sexual intercourse. There are many different kinds of STDs. Raymond's brother Steven suffered from two different kinds of STD. First, he was infected with HIV, the virus which causes AIDS. HIV cannot be seen. Slowly, sometimes over a period of several years, it takes the strength away from a person's body. The person with HIV then begins to suffer from different diseases. The diseases which affect a person with HIV are usually common ones (such as TB, diarrhoea, skin diseases, serious pneumonia and others), but they are much more severe than usual and much more difficult to treat. When a person with HIV has begun to suffer from such serious diseases, we say the person has AIDS.

#### STDs encourage HIV

Steven also had another STD called chancroid. This is the STD which caused small painful wounds on his private parts. Chancroid is painful, but it does not kill people. It can be treated and cured with medicines. In Steven's case, the chancroid could not be cured easily because he was also infected with HIV, which had begun to take

the strength out of his body.

#### Get it seen to

Chancroid is a dangerous STD, not only because it is painful but also because the small wounds it causes make it easy for HIV to enter a person's body during sex. There are other STDs which also help HIV to spread easily during sex. If ever now, or in the future, you think you might be suffering from chancroid or any other STD, please go straight to your nearest clinic or doctor for treatment! Although it is sometimes embarrassing to go to the clinic or doctor with an STD (especially if you are still in school), you must try to be brave. 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.

#### Save sex for marriage

Those who are not sexually active have no cause to worry about STD. Married people in faithful relationships (especially those husbands and wives who have 'saved sex for marriage', and therefore never had any other sexual partners in the past) are also safe from HIV and other STD infections. So, my advice to you is, don't be like Steven, save sex for marriage.

## Let's talk

Two STDs are mentioned in this article from a young people's newspaper. There are many more — you may have heard of others which affect people in your area.

Would you be prepared to visit your local clinic if you had STD? Why or why not?

If you would not, is there anybody you can trust to talk to?

What sort of person would you be willing to talk to if you thought you had an STD?

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

— and so on.

**Whatever happens, get proper help from a clinic or doctor as soon as possible.**

## Let's talk

**Groups:** It is important for students to identify a knowledgeable individual in their community in whom they can confide in the regrettable event that they contract an STD. The important point in the article is that, 'Although it is sometimes 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.'

## Think about it!

Students should be encouraged to talk honestly about what people around them say about any experiences they have had of infection with STDs, and their views about their experiences. Lead them to evaluate these statements, especially any boastful statements they have heard, in the light of the knowledge about STDs they have gained.

### PROBLEMS WITH URINATION

Many teenagers experience problems with urination at some time. A boy or a girl may suddenly experience pain or a burning feeling when urinating.

It may be difficult to urinate and at the same time the need to urinate may come more frequently. Or urine may change from its normal yellow colour to a reddish colour or it may look cloudy (whitish) in colour (you can check the colour of your urine by urinating into a glass or clear plastic container). Changes from normal may show that there is some kind of infection.

If you experience unusual problems with urination, report to a clinic or doctor immediately. If you have not been hav-

ing sexual intercourse, then you do not have an STD. You may have bilharzia or a urinary tract infection. These are two common infections which cause problems with urination. Anyone can get them.

**Bilharzia:** The most common sign of Bilharzia is blood in the urine. The blood is most easily seen when passing the last few drops of urine. It gives the urine a reddish colour. There may also be some pain at the end of urinating. Bilharzia is caused by a very small worm (flake) which lives in certain areas of water (usually in dams, lakes and rivers). Any person who enters that water can get bilharzia. Bilharzia is very common among people of all ages in Zimbabwe. It can be cured easily by treatment at a clinic.

**Urinary tract infection:** Both boys and girls can suffer from urinary tract infections which are not sexually transmitted. The most common signs are painful urination and the need to urinate more often than usual. There may also be blood in the urine or sometimes pain in the lower body. Drinking lots of water can help to push a urinary tract infection out of the body (but this does not help with infections which are sexually transmitted). If the problems with urination do not begin to improve after a day of drinking lots of water, report to your clinic for treatment with medicine. This is especially important for boys because urinary tract infections in boys are more unusual and often more serious than they are in girls.

*When Steven first told me he was suffering from the chancroid STD, he said it in a boastful way to make me respect him. From the way he had been taught by the gossip of older men, having an STD was something to be proud of, because it showed that you had sex with someone.*



*Now I am filled with bitterness about this.*

### Think about it!

Have you heard people talking like Raymond's brother, Steven?

Why do you think Steven boasted about his illness?

What can your generation teach some of the older men whose 'gossip' killed a young person like Steven?

If you were Raymond, what would you say to Steven?



# 13 Up in smoke

## Rationale:

In this unit, students review the dangers and undesirable consequences of smoking tobacco. As a result, it is hoped that they may determine to avoid the smoking habit.

## Objectives:

Students will:

- 1 evaluate reasons commonly given by people to explain why they smoke.
- 2 describe undesirable outcomes and consequences of using tobacco products.

## BEFORE THE LESSON

Each of the students interviews someone in the community who smokes, and finds out what age they started smoking, why they started smoking, what influences (e.g. the media, pressure from friends, etc.) made them start smoking, how heavily they smoke, whether they would like to stop smoking, whether they have ever tried to give up smoking and for how long they succeeded, and what advice they have for anybody who has not started smoking.

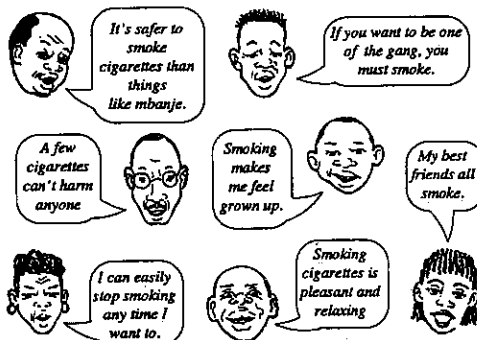
## INTRODUCTION

Teacher: *How many of you have ever smoked a cigarette? What was the experience like? Why did you try to smoke a cigarette? Would you do it again? Do you think that the number of people taking up smoking is increasing or decreasing? Why do you think this is so?*

## 13 Up in smoke!



### Reasons or excuses?



### Let's talk

How does the advert try to persuade you to buy Silka cigarettes?

Have you heard people saying things like those on the left?

Why does each person smoke?

Is everyone being honest about it?

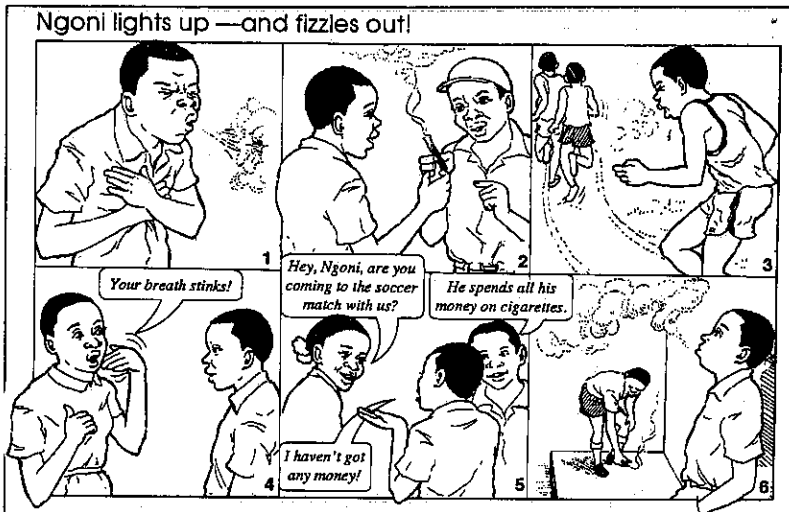
## Let's talk

### The Advertisement

Draw students' attention to the attractiveness of the advertisement, and of the models used to pose for the advert. Ask them to comment on the way the couple are dressed — obvious symbols of wealth and material success. These seem to imply that successful people smoke.

## Reasons or excuses?

Ask students to compare the explanations for why they smoke given by the people in the pictures with those they were given when they interviewed people in the community. Ask them to comment on the explanations: do they find any of them convincing or rather foolish, and why?



### Talking sense

Look at Ngoni — what does he find are the results of smoking cigarettes?

Would he agree with what the people were saying on page 30 about smoking?

Look at the statements again and discuss how they relate to the facts box.

#### What do we do now?

How many people that you know of have smoking-related illnesses?

Interview people who have given up smoking. Why did they give up?

Resolve never to smoke!

### SOME FACTS ABOUT SMOKING

- In some countries the law requires that all cigarette packets carry a warning about the serious health risk involved in smoking cigarettes.
- Over a quarter of all regular smokers die of smoking-related diseases. The most common are bronchitis, emphysema and lung cancer.
- In the United States of America smoking is responsible for more than one in every six deaths.
- The younger people are when they start smoking, the more likely they are to die of smoking-related illnesses.
- People who start smoking young find it more difficult to stop than people who start when they are older.
- Young people who smoke are not as physically fit as those who don't smoke.
- Many more cigarette smokers go on to smoke *mbanje* than those who do not smoke at all.

No smoke without fire!

## Talking sense

Ask students to talk about what Ngoni is experiencing in each of the cartoons, and to compare these experiences with their own impressions of the effects of smoking.

## Facts box

Students discuss the information in these statements and continue to refer to them from time to time, so that they know the information well. Encourage them to communicate this information to their peers.

## What do we do now?

Students should collect information from people who have stopped smoking, and talk about this to other young people. Perhaps students can produce posters about the dangers of smoking and the need to abstain from smoking. These could be displayed in the classroom and the school.

# 14 Drink, drugs & downhill!

## Rationale:

In this unit, students assess the likelihood of undesirable and injurious consequences to themselves of substance abuse.

## Objectives:

Students will:

- 1 examine the ways in which alcohol and illicit drugs contribute to adolescent ill-health, misdeed and crime.
- 2 develop refusal strategies to use in situations in which they may be tempted to indulge in alcoholic drink and illicit drugs.

## BEFORE THE LESSON

Ask students to prepare to talk in class about young people they know about who have got into trouble through drinking and/or using illicit drugs.

## INTRODUCTION

Teacher: *Are more young people taking alcohol and illicit drugs now than in the past? Why do you think so (this is happening)? What are the effects of alcohol and drugs on young people's health and behaviour?*

## Act it out!

*Pairs.* Students reconstruct the various incidents that led to Maurice's arrest, by carefully examining the pictures, and also by referring to their own knowledge of the risky behaviour that some youths indulge in in their community. One or two pairs may be asked to role-play the interview between Maurice and the reporter.

# 14 Drink, drugs and downhill!

## Maurice's story



## Juvenile arrested for housebreaking



07-1043A 2

MAURICE Moyo, 15, was yesterday remanded on a charge...

## Act it out!

Why did Maurice Moyo get into trouble with the police?

Act out Maurice Moyo being interviewed by a local reporter so that Maurice has to tell his story. Take turns being Maurice and the interviewer. Start like this:

Reporter: Maurice, why did you start drinking and smoking mbanje?

Maurice: .....

Reporter: How did the alcohol and mbanje make you feel?

Maurice: .....

Reporter: Where did you buy beer and mbanje?

Maurice: .....

Reporter: Where did you get the money for it?

Maurice: ..... and so on.

Also ask questions like those in the box opposite:

## More questions to ask

Do your parents know about you buying beer and mbanje?

How do they feel about it or how would they feel if they knew?

What do you know about the dangers of drinking alcohol and smoking mbanje?

What advice would you give to other young people about alcohol and drugs?

## Let's talk

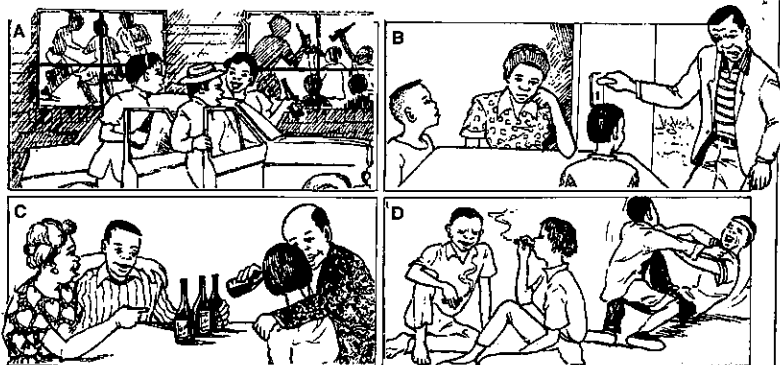
**Pairs.** Students study the pictures above, and predict the outcome of each of the situations depicted. The pairs practise resisting temptation in various situations of their own creation, with each person in each pair taking each of the two roles in turn.

## Some facts about alcohol

If time permits, discussion may be held of the points made here. Otherwise students may be asked to read them at home, and talk with class-mates about them after school.

## What do we do now?

Students should be encouraged to talk openly about their worries and fears about the availability and the sale of illicit drugs in their area, if this is indeed the situation where they live.



### Let's talk

What is happening in these pictures and what is likely to happen?

With a partner, think about situations in which you may be offered alcohol or illicit drugs.

How might you be encouraged to take them? For example — *Relax! Have a beer! It'll make you feel great!*

What could you say to refuse? For example — *No, thanks. I feel great already. Beer gives me a headache!*

List as many ways you may be tempted as you can and then make sure you have a good, strong reply to refuse!

### SOME FACTS ABOUT ALCOHOL

- People are starting to drink alcohol at younger ages than ever before.
- Young people are also drinking more heavily.
- Many young people who are injured or killed in road traffic accidents have alcohol in their blood.
- Because young people have a higher proportion of body water and lower proportions of fat and muscle, they tend to be more affected by alcohol and become dependent on alcohol more quickly than adults.
- In many countries many young people who drink alcohol go on to try illicit drugs including marijuana.
- Alcohol can seriously damage your liver and cause many other health complications.
- Alcohol actually destroys your brain cells.
- Alcohol affects our judgement. We may be tempted to experiment with sex which we would never normally do.

### What do we do now?

Are all drugs bad? When do we use drugs to benefit our health? What are the names of some illicit (illegal) drugs that are very harmful? Are any available at your school? Who sells them? Why do you think these drugs are illegal?

What can we do about the 'drugs problem' in our schools and communities?

# 15 Assault!

## Rationale:

Students need to be alerted to the dangers of sexual abuse by some adult members of the community. They also need to consider ways in which they can take preventive action to safeguard themselves and to recognise that the 'blameworthiness' of the victim is often based on unwarranted prejudices of society.

## Objectives:

Students will:

- 1 identify situations in which they may be in danger of sexual molestation.
- 2 develop strategies to avoid sexual molestation.
- 3 examine their own attitudes towards victims of sexual molestation.

## BEFORE THE LESSON

Students collect newspaper articles of cases involving sexual abuse of minors, ask members of their families and communities whether they know of any incidents of sexual abuse, and prepare to talk about these incidents in class.

## INTRODUCTION

*Class discussion: How would you know if someone was planning to abuse you sexually? What sorts of acts are acts of sexual abuse?*

## Let's talk

*Groups:* Once students have read Siphó's story, they try to answer the questions. Encourage them to reach some conclusions. Make them aware of the common misconceptions that only 'dangerous strangers' can sexually abuse young people.

## Think about it!

Students need to realise that boys can also be victims of indecent assault. They discuss the answers as openly as they can. There are no wrong or right answers.

# 15 Assault!

## A lift for Siphó

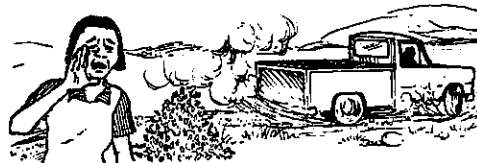
One morning, Siphó, a fifteen year old girl living in Nkayi, was late for school. Her little sister had been very sick and had cried all night long so she had woken up late, feeling exhausted.

As Siphó walked along the main road to Bulawayo, she recognised the owner of a local shop driving past in a Mazda truck. He looked at her and smiled and then stopped his car a few metres in front of her. 'Late for school?' he shouted, 'Jump in and I will drop you outside the school gate.' Siphó thought what a kind man he was to be so considerate.

She jumped into the front passenger seat and off they went. When they were still two kilometres away from school, the man turned into a side road and then began to drive very fast. Siphó, feeling frightened, asked him where they were going. He didn't reply, but grabbed Siphó's right arm and told her to shut up if she didn't want to get hurt.

He drove for about three kilometres and then turned into the bush and stopped. The car was now well hidden. He dragged Siphó out of the car, told her he would kill her if she made any noise, and forced her to have sex with him. She tried to fight him, but he was too strong for her and whenever she tried to scream, he punched her in the face.

After he was finished, he told Siphó not to tell anyone what had happened, not even her best friend, or he would make sure she would 'disappear'. He got into his car and drove off. Siphó slowly got up and began to walk painfully towards the main road. She refused to tell anybody what had happened to her and who had done it.



34

**Girl of 16  
raped by  
uncle**

**Man in court  
for sexually  
assaulting  
10 year old boy**

**Crimes of  
rape on  
increase**

## Let's talk

Siphó was forced to have sex against her wishes. When someone forces sexual activity on another person, this is rape.

Was Siphó wrong to accept a lift from the man in the story?

Why wasn't she afraid of getting into the man's car?

How did she feel when she realised the man was not taking her to school after all?

What would you have done?

Students may find it difficult to accept that a boy can be raped because they are only aware of sexual intercourse between men and women. They need to be sensitised to such sexual activities as anal and oral sex.

## Facing the facts

**Individuals, then groups:** Allow debate but make sure students come to an agreement about the answers. The correct answers are:

- 1 true    2 false    3 false    4 false  
5 true    6 false    7 true    8 true  
9 false    10 false    11 false    12 false    13 false

Why did the man order her not to tell anyone or she would 'disappear'? What did he mean by this? Why did Sipho refuse to tell anybody what had happened?

How do you think Sipho felt after she had been raped? If your sister, mother or aunt were raped, how would you feel? What would you do if you knew the person who had raped her?

### Think about it!

According to the law, only girls or women can be raped by men or boys. All other rapes are called 'indecent assault'. When a boy is raped by an older man or woman, this is described as indecent assault.

Have you heard of cases where boys, especially very young boys were indecently assaulted by people older than them? How were they indecently assaulted? Were the boys blamed for being raped? Why are children, both boys and girls, commonly raped?

Why are girls and women commonly raped? What makes it easier for rapists to rape children and young girls or women? Have you heard of cases of girls being indecently assaulted by older women?

### Facing the facts

Copy the list from the bottom of the page and put a tick under T (true) or F (false) or ? (I don't know), for each statement. Discuss your answers with the rest of the class. Try to come to an agreement about the correct answers. Consult the reference section or your teacher but make sure you arrive at the truth!



### What do we do now?

Make a list of do's and don'ts for avoiding the danger of rape — make sure you remember this list for ever after!

## What do we do now?

This is extension material. Students make their lists in their groups. Here are some ideas:

- Don't accompany people you do not know very well — refuse to direct people by getting into their car.
- Don't be bribed with treats — never accept anything from a stranger.
- Don't visit people who promise you a job after an interview — tell an adult about the offer and let them investigate.
- Refuse lifts from people in cars unless you know and trust them.
- Don't believe it when people say your parents *etc.* have been involved in an accident *etc.* and you must go to them quickly — never go with a stranger in this case but ask any adult or your friend to go with you.

Be suspicious of any adult who wants to be alone with you or who wants you to stay overnight with him or her. Ask your parents, guardians, family for advice in such a case.

Don't allow anyone to touch you in places where you feel uncomfortable — no-one has a right to touch your body, especially on your private parts. If any touch makes you uncomfortable, move away (whoever it is) and report the incident to an adult you trust.

Don't use short cuts and lonely roads — always walk where there are lots of people. Rely on your instincts; if a situation doesn't seem right, leave it.

If someone makes sexual advances towards you, say no as if you mean no — don't leave anyone in any doubt about what you mean. Watch out that your body language (for example the way you look at a person, walk or touch someone) sends out the right messages — **your actions must match your words.**

Don't move about alone, especially in dark or lonely places — it is safer to move about in a group.

|  | T | F | ? |
|--|---|---|---|
| 1 Young people should not get into the cars of people they don't know or people they are not very close to, especially when they are on their own. |   |   |   |
| 2 The people who are raped usually 'ask for it'.   |   |   |   |
| 3 Girls and women who are raped 'enjoy it'.  |   |   |   |
| 4 Only girls and women are raped.  |   |   |   |
| 5 Men rape girls and women because they cannot help themselves.  |   |   |   |
| 6 Girls and women who say they have been raped are not telling the truth.  |   |   |   |
| 7 Both boys and girls can be forced to have sexual intercourse.  |   |   |   |
| 8 Boys can be raped by older women.  |   |   |   |
| 9 Girls and women are too shy to say 'yes' to sex and so men have to force them when they say 'no'.  |   |   |   |
| 10 Girls who get into cars driven by men they don't know well are 'loose'.   |   |   |   |
| 11 Only obviously weird people commit acts of rape.  |   |   |   |
| 12 Boys and girls who are raped will have sexually aroused the rapist in some way.   |   |   |   |
| 13 Girls and women are raped because they wear very short skirts.  |   |   |   |

# 16 Protect yourself!

## Rationale:

Students are alerted to the danger of rape and the prevalence of this form of crime in our society. They learn how to protect themselves from being victims of rapists, and to take action in the event of their being raped.

## Objectives:

Students will:

- 1 identify situations in which they may be at risk of being raped.
- 2 determine ways in which they can avoid placing themselves at risk.
- 3 identify what recourse they have to seek redress in the event that they suffer this form of abuse.

## BEFORE THE LESSON

**Groups:** Students should prepare one of the role-play situations in the 'Act it out!' section of the lesson for presentation in class.

## Act it out!

Students perform their role-plays prepared before-hand, and the class discusses the roles played by the various characters.

**A:** What should you do in this situation? Is there somebody else in the community in whom you could confide?  
**B:** Which reactions of the friends do you support and why? How would you feel if you were indecently assaulted? Who would you tell?  
**C:** How would you deal with this situation? Would you take advice about the problem of what to do from someone you could trust? Who?

## Think about it!

Students quickly answer the two questions. Every answer should be accepted: there are no right or wrong answers. If you feel that an answer might

# 16 Protect yourself!

## Act it out!

Select one of the situations that follow, develop it as a group and then role play it in front of the rest of the class. Discuss each role play and say whether you agree or disagree with some of the things people in the role play are saying.

**A**

Your young sister has been raped by a stranger. You want to go to the police but your parents don't want you to.

**B**

You learn that a classmate was indecently assaulted on Saturday night at the disco. You tell your friends what happened and they react in different ways to the news.

**C**

Your friend quite openly tells you and the rest of the group that he raped a girl at a party at the weekend. You and your friends try to convince him that what he did was wrong.

## Think about it!

Rape can take place almost anywhere. Do you know of places where young boys and girls can be raped or indecently assaulted? Why are such places selected by the rapist?

## Better safe than sorry?

Below are situations which may be dangerous for a young person. Why are such situations potentially dangerous and how can a young person judge whether a situation is dangerous or not?

- |  |
|--|
| 1 You are doing very badly in English. Your teacher promises to help you if you go home with him or her in the afternoons after school.  |
| 2 Your father's friend asks you to come home alone to see his new car.   |
| 3 You are late for school. The time is 7.45 am and you have an examination at 8.30 am. A stranger offers to help you by driving you to school.   |
| 4 You are at your friend's house. Her elder brother is in his room dressing. He calls you and asks you to bring him his shirt which is in the room where you are.                                  |
| 5 A stranger knocks on the door at your home and tells you he has a message for your parents. You are alone. The stranger asks to be allowed into the house so that he can write the message down. |
| 6 You go and see a doctor because you don't feel well. He asks you to undress so that he can examine you. The doctor does not call the nurse into the room to help with the examination.           |



be misunderstood, follow it up by asking the class questions to help them get the correct information.

## Better safe than sorry

This is a very important exercise as it helps students to understand potentially difficult and dangerous situations. The class should explore these situations and discuss how each one may be dangerous for a young person. Extend this to discuss how young people can cope with such situations e.g. for situation 1 the students can refuse to go home with the teacher, or inform the teacher that he or she has to get permission first from guardians or parents.

## Let's talk

In their groups students should make a list of other dangers (apart from those given in the book) associated with rape. The list could include:

- injury to the sex organs
- pregnancy
- exposure to STDs and AIDS
- loss of trust in adults
- depression, shame or even attempted suicide
- prostitution because victims were exposed to sexual activity in such a reprehensible manner so young
- low self-esteem
- fear of being alone with friends, relatives, etc.
- withdrawal

### Let's talk

There are a number of dangers associated with rape. For example, because rape is a violent crime, a victim of rape can be killed or seriously injured if he or she tries to resist being raped. What other dangers associated with rape can you think of?

### Facing the facts

Make up a questionnaire which people in the class can fill in confidentially, to find out who, if anyone, they would tell if they were raped or indecently assaulted.

Would they tell one of their parents, a sister or brother, an aunt or uncle, a priest or other respected adult from their church, mosque or temple, a neighbour or friend?

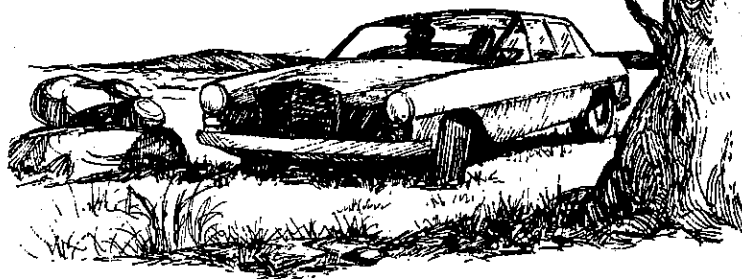
Would it be easier to tell someone of the same age or someone older? What would be their fears of telling any particular group of people?

Write up a report on the answers so that the class can decide on a plan of action in the terrible event that someone is raped.

### What do we do now?

A person's life can be badly affected by the fact that he or she has been raped. In our society, for example, there are people who believe that when a woman or girl is raped it is because she was 'asking for it', and yet they would never say the same thing if a boy were raped.

Find out the attitudes to rape of people in your community. Also find out the stigma (a mark of shame or a stain on a person's good reputation) attached to rape in your community. For example, people, especially friends and relatives, keeping away from the person who has been raped because of the shame associated with it.



If some of the points above are not raised, bring them up as part of your contribution to the group discussion.

## Facing the facts.

**Groups:** Draw up questionnaires which other students could complete confidentially, to discover who, if anyone, they would tell if they were raped or otherwise indecently assaulted. Some possible questions:

1 If you were raped or indecently assaulted, would you tell

A your parents

B your sister or brother, etc.

2 Would it be easier to tell someone of your own age or someone older? Why?

3 Would you be afraid to tell:

A your parents?

B your brother or sister, etc.

Groups report on the answers they get, and the class decides on a plan of action.

## What do we do now?

An out-of-class activity. Students find out the attitudes to rape of people in their community. Make sure they only consult responsible people like parents, grandparents and neighbours they can trust, etc.



# 17 AIDS:

## How is it transmitted?

### Rationale:

Students consider ways in which HIV infection is thought by themselves and by people in their communities to be transmitted, and gain understanding of the measures they can take to protect themselves from infection.

### Objectives:

Students will:

- 1 describe the ways that HIV is and is not spread.
- 2 determine which behaviours to adopt in order to protect themselves from infection.

### BEFORE THE LESSON

Students ask people in the community what they know about AIDS and how it is spread, for a report-back and discussion in class. A list is drawn up in two columns entitled:

How the HIV is spread:

Facts      Myths

### INTRODUCTION

Discussion of students' findings from their interviews with people in the community on how the HIV is spread. Contributions listed as described above.

### What is safe?

In order to play this game, students will have to construct a die, following the instructions given below.

Use bottle tops for the counters that they will shift around the board. Students may use the chart on page 39 to play the game, if copying out the chart is too difficult or time-consuming. They should, however, be careful not to crease the pages, and they should not bend back

## 17 AIDS :

### How is it transmitted?

We have learnt about how the HIV virus attacks the immune system, leaving the body susceptible to a host of diseases which eventually kill the individual. Let's look at ways in which the virus is transmitted from person to person.

There are many myths, stories and fears about HIV/AIDS which are unfounded. By learning about how the virus is passed on from one person to another, you can protect yourself and understand the disease.

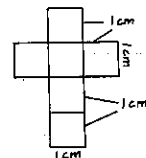
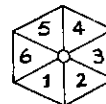
### What is safe?

This is a game you can play to find out what is safe and unsafe with regard to the transmission of the AIDS virus. It is played like snakes and ladders.

### To make the game

In groups of 4 or 5 make the board and die. To make the board, cut out a piece of cardboard 30cm x 30cm. Divide the board into 36 squares 5cm x 5cm. Copy the chart opposite onto your board.

To make the die, cut out a piece of card as shown in the diagram and carefully fold it along dotted lines. Glue or sellotape the edges together to make a cube. Or try the spinner, using a pencil, as shown.



Your teacher will provide you with a set of cards with the answers.

### To play the game

Each player throws the die in turn and moves the number of squares indicated on the die. If a player lands on a picture/question, he or she must say if it is safe or unsafe, for example, is it safe to share cutlery? To find out the answer the corresponding answer card is checked. If the player got the answer correct he or she moves one square forward. If it is wrong, he or she moves back one square.

At the end of the game each group makes a list of the ways HIV/AIDS is transmitted and the ways it is not.

the covers of the book, as this may damage it.

You will need to supply the answer cards which can be made by a group of students, preferably from another class (e.g. a form I class). Square pieces of paper can be used for the 'cards'.

Answers:

- 2 eating at a restaurant — SAFE
- 3 shaking hands —SAFE
- 5 taking drugs—UNSAFE, and especially so if drugs are injected
- 7 sharing a needle/ syringe —UNSAFE
- 8 sleeping in the same room as a PWA — SAFE

- 10 through a PWA's tears — SAFE
- 11 from the breast-milk of a PWA — SOME RISK, but babies are better off getting their mother's milk than being fed milk formulas
- 12 living with a PWA — SAFE
- 15 kissing — SAFE for usual social kissing — there is some risk for deep kissing
- 16 visiting a n'anga — SAFE, but ensure that any cutting or piercing instruments used by the n'anga have been properly sterilized after use with a previous patient.
- 17 visiting a hospital — SAFE
- 18 hugging — SAFE

- 20 sharing cutlery—SAFE
- 22 unprotected sex — UNSAFE
- 24 from a mother with HIV to her new baby — unless the baby is already HIV positive, SAFE? (a small risk is present from the mother's breast milk but see comment for square 11.)
- 25 sharing a toilet—SAFE
- 26 drinking beer — SAFE
- 28 from mosquitoes — SAFE
- 29 sharing food — SAFE



### How can you protect yourself?

Discuss in your groups ways in which you can protect yourself from getting infected with the HIV virus, now and in the future. Report back to the whole class.

\*PWA=person/people with AIDS

### How can you protect yourself?

Groups discuss and report back to the class. Groups' contributions may be compiled on a chart and displayed in the classroom.

# 18 Over to you!

## Rationale:

In this unit students examine a range of situations in which risky sexual encounters occur. They explore some of the socio-economic factors that contribute to the prospect of sex being offered and granted, and consider ways in which casual sex may be avoided.

## Objectives:

Students will:

- 1 demonstrate understanding of how people in various walks of life may be influenced by socio-economic forces to indulge in casual sex.
- 2 propose alternative courses of action that they and the persons depicted in the text might pursue in order to avoid exposure to risky sexual activities.

## BEFORE THE LESSON

Students should think about what people around them are saying about which groups of people in the community are responsible for loose sexual behaviour and the spread of AIDS. They should be prepared to talk about this in class.

## INTRODUCTION

Teacher: *Are there any risks for people who have sex with a person about whose sexual activities up to that time one does not know anything? Are there any risks for people who have sex with a number of different partners? What are these risks? Why do various groups of people place themselves at risk through casual sex?*

## Let's talk

The commonest means of HIV transmission from one person to another is through sexual intercourse.

*Picture 1:* A 'sugar daddy' is attempting to lure a young girl into his car. The girl is evidently from a poor family,

# 18 Over to you!

## Who is responsible?

### Let's talk

Talk about these pictures:

1

What is happening in this picture? Is the girl going to be tempted by the man? Why do you think so? What could happen next?



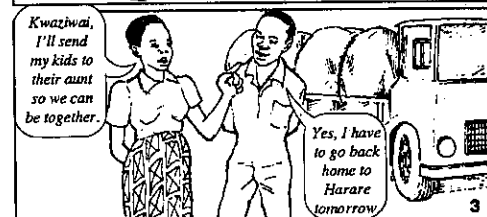
2

Where do you think this picture is happening? What does the girl do for a living? What is happening and what is likely to happen next?



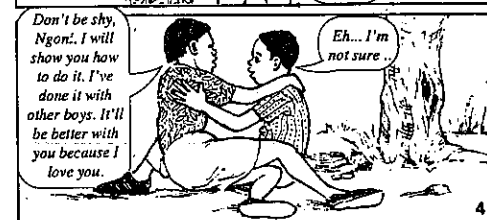
3

What job does the man in this picture do? Is the woman related to him? Why or why not? If the man's home is Harare, why is he going to spend the night in the home of the woman?



4

What is the girl trying to get the boy to do in picture 4? What do you think he will do? What would you think of the boy if he refused?



judging by her clothes. The girl may be tempted to go with the 'sugar daddy' as she may think that the man will give her some of the nice things that her family may not be able to afford.

**Picture 2:** The commercial sex worker in a bar is in the process of arranging to go to bed with one of the clients in exchange for a fee from the client. It is likely that the client is only one of a number of different men that the sex worker will have sex with, and the danger of STD and HIV infection for the girl and her clients is therefore very high. The sex worker may have adopted this means of earning a living through economic necessity and an inability

to find alternative means of earning a living.

**Picture 3:** The man is a long-distance truck driver. The woman is evidently his mistress, because she arranges to send her children away for the night so that she can be alone with him, and the man says that he has to go home to Harare the next day. The man may be going to spend the night in the home of the woman because he is frequently on the road for long periods of time and turns to the woman for companionship which he misses when he is away from home. This does not make the behaviour safe, though!

**Picture 4:** The girl is trying to encourage the boy to have sex with her. He may consent because he

doesn't want her to think he is incapable of having sex, or because he wants to find out what it is like, or because he feels obliged to comply with the girl's request. (It is important to allow students the opportunity to discuss the last question, 'What would you think of the boy if he refused?')

### Act it out!

Act out the situations in the pictures from the first page:

1

With a partner, pretend you are the man and the girl. Act out the girl accepting the man's suggestion and then saying, afterwards, why she did so. Also, act out what the man says to his friends at the beerhall about it.

Change the scene showing the girl refusing to go along with the man. (Try to remember her words!)

Swap roles so you each have a turn being the girl, even if you're a boy!

2

Work with a partner. Pretend to be the girl and the man in the bar. Explain why you are doing this and what things worry you.

Now pretend you are the girl's closest friend — what advice would you give her?

3

With your partner, pretend to be the woman and the man in the picture.

Explain why you, as the man, are spending the night with the woman and then why you, as the woman, are inviting him to stay.

Then show each of them talking about the worries they have. Be their best friend and tell them what they should do!

4

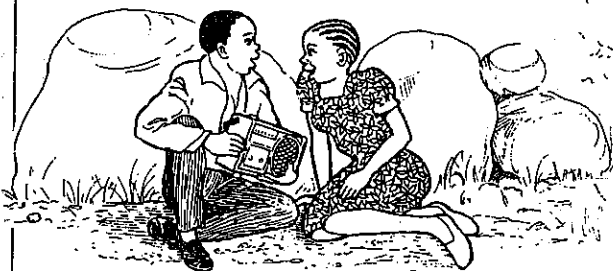
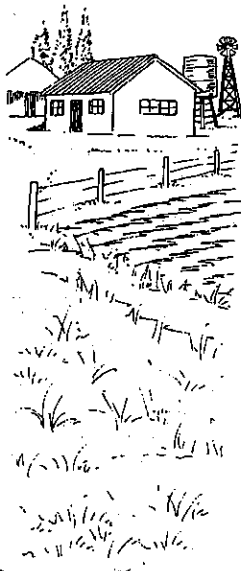
With your partner, take turns to be the girl and the boy (no matter which sex you are). Make up as many arguments as you can for the boy against accepting the girl's offer.

Then change so that the boy is trying to persuade the girl and make up the same number of arguments for her! Are they the same?

### What do we do now?

Write down all the points you discovered while acting out the roles and write them down.

Don't forget to refer to them when you are next faced with a choice like one of these!



### Act it out!

**Pairs:** Students in each pair role-play the characters in one or more of these situations. It is important that students change roles, and play the part of persons of the other sex, in order to develop some understanding of the motivation and attitudes of the various characters depicted. If time permits, a few of the pairs may be asked to present their dialogues to the class, but this is not really the purpose of this exercise.

### What do we do now?

Students make notes of the points they consider to be important in handling situations in which they are under pressure to act in ways that they may want to avoid, and which may be dangerous.

# 19 Getting it right!

## Rationale:

Students examine a variety of examples of typical problem situations with which they may be pressurised to act in dangerous ways, and determine what constitutes safe behaviour in each case.

## Objectives:

Students will:

- 1 consider situations in their own lives in which they are pressurised to behave in ways that they feel are unwise and dangerous.
- 2 make resolutions for themselves about safe courses of action to adopt in such situations.

## BEFORE THE LESSON

Students write down a list of situations in which they feel that they are at risk of things that they would not otherwise have done, as a result of the pressures they are subjected to by peers and boyfriends/girlfriends.

## INTRODUCTION

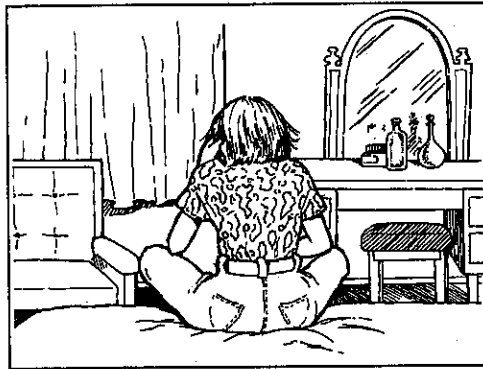
Teacher: *Have any of you found yourself doing something which, although you knew it was wrong, you felt obliged to do? Perhaps it was done in order to please your friends, or a boyfriend or a girlfriend. Let's talk about it.*

## Let's talk and Think about it!

**Groups.** Students draw on their own experience in order to say how common Daisy's and Simba's dilemmas are among young people. They consider ways in which Daisy and Simba can handle their situations, and compare responses in a class discussion.

# 19 Getting it right!

## Daisy's Dilemma



Daisy thinks she is in love with John. He has been persistently asking her to have sex with him. But she refuses to have sex:

'If you love me you should have sex with me,' I can still hear John's complaining voice.

I have a lot of questions in my mind. Is having sex before marriage right? I am only fourteen years old. I remember my aunt saying that it was not good to start having sex early. Is having sex with a boy the only way to prove my love? There must be many other ways.

Last month our teacher said the AIDS virus is spread mostly through sexual activity. Will John be faithful to me all his life?

I think John is crazy. He shouldn't be playing around with Steve and Bob. They are a bad influence. They are always drinking and staying out late — they probably make John think he should do the same.

## Let's talk

Is Daisy's dilemma a common one amongst students of your age? What advice would you give her?

Does John really think that sex is the only way to prove their love?

## Act it out!

Choose a situation which creates a dilemma for people of your age. Make up a dialogue to highlight the problem and try to suggest ways of dealing with it. Here are some ideas to start you off but you probably have plenty of true situations of your own:

### A

Your friends want you to try mbanje but you don't want to because you know it is illegal.

### B

Your friends seem to have lots of boyfriends and girlfriends. You don't feel ready for this yet as you want to do well at school and try to win a scholarship for your further education.

### C

Drinking seems to be the common activity on weekends but you find it makes you sick and you lose control of your own mind and body. Your friends think you are just scared.

## Act it out!

**Groups.** Students may choose one of the situations outlined, or they may choose to use a dilemma situation that they feel they wish to explore. Some of the groups may present their role-plays to the class, after which the class can discuss the presentations and the solutions suggested.

## Think about it!

**Pairs.** Examine the boxed list of behaviour patterns and decide which of them are safe. Students should try to justify their answers wherever possible.

## What do we do now?

Students should write down their good resolutions and, if they wish, they can tell the rest of the class what they have written down.

### Simba's Dilemma

Simba and his friends have started visiting the beerhall pretending that they are much older.

Yesterday Ben dared them all to drink as much as possible. He had a lot of money. The challenge was to see who would drink the most and still remain sober.

Today Simba woke up with a terrible headache. He had messed up his bed clothes and his mother thought some terrible disease had attacked him.

But he knew what had happened — at least vaguely. He had drunk too much and then there was this woman — *what was her name?* — searching through his pockets. He felt bad.

'Why did Ben come up with such pranks? Where did he get all that money from? Why didn't we all refuse to drink so much? I dare not tell this to my mother. Let her believe I'm ill.'

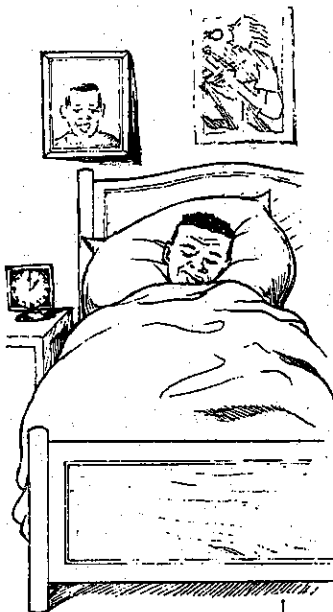
He covered his head with a blanket and groaned as if in great pain.

#### Think about it!

Examine the behaviour of the boys and discuss the kinds of behaviour that could lead to HIV infection. Can you think of any reasons why Ben dared them to drink so much? Why did the boys not refuse? Where do you think he got the money?

Look at the list below and decide which ones are safe behaviour:

- Drinking alcohol with your friends.
- Asking an adult relative about sex.
- Having sex at an early age.
- Being faithful to one partner for life.
- Wearing clothes that are scanty, too tight and too short.
- Doing everything that your friends suggest.
- Going out with people that are more or less your age.
- Going to beerhalls.
- Having confidence in yourself — making your own decisions.
- Choosing the right kinds of friends.
- Showing off to attract attention.



#### What do we do now?

'Today is the first day of the rest of your life!' Make a list of good resolutions based on all the issues you have been discussing to ensure that, from now onwards, you will play it safe.

# 20 Loving care

## Rationale:

Students will come to terms with their misgivings, hostilities and fears about people with AIDS, especially those whom they may have to help care for. They will also determine what roles they can play in caring for such people.

## Objectives:

Students will:

- 1 express their misgivings, fears and hostilities about caring for PWAs, and come to terms with these feelings.
- 2 describe the roles they feel competent to play in the care of PWAs.

## BEFORE THE LESSON

Students find out from their school-mates how they would feel about looking after a person with AIDS, and note down the main fears and worries that they have about doing so.

## INTRODUCTION

**Class Discussion.** Students compare the ideas they have collected about the common fears and worries expressed by their school-mates. They should be encouraged to express their own misgivings, so that they can compare these with those expressed by their class-mates.

## Let's talk

**Groups.** Students pursue the question of their own feelings about caring for people with AIDS in response to the stimulus of Miriam's story.

## 20 Loving care

### Miriam's story

'Several of my classmates and I were asked to meet Clara, a young woman and her three-year-old child, Benny. Both of them had AIDS. Clara did not look sick but she was very thin, and I could see that she had swollen glands in her neck. Benny cried a lot, and clung to his mother for most of the time that we were speaking to her.

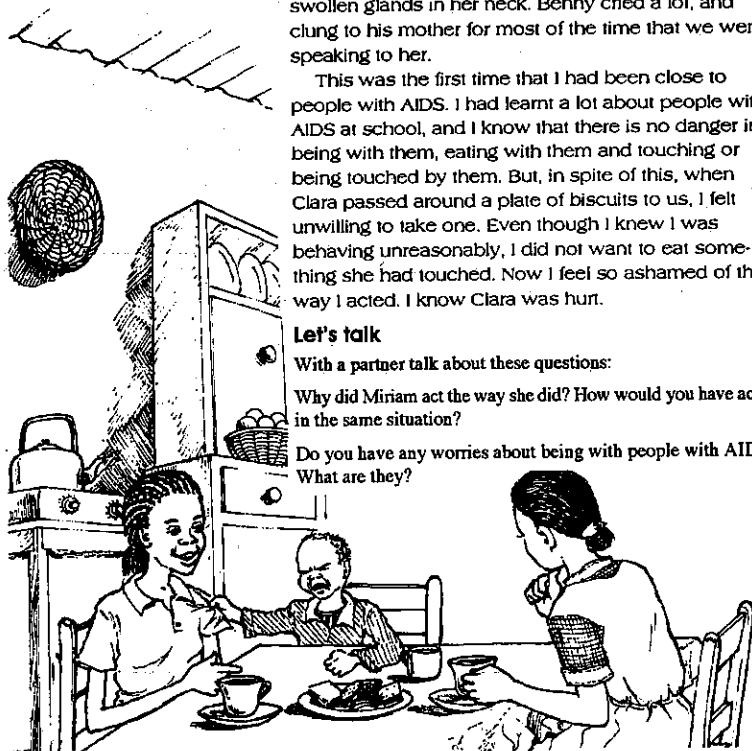
This was the first time that I had been close to people with AIDS. I had learnt a lot about people with AIDS at school, and I know that there is no danger in being with them, eating with them and touching or being touched by them. But, in spite of this, when Clara passed around a plate of biscuits to us, I felt unwilling to take one. Even though I knew I was behaving unreasonably, I did not want to eat something she had touched. Now I feel so ashamed of the way I acted. I know Clara was hurt.

### Let's talk

With a partner talk about these questions:

Why did Miriam act the way she did? How would you have acted in the same situation?

Do you have any worries about being with people with AIDS? What are they?



## How can we help?

Students should draw on their own experience wherever possible, and also on their knowledge of caring for any sick person, in order to draw up a list of the needs of PWAs. For each item on the list, students consider what role, if any, they can usefully play.

## What do we do now?

Students should try to find out as much as they can about the ways in which carers of PWAs handle their tasks, and the ways in which they behave towards PWAs. Students should also find out as much as possible about how other people feel about their caring role, so that any misgivings they themselves may experience may be seen to be shared by many other people who are placed in the situation of having to care for PWAs.

### How can we help?

All of us are going to come into contact with people with AIDS. Many of us will need to help to look after people with AIDS in our communities and in our homes. Some of the people we will have to care for may be people very close to us.

In groups, make a list of all the ways in which people with AIDS need our help. Here are some ideas to start your list:

People with AIDS will need:

- to feel that they are loved and needed by their families and friends.
- help in keeping their houses clean.
- good, nourishing food.
- and so on

Compare lists and compile a big list for the whole class.

Using the list of needs, compile a list of things that you can do to help look after people with AIDS. For example:

We can:

- make people with AIDS feel loved and needed.
- spend time with them: praying with them, listening to them talking, asking their advice, telling them about what we are doing at school,
- and so on.



### What do we do now?

Speak to other young people like yourselves who are looking after people with AIDS. Find out how they feel about it. You could ask them questions like the ones in the box opposite.

Think of other questions you can ask and talk about your own feelings, too.

Find out about all the practical things you can do so that the sadness of looking after someone with AIDS does not stop you from being useful.

### Questions to ask

1. What tasks do you have each day?
2. Which are the most difficult or easiest?
3. Do you ever feel annoyed because of the tasks you have to carry out?
4. Do you feel upset or worried about the person you are looking after?
5. Who do you speak to when you are annoyed, upset or worried?



## Think about it!

### An AIDS Action Programme for Schools

The 'Think about it' AIDS Action programme for secondary schools encourages honest and open communication about all the major issues facing young people as they grow up.

Through this open discussion and exploration, the programme aims to create confident young people who are capable of making decisions for themselves.

The emphasis throughout is on discussion, but the course also offers basic information on AIDS and related matters so students have access to the facts and can make informed decisions about their own futures.