

Think about it!

An AIDS Action Programme for Schools
Form 4 Teachers Book



122b

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Form 4 Teachers Book**

**Developed by the Curriculum Development Unit
Ministry of Education
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 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?

HOW HIV IS NOT TRANSMITTED

In Zimbabwe, the main means of transmission are :

- Sexual intercourse with an infected person
- Infected mother to child.

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 will not 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 — 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.
- using condoms— if condoms are used correctly they may 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. Remember, though, condoms will never offer 100% protection.

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-infection and new infections. The risk of infection with HIV is greater if either partner has another STD, 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.

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 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, education on how HIV is transmitted and how people can protect themselves is the most important means of reducing the spread of HIV.

LANGUAGE IS IMPORTANT

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. 'The main blood testing technique for HIV antibodies in Zimbabwe, and most other countries, is the enzyme linked immunosorbent assay (ELISA)...Normally two different ELISA tests will be performed on a sample of blood, and HIV is diagnosed if both give a positive result. If they are discordant, that is, one is positive and the other negative, a Western blot (a different testing procedure) and repeat ELISAs may be done' (Jackson, pp. 114-115).

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 and has been involved in risky behaviour
- before someone decides to have a baby if she or her partner has been involved in risky behaviour
- 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.

NOTE : an AIDS test is costly so will not be given unless it is considered essential by the doctor

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.

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

HIV and AIDS in the workplace

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.

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?

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 My values

Rationale

Values are very important when young people are making vital decisions in their lives. If they allow superficial considerations to cloud the issues, they could end up taking the wrong route every time. This unit focuses on the hierarchy of what is truly important and what criterion should be considered when making both short-term and long-term decisions.

Objectives Students will

1. Analyse their own likes and dislikes to decide who is most valuable.
2. Relate their likes and dislikes to their own values — what is important to them.
3. Examine a variety of situations to discuss their own attitudes and values in given situations.
4. Talk about peer pressure and self-awareness.

Who should we save?

Class: This is a variation on the balloon debate where, depending on their speeches, only some people will be saved. Students could take the roles and give the speeches, adding to what they were given to say and defending themselves from attacks from 'the floor'.

WHO WILL YOU SAVE

Individual and group: Students decide on their own order of importance before moving into groups to discuss their ranking.

What are values?

Relate the ranking activity to their own values — what made e.g Mrs. Pipette more attractive than John Wonder? and so on.

1 My values

Who should we save?

Have you ever had a 'balloon debate'? This is when you have to decide who or what is most important and worthy of being saved at all costs. Here is a variation on this debate:

A group of people from Mozambique decide to travel by boat to Kenya. The group is made up of a schoolboy, a priest, a doctor, a farmer, a politician, a scientist, a carpenter and a counsellor.

Their boat begins to leak when they are very far from the land. Their only hope of keeping afloat is if some of them agree to dive overboard! This is what some of them say to persuade the group that they should stay on the boat:

FATHER CARE, a priest
I'm a person of God. Let's support each other and see if together we can find a solution.

MR HAMMER, a carpenter
There is no point in even trying to repair this boat. It's too big a job. Anyway if you think I'll do it for all of you, you're mistaken.

DR DOUBLE, a General Practitioner
We need to look after the boat. Let's see if we can stop the leak. None of us must die.

MRS MATTER, a counsellor
We need to make sure the schoolboy is saved. It's our duty as adults to look after him and protect him.

MR TILLER, a farmer
My wife is going to have a baby. I need to look after the two of them. The builder and priest are over 50. They can go overboard.

MRS PIPETTE, a scientist
We must throw the schoolboy out first because he does not have any responsibilities.

MR GAMBLE, a politician
I have been elected to help others. I'm a Member of Parliament so I must stay on the boat.

JOHN WONDER, a schoolboy
I have just met a kind, beautiful and honest girlfriend. We love each other and we hope to marry soon after we leave school. Young people like us are the future. I must not die.

Values in action!

Groups: allow groups to report back to the class for an open, summing-up discussion.

- 1 Jennifer: Highlight Jennifer's reasons for wanting to give up sex and her initial reasons for having sex. Does she have a problem with her self-esteem?
- 2 Bongani: Highlight Bongani's own situation, aside from his girlfriend. Perhaps he is using the girl to vent his anger at his situation? Does he, too, have low self-esteem?
- 3 Kumbirayi: Why do Kumbirayi's friends think he should have sex with the older

woman? What does this show about their attitude to sex? What will Kumbirayi gain from the experience?

4 Susan: Why did Susan get herself into the situation she's in? Can she get out of it? If she could build up her self-esteem, anything would be possible — how can she do this?

5 Peter: Do you think all Peter's friends are having sex? Why would Peter do what his friends are trying to persuade him to do? Would it make him happy? What would he gain? What might he lose?

WHO WILL YOU SAVE?

Now, on your own, rank the people who spoke, starting with the one whose statement you like best. Whose statement did you like least? When you have ranked them, get into your groups and each of you should give reasons for your ranking.

What are values?

In the activity above, you ranked the people in the boat who spoke according to what you feel is important for you and for other people. You were examining your own values by looking inside yourself to find out the things which mean the most to you. This is what helped you to say whose statement you liked best and whose statement you liked least.

FOLLOW-UP

Discuss ways in which peer pressure can test your values and influence the decisions you make, and also how you can resist peer pressure and learn to assert your own point of view.

Values in action!

Read through the situations that follow. Choose one to discuss thoroughly. Can you come up with a sensible solution to the problem? Talk about why you have made that decision. Do you all agree?

1 JENNIFER

Jennifer, a 16-year-old girl, has been going out with Tom for 5 months. The two think they really love one another and so they have been having sex once a month. Jennifer deep down feels this is wrong. She wants to stop having sex, but she's scared Tom will leave her. What should she do?

2 BONGANI

Bongani, a 17-year-old boy, who left school last year has not been able to get a job since his 'O' level results were not very good. While at school he went out with a girl in Form 3. This girl, Tatenda, doesn't seem to be interested in him any more. If he sees her once a month, he is lucky. He is worried that Tatenda no longer loves him. He wants to ask her to tell him what is happening. Should he force the issue?

3 KUMBIIRAYI

Kumbirayi is 18. A few months ago he met a woman 8 years older than he is, and they started going out together. This woman, Patience, is sexually experienced. Before Kumbirayi met her he had never had sex. All his friends think he is very lucky and they are on to Kumbirayi to have sex with this older woman. Should he take the opportunity? What should he do? Why?

4 SUSAN

Susan is a 17-year-old girl who thinks she's not very pretty and that boys don't find her attractive. She's found the one way she can have 'boyfriends' is if she has sex with them. Everyone at school knows she is an 'easy lay'. Deep down Susan feels used and miserable. She doesn't even enjoy sex. She feels 'dirty' afterwards. How can Susan start having boyfriends without having sex? Can she interest boys in her as a person? How can she improve her reputation?

5 PETER

Peter is 16 and has been going out with a 15-year-old girl, Lisa, for two months. All his friends say they have sex with their girlfriends. They say if he doesn't ask Lisa to have sex, she will despise him. Peter doesn't feel ready to have sex because he knows he is too young. He also loves Lisa and doesn't want to get her into trouble. He's afraid to discuss this with her in case she laughs at him. What should he do?

FOLLOW-UP!

Make sure students realise that many of their dilemmas are caused by low self-esteem and the inability to act on what they really believe. This insecurity is inevitable at their age. Resisting negative peer pressure is not an easy option but they need to practise self assertiveness.

2 Talk to each other!

Rationale

Adolescence is notorious for widening the generation gap. Young people seem more likely to listen to their friends than their parents. This break-down in communication causes much unhappiness and can even end in tragedy. Parents or guardians and their children need to communicate about things that really matter to make for a healthy home environment.

Objectives Students will

1. Recognise the problem of not communicating.
2. Act out ways of resolving a situation of mutual silence.
3. Talk about their attitudes to their parents or guardians.
4. Accept that they should try to resolve conflicts by talking things over with their parents or guardians.

Family troubles

Class: The situation with Jane and her family is not uncommon. Ask students if they know of any situations like the one shown. Tell them not to use real names of people in the discussion, as it is quite indiscreet to discuss known family situations publicly. Make sure they realise that both boys and girls could be in this situation. Ask them how their own parents or guardians might react to their failure. Could they talk about it?

THINK ABOUT IT!

Groups: Students in groups talk about their ideas. What could Jane do or say to her parents? What could her mother say to her and her father? What could her father say to her mother and Jane? Can they,

2 Talk to each other!

Family troubles

Jane has not done well in her 'O' Levels. Her mother and father are very worried about it. She is also very worried about it. Why can't they talk to each other about their worries?

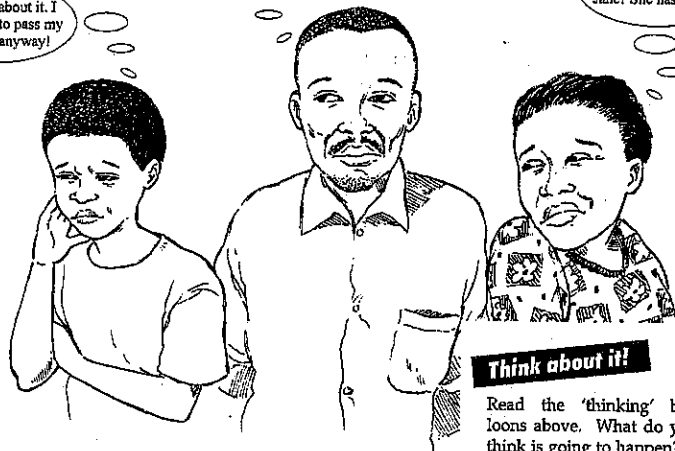
I have dimly failed my 'O' levels. I can't believe I've passed just one subject. How did I fail? What I am most worried about is my parents. They have not said anything about my failure. This is worrying. I know they love me, but they can't talk to me. I wish I could just kill myself! Yes!

Don't talk about it. I didn't want to pass my 'O' levels anyway!

I am so sorry for Jane but what can I do? Her mother needs to talk to her. Jane's the one who didn't study properly. I just pay the fees! I have wasted my hard earned money! I am so disappointed, too. I had such high hopes... but still, she can repeat the exams, it's not the end of the world!

Jane has failed. It is hurting. I can feel the pain she is going through. But I can't talk to her - she'll probably ignore me or shout at me saying I don't understand, as usual. It is her fault after all. She was always on the phone and gadding about instead of being at home with her books. But maybe we could have been more strict. Her father should have laid down the rules.

Father, what should we do about Jane? She has failed.



Think about it!

Read the 'thinking' balloons above. What do you think is going to happen? How can each member of the family start to communicate with one another?

together, break through the situation? If they don't, what could happen?

ACT IT OUT!

Groups: The discussion will have prepared students to do a presentation of their ideas. Let each group act out their solution for the class. Highlight any good suggestions — even if the acting was not very convincing!

LET'S TALK

Groups: Listen in to group discussions and sum them up by putting the most helpful observations on the board. Make sure students acknowledge that the problem is not usually one-sided.

Act it out!

In groups of three, role-play the situation and try to put an end to the communication breakdown. Who managed to break the stalemate? Take a vote on it. Why were they successful?

Let's talk

Why does family communication break down? Think of the most common reasons in any families you know. Which problems start with the children? Which problems start with the parents or other members of the extended family? How could they stop this happening?

Words and feelings

JANE

I know they love me but they can't talk to me!

FATHER

Her mother needs to talk to her.

MOTHER

It is hurting. I can feel the pain she is going through.

Why can't Jane's parents talk to her, even though they love her? Why can't her mother help her? Why does Jane's father think her mother should be the one to talk?

A SURVEY

Read the following statements and decide if you agree (A) or disagree (D) and why. Write your answers on a separate sheet of paper.

- Summarise the class's ideas — how many agreed or disagreed?
- Talk about the results—were there differences? Why?
- What conclusions can you come to about parent-child relationships as a result?

PARENT - CHILD COMMUNICATION : A SURVEY

	Agree	Disagree	Why?
Paul: 'Parents do not like children who say yes to every-one. Only those who say yes to them.'			
Mavis: 'I cannot wait until I am a parent, because when parents and children disagree, the parents always win.'			
Sihle: 'My mother says I never listen to her advice.'			
Peter: 'I think that if our parents talked to us, we might find out that they are quite reasonable.'			
Robert: 'If children didn't like their parents, they wouldn't talk to them!'			
Shingi: 'The best children always share their secrets with their parents.'			
Sarah: 'It is easy for parents to start talking to their children, because they were once children themselves. It would be harder for children to start talking to their parents, because they were never parents.'			

Words and feelings

If students find this difficult, help them by leading the discussion towards parents' and their children's expectations of each other. Fathers may be acting out a 'role' where only mothers talk to daughters. Mothers might do the same with their sons. Is this good for real communication? How can these fixed ideas be changed?

A SURVEY

This is an opportunity for students to talk about their own relationships with their parents or guardians. Take note if any students seem to be particularly upset and heated in the discussion — they might need your advice after the lesson.

3 Who is responsible?

Rationale

There is a tendency in our society for girls to take all the sexual responsibility. The girl seems to be to blame if anything happens. This unit presents both boys and girls' roles as equal, and students examine their individual responsibility in their sexual behaviour. Any discussion that the boy must have sex as soon as the opportunity arises should be dealt with quickly and dismissively.

Objectives Students will

1. Talk about a situation where sexual intercourse could take place although it was unplanned.
2. Discuss options for both girls and boys for dealing with these situations responsibly.
3. Decide on their own code of sexual behaviour.
4. Find out about their own communities' attitudes to sex.

David and Busi

Class: Talk about David and Busi's story. If it sounds unlikely in the students' community, ask them to make up stories (or use stories they have heard) set in their own communities where this dilemma may arise.

WHAT WILL THEY DO NOW?

Allow students to discuss the options openly. Resist the temptation to 'tell' them what would be responsible behaviour but, if they seem to be making bad decisions, ask some leading questions to re-focus the discussion. Make sure they understand that both David and Busi need to behave responsibly. He, too, can say no!

3 Who is responsible?

David and Busi

The senior quiz was over, and David offered to walk Busi back to her sister's place since it was getting dark. They were still feeling excited - the other school was good but they were better, and were now in the final round.

When they arrived at Busi's sister's place, the door was locked and there was a note on the door saying she had gone out and would be back later.

Busi asked David to come in because she felt nervous to go into the empty flat alone. David was reluctant, but he could see Busi wasn't used to being on her own. Once inside, they both felt more relaxed and they sat down on the couch together. They had been going out together for some months now, but had never been in a house alone together. They sat quite close and David put his arm around Busi. They suddenly felt a bit shy and seemed to giggle a lot. They were both thinking about the same thing...



Act it out!

These are only three options. There are many other situations that could arise from a chance evening like this. Act out the David and Busi evening, taking a specific idea, either from the options given opposite, or another option which you have worked out.

Present your role plays to the class and discuss David's and Busi's behaviour.

Which options does the class think are most common and most likely?

Are they the most responsible options?

WHAT WILL THEY DO NOW?

There are several possible ways for the above story to continue. Here are three of them:

OPTION A

Realising that they were alone in a private place for the first time, David and Busi decided go into her bedroom where they could make love for the first time...

OPTION B

Realising that they were alone for the first time, David suddenly felt very worried about Busi. He deliberately moved away a little and started to talk about their Maths teacher's latest threat...

OPTION C

Realising that they were alone for the first time, Busi was afraid that they might lose control of the situation. She jumped up and offered David a coldrink. They went into the kitchen and chatted for a short while before David left.

ACT IT OUT!

Talk about each presentation, inviting students to comment when obviously unwise options are offered. Once again, stress the equal responsibility of the two young people.

Associations

The story about David and Busi will have helped students think about sexual responsibility. If the issue of any difference between the boy's and the girl's responsibility arises, discuss it thoroughly. If boys find

it difficult to understand the idea, make them imagine Busi is their young sister or even their daughter, and then ask them how David should behave!

LET'S TALK

An opportunity for students to discuss and think about their own attitudes to sex. Take note of any over-emotional responses as this may indicate that a young person has already faced the dilemma and dealt with it in a way which they are not totally happy with. You may need to invite them for a chat after the lesson. You may need to

divide up the various topics among the groups if you feel that your class may not be able to cover all of them in the lesson. Then groups can report back to the class for general class discussion.

My code of sexual behaviour

Individuals: This can be the students' private record of their views. Writing them down may also help them to remember what they really believe.

ASSOCIATIONS

Call out the first ideas that come to mind on seeing the words 'sexual responsibility' on the chalkboard. Use mother-tongue words if English isn't your home language. When all the responses are on the board, quickly discuss each response.

Let's talk

Are there differences in your understanding of sexual responsibility? Why or why not?

Why are some people not sexually responsible?

Do some people have sex just because they feel like it? Is it right to have sex on impulse? What does sex mean to people who do this?

What does morality mean, and what does sex within moral guidelines mean to you?

If a young man asks a girl to have sex with him and she agrees, who is being sexually irresponsible? Why?

Should people have personal moral guidelines for sex? Why? Think of examples of such guidelines.

Under what circumstances do you think it is all right to have sex, and under what circumstances do you think it isn't?

My Code of Sexual Behaviour

The exercise below will help you to work out your own code of sexual behaviour. Don't show it to anyone, but think about the responses you give and see if you have any ethical and moral guidelines which should govern your sexual behaviour and sexual expression. Write your responses in a private book for your own reference!

SEXUAL CODE FOR GIRLS AND BOYS

If you're with a member of the opposite sex and you're sexually aroused, what should you do?

What do you think of a person who forces someone to have sex with him or her, even if they love one another?

How do you feel about having multiple (many) sex partners?

What do you think of people (boys or girls) who persuade someone to have sex with them even if they know it's wrong to do so?

What are your personal moral guidelines for sex?

What do you feel about having sex before marriage?

What are your feelings about having sex just to satisfy sexual feelings?

What do you think of having sex without love?

Follow up

Find out from your parents, teachers, friends and school mates what they think are the cultural, legal and religious ideas and views of sex in our country.

4 Taking the right road!

Rationale

Young people are exposed to many different influences which affect their decision making. Peer pressure can be good, but often bad ideas triumph. This unit invites students to think carefully about how they make decisions and what issues they need to consider before making up their minds. This leads naturally to looking at sexual decision-making and the dangers that could arise from being unassertive and easily led.

Objectives Students will

1. Do a simple exercise to see what steps they need to go through in making a decision.
2. List all the external and internal pressures that are present in decision-making.
3. Analyse the role of peers, family, culture, tradition and self-esteem in decision-making.
4. Decide on useful steps to take in

What influences the decisions we make?

Class and group: Read out the dialogue — taking parts to make it lively — and then students think about the decision they would make if they were Nhlanhla.

STEPS IN DECISION-MAKING

Can students say how they arrived at their decision?

LET'S TALK

The examples of pressures are for the given situation. Let students think of other situations so they can think of different kinds of influences which would affect their decisions.

4 Taking the right road!

What influences the decisions we make?

Read the situation illustrated below. It is about Nhlanhla, a very popular student at school who everyone wants to be friends with. On your own, decide what decision you would make if you were Nhlanhla.

STEPS IN DECISION-MAKING

Did you find making a decision difficult or easy? How did you make your decision? Write down the steps you went through in order to make the decision in Nhlanhla's situation.

Late Saturday morning

Panel 1:

- Boy 1: Hello Nhlanhla, our mate. How are you doing?
- Boy 2: Hi, guys! How are you?
- Boy 3: We're fine. Hey, we're on our way to a groovy concert at the community hall. Come with us!

Panel 2:

- Boy 1: Yes, the concert is just for the afternoon.
- Boy 3: Hey I'm sorry I can't come. I'm on my way from the shops. My grandmother's not feeling well and I had to fetch her medicine.
- Boy 2: In fact the best local musicians will be there. It's our chance for a good time. Come on, let's go or we'll be late.

Panel 3:

- Boy 1: Well, she can take it when you get back!
- Boy 2: Just tell her you were delayed.
- Boy 3 (Thought bubble): Oh boy! I'd really love to go to the concert but I would never make it back in time if I have to go home first! I wonder if the medicine is really that urgent?

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making a decision and use these in everyday situations.

5. Detect negative influences on our decision-making in the media.

THINK ABOUT IT!

Groups: You may need to help groups with their discussion here. Ask them to think about people who are easily led, those who are leaders (are they always right?), aspects of our culture which can be twisted to persuade you into bad behaviour (Are you a man or not?), or used to promote good behaviour, traditional views (women don't do this) which can be bad and good, and so on.

On your own

Individuals: An opportunity for students to relate the discussion to a more personal issue of sexual decision making and examine their own strategies for the future.

Let's talk

Discuss the things that influenced each one of you in making the decision. Look at the list of some of the possible pressures and influences:

Your need to please your grandmother.

Your worry about your grandmother's health.

Your attitude to your family commitments — what would other family members think?

Knowing that people at home might worry when you don't return in time.

Your need to be with your friends.

Your desire not to let your friends down.

Your willingness to take advice from friends.

Your reluctance to tell a lie.

Can you think of any other influences (not on the list) which affect the decisions you make in your daily lives?

Follow up

Look through magazines and newspapers. Listen to the radio and watch television if you can. List the messages you get about sex roles, sexual activity and being popular. Listen to words of songs. Do you agree with everything they say? Are they realistic?

Think about it!

Life is about making decisions. Some factors which help us make decisions (good or bad) are our experiences, the culture and tradition of our communities, friends (peer pressure), the way we look at ourselves (self-esteem), and the media (radio, magazines, newspapers and TV).

In your groups discuss how each of these factors can influence the decisions that we make. How do they influence us to develop certain values and attitudes that in turn will affect the decisions we make?

On your own . . .

Some of the major decisions we make in our lives involve sexual relations. Remember the dilemma that faced Busi and David? These decisions have become even more important because of the life-threatening HIV and AIDS. A bad decision could land us in serious trouble.

Go through the strategies below (they are in random order), and select the ones you would like to use.

- Think about the choices/alternatives available
- Define the problem facing you
- Consider what family and other relatives will think of your choice of action
- Examine the consequences of each choice available
- Think about your personal values
- Consider what friends will think
- Consider the impact of your decision on your boyfriend or girlfriend
- Think of the available protection or contraceptives, whether they are reliable, and their side effects
- Consider what guidance your religion gives you
- Which friends will help you make a choice you won't regret?
- Decide what your beliefs are and act accordingly
- Consider clearly the reasons for either deciding not to have sex (abstain), or deciding to have sex
- Think about the ability you have to stand up to pressure.

As a class . . .

Decide which of the strategies outlined above will help you in responsible sexual decision-making. Talk about why you chose those strategies.

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As a class

Class: List the class's ideas about the list and discuss any that seem problematic.

FOLLOW-UP!

Allow a special space on the board for students to pin up articles or write up jingles which may give wrong ideas about sex to the listener or reader.

5 Myths are dangerous

Rationale

There are so many false stories about all of the issues that most concern adolescents. Because these stories are usually about things which have not been discussed openly up to now, they can cause unnecessary anxiety and be dangerous if they spread false ideas and inaccurate facts. This unit brings these myths into the open so the truth can be discussed, and also to make sure young people don't take these myths seriously in future.

Objectives Students will

1. Talk about myths they have heard and relate these to facts they know or find out about.
2. Find out why myths about sex are so prevalent.
3. Relate myths to cultural and social situations.
4. Discuss specific myths and correct the misinformation.

Amos is anxious

Class: Read the *Amos is anxious* story and invite students to mention similar myths they have heard which can cause worries.

LET'S TALK

Circulate around the groups and, where possible, guide the discussion. Students should realise that, because of the secrecy that has surrounded these matters in the past, false stories have had plenty of opportunity to thrive.

Make sure it's true!

Class: Encourage class discussion on myths, and make sure that students don't feel too embarrassed to talk about the stories by quickly dealing with any raucous or personal comments or attacks.

5 Myths are dangerous!

Amos is anxious

One morning in class, Amos, a 16-year-old boy, looked very worried and unhappy. When his friend Tatenda asked him at break time what the problem was, this is what Amos told him:

I have been having wet dreams ever since I turned 14. I didn't think there was anything wrong with this until Siphso, my cousin who is visiting us from Plumtree, told me that I should go and see a doctor about my wet dreams because they are a sign that I'll never be able to make a woman pregnant.

His friend Tatenda started to laugh but then he saw that Amos was actually quite close to tears.

But Amos,' he said, 'Don't you know that that is just nonsense!



Let's talk

In your groups: Have you ever heard information like this? Do you think what Siphso told Amos is true? Why or why not? Do you think Siphso believes in what he told Amos? If he does, where do you think he got this information from? Why does he believe in such information?

THINK ABOUT IT!

Groups: Guide students' discussion where necessary. Myths are created for many reasons—to deter people from doing things, to persuade people to do things, to explain problematic questions, to support cultural beliefs, to support particular behaviour patterns, and so on.

MAKING A LIST OF MYTHS

Pairs Each pair contributes four myths (some pairs may think of the same ones). Make a class list and go through them,

Make sure it's true!

Many people, especially young people like you, receive a lot of incorrect information about sex. All sorts of people tell us stories which are quite often untrue or incorrect.

These stories or 'myths' fall into three broad categories:

- 1 Some myths are invented to explain something people don't have enough information about, or something they just do not understand, for example, 'AIDS has been invented by America'.
- 2 Some myths discourage people from doing things which are known to be bad for them, for example, 'You will get boils on your bottom if you sit in the middle of the road'.
- 3 Some myths are designed to justify behaviour which is really undesirable or wrong and the myth is untruthful about the real consequences. It can also be a problem for which people don't want to find the real causes, or a situation they are not prepared to face responsibly. For example, 'You can't get pregnant the first time you have sex'.

Only the myths in the second category contain a tiny grain of truth. The others are not at all factual and tend to mislead.

Think about it!

Where do you think myths about sex come from?

Where and how do they begin?

What role do these myths play in our culture?

What are the sources of this incorrect information that we get about sex?

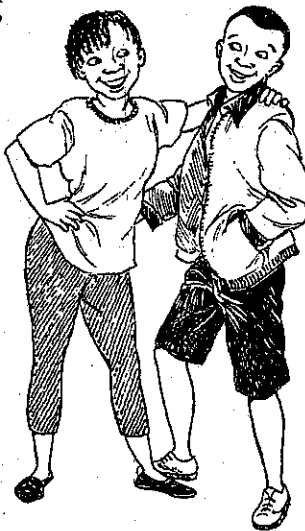
Can myths about sex be harmful to young people like you?

MAKING A LIST OF MYTHS

In pairs, write down four common myths you have heard which deal with sex, reproduction and so on. Compile a class list and put them into the three broad categories we described.

Discuss all the myths and find out accurate information in relation to each.

Make sure that you find out the truth about any of the myths you have been told.



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making sure the students know the facts of the matter. Make sure the lesson doesn't perpetuate the myth!

SPECIAL NOTES TO THE TEACHER

- If there are myths which you know are prevalent amongst the students or your community which have not come up, make sure that you add them to the class list so they can be discussed openly.

- Make sure you counteract the problem of 'taboo' issues, particularly those to do with sex and related matters, which are not talked about openly and yet are vitally

important to the safety and future prospects of the students.

- It is difficult to talk about sexual matters at first, but it becomes much easier as soon as the barriers are broken down. The first time you use words like vagina, penis, sex, semen, and so on, in class you and the students may be embarrassed but that embarrassment will soon disappear. For the sake of our students' safety, we strongly recommend that you allow open discussion on any issues that students wish to raise.

- Make the atmosphere in the classroom as free and open as possible—the research team for the series found students really begin to think and act responsibly once they feel they are able to make their own choices.

6 Control yourself

Rationale

Adolescents experience very strong emotions of all kinds and they are often unable to control themselves. Losing their tempers can get them into trouble and losing control when they feel strong sexual desire could be disastrous. This unit examines situations where this can happen and gives students the opportunity to think of ways to avoid situations of this kind.

Objectives

- Students will
1. Act out situations showing loss of self-control.
 2. Talk about the need for self-control in sexual matters.
 3. Think about ways to avoid doing something they might regret.
 4. Find out about other teenagers' attitudes to their own emotions.

ACT IT OUT!

Groups: Make sure that students understand the importance of self-control.

LET'S TALK

Groups: If students find the discussion difficult, talk about the power of emotions like love, jealousy, anger, fear and so on.

SELF-CONTROL AND SEXUAL DESIRE

Start off groups' discussion by giving them situations where sexual intercourse is discussed and are often fraught with many emotions, not just sexual desire.

6 Control yourself!

At some time you have probably lost your temper with your friends, brothers and sisters, and even your parents. Perhaps you lost your temper because someone kept on irritating or annoying you, or maybe your parents kept on blaming you for something you had not done.

Act it out!

In your groups discuss one of the role-plays opposite, then practise what you would say and do in this situation. Firstly, act out the situation when the person loses self-control and then re-do the role play, choosing a calmer way of getting your point across. Be prepared to perform the role-plays in front of the class. Take a vote on who has managed most successfully to show self-control in re-doing the role-play.

1 PAUL'S TEMPER

Paul is in a large grocery shop. He approaches a salesperson to ask where he can find some cabbages. The salesperson ignores him and continues to read a newspaper. Paul loses his temper and shouts at the salesperson that he ought to be fired!

2 AMOS' FOOLISHNESS

It is 10 o'clock at night and Amos is taking Jane home after a party. Amos tries to persuade Jane to go with him into an empty shed. Jane refuses. He becomes desperate and grabs her, pulling her into the shed. Jane feels angry because she senses danger. She is determined to assert herself for her own protection. She hits out at Amos and screams at him, asking him to leave her alone.

3 SANDRA'S INTOLERANCE

Sandra is listening to her favourite programme on Radio 3. Her little brother Sanele and sister Chipso come into the room and begin to make a noise. Sandra asks them to be quiet but they continue making a racket. Sandra slaps Sanele and he begins to cry, making more noise than ever.

4 JABU'S LACK OF JUDGEMENT

Jabulani and Sithabile are planning to get married when they leave school. One evening, Jabulani feels so much like making love to Sithabile that he forgets all their discussions and starts to insist that Sithabile 'lets him have his way'. She is horrified and feels she can't recognise her wonderful Jabu any more. He feels angry and humiliated when she still refuses, and Sithabile feels betrayed.

5 TENDAI'S TANTRUM

Tendai has been practising for the 100 metre race all term. He is really determined to win. When the race finally takes place, his friend, Jabu, manages to beat him. Jabu comes up to him after the race and Tendai walks away, telling him to 'get lost'!

THINK ABOUT IT!

This section gives the opportunity to raise the issue of equal responsibility between boys and girls in sexual matters. Boys need to exercise their self-control as well as girls and, even though certain groups of men may think that young men ought to have sex whenever possible, this is no longer an acceptable way of thinking.

FOLLOW-UP!

If students are enthusiastic, give them time to report back on their findings and draw some lessons and conclusions from the information they have gathered.

Let's talk

What are the most powerful emotions that you experience? Look at the different emotions depicted on this page and tell your partner which one affects you most. If you want to, you can add your own emotions to the list. Tell a story of when you or a friend could not control the emotion. What happened in the end?

Did the loss of self-control get you into or out of trouble? Remember, in the role plays, Jane's anger was a response to danger — she decided to assert herself and she was actually fully in control at the time!

It is so easy to lose control when you feel something very strongly, but the regret that follows is a terrible feeling as well!

SELF-CONTROL AND SEXUAL DESIRE

In single sex groups brainstorm the word 'self-control' as it relates to sexual desire. Have you or anyone you know lost control when they were alone with a member of the opposite sex?

Why did it happen? How can you avoid this? Is it easy to control your feelings?

Think about it!

As a class discuss whether boys and girls lose self-control for the same or different reasons. List the consequences of losing self-control.

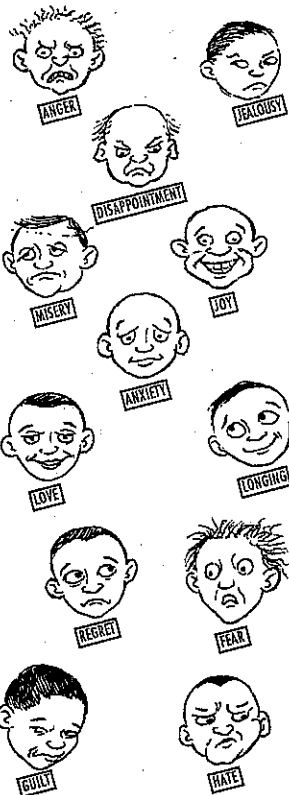
How can a young unmarried couple who are in love with each other avoid situations where they might lose their self control?

Who do you think is morally to blame in a situation where an unmarried couple lose self-control and have sexual intercourse? Why?

Follow up

Interview teenagers in your community and compile lists of the following:

- Emotions they experience towards members of the opposite sex.
- Situations or incidents which help create these emotions.
- Ways to control situations where their emotions take over.



7 Singing the blues

Rationale

The decision to have sex is often made on the spur of the moment, but not always. Some young people make up their minds to have sex and come up with many reasons for the decision. These reasons are usually based on what peers are doing. Or the desire for sex is used as emotional blackmail - I will have to find someone who loves me more. Young people may

not have the strength of character to resist these arguments, and this unit helps them examine the arguments in a clear, rational way to see how valid they are.

Objectives

- Students will:
1. Talk about love relationships.
 2. Act out situations where they are asked to have sex by a partner and they have arguments about it.

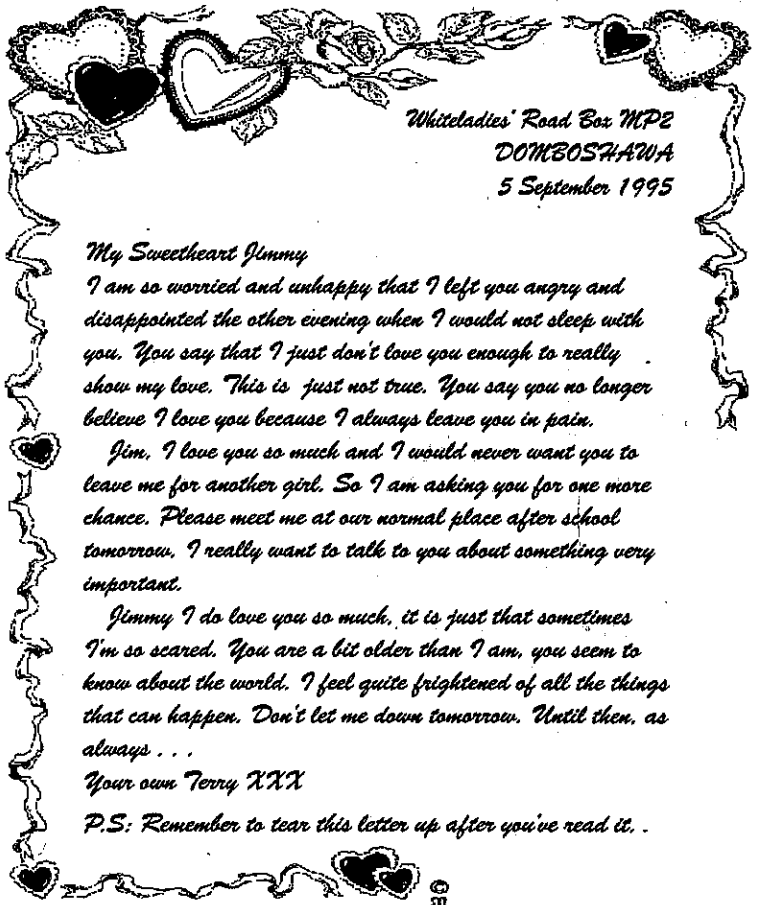
LET'S TALK

Read the letter to Jimmy and talk about what Terry is trying to say. Let the students decide what Terry will say. She has asked for 'one more chance' so she will probably have sex with Terry, as she wants to keep him.

ACT IT OUT!

Highlight any of the arguments that are particularly common or particularly irrational so students are in no doubt in their own minds about the issues at stake.

7 Singing the blues



Whiteladies' Road Box WPE
DOMBOSHAWA
5 September 1995

My Sweetheart Jimmy
I am so worried and unhappy that I left you angry and disappointed the other evening when I would not sleep with you. You say that I just don't love you enough to really show my love. This is just not true. You say you no longer believe I love you because I always leave you in pain.

Jim, I love you so much and I would never want you to leave me for another girl. So I am asking you for one more chance. Please meet me at our normal place after school tomorrow. I really want to talk to you about something very important.

Jimmy I do love you so much, it is just that sometimes I'm so scared. You are a bit older than I am, you seem to know about the world. I feel quite frightened of all the things that can happen. Don't let me down tomorrow. Until then, as always . . .

Your own Terry XXX

P.S: Remember to tear this letter up after you've read it. .

3. Think about the consequences of starting a sexual relationship outside marriage.
4. Devise their own guidelines for their relationships in the future.

THINK ABOUT IT

There are plenty of other statements that could be added here. Make sure students understand the enormity of the decision they are making — it could be a *lifelong* rather than a *nightlong* decision!

COMPARE YOUR THOUGHTS!

Allow lively debate here and, to make the discussion more realistic, invite students to relate true stories they know of (not using real names) which the class can use as examples.

Let's talk

- Why has Jimmy been so unhappy with Terry?
- Why does Terry feel frightened?
- What do you think Terry has to discuss with Jimmy that is so important?
- Is Terry wrong to arrange another meeting with Jimmy? Would it be wise to take a friend with her? Why or why not? If she decided to take a friend, should she have told Jimmy in her letter that she wouldn't be alone?
- Why has Terry written the letter? What could she have done instead or what could she have written instead?
- What situations lead boys or girls to become angry and disappointed in their relationships?

Act it out!

- Jimmy used several old arguments to try to persuade Terry to have sex. Look at two of the things he said: 'You don't love me enough to show it,' and 'You always leave me in pain.'
- What other arguments have you heard (or used to!) from boys and girls in their relationships?
- Have you ever observed alcohol being used as part of the persuasion technique? Why do people do this?
- 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 that you can, and then swap roles.
- Report to the class on the outcome of your role-play, and act out the best ones for everyone to see. Can you think of any fresh arguments to dampen your partner's passion?

Think about it!

What will happen if Terry and Jimmy have sex? Which statements below are most likely? Add some of your own ideas about what might happen:

- | | |
|---------------------------------------------------------------|--------------------------------------------------|
| Terry will feel a sense of loss of her virginity and dignity. | Terry and Jimmy will be happy forever. |
| Jimmy will have a sense of achievement. | Jimmy will feel guilty. |
| Terry will fall pregnant. | Terry will have sex with many other boy-friends. |
| Terry will feel like a real woman. | Jimmy is not going to love any other girl. |
| Terry and Jimmy will want to have more and more sex. | Jimmy will have more love for Terry. |
| | Terry and Jimmy will have to get married. |

COMPARE YOUR THOUGHTS!

- Write down what you think will happen on a piece of paper.
- Compare your answers with those of your friends.
- Are your answers the same or different?
- Talk about your different ideas.

Follow up

- Make your own rules to guide your love relationships. Do you feel happy about them?

FOLLOW-UP!

Individuals: Once again, a chance to make up a personal set of rules on this important issue.

8 I suppose I will!

Rationale

Leading on from the previous unit, students are invited to talk about one particular consequence of sex outside marriage — pregnancy and an unplanned marriage. Marriage is not always the best answer in these circumstances. The young couple have so many negative pressures to deal with that the marriage is already in danger from the beginning.

Objectives Students will:

- 1 Think about their own attitudes to marriage and parenthood
- 2 Examine a common situation of an unplanned marriage and discuss the issues for and against the decision to marry
- 3 Talk about other options in the situation and more importantly, how it could be avoided altogether!

Marriage — a private questionnaire

Individuals: Allow students five minutes to think about their responses to the questionnaire.

George & Sarah

Read the story, or invite a good reader to read it. Ask students if they know of situations like this. Perhaps they know of happy marriages that began in this way, too. Invite them to comment on the situation from the baby's point of view. What other options were open to the two young people?

8 I suppose I will !

MARRIAGE — A PRIVATE QUESTIONNAIRE FOR BOYS AND GIRLS

Answer the following questions 'on your own' — this is YOUR business:

- 1 Would you think you had missed your chance of marrying if you were not married by the age of:
A 18? B 22? C 28?
- 2 If you and your girlfriend/boyfriend had a baby/child at your age, would you enjoy spending a lot of time with it?
- 3 How much do you know about child care and related matters?
- 4 What age would you like to be when you have your first child?
- 5 If you or your girlfriend had a child now, would it interfere with your freedom or your educational plans?
- 6 Would you marry someone because you needed . . .
A security?
B to get away from parents?
C to leave school?
D to escape from loneliness?
E sex?
- 7 Would you marry if your parents tried to force you to?
- 8 What would you consider as good criteria for time for marriage? Why?
- 9 List the advantages and disadvantages of marrying young or waiting until later.
- 10 Why do some people get married young?

WHY DOES IT HAPPEN?

Groups: Help the groups if they don't have any ideas. Remind them that the pregnancy is only one reason for the marriage. There are all the ramifications of the pregnancy which affect the decision to marry: religious ideas, society's expectations, parents trying to cover up the problem, and so on.

THINKING BACK

If they were serious about the questionnaire at the beginning, students will now be able to see how easily their ideas could be turned upside down by a few months (or one brief encounter) of enjoyment.

George & Sarah

George, a very handsome and popular young man of 18, met Sarah, a 16-year-old girl, at the market one Saturday afternoon. They started to talk. One thing led to another, and before long they started to have sex. At first Sarah had not been very keen to have sex with George, but then he had this appealing smile and such deep, sorrowful eyes, that it was difficult to refuse him anything.

Three months after their first meeting at the market, Sarah discovered she was pregnant. Both George and Sarah came from strict, religious families who didn't want to be 'disgraced' by what had happened. The two families discussed the 'problem' and the solution was that the two young people had to get married as soon as possible — at least before Sarah's pregnancy could be noticed by the community.

The baby was born on a clear Monday morning seven months later. George became a father at 19 and Sarah became a mother at 17.

And how did the 'proud' parents feel?

Both felt anger, guilt and anguish at how things had turned out. However, they had 'made their bed and now they had to lie in it'!

WHY DOES IT HAPPEN?

In groups, choose one of the activities below, and use a large sheet of paper to write down your ideas.

- List at least 10 reasons for unplanned teenage marriages.
- List at least 10 reasons why teenage marriages often fail.
- List at least 10 qualities needed for a good marriage.
- Make a list of the options firstly for pregnant teenage girls and secondly for teenage boys who discover their girlfriends are pregnant.

Each group should report back to the class about their lists, and the issues raised can be discussed after each presentation.

THINKING BACK . .

Imagine that you are either George or Sarah. Now compare your answers to the activity on the previous page with your 'new' life as George or Sarah.

What did you find?

What lesson did you learn from the short story?

Share the ideas with your friends.

Follow up

As a class, invite an expert to talk about teenage marriages and their consequences. This may be a Marriage Guidance Counsellor, a local pastor, or anyone in the community who has some experience of this situation (either first or second hand!).



FOLLOW-UP!

If you can invite a knowledgeable person who upholds the values you are trying to convey and who is prepared to answer questions, this would be a good opportunity for the students. Make sure that the boys are never allowed to think of the problem as 'none of their business or 'girls' problems'. They must realise that the boy has full responsibility, too.

9 Facing facts: STDs

Rationale

There are many misconceptions and myths about sexually transmitted diseases. This is probably because it is a subject which has never been openly discussed and it is related to a very personal aspect of people's lives. Young people are increasingly in danger of STDs, so they need to know the facts. In child sexual abuse situations, STD is becoming an increasing phenomenon.

Young people need to know the facts and this unit concentrates on helping them find out the facts.

Objectives

- Students will:
1. Demonstrate how much they know about STDs.
 2. Find out the facts by talking to other people and ultimately checking the facts in the reference section of their book or in

Do you know the facts?

Individuals and class: Students go through the questionnaire on their own before the teacher reads out the answers :

- 1 True 2 Untrue
3 True 4 True
5 True of HIV
6 Untrue 7 Untrue
8 True 9 Untrue
10 Untrue 11 Untrue
12 Untrue 13 Untrue?
14 True 15 True

Important note: If there is any room for discussion or doubt over any of the issues in the quiz or on the subject in general, make sure that the facts are researched and reported. If you can, invite a health worker who is knowledgeable about STDs to talk to the students. Students can be encouraged to submit all their questions before the visitor comes if they

9 Facing facts: STDs

DO YOU KNOW THE FACTS?

Below is a checklist designed to find out what you know about sexually transmitted diseases (STDs). The information is for your own use. Read each statement carefully and indicate whether it is 'true', 'untrue' or you 'don't know' on a separate piece of paper.

	True	Untrue	I don't know
1 Sexually transmitted diseases (STDs) are what we sometimes call venereal diseases.			
2 No STDs can be contracted through oral sex.			
3 A person who develops sores or blisters around the lips or mouth could be suffering from an STD.			
4 Some STDs can cause death.			
5 You can get an STD through a blood transfusion.			
6 STDs can disappear without treatment.			
7 Married people cannot get STDs.			
8 The safest choice which will prevent teenagers from getting STDs is abstinence (not having sex).			
9 STDs cannot be prevented.			
10 All STDs can be cured.			
11 You can get STDs from toilet seats.			
12 Condoms give you 100% protection against STDs.			
13 Some home remedies can cure STDs.			
14 STDs are easier to detect in men than in women.			
15 If you have an STD that causes open sores on the genitals, the risk of contracting HIV and AIDS, an STD which cannot be cured, increases.			

Your teacher will read out the correct answers. Did you know all the facts? If you didn't, don't take chances. Find out more about STDs and protect yourself!

prefer to ask questions anonymously, but make sure the health worker is prepared to answer their questions. Statement 13 may provoke some spirited discussion.

Getting the facts straight

Groups: The first exercise will have given the students some ideas, but bring in as much literature on the subject as you can find so they can consult the facts.

other reference books available

3. Discuss myths about STDs and how STDs can be avoided

4. Demonstrate their knowledge about STDs by the end of the unit

Getting the facts straight

Now get into your small groups and brainstorm the question: 'What do we know about Sexually Transmitted diseases?' Try to cover the following in your brainstorming:

- Types of STDs
- Common names for the STDs
- Transmission
- Signs and Symptoms
- Prevention
- Consequences

One member of your group should record the issues that arise.

Pin up the brainstorm sheets around the classroom, and move around to read what other groups have written on their sheets.

Invite a health worker to answer any questions you have.

Make sure you get the FACTS, not just your own ideas or suspicions!

REMEMBER
 YOU can only get an STD if you have sex.
 MANY STDs can be cured as long as they are treated EARLY.
 STDs can make it much easier to get back the deadly STD HIV virus which causes AIDS.

Let's talk

In single sex groups discuss the following:

- myths concerning STDs — for example, a statement like: 'You can tell or see if someone has an STD.'
- various traditional and modern STD treatments and cures that you know about.
- ways of avoiding STDs
- why the incidence of STDs is so high, especially among teenagers

Get back together as a class and report back on what you have discussed.

Act it out!

As a group select one of the situations that follow. First discuss the role-play with the rest of your group, then practise what you would say in that situation. Be prepared to perform the role-play in front of the class. Your teacher and the other students will discuss and compare each role-play presented, and make comments on how it can be improved.

1

Your friend wants to know from you how STDs are transmitted, as your friend is worried. This friend might be suffering from such a disease. Role-play the discussion you will have.

2

A young person of your age thinks she or he may have an STD and visits a clinic to seek treatment. The nurse and the young person have a discussion.

3

A married woman discovers she has an STD. Role-play the conversation she has with her female friend, and then her husband that night.

4

A young adult male is trying to tell his sexual partner that he has an STD. Show through role-play how he does this.

Follow up

On a chart make a list of all the major STDs and describe their symptoms and treatments. Remember to take careful notes if you manage to arrange for a health worker to talk to you.

LET'S TALK

Encourage open discussion and questioning. If there are questions you cannot answer, make sure the students find out the correct information and report back on it.

ACT IT OUT!

This exercise will give students the opportunity to demonstrate all they have learned. Listen carefully for any lingering myths or misunderstandings and put them right before the end of the lesson.

FOLLOW-UP!

A research project which is quite important to ensure the students are well-informed on the subject of STDs.

10 Down the drain!

Rationale

Young people need guidance in how to drink socially — if they are going to drink. Youth are often encouraged to drink in social situations. Sometimes they can't judge when to stop and they end up drinking excessively. Excessive drinking can lead to any number of problems because the person loses self control.

Objectives

Students will

to drink and decide which ones are common.

2. Talk about the social pressures to drink and how to resist them.

3. Confront the very real problems that can face an alcoholic who is unable to make sensible decisions.

4. Find out what help is available for people who have problems with drinking and for their families.

Why start?

Class: Talk about each of the reasons given. Ask if students have heard any of them, and if they believe any of them. Ask if anyone knows what the legal age is for drinking alcohol in a licensed public place. Ask why this should be so. The legal age that you are allowed to drink in a licensed public place is 18, but remind them that just because you may be legally allowed to drink, this is obviously not a licence to start drinking in excess. Many parents would not be happy about their 18-year-old son or daughter drinking.

ACT IT OUT

Pairs: Students play a 'devil's advocate' game, with one trying to persuade the other to drink alcohol. This way, they have to think of reasons why they will not to be persuaded to drink!

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10 Down the drain!

Why start?

Below are some reasons why young people like you say they start drinking alcohol. Write down the ones you think are often used as reasons by pupils in your community or school. Comment on whether they are good reasons for starting drinking or not.

boredom poverty worry
loneliness parents drinking
failure to do well at school
peer pressure — friends like drinking
personal happiness to forget problems
even doctors and teachers drink
drinking shows you're grown up

Write any others down that you have heard.

Act it out!

In pairs take turns to say you are going to start drinking for each of the reasons listed. Your partner thinks of arguments against the idea and tries to persuade you to give up the idea! Then you swap roles.

WHAT WOULD YOU DO?

1

Sipho (15) and Maggie (14) have been going out together for six months. One evening they have a double date with two school friends, Rose (16) and Thomas (18). On the way home Thomas parks the car in a quiet spot and produces a bottle of hard liquor, takes a swig and passes it around.

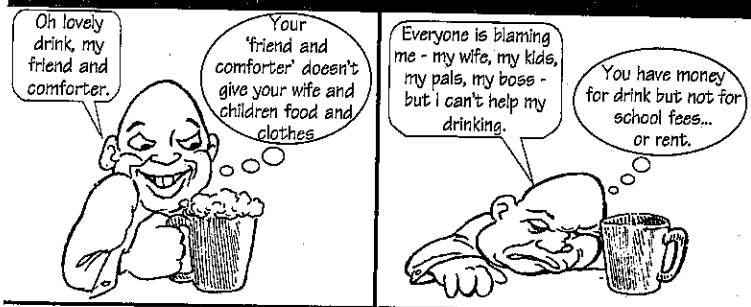
What happens next? Imagine you are Sipho or Maggie. What would you do? Why?

2

You go with five of your friends to a football match. When it is time to go home, you discover that the person who invited you and who is driving the car has been drinking all afternoon.

What are you going to do? What could be the consequence of your decision?

THE RISE AND FALL OF MR CHIDHAKWA



What would you do?

Groups: Students discuss their options and try to give realistic ideas about each situation. Groups report back to the class and sum up the discussion by putting the salient points on the board. All too often it would be considered very 'uncool' to object to alcohol. How can young people change this? Make sure that students link the ideas discussed in earlier units about losing self-control with drinking alcohol. Often, it is when people have been drinking that they make the wrong decisions and regret them ever after.

Let's talk

Does this happen in real life? How can people like Chidhakwa be helped?

How can the children in families like this be helped?

Alateens is an organisation that helps children of alcoholics, and Alcoholics Anonymous is an association that helps alcoholics to stop drinking. Look in the reference section for the addresses. Perhaps you know some organisations in your own areas that help. Put the addresses on your class notice board.

Think about it!

Seretse Khama, the ruler of Botswana, refused to agree to the appeal of Sir Sidney Shepherd to open Bechuanaland (Botswana) to the sale of liquor. He said:

I dread the white man's drink more than the assegais of the Matebele which kill men's bodies. Drink puts devils into men and destroys both bodies and souls. Its wounds never heal.

What did Seretse Khama mean?

Do you agree with him? Why or why not?

AN OLD CHINESE SAYING

'First, the man takes a beer

Second, the beer takes another beer

Third, the beer takes the man.'

What does this saying really mean? Who takes control of the man? Do you agree with this saying? Do you know of any situations where this saying has been proved true? You can tell the story without using real names, if you prefer.

The rise and fall of Mr Chidhakwa

LET'S TALK

Although this is presented in cartoon form, the reality of it is very unhappy. Ask students if they know of any families in the same situation as Mr Chidhakwa's family. Tell them that you don't want to talk about people by name, but you want to talk about the consequences of a drinking problem. Talk about the help available for alcoholics, and make sure students realise that alcoholism is an illness like any other and needs treatment.

THINK ABOUT IT!

Invite students to add any stories of their own to the discussion. The two quotes come from such different parts of the world — drink is a danger all over the world. Can they make up some Zimbabwean sayings about it?

FOLLOW-UP!

Besides the information, which can be pinned up on the board, try to invite someone who works with alcoholics to come and give a talk about the problem. Students could also do a survey of drinking habits in their own communities and report back their findings for discussion.



Follow up

Find out about the kinds of services which are offered to alcoholics and children of alcoholics by Alcoholics Anonymous and the Alateens, or by any similar organisation in your area.

11 A new morality?

Rationale

Young people are quick to condemn old-fashioned ways of thinking in the name of a so-called new morality. However, these ideas are often based on nothing more than an anti-establishment feeling, resulting from the adolescent need to rebel. There are obviously some good ideas which have arisen from a new, more open way of thinking, but promiscuity and drug or alcohol abuse will never be good for anyone. This unit invites students to re-examine

some of these ideas and weigh them up, in the light of the HIV/AIDS threat.

Objectives

- Students will:
1. Examine ideas from the so-called new morality and evaluate them.
 2. Agree on the good and bad elements in the new morality.
 3. Compare the new and old moralities — are they really so different?
 4. Find out more about old-fashioned thinking and the basis for these ideas.

Teenage behaviour

Ask eight students to express the views of the students shown. They could add to the statements given, and also add new issues to the ones discussed. Hold your own class debate based on the issue of the new and old morality.

LET'S TALK

If you have had your own debate, you may have covered a much broader spectrum of ideas. Allow a balanced discussion of all the issues discussed, conceding that the new morality, like the old morality, does have positive elements.

11 A new morality?

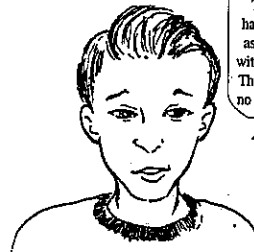
Teenage behaviour

One Friday morning Form 3 Zambezi, at Chakabva school was having a very lively debate on the consequences of teenage behaviour in today's dangerous world. Unwise choices lead to cases of HIV and AIDS, drug and alcohol abuse, child sexual abuse, illegal abortion and so on. Below are comments made by some of the students during the debate.

SIFISO 16 YEARS OLD
We live in a free society. People should be allowed to form relationships they feel comfortable with even if it means having a relationship with a person much younger or older than you.



JOHNSON 16½ YEARS
There is nothing wrong with having multiple sexual partners as long as we protect ourselves with such devices as the condom. This is the 20th Century. We are no longer living in the dark ages.



RURAMAI 17 YEARS OLD
Abortion is legalised in many parts of the world. Couldn't this be a way of reducing the world population and as a result reducing poverty?



BRENDA, 17 YEARS OLD
Well I am certainly glad that there is a new way of thinking. I would have had to 'obey' my husband if things hadn't changed. As it is, women now have the right to decide about a lot of things — whether to have children, how many children to have, how to spend their own money. Give me the new thinking any day!



THINK ABOUT IT!

Focus on the issue of going along with behaviour just because it is trendy to do so. Emphasise the need for rational consideration of all behaviour — whether old or new — before it is adopted due to peer pressure.

FOLLOW-UP!

Try to arrange for a social worker to visit your class and to talk about morality, cultural values and sexual behaviour, and the likely effects of these, especially the 'new' morality on safe and healthy lifestyles.

Make sure your visitor allows for lively debate and does not alienate the students through being too didactic. This might lead them in the opposite direction from the one intended!

Let's talk

Discuss the comments made by the eight students. Write down the agreed class reaction on a board or flipchart. Contribute any additional information if you wish. Also discuss the disadvantages or consequences of the so-called 'new morality' which is coming through the comments that six of the students made.

Think about it!

In your group make a list of other dangerous or risky behaviour and ways of thinking that young people like you think are the 'in thing'. Then discuss the effects or consequences of this 'new morality!' What do you understand by the 'old morality'? What are its strengths and weaknesses? Where do we get our values and guidelines from for our moral code?

Follow up

Your teacher will arrange for a visitor to lead you in a discussion of different aspects of the so-called "new" morality. Be prepared to express and defend your ideas.

TEMBA 16 YEARS OLD

Every culture has a different range of acceptable sexual behaviours. After all we must be permitted to express ourselves sexually in any way we want.



RUMBI 16 YEARS OLD

There is no such thing as a new or old morality. Morality is about being responsible. This means you have to decide whether you want to drink alcohol, take drugs, smoke or have sex before marriage. You must think about the effect it has on everyone around you. You are responsible to yourself as well as to those around you.



MELUSI 17 YEARS OLD

My friends are my own affair and my parents should not have a say, even if they visit the house. After all, there is a wide generation gap between us and our parents. Many of them are not educated, so they don't understand us and our needs.



KUDZAI 18 YEARS OLD

Our parents and other old-fashioned groups like the churches always speak out against drug and alcohol abuse among the youth. It is only because they are very narrow in their way of thinking and very conservative. They have never experienced the wonderful feeling that one has after smoking a joint or drinking six pints of beer. They should try it sometime!



12 Talking about drug use

Rationale

We are often quite smug about drug use in this country because we know it is such a problem in other parts of the world. But our young people are getting exposed to drugs more and more. The problem of unemployment and poverty often leads to drastic means to snatch some happiness. In the process, not only can young people become dependent on drugs, but they may end up being criminal or pro-

miscuous as a result.

Objectives Students will

1. Realise that we do have a drug problem in this country
2. Understand that taking drugs is harmful to our health
3. Accept that drug-taking can result in other anti-social and self-destructive behaviour
4. Prepare themselves with arguments against drug use

Drug abuse on the increase

Students read an introductory article from the newspaper on some recent findings on the drug situation in schools. Allow open discussion of the article and explain any terms which students may be unfamiliar with.

What drugs do YOU know about?

The article will have raised some ideas for this brainstorm exercise, and students will have some of their own ideas, too. If they have many questions which you can't answer, make sure they have access to information, and allow a session to find out more about the facts. It is never a good idea for a non-expert to try to give

12 Talking about drug use

Read the article about drugs and teenagers which appeared in the Herald (31/3/95) before you start doing the brainstorm.

Pupils try anything from tobacco to mandrax

Drug abuse on the increase

Herald Reporter

Drug abuse among schoolchildren has increased in Zimbabwe over the past decade with over half having experimented with anything from tobacco to mandrax and 9 per cent already heavily dependent on some drug.

A study recently carried out by Professor Wilson Acuda, head of the University of Zimbabwe's Department of Psychiatry, revealed that about 38 per cent of pupils had tried alcohol, 10 per cent had tried tobacco and 11.4 per cent used inhalants.

Over 8 per cent experimented with amphetamines while 6.6 per cent tried mbanje, 1.6 per cent used mandrax and 1.3 per cent smoked hallucinogen (mudzpete). It is, however, believed that mbanje use was grossly under reported because it is illegal.

Although there had been a steady increase of cocaine and

heroin coming into the country of late, none of the students admitted taking them.

Just over 7.2 per cent of the students admitted having tried alcohol before they were 10 years old. Corresponding figures for the other drugs were 5.6 per cent for tobacco, 1 per cent for mbanje, 2.1 per cent for inhalants and for mandrax, it was only 0.5 per cent.

The majority that tried any form of drugs were mainly between the ages of 11 and 15. Drug abuse was more prevalent among males and increased with age.

With regard to alcohol preferences, 70 per cent of female students preferred wine while the majority of boys preferred beer. A disturbing 10 per cent of both boys and girls preferred spirits.

Professor Acuda also discovered that there was a difference in drug use between private and government schools.

Prevalence of alcohol, inhalants and amphetamines was greater in private schools while for mbanje and mandrax, the converse was true. The explanation for this was that students at private schools could afford pharmaceuticals and alcohol. Discipline was also comparatively lax.

Urban students showed significantly greater use of tobacco and alcohol than their rural counterparts and slightly more use of mandrax.

Prof. Acuda said despite the increase in drug abuse, the government had made no extra effort to curb this problem. He urged for such a programme.

The fact that a large number of students under 14 years had used some form of drug implied that they started quite early on in life when they were still at primary school.

What drugs do YOU know about?

As a class, brainstorm as many drugs as you can think of that are abused by young people like you. List all the drugs on the board. Once the list is compiled, go into your groups and choose one drug from the list. Write down all you know about this drug, and research the effects it has on your behaviour and your body. Report back to the class.

Invite a knowledgeable person from a clinic, local church or police station to come and talk to you about drugs, and how to identify and avoid them.

information about such a specialised area. If at all possible, try to identify someone in the community who would be able to give an informed talk about drugs and answer students' questions. They may have never seen dangerous drugs and so be in danger of accepting and taking a pill, thinking it is an aspirin, for example. This is a common approach from drug peddlers who will often offer drugs freely in order to build up a 'cliente'.

Take my advice!

Groups: Make sure students realise that there are always direct and indirect effects of drugs. When you lose control of your behaviour, you are in danger of doing all sorts of things which would normally be unacceptable. Remind them that alcohol is also a drug, and we have already looked at the consequences of drinking too much and losing the ability to make rational decisions.

Take my advice!

Select one of the following situations and discuss how you would advise the person.

1

Linda, your cousin from Harare, has told you that she smokes mbanje (Marijuana) during the weekends. Sometimes she smokes mbanje and drinks wine at the same time. The next morning, everything from the night before is quite hazy. She is worried about what might happen to her when she isn't thinking straight - but all her friends do the same so she can't really stop. **What advice would you give her about the dangers of smoking mbanje and the likely risks she is taking?**

2

Ben has told you that he sniffs glue and other solvents most of the time. He has a group of friends who are all bored and have no money like him, so they manage to get some glue between them by pooling the little money they have. It is much cheaper than alcohol and it makes them feel great. Afterwards, though, he sometimes gets stomach cramps. He is worried about his health, but wonders what else he could do for a good time. **What would you tell him about the dangers he could encounter? What suggestions could you give him about overcoming his boredom?**

3

Margaret has told you that she takes mandrax whenever she can get hold of it. She recently got so 'high', that she went for a walk in the middle of the night. Fortunately, a friend saw her and took her home. She is now worried about this habit and what could happen when she takes it. She does not feel she would ever be able to stop taking it. **What would you tell her about the problem of drugs like mandrax? What would you advise her to do about her need for it?**

4

Peter has told you that he and his friends inject morphine into their bodies when they are able to buy it through a 'supplier' they know. He is beginning to feel a bit strange even when he hasn't had the morphine. Also, he is worried about this habit and HIV infection, as he knows now that this is what is meant by 'intravenous' drugs.

What will you tell him about the danger he could be facing? What should he do about this habit he has started?

Your older brother has told you that he often gets drunk during the weekends. He likes to go out with his workmates after work on Friday and, after several beers and some roasted meat, they usually meet up with some 'good time' girls and go home with them. He has just seen a play about HIV/AIDS and he recognised his own behaviour in the main character of the play. He is desperately worried, but he is sure his friends will think he is a 'wimp' if he says he won't go with them any more. **What would you advise him to do about his drinking habit and the usual accompaniment to the drinking?**

GIVING GOOD ADVICE

The whole class can come together and one member from each group will report back, describing the advice they gave. Members of the other groups should then discuss the points raised by adding to or questioning the views raised by the reporting group.

Follow up

Make up and perform a 2-minute commercial (advertisement), for radio or television which aims at reducing the risks of HIV transmission caused by drug abuse.

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GIVING GOOD ADVICE

Allow open discussion of the different situations and let the moralising, which is inevitable, come from the students. This will give it more impact!

FOLLOW-UP!

This brings us back to direct transmission through intravenous use of drugs, but applaud students who raise the issue of self-control and drugs in their 'commercial'.

13 What's in store for me?

Rationale

A sense of ambition is essential for both boys and girls to achieve a good lifestyle when they grow up. Even students who feel they have little chance of success need to set their sights on a goal — even a modest one — so they can generate a sense of purpose. This positive view of their future is their very best protection against most of the dangers that could arise, including the kind of behaviour that could lead to them contracting HIV.

Objectives Students will:

1. Discuss their future careers and ambitions.
2. Examine any differences between the boys' and girls' ambitions and career choices, to highlight the fact that boys and girls should be equally ambitious.
3. Talk about common reasons for young people to give up on their future or to set their sights on unsuitable goals.
4. Think about their own futures and set goals which are ambitious but attainable.

What'll I be?

Single-sex groups: Limit time on this, as students could take a while. Make sure that differences in boys' and girls' ambitions, and the order in which they are presented, are discussed if they arise. Try to solicit the idea that there should be no differences.

Planning for the future

Class: Discuss the idea of goals and plans, and emphasise that plans are usually very positive and no-one would really wilfully plan to be criminal or unemployed.

Making decisions about the future

Groups: Here are some ideas that should arise in the discussions:

13 What's in store for me?

What'll I be?

Divide yourselves into small, single-sex groups. Each group will make two lists:

- First, list ten careers in order of preference that your group would like to pursue after you leave school.
- Second, list your group's ambitions, like travel, marriage, etc. in order of preference.

Each group reads out their lists to the rest of the class, and the class can talk about the following questions:

- Are the boys' and girls' lists quite similar?
- Which careers and ambitions were similar?
- Were there any differences between the sexes in the ranking or order in which careers and ambitions were placed?
- What are the reasons for these differences? Is it just personalities, or is it our conditioning (the way we have been brought up to think)?

Planning for the future

In the first activity, you ranked careers and ambitions according to what you feel is important for you and for other members of the group. You were trying to plan for the future by looking inside yourself to find out the things which you want most out of life.

Did anyone say that they wanted to become alcoholics or prostitutes? Why not?

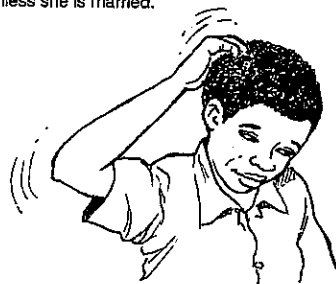
When you were thinking of your careers and ambitions, you were also being influenced by your values. Your values tell you what is important to you. And knowing what is important to you helped you to decide what you would most like to be later in life.

Making decisions about the future

Study the situations that follow. Choose one of them and discuss it thoroughly. Can you come up with reasons to explain why the young people in the situations think the way they do? Do you agree with their thinking? What advice would you give them?

1 NISHA'S MARRIAGE PLANS

Nisha, a 17-year-old girl, is going to write her 'O' level examinations at the end of the year. She feels that passing 'O' level (which she is bound to do) is enough for her. After she leaves school she feels she has to begin thinking about getting married. After all, a woman is not complete unless she is married.



- 1 Nisha is not thinking very far ahead. She could think of herself as successful rather than think about finding a 'successful man'
- 2 The temptation to give up on a school career is often quite strong. But Tongai needs to look further into the future rather than look at short-term ready money!
- 3 Moses is one of the most positive students in the group. How could the others take a cue from him?
- 4 Maivepi seems to have very short-term goals. Beautiful clothes and out every night will not last a lifetime! Doesn't she even have a particular kind of job in mind? What

are her skills?, and so on.

- 5 Rohan is perhaps a bit too ambitious. He probably needs to set his sights closer to home — his family is not wealthy and they do have other children to educate. Why is America an ambition in itself? What does he hope to achieve there which cannot be done elsewhere?

FOLLOW-UP!

An invitation for students to examine their own lives and their future plans.

2 TONGAI AND HIS EARNINGS

Tongai is 19 and in the fifth form. His elder brother left school after Grade 7 and now runs a commuter minibus. Tongai therefore feels that there is no need for him to get into the sixth form. If he leaves school right away he can make a lot of money through 'dealing'. After all, South Africa is full of goods that people need and want. Anyway, a number of students from his school have still not found employment after passing their 'A' level examinations.

3 A CAREER FOR MOSES

Moses, a 16-year-old fourth former at a rural secondary day school, has got ideas about his future. He has noticed how the local restaurant at the growth point is always bringing frozen chickens in from town. He is longing to start up his own poultry project similar to the one they did in Form 2. He is sure he will make a good living and be able to repay his family for all they have done for him.

4 MAIVEPI'S JOB

Maivepi is 18 years old and waiting for her 'O' level results. She has only one ambition — to get a job, any job, as soon as possible, in order to earn some 'real' money. When she has money, she will be able to buy some beautiful clothes and shoes, and she can then go out with her friends in the evenings. She won't have to worry about anything ever again!

5 ROHAN'S AMBITION

Rohan is 18 years old and is in the sixth form at his school. His father is a secondary school teacher and his mother works as a private secretary in a big company. There are six children in the family and he is the first born. Two of Rohan's friends have brothers in America, so they will be going there to study after they pass their 'A' levels. Rohan has heard so much about the 'States that his main ambition now is to go and study there. He has already started applying to some of the universities and he says he won't bother to apply for a place at a local university. He is determined he will go to America!



Follow up

How can young people make sure they don't spoil their futures? Find out what young people like you think about the following issues and report back on their attitudes.

- Which is more important — money, status or job satisfaction?
- How can young people make sure their ambitions are attainable?
- How can young people make sure, once they have an achievable goal, that they actually achieve it?

14 The last laugh!

Rationale

Young people are influenced by other people's behaviour without discriminating between the positive and negative elements. They may reject their parents' ways without acknowledging the valuable aspects of their way of life. Also, what people say and what they do seem very far apart. Young people may be confused by this. This unit tries to highlight the complexity of different cultures and patterns of behaviour, and

show that there is value in spoken traditions even if they have been neglected.

Objectives Students will

1. Acknowledge that all cultures have value and there is a lot of value in traditions.
2. Analyse clashes of culture, generation conflicts, etc. to seek some solutions.
3. Find out about traditional attitudes to love and sex, even if they are not carried out in practice.

You laughed and laughed and laughed

The poem serves as an interesting introduction to the topic of culture and changing ways. Make sure students understand that what began as derisive laughter is ultimately resolved by an acknowledgement of the value of the old ways. There is a 'coming together' at the end of the poem, with no sign of acrimony.

LET'S TALK

Relate the poem's observations to everyday life where people can be rejected just because they do things differently. This, too is a form of prejudice. Also take the opportunity to emphasise that new ways should not be adopted

14 The last laugh!

You laughed and laughed and laughed

In your ears my song
is a motor car misfiring
stopping with a choking cough;
and you laughed and laughed and
laughed.

You laughed at my song
you laughed at my walk

Then I danced my magic dance
to the rhythm of talking
drums pleading, but you shut your
eyes and laughed and laughed and
laughed.

And then I opened my
mystic inside wide like
the sky, instead you entered your
car and laughed and laughed and
laughed.

You laughed at my dance
you laughed at my inside.

You laughed and laughed and laughed
But your laughter was ice-block
laughter and it froze your inside, froze
your voice froze your ears
froze your eyes and froze your tongue.

And now it's my turn to laugh;
But my laughter is not
ice-block laughter. For I
know not cars, know not ice-blocks.

My laughter is in the fire of the eye of the
sky, the fire
of the earth, the fire of the air,
the fire of the seas and the
rivers fishes animals trees
and it thawed your inside,
thawed your voice, thawed your
ears, thawed your eyes, and
thawed your tongue.

So a meek wonder held
your shadow and you whispered:
'Why so?'

And I answered:
'Because my fathers and I
are owned by the living
warmth of the earth
through our naked feet.'

Gabriel Okara (Nigeria)



Let's talk

Why is one person laughing at the other in the beginning of the poem? What does he find so funny? Have you ever laughed at anyone for ordinary things they do? Why?

When the person starts off laughing, the laughter is like an 'ice-block'. It is not warm laughter. Why does the poet say this? Is the laughter in fun or ridicule?

Towards the end of the poem, the person who was laughed at is now laughing. His laughter is warm and eventually it affects the other person so they begin to communicate. What is the poet telling us about different people and different ways? What is he telling us about traditional customs?

totally - there is always a lot of good to be retained from the traditional ways. Invite students to talk about situations where they have been dismissive of another person's ways, just because these are different from theirs.

THINK ABOUT IT!

Students can discuss situations in real life where they have seen conflicts based on cultural differences, age differences or differences in background and social or economic status.

Conflicts and culture

Groups: These situations highlight common areas of conflict that arise because of 'social mobility' — students change and move away from their old family background, often rejecting their 'roots', only to find later that they have lost a great deal that is valuable.

FOLLOW-UP!

If students are enthusiastic, make time for a report-back session after they have done their research.

Think about it!

There are so many areas of conflict arising from what are sometimes called clashes of culture, the generation gap, rural/urban dilemmas, traditional versus modern, west versus the rest, and so on. Can you think of examples of these conflict areas? What about the conflict between wealth and poverty - those who have and those who don't? Do you know people who have had problems because of this?

Follow up

Find out about traditional views of boyfriends, girlfriends, marriage, sex and parenting by talking to people in your community. Are these traditions always used in practice? Should they be used?

If we kept to our traditional ideas on these matters, would we have a big problem with HIV and AIDS? Why or why not?

Conflicts and culture

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

1 TONDERAI AND HIS FAMILY

Tonderai, a brilliant student at a rural secondary school, wins a scholarship for the university in Harare. In the first vacation, he returns to his rural home and seems to be dissatisfied with everything there — the food, his bed, the lack of electricity. His mother and father are very unhappy, as he does not seem to treat them with respect any more. And yet he was their pride and joy!

Why does Tonderai seem no longer to respect his parents?

2 BUSI'S NEW HABITS

Busi, a secondary school student, has just returned from a wonderful trip to her aunt in America. She has many new clothes which her aunt has given her and she returns to her home in Mutare for the holidays. Her parents are not pleased with Busi's new style of dress. They have noticed that she drinks beer when they are out, and they think this must mean she probably does lots of other things they don't agree with.

What has happened? Why can't they understand their daughter any more?

3 TONY IS IN TROUBLE

Tony's parents return home from work one day to find Tony and a girlfriend in the kitchen, making food. The two seem very light-hearted, and Tony's parents feel quite unhappy and suspicious. How long has the girlfriend been there? What have they been doing? Tony's parents don't make a scene when the girl is there, but when she has left, they order him never to bring girls into their house again.

Why do they feel this way? What has Tony done? What does Tony feel?

4 PRINCILLA DECIDES TO LIE

Princilla is at boarding school and it is the half-term weekend. Her mother has agreed that she can bring a friend home for the weekend. When they go to fetch her, Princilla says Mabel, the friend, couldn't make it. Just then, Mabel comes up to them and says, 'I hope you have a good time at your uncle's place'. Princilla looks embarrassed and her parents realise she has lied to Mabel. She didn't want Mabel to come home.

Why do you think this has happened?

15 Held to ransom

Rationale

Sexual harassment at work is much more prevalent and serious than any statistics would lead us to believe. The shortage of jobs available has allowed an element of tyranny to enter into job allocation by some people in positions of power. Most Form 4 students will find themselves on the job market soon and they need to be warned about these unorthodox practices. The inevitable naivete of people of this age means they are

very vulnerable to this treatment.

Objectives Students will:

- 1 Understand what sexual harassment entails
- 2 Discuss the problem or proving sexual harassment has taken place
- 3 Work out strategies to deal with sexual harassment
- 4 Recognise the possibility of an ulterior motive on the part of the interviewer in a job interview

What is sexual harassment at work?

Talk about the idea behind sexual harassment and make sure that no-one regards it as a matter for laughter or scorn. Also, make sure that students understand the implications of this in the workplace — not only for women but for men, too. If sexual harassment is accepted in the workplace, all professionalism is undermined.

Regina's experience

This is a true story and raises the issue of the attitude of the other women in the office. They are very reluctant to report the harassment they suffer as they are frightened of losing their jobs or worsening the victimisation.

15 Held to ransom

What is sexual harassment at work?

Sexual harassment at work can take many forms, from looking at someone suggestively, saying suggestive things, deliberately touching or brushing past someone, right through to rape itself. But there are two common elements: it is unwelcome sexual attention and it is offensive to the person who is being harassed.

We are working towards an equal society for men and women, but attitudes take a long time to change. Very often what a woman perceives as sexual harassment, others may consider quite 'normal' behaviour.

Look at Regina's experience opposite.

Regina's experience

When I was working for the mainstream media, I was a victim of sexual harassment. I was not the only victim; other women had gone through the same experience, but they did not want to take it up. When I was working on the woman's page, my immediate boss wanted sexual favours from me. I refused outright. When he got promoted, he transferred me to his department in the name of promotion, so that I could work directly under him. When I continued ignoring him, he decided to make my working life miserable. He would give me odd jobs at odd hours. When I complained he said if I wanted a job elsewhere he was willing to give me a recommendation.

When I had a baby, he would not give me my one hour breast-feeding time which everyone was entitled to. Every time I asked for breast-feeding time, he would compare me to the men. Many other male reporters sympathised with me and offered to work on my behalf whilst I went off to breast-feed. Eventually I reported my boss to the Chief Editor who instructed me not to work night shift and to take my breast-feeding time.

Besides this, I also put the problems down in writing for the Chief Editor, but he did not take any action against my boss. My letter had included names of other women who had been harassed, but when the authorities wanted to investigate the allegations of sexual harassment, the other women whose names I had forwarded backed out.

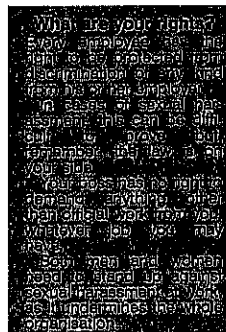
from Zimbabwe Women's Voices (1995)

Let's talk

What form did Regina's sexual harassment take? Could she prove what was happening? What did her boss do to torment her?

Did her Chief Editor believe her complaints were valid?

Why did the other women who had experienced sexual harassment withdraw when they thought the issue was to be investigated?



LET'S TALK

Talk about the problem of proving sexual harassment with the students. Invite them to suggest solutions. Also, invite them to tell of other incidents of sexual harassment they have heard about.

THINK ABOUT IT!

Take the opportunity to talk about rights and responsibilities in the workplace. Remind students that men can also be harassed at the workplace, not only sexually but in other ways, especially if they are young and inexperienced.

Talk about women at work and the rights to

maternity leave and breast-feeding time. Make sure no-one sees these rights as reasons to downgrade women in the workplace. Encourage students to examine how 'sexist' or prejudiced they may be when considering places which have traditionally been considered more appropriate for men or for women.

ACT IT OUT

This activity should highlight the humiliation which sexual harassment can cause in the workplace. Make sure that the boys have the opportunity to feel the harassment, too. Work towards a solution to the situation which

would allow Regina to continue her work without being victimised. Who can come up with an effective rejection strategy?

What is a carpet interview?

Once you have read this extract from the poem, invite students to make comments. Highlight the problem that 'funny looks' and 'hints' are not very tangible when you are trying to present proof. Ask for suggestions of how this problem might be overcome. Lead students towards the realisation that it is only when people get together that they will be taken seriously. One individual's word against another's is not very helpful.

FOLLOW-UP!

This research will serve the further purpose of informing students about their rights in the workplace.

Think about it!

Why was Regina's boss promoted and not disciplined for behaving unprofessionally towards a person working under him?

What do you think about her boss's attitude to breast-feeding time?

What is your own attitude to women in the workplace? Which workplaces are more/less suitable for women?

Act it out!

Act out the first confrontation between Regina and her boss. Imagine Regina has gone into his office to take in some work. He tells her to close the door behind her. Here is the beginning of the dialogue which you can use as a guide:

Boss: Close the door behind you, Regina. What are you doing this lunch time? Shall we take a walk in the park? *(He winks suggestively as he says this).*

Regina:

Make sure you take turns in acting each part — whether you are a boy or girl.

What happened? Did you find the right words to reject your boss? Will he treat you well in future?

How did you feel about acting as the boss? Did you get some insight into how he might be thinking?

How did you feel about acting Regina? How did you think she felt? Did you feel like she did while you were acting?

What is a 'carpet' interview?

Sexual harassment at the interview stage of employment is common enough for this new phrase to have been invented to describe it! This extract from a poem will give you some idea of what it's like:

The Interview

Days spent searching and wishing
for a decent job, any job
She had only five minutes left now
Suddenly her armpits were wet and itchy

And so was her neatly made hair.
Instantly she knew this was another dead end
He smiled warmly and invited her to take a seat
His eyes roving lustfully over her body.

Eyes lingering, longingly at her breasts
Down to her shapely hips
And almost stroking her smooth legs
the interview was over before it began.

She either had to give a knowing
Invitingly, pert pout
Looking him straight in the eye
And the job was hers
It was fruitless to lend an ear
To his arrogant, sarcastic drawl

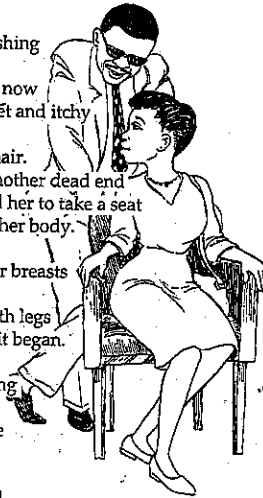
extract from Molin Madziwa's poem in Zimb. Women's Voices

Let's talk

What do you think happened in the interview described in the extract above? What would you advise the woman who is being interviewed to do?

Follow up

Find out about women's rights to maternity leave and breast-feeding time by talking to working mothers. Have they always been given their full rights? If not, why not?



16 Women in society

Rationale

We have already raised the issue of sexism as being central to the AIDS Action Programme. This unit takes the discussion further and examines society's attitude to men and women. A very positive element of the new morality discussed in the previous unit is the belief that women should have equal status in society. Any presentation of tradition as the source of women's inferior status needs to be categorically dismissed.

Objectives

- Students will
1. Examine some false ideas about the role of women and men in society.
 2. Understand the nature of prejudice, realising that often we are unaware of our own prejudices.
 3. Talk about specific prejudices in relation to women and men.
 4. Talk about how negative images of women have become so accepted.

What is your view?: a questionnaire

Individuals: Allow 5 minutes for students to look through and respond to the questionnaire.

Groups: Allow lively debate but don't allow the discussion to degenerate into frivolity. Make sure students understand the seriousness of prejudice of all kinds.

Prejudice

This exercise will be amusing but also informative and should act as a 'rule of thumb' in assessing situations hereafter. When you aren't sure if it is sexism, substitute he for she, and if it sounds odd, it is most probably prejudiced.

16 Women in society

WHAT IS YOUR VIEW? : A QUESTIONNAIRE

Below is an exercise which will help you examine the way you view women (and girls) in our society. If you are a girl, it will help you to see how you and others of your sex sometimes view themselves. Respond to each statement by putting the number of the statement on a piece of paper and 'Agree', 'Disagree' or 'I'm not sure' next to it.

		Agree	Disagree	I'm not sure
1	A woman's place is in the home.			
2	Men are better qualified to go to university than women.			
3	Men find it easier to understand mathematical and scientific concepts.			
4	Girls and women are often not keen to go to college.			
5	Women cannot live independently and control their own earnings.			
6	Men are more effective at being leaders and managers than women.			
7	I would prefer to go to a male doctor.			
8	Good looks are more important for girls than boys.			
9	There are definite activities that are proper for women.			
10	Women find it difficult to make decisions about what to do with their lives.			
11	All women want to be mothers some day.			
12	Women who are adventurous, aggressive and brave don't behave like real women.			
13	Women need their husbands to look after them.			
14	It is not right for a wife to inherit her husband's property when he dies.			

Get into your groups and discuss your responses. Why do some of you view women the way you do? Do you think the way you view women has to do with your culture, the way you were brought up in the home, or your experience so far?

LET'S TALK

Do this exercise quite quickly so students don't spend too long deciding what they should put down. The associations need to be spontaneous to reveal their attitudes.

THINK ABOUT IT!

An opportunity to dispel the notion of culture as the culprit in denigrating women. Talk about 'conditioning'. A story to tell: In Britain, girls in single-sex schools do much better than their male counterparts in science subjects but in co-educational schools, the girls are way behind the boys in science subjects. What is the reason for this?

Prejudice

A lot of the things we believe are based on what we are used to seeing or hearing rather than on our actual experiences. It is often very difficult for us to know when we are being prejudiced, because we are so used to hearing prejudiced ideas that they sound normal!

Look through the list of statements in the questionnaire again. This time, each time it says 'man', replace it with 'woman' and each time it says 'woman', replace it with 'man'.

For example, statements one and five would be respectively:

A man's place is in the home.

Men cannot live independently and control their own earnings.

If these statements sound odd to you now, you will know that they are prejudiced statements, whether they relate to men or women!

Let's talk

Form six groups. Two groups write the word 'prejudice', the next two write the word 'sexism' and the last two write the word 'women' in the centre of large pieces of paper.

In your group brainstorm as many words as you can which you associate with the word you have written. Write these words in clusters around the title word.

Come back together as a class. Those groups who were allocated the word 'women' should go through the words they came up with during their brainstorm. Your teacher will write them on the board for everyone to see. When this is completed, repeat the process for the words 'prejudice' and 'sexism'.

Look for any similarities and draw up parallel lists.

Think about it!

How are women portrayed in our culture? Do you think this portrayal is accurate? Why or why not?

Do women adopt a subservient role to men?

Are women as capable as men in all spheres of life? If not, which aspects of life are women most talented at? Which aspects are men most talented at? Why do you think this?

How do newspapers, magazines, radio, television and advertisements encourage society to view women?



Follow up

Interview girls and women in your area to find out how they see their role in society. Compare your findings with those you came up with under 'Think about it.'

17 Prejudice and AIDS

Rationale

Regrettably, HIV and AIDS carry a lot of stigma. This is because people are afraid of it, and fear and lack of knowledge leaves AIDS sufferers very isolated. It is only when people are actually confronted with the disease that they can find ways to cope with it and to help those who have it. This unit looks at prejudice against sufferers and seeks to help students overcome it.

Objectives Students will

1. Act out a scene of prejudice, voicing some of the attitudes heard within their communities
2. Imagine that someone close to them is suffering from AIDS and talk about their reactions
3. Evaluate the effect of rejection on an AIDS sufferer
4. Find out about caring for people with AIDS

Like any other . . .

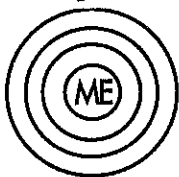
ACT IT OUT!

Class: Let good actors in the class act out this extract for the class

Groups: Students extend the dialogue further, incorporating more of the issues, and the best ones can be acted out. This may take time and the lesson may need to be spread over at least two lessons).

Imagine

Individuals and groups: Give students a few minutes to complete the circles and then five minutes to discuss the questions. Draw the circles on the chalkboard as an example:



17 Prejudice and AIDS

Like any other . . .

Chris: Pass me the papers, can't you?

Man: I've . . . I've put them on the table.

Chris: Just give them to me. I need to type them into the computer.

Man: Here they are. (*Drops papers and rushes off.*) (*Phone rings. Chris picks up the phone — listens. Puts it down. Tom comes in.*)

Chris: Why did you have to tell everyone, Tom?

Tom: I didn't. I didn't tell a soul.

Chris: Why won't anyone come near me then?

Tom: What are you talking about?

Chris: People don't hand things to me any more. They just drop them and run away.

Tom: You're imagining things.

Chris: I didn't imagine the phone call. 'Take your filthy disease away from here'. That's what they said. Are you telling me they don't know?

Tom: I didn't know they'd feel that way. Anyway, I only told . . .

Chris: You only told? You've only to tell one person and the whole town will know . . .

Tom: Well, you shouldn't have told me then.

Tom: I know, I know . . . (*The phone rings. They both look at it.*)

Chris: Will you answer that, Tom?

Tom: But . . .

Chris: It'll be someone else telling me I should be locked up . . . please Tom . . .

Tom: You've held it near your mouth. I might . . . (*Chris stares coldly at him, picks up the phone and holds it between them.*) *A voice from offstage says:*

Voice: Go away, leave us, you're evil. (*Freeze*)

Chris: (*To the audience*) So I left the bank. As I went home I thought everyone knew; I thought everyone was watching me, accusing me. (*As he speaks, he walks nervously across the stage.*) I got home, shut the door and sat down. I sat for two whole days, waiting. No, not waiting, just watching the door. I didn't eat, I didn't sleep. I kept imagining people breaking down the door, coming for me. Eventually I got up. I wanted only one thing: to be alone in this room, for the whole of eternity. . . .

Act it out!

In your groups act out this extract from a play called *Like any other lovers*. Chris has told Tom, a fellow-worker, that he is HIV positive because he didn't want Tom to fall into the same trap as he did. And this is how Tom has reacted. Take turns to be Chris and Tom. Take the dialogue further (before Chris talks to the audience) by letting Tom say why he feels the way he does.

What else could Chris have said to his 'friend' Tom?

Building a character

Individuals : This is an extension of the previous exercise relating to an ordinary person who may have contracted HIV or already may have AIDS. Make sure students can see both sides of the story.

THINK ABOUT IT!

Individuals: Students examine their own attitudes for prejudice, and balance this by reconfirming the facts about transmission. Make sure that students look up the ways HIV is spread, and go over them if you

need to. Don't tolerate any continued statements about the dangers of toilet seats or towels!

FOLLOW-UP

You might be able to invite a member of a local counselling group, or someone looking after an AIDS patient or an AIDS sufferer to come in to talk to students.

Imagine . . .

Draw a circle in the centre of a sheet of paper and write the word 'ME' inside it. Think of all the people you love and who are important to you — your mother, brother, aunt, uncle, boyfriend, girlfriend, and so on.

Draw three concentric circles on the paper, putting the most important in your life closest to 'me' and the least important in the circle furthest away on the sheet.

Now imagine that you have discovered that one person from each of the three groups is HIV positive. Discuss the following with the person sitting next to you:

- How would you feel about the person?
- Would it affect your relationship? Would you . . .

A eat from the same plate as they do?

B share the same bed as they use?

C use the same toilet as they do?

D kiss or hug them at all? Talk about why you feel the way you do.

Follow up

Find out how young people in your school or community can make the lives of people suffering from AIDS more bearable.

BUILDING UP A CHARACTER

Build up a character from your imagination, using these guidelines. You can add more detail if you like.

- 1 Name
- 2 Age
- 3 Address
- 4 Who does X live with? (parents, grandparents, uncles, aunts, other young people, other adults, etc.)
- 5 Who are X's friends?
- 6 Does X have a girlfriend or boyfriend?
Yes/No (circle).
If 'Yes', what is his/her name?
- 7 Does X go to school or college?
Yes/No (circle).
If 'Yes', where?
- 8 Does X have a job? Yes/No (circle).
If 'Yes', what is it?
- 9 What does X do during leisure time? (read, visit friends, play soccer, go to the cinema, go to youth club, church, etc.)
- 10 What is X's
favourite food?
favourite hobby?
favourite radio or TV programme?

Next imagine that your character is HIV positive or has AIDS. List ten ways in which people might react to him or her and give reasons for such attitudes.

How will the way people react to your character affect the way he or she lives? What would you do to help your character and why?

Think about it!

Think of the way you personally would feel about a person you know who is HIV positive or has AIDS. Now imagine that you yourself are HIV positive or suffer from AIDS. Discuss the following with the person sitting next to you:

- How you would feel if people didn't want to have anything to do with you.
- How your relationship with those people would be affected.

18 Whose rights & who's right?

Rationale

There are many issues involved in decisions relating to HIV and AIDS. This unit raises some of the issues: whether sex within a marriage is compulsory or not; the added cultural consideration of lobola; the informal culture of men living by different standards; the extended family involvement in such decisions; and so on. It will help to summarise many of the issues which have been raised throughout the course.

Objectives Students will:

1. Debate the role of husband and wife within marriage.
2. Discuss the meaning of lobola to men, women and their respective families.
3. Re-examine the issue of sexual responsibility.
4. Research true-life stories where issues like this have had to be decided.

Mrs Mafa's problem

Class: Read the story or ask a good reader to do so. Invite students to talk about similar situations they may know of. If they want to talk about divorce, you may wish to prepare for a second lesson where these issues can be researched, and you can prepare particular material on it.

THE COURT CASE

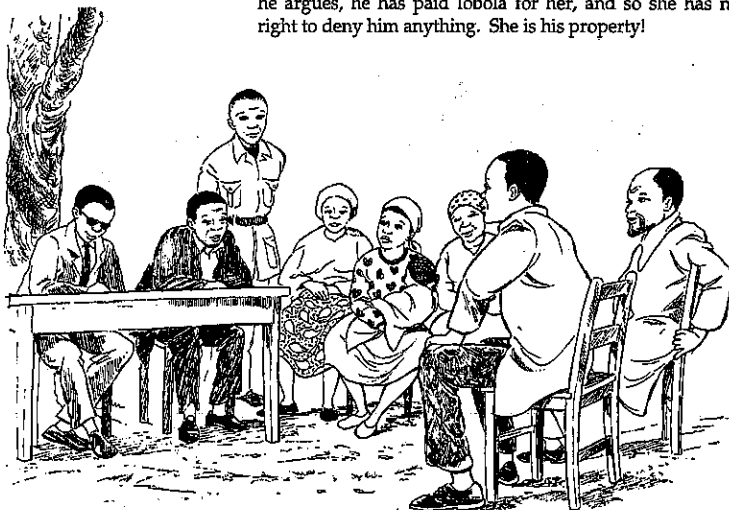
Appoint students to be the characters in the court case, but allow participation from the 'community', so no-one is left out. Encourage meaningful arguments and insist on back-up information or evidence for any statements made.

18 Whose rights & who's right?

Mrs Mafa's problem

Mrs Edna Mafa, a 30-year-old married woman with two children has approached the Community Court in her area for permission to divorce her husband who she has been married to for six years.

The grounds for the divorce are that Mr Enoch Mafa is a woman-chaser who has multiple sexual partners. Ever since Mrs Mafa has discovered the kind of man she married, she has refused to have sex with him. He, in turn, has begun to hit her and abuse her in other ways, because, as he argues, he has paid lobola for her, and so she has no right to deny him anything. She is his property!



CLASS DEBATE

This will be a summing up of all that went on in the court case, highlighting the most valid and important issues. Remember to highlight the following major points:

- 1 sexual responsibility
- 2 a person's rights within marriage
- 3 the spirit of lobola — it is not meant to signify submission
- 4 family attitudes — are they often selfishly based?
- 5 Mr Mafa's attitude to sex and to his wife — is it common?

FOLLOW-UP

Students could pin up stories they find out about and, if they seem interested, they could present these stories in a class situation.

HOW TO CONDUCT THE COURT CASE

Arrange the class into a court scene. You need three members of the community court. One of them will listen to Mrs Mafa's case. The other people taking part in the case are:

Mrs Edna Mafa who will argue that she has a right to look after her own health and that is why she wants to divorce her husband. She is afraid that if she has sex with him she will catch an incurable disease.

Mr Enock Mafa who will argue that since he paid lobola for his wife she has no right to refuse to have sex with him. Whatever he does away from home is not his wife's business.

Mrs Edna Mafa's widowed mother who will support her daughter's stand.

Mrs Edna Mafa's elder brother who refuses to take her back. He wants her to remain with her husband.

Mrs Edna Mafa's other brother who is against the divorce and who argues that a good wife is one who knows her place in the home and who doesn't argue with her husband.

Mr Enock Mafa's father who argues that his son should allow the divorce to go through because his wife is a troublesome and unruly wife.

The whole class should act as **members of the community** who are attending the Community Court. The three court officials should allow each of the people nominated to take part in the court case, to speak. From the evidence they will hear and the arguments put forward, the three will give their judgement.

CLASS DEBATE

After the judgement has been given, the whole class should debate it. One group will support the judgement while the other will oppose it. The class will decide which group gives the most convincing reasons for the stand they take.

Follow up

Interview people in your community, especially women, and write up short stories to raise awareness about the experiences of women (and men) in relation to HIV and AIDS and other STDs. Pin up the stories somewhere in your classroom for everyone to read.

19 In sickness & in health

Rationale

Although students may have already had to look after people suffering from AIDS, this unit gives them an insight into the reality of the disease. Since AIDS usually manifests itself through other diseases, like TB or pneumonia, the symptoms of AIDS are not easy to identify. However, the deterioration of the immune system does create consistent side-effects which, in combination, can point to AIDS. The unit further focuses on the psychological effect on the carrier.

Objectives Students will:

1. Find out about the symptoms of AIDS and understand that these are also symptoms of other diseases.
2. Read a personal experience of watching a loved one die, and so gain an insight into the strength needed to deal with this.
3. Understand the urgent need to prevent the spread of AIDS.
4. Find out about similar experiences in their own communities, to contribute to the AIDS Awareness campaign.

How does AIDS manifest itself?

Emphasise the fact that the symptoms listed are not confined to AIDS sufferers. You could point out that most of you will have suffered from some of the complaints listed in the last year, but this does not necessarily indicate AIDS. This is a very important point, as young people are impressionable and could easily decide that they have the symptoms of AIDS just by looking at the list.

The other important issue to raise is that there is usually no evidence of HIV infection. It is only when people are suffering from 'full-blown' AIDS that the symptoms are so evident.

19 In sickness & in health

How does AIDS manifest itself?

It is difficult to talk about the symptoms of AIDS because they are always symptoms of so many other diseases, too. The virus breaks down the immune system, and many diseases, even those which would normally be easy to cure, start to attack the body.

An HIV positive person may not experience any problems at all for a very long time. Even when problems do arise, they can still be cured with good treatment and care.

The most common areas of complaint from AIDS patients are as follows:

- fever
- diarrhoea
- skin problems
- mouth and throat problems
- coughing and difficulty in breathing
- genital problems
- nutrition problems
- nausea and vomiting
- anxiety and depression
- pain
- tiredness and weakness
- mental confusion and dementia

Chris' final illness

Every day, before going to work, I would make preparations for Chris so that everything he required was within easy reach. He was a good patient, but at times he would get very bad spells of depression and then it was difficult for us. He wouldn't talk for the whole day. Even though I had been prepared for the different moods that are likely to occur when someone is dealing with problems of this magnitude, it was a difficult time.

I tried to deal with the problems as they came up. Sometimes Chris would react to his dependence on me by being irritable with me. He would get possessive, not wanting me to go to work but to remain with him and be a wife in the house. I recall this vividly because of the day he fell really ill again. I got up in the morning and, as usual, prepared all the things he would need for the day. He was still in bed but asked me not to go to work that day. I thought he was being belligerent; it was the way he said it. I told him I had to go to work — I hadn't warned the others that I wouldn't be coming. He should have told me the day before. He insisted he didn't want me to go and threw what I thought was a tantrum.

Perhaps I didn't react with compassion that day. If I had



Chris' final illness

This extract is taken from a true account by Noerine Kaleeba, whose husband died of AIDS. She became so involved in the suffering that she had witnessed, that she started the first AIDS support group in Uganda.

LET'S TALK

Encourage students to talk about the emotional and physical strain of looking after a sick person who is terminally ill. Point out, though, that people with AIDS can be treated for the symptoms, and they can recover to continue a relatively normal

lifestyle for extended periods of time.

Ask students if there is any extra strain if the person is suffering from AIDS rather than any other disease. They may raise the issue of recrimination, and also the fact that both husband and wife may be suffering at the same time. Also, there could be a baby who is ill, and they also do need to be conscious of hygiene in the care.

Students may have first-hand experiences to report on, but don't push them to talk about them unless they want to. You may need to suggest they talk to you or someone else after the lesson, if they are obviously distressed by the discussion.

stopped to ask him why he was feeling like that he may have told me he'd had a bad night and he had a fever. I may have realised how insecure he was feeling. I went to work and told my colleagues that he needed me that day.

When I came back at lunchtime he was very ill. He was feverish with a temperature of about 40 degrees and had collapsed in the bathroom where he had gone to get a wet towel. We had a houseworker but Chris knew she was afraid of him, afraid of the infection. He knew intellectually that the virus was not spread through household contact but he insisted on disposing of his dressings or vomit himself. He cleaned his toilet himself. He was fussy about these things. He didn't want to be a burden on others.

I helped him out of the bathroom, took him back to bed and realised that he was very ill. I gave him some medication and went for a doctor who said that he had pneumonia and started him on a course of antibiotics. The fever persisted for the next few days; I sent a message to his mother, who came immediately, and his sisters. He started vomiting and complaining of a headache. This was a persistent headache that didn't respond to pain killers. When the diarrhoea also started we put up an intravenous drip. I was quite determined to nurse him at home as far as possible. I nursed him for 10 days but he didn't get any better and eventually he started to cough up blood. We realised that he needed a blood transfusion and there was increasing pressure to take him to hospital.

I can't remember the exact date, it was some time in November, we went to the hospital and he was transfused with two units of blood which seemed to revitalise him. His temperature subsided but the cough and diarrhoea didn't improve. He grew weaker and weaker. He was in hospital from that time until January 1987, getting worse and worse. On 23 January he died. He died in great pain. A week before meningitis had been confirmed again. He had relapsed. We had feared that happening all along because we knew that the drugs he needed were not available and were too expensive. I knew the end had come.

He was in great pain. I can't even begin to describe the kind of pain he was in. He had this terrible headache which lasted five days. He never lost consciousness. He suffered all that pain and we felt the pain with him.

Let's talk

How would you feel if you were Noerine Kaleeba, the person who was looking after her husband, Chris, in this extract from her book *We miss you all?*

If Noerine was the one who was ill, would Chris have been able to do what she was doing?

Have you ever had to look after someone who was dying, or do you know someone who has had to?

How did they feel at the end? How long did it take to get over the experience? If you don't know of anyone, can you imagine how Noerine felt afterwards?

Think about it!

When people are healthy and happy, it is hard to imagine anything like what Chris experienced. Is this why people don't always understand the danger of AIDS?

How could Noerine's story help in the campaign for AIDS awareness?

How do people in your community care for those who are dying of AIDS?

Follow up

Do you have local stories which would be as powerful as Noerine's story if told? How can we use these stories to make sure we and our loved ones remain free of HIV infection?

THINK ABOUT IT!

Encourage a discussion about the 'It could never happen to me' syndrome. Ask how we can make sure our communities are aware that we are all in danger unless we adopt lifestyles that will protect us.

FOLLOW-UP!

If it is feasible that within the community, and with full permission of the people concerned, students could write up similar stories about people within their communities and display them for the class and other people to read. These stories can be anonymous, or names can be changed, if that is what people would prefer.

20 Figuring out the future

Rationale

The AIDS problem is still considered rather distant and often the long-term effects of this disease are under-estimated by people who don't really want to accept the truth and what it means to their own choice of lifestyle. This unit highlights some of the trends and projections about the AIDS epidemic, and its effects on our own communities.

Objectives Students will:

1. Understand the seriousness of the AIDS epidemic in relation to our own communities.
2. Understand that figures are only useful if we use the information to change the situation for the better.
3. Realise that their own age-group is the most in danger of changing to HIV positive, but also the most able to prevent this.

What do the figures tell us?

Point out that although figures can give startling information, they can never tell us about the suffering — such as that experienced by Noerine and her family — and that is why they are often ignored.

LET'S TALK

Invite students to examine the trends highlighted in the box and, in pairs, ask them to brainstorm the consequences of each fact observed.

Ask them to draw some obvious conclusions from the figures and translate these into action plans. For example, the association between STDs and HIV infection indicate that those suffering from STDs are in a very high-

20 Figuring out the future

What do the figures tell us?

Figures presented in tables on a page can never begin to convey the levels of distress and tragedy which the AIDS epidemic has already caused in our communities.

The theories on the number of orphans and the projected rate of HIV infection always need to be related back to the home. This way, we can begin to have some insight into the devastation that is facing us if we cannot stop the spread of this disease.

Look at the figures in the box opposite which tell us about the trends in HIV status.

HIV/AIDS/STD TRENDS AND STATUS IN ZIMBABWE

- Reported annual AIDS cases 10,000 and 1,500 deaths. These are under-reported figures. It is estimated that the figures should be multiplied by 4.
- Reported annual new AIDS case rate 80–155 per 100,000
- STD episodes 900,000 per year. STD is the number 1 cause of out-patients attendance in adults
- HIV prevalence in STD patients 35–55%
- HIV prevalence in antenatal clinic attenders 15–25%
- HIV prevalence in TB patients 40–46%
- HIV prevalence in blood donors 1.5–2%
- Reported TB cases 23,000 increase annually and still rising
- NACP projects that more than 600,000 children will have lost one or both parents due to AIDS by the year 2000.
- The average age at which infection occurs has dropped in Zimbabwe. Findings now place the highest incidence of new infections in the 19–25 year age group.

Let's talk

Why do you think there is under-reporting of the actual AIDS cases and deaths?

Based on your knowledge about HIV and AIDS, do you think the new AIDS case rate is likely to increase over the next ten years? Why or why not?

What is the significance of the STDs figures? What else do these figures tell us about the population?

What are the implications of the ante-natal clinic attenders? Will this affect our child mortality rate?

What do the TB figures tell us? What does this tell us about the increase in the number of TB cases?

Why has the average age of infection dropped, do you think?

What do the blood donor figures tell us? At one stage, the Blood Transfusion Centre thought people were giving blood so they could have a 'free' HIV test. Why is this very irresponsible behaviour? Who should donate blood and who should not?



risk group. This implies that STDs need to be prevented at all costs and where they occur, they need to be treated as a matter of urgency. Ask students to suggest how this could be achieved.

Allow similar discussion on each of the issues highlighted.

THINK ABOUT IT!

Make sure that the discussion focuses on the change between the 15-19 age group and the 20-29 age group. If you have up-to-date statistics (available from Ministry of Health) you may be able to further break

these figures down to men and women.

Emphasise that it is the younger generation that has the power to change these trends and young people have a responsibility to do this.

BRAINSTORM

This session should re-inforce all the issues discussed in this unit and result in some positive ideas for a campaign within the school or community.

FOLLOW-UP!

This could be carried out if students are willing, or perhaps there is an AIDS Awareness club which could be offered the ideas in a report form.

Think about it!

These figures become really useful to us if we use them to make some observations and assumptions about the way people are behaving. We need to relate them to our own communities and assess the effect they will have on our homes.

Look at the figures which show the AIDS cases to date by age group.

- 1 Which age group has the highest rate of infection?
- 2 Now rank all the age groups in the order of the prevalence of AIDS.
- 3 Which is the group with the lowest infection rate at present?
- 4 What does that tell us about our future planning if we want to control the AIDS epidemic?
- 5 Which two adjacent groups in the bar graph move from being largely AIDS-free to AIDS-infected? Why do you think this is so? What can we do about it?
- 6 What are the socio-economic consequences of AIDS for families and for the country as a whole?
- 7 Why do you think there are more women than men with AIDS in the 20-29 age group, but more men than women in the 30-39 age group?

BRAINSTORM

Imagine you are designing an AIDS awareness campaign for your own community. Think of the following questions:

Which age group will be your main target?

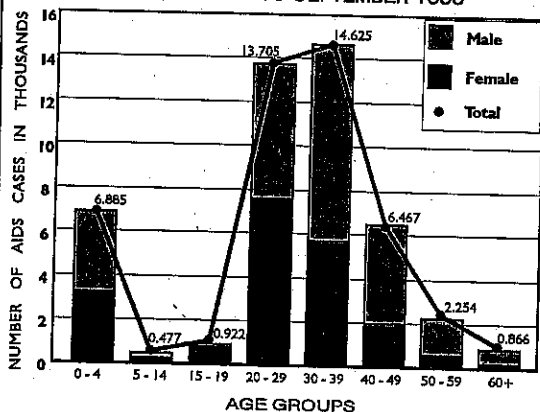
What will be your main messages?

What will be your main methods of conveying your messages?

Now get into your groups and design a mini-campaign to raise awareness.

Decide very clearly beforehand what you want to achieve and how you will achieve it.

CUMULATIVE AIDS CASES BY AGE GROUP AND SEX - 1987 TO SEPTEMBER 1995



Follow up

Try out your mini-campaign on a group of people in your community, if you can.

How can you assess the impact of your messages? Make sure your messages are very clear so that you don't misinform your chosen group in any way.

Can you find out any local figures like the national figures we looked at earlier? If you can, you may be able to use them to find out more about your own community.

Think About It!

An AIDS Action Programme for Schools

The "Think about It!" 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.