

Think about it!

An AIDS Action Programme for Schools
Form 4 Teachers Book



122b

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



ACKNOWLEDGEMENTS

The Ministry of Education of Zimbabwe (MOE) and the United Nations Children's Fund (UNICEF) Harare would like to thank the following:

The Royal Embassy of the Netherlands for its generous financial support for the printing and distribution to schools of the Form 4 books in the AIDS Action Programme for Schools;

The AIDS Education team at the Ministry's Curriculum Development Unit;

The National AIDS Coordination Programme (NACP) in the Ministry of Health for providing technical advice on HIV/AIDS, and the information for the bar graph of cumulative AIDS cases in Zimbabwe;

Representatives of Heads of Denominations for their contribution to the preparation of the final materials;

The editor, Margo Bedingfield, for her imaginative and insightful contribution in developing the course;

Joel Chikware for his lively illustrations;

Rolf Varga for the cover photograph, and Dominique, Rudo, Dorothy, Daniella, Ebony, Joram, Sacha, Wesley, Ian, Paidamoyo and Cement who posed for it and the photographs in the Form 3 book;

Helen Jackson for allowing us to use extracts from her book, *AIDS Action Now!* (Second Edition) published by the AIDS Counselling Trust (ACT);

We would also like to acknowledge the following sources of extracts, ideas and inspiration:

The Editor, The Herald for the report entitled '*Drug abuse on the increase*' which appeared in the edition of that newspaper on 31 March 1995.

Zimbabwe Women's Resource Centre and Network (ZWRON) for '*Regina's experience*' and the excerpt from Molin Madziwa's poem 'The Interview' published in 'Zimbabwe Women's Voices' (1995).

College Press Publishers (Pvt) Ltd for the excerpt from the play 'Like any other lovers' by Dorras and Walker in their Onstage publications.

Gabriel Okara for his poem 'You laughed and laughed and laughed'.

Noerine Kaleeba, Sunanda Ray and Brigid Willmore (1991) for the excerpt from '*We miss you all*'.

Every effort has been made to trace copyright holders, but if any have inadvertently been omitted, the publishers would be pleased to make the necessary arrangements at the first opportunity.

The reference section was adapted from *AIDS Action Now!* by Helen Jackson, and from the UNICEF publication *Living with HIV and AIDS* (1993). The Glossary of Terms in the Students' Book was adapted from the MOE/UNICEF publication, *Methods in AIDS Education: A Training Manual for Trainers* (1993). The two last-mentioned publications are also available from the UNICEF offices, Harare.

Published by the Ministry of Education in association with UNICEF, Harare, 1996.

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Printed by Print Originators (PVT) Ltd.

ISBN:0-7974-1549-1

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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 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.
- 13 appreciate the importance of the family in moulding attitudes to all other relationships.

The structure of the programme

In the 20 units in the course there is sufficient material for approximately more than two school terms' work. One unit or part of a unit should be covered each week in one forty-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 explore issues of immediate interest. Coverage of the units can easily 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. However, if you feel the time could be better spent on the units themselves, projects could be done in free time throughout the year instead. 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. The course also anticipates current sexual attitudes and practices that represent danger for adolescents.

HUMAN GROWTH AND DEVELOPMENT

Anticipating and understanding physical changes at puberty and concomitant psycho-social and emotional development, and the challenges these will 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 three 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.

LIFE-SKILLS

In all these areas of experience, the programme is designed to help students develop important life-skills that will enable them to build attitudes and behaviours conducive to healthy, positive lifestyles. The life-skills that the programme is particularly concerned with are:

self-discipline, responsibility, self confidence and self assertiveness;
critical thinking and problem solving;
effective communication skills;
positive interpersonal relationships in the home, at school, and in the community, including the handling of peer pressure; and
coping with emotions and stress and anxiety.

The wide focus of the programme, we believe, will be far more effective in achieving the aims stated above, than a narrow, information-based approach.

Essential knowledge, skills and attitudes for the teacher

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. 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 lifestyles 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

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 students will also act as a positive force in influencing other young people to adopt constructive life-styles.

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 life-styles 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 behaviour they can adopt.

DISCUSSION

Discussion is suggested in 'Let's talk', 'Think about it' and within other activities throughout the programme. This technique allows members of a group to openly express opinions on a subject and listen to the opinions of others. Discussions can be 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 six to eight 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 2:

Let's talk

Why does family communication break down?
Think of the most common reasons in homes you know etc.

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 students, draw conclusions to 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 always find those who tend 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 as possible on the chosen topic. The teacher writes down all the ideas on a board or large piece of paper, without commenting on the ideas, but seeking 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 suggestion, it should appear, otherwise that student may not speak again. Once all contributions have been made, the suggestions are discussed with the groups.

Example, from Unit 6:

Think about it!:

Self-Control and Sexual Desire. In single sex groups brainstorm the word 'self control' as it relates to sexual desire.

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.

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 imagine themselves in a scene like Jimmy in Unit 7: *Act it out* :

Act out a situation where one of you tries to persuade the other to have sex. Think of as many arguments for and against having sex as you can, then swap roles.

The exchange between the devil and the 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.

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 you want to behave in a particular way, or why not, 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. Refer to the situation depicted in Unit 4. 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 in the programme.

What you do

An example of a problem-solving exercise is found in Unit 14: Conflicts and Culture.

Here is what the students are asked to do:

Read through the following situations and talk about the reasons for the conflict and how it could be avoided or resolved.

Why we use pair and small-group work

Many students respond well to a set task. 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 as an optional extra lesson activity where appropriate. 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.

What you do

Groups can collect letters from magazines, 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.

An example of a role-play exercise is found in Unit 15: Act it out. Students role-play Regina and her boss.

Why we use role play

Role play allows us to practise situations before we meet them in real life. This preparation helps develop skills of communication needed in situations which are fraught with emotion.

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 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.

Students may become very involved in the role-play and this is good, but it is important to 'de-role' them - to ensure they stop pretending to be someone 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 poem in Unit 14 or Unit 15. You can even invite students to bring in their own poems to be read.

Divide students into groups of three and ask them to appoint one group member to report back to the main group. The groups talk about the poem to raise the pertinent issues.

Once the small groups have discussed the task, re-convene the class group. Discuss the new songs or poems in the large group, making sure 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 or saying.

Why we use poetry

Many young people enjoy reading poetry, especially if it relates to situations that are meaningful 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 in 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 about 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, and 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. Always follow these up with critical discussion/appraisal. A number of videos will be suitable for the Form 4 age group and you may find the videos interesting to look at yourself in the context of your task as AIDS programme facilitator.

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 a 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 55 minutes

A video about the care, support and counselling of people with HIV infection and AIDS.

Blue pigeon 13 minutes

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 11 minutes

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 48 minutes

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

Consequences 54 minutes

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 90 minutes

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 35 minutes

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

Mashambanzou 24 minutes

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 topics 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:

Topic 1-find out all their community knows about HIV and AIDS - the causes and how to avoid it; examine statistics and look at people's attitudes towards members of their community with AIDS, and so develop an awareness campaign

Topic 2 -investigate attitudes to morality, find out what different people in the community believe, work out why some older people cannot make youths obey them - is it because practice and theory differ? despite this, what are the merits of traditional views of morality?

Topic 3 — examine the drugs problems in this country, find out what young people know about drugs, which drugs are available and what effects these drugs could have on a young person.

Topic 4 — investigate people's attitudes to marriage and family planning, make a connection between the quality of life and a controlled family size, decide on the best approach to family life and family planning.

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 AIDS is real — an awareness campaign
- 2 Morality — Can we learn from our elders?
- 3 Drug abuse : Be warned!.

4 Marriage and families

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 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 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 the HIV 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 is an infection called a virus. HIV weakens and eventually destroys the body's immune system which fights infection and diseases. People with HIV go on to develop AIDS.

HIV stands for:

H uman
I mmuno deficiency
V irus

In the human bloodstream HIV is attracted to certain white blood cells called T4 helper lymphocytes. These cells are among the most important in the working of the body's immune system. They cause various different cells to become active in fighting infections, including

WHAT DOES HIV DO IN THE BODY?

the cells that produce *antibodies*. This is why they are called "helper" or sometimes "inducer" cells. HIV also invades white blood cells called dendritic cells which alert the T4 cells to the presence of foreign materials or infections in the first place. If many of these cells are destroyed, the T4 response is weak.' (Knight and Patterson in Brown, 1992, cited by Jackson, 1992, p.34)

Jackson says that 'HIV appears to cause damage in the following ways:

- it weakens the T4 response by invading the dendritic cells that stimulate the T4 cells to respond to foreign organisms
- it enters T4 cells and joins the cells' own reproductive material
- numerous copies of the virus are produced, which eventually break out of the cells, killing them. They then find other T4 cells to invade, and the process starts again
- HIV seems to cause uninfected cells to clump around infected T4 cells, thus immobilising them
- other types of cells dependent on T4 cells cease to function properly as the T4 cells become depleted
- some cells, other than T4 cells, may be directly attacked by the virus and by the damaged immune system itself. Thus the body's own defences can be turned against it.

This destruction of the immune system means that infectious organisms can invade the body largely unchallenged and multiply to cause serious disease.' (p.34)

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.

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 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 anti-bodies. 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, earpiercing and traditional healing practices.

HOW IS HIV
TRANSMITTED?