



THE REPUBLIC OF UGANDA

Ministry of Education & Sports

Presidential Initiative on AIDS Strategy
for Communication to Youth

PIASCY



Helping pupils
to stay safe

A handbook for teachers

P5 - P7

First edition

2906

Uganda has had more
success in reducing HIV than
any other country in the
world.

By how much more
could Uganda reduce HIV if all
pupils were well informed
about their bodies and how
to stay safe?



Foreword

In 1982 two people with AIDS were identified in the fishing village of Kasensero, Rakai, on Lake Victoria. Too little was known then for action.

In 1986, the Movement Government started to give AIDS a human face. This led HIV prevalence to fall from 30% in 1992 among antenatal mothers in the most affected areas to an overall weighted average of 6.1% today.

Uganda is now a global model for success and openness in the fight against HIV. But we must reject complacency. We need new strategies for victory.

In 1997, I initiated and Government implemented Universal Primary Education. Its goal is to empower all our children with the education that they need to cope with the world and reduce their vulnerability. Today, there are over 7 million primary school pupils and one million students in secondary and tertiary institutions.

All these young people are at great risk yet easily accessible for people who want to inform them. I called for teachers to talk regularly and directly to them. This strategy is now called PIASCY (Presidential Initiative on AIDS Strategy for Communication to Youth).

Children ask many questions. But adults are often tight lipped -- either not ready or lacking the skills to talk to them about sexuality. Teachers need to equip youngsters to confront AIDS through sex education. This is why I initiated PIASCY.

This book for teachers, *PIASCY: Helping pupils to stay safe (P5-P7)*, is central material for PIASCY. Its much needed facts and messages will empower teachers to answer our children. This will have a multiplier effect, spreading correct information about sexuality and AIDS to many Ugandans. Soon we will reach the children who are out of school. No group will be neglected.

In the critical years ahead, our families, communities and schools face a daunting but surmountable challenge. *PIASCY: Helping pupils to stay safe (P5-P7)* will support the resolution of this struggle.

Therefore with great pleasure and privilege, I recommend this book to our schools. If used properly, it will propel us towards an AIDS-free Uganda.

I appreciate the contribution of the Uganda AIDS Commission, the Ministry of Education and Sports, the Ministry of Health, Straight Talk Foundation and the various sectors and institutions. Their input is remarkable.

H. E. YK Museveni
PRESIDENT OF THE REPUBLIC OF UGANDA





Preface

This is one of our happiest moments. With this book we bring into circulation a very important piece of work to scale up our efforts to prevent HIV and mitigate its effects.

PIASCY: Helping pupils to stay safe (P5-P7) is a response to the call by H.E. the President to improve communication on HIV and AIDS to young people.

Young people, aged 10 to 24, make up 33% of our population. They are our vital resource for the future and should have many productive years ahead of them. There is a great need to address HIV and AIDS in youth.

Uganda has made considerable progress against HIV. Prevalence rates have declined, particularly among the youth. This has been attributed to intense information, education and communication. This book for teachers, *PIASCY: Helping pupils to stay safe (P5-P7)*, extends and intensifies further this campaign.

The Ministry of Education and Sports is privileged to be part of the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY).

We are grateful to the Uganda AIDS Commission which convened a large task force to generate ideas for PIASCY and this book after the President's call.

The task force included representatives from the MOH, MOES, MLG, AYA, UYAAS, IMAU, ACET, CHUSA, AIC, UMSC, UCS, AIM, NCDC, TASO, AIC, the Population Secretariat and other partners in government and civil society working for behaviour change among the youth. We thank you all.

We are grateful to Straight Talk Foundation, which took the original document produced by the task force and edited, illustrated and designed it into this book.

Finally, we thank all our colleagues who assisted us in one way or another. It is not possible to mention each one of you by name.

PIASCY: Helping pupils to stay safe (P5-P7) targets teachers as change agents. I call upon all teachers to effectively utilise it and its 26 key messages at assemblies, in classes and in clubs to safeguard pupils from AIDS. The struggle continues.

Hon (Dr) E. Khiddu Makubuya
MINISTER OF EDUCATION AND SPORTS

Acknowledgements

MOES wishes to acknowledge the contribution of the following people and organisations. They worked tirelessly to build the foundation for this book. Their input has been gratefully received and much appreciated.

ACET

Africa Youth Alliance

African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN)

AIDS Information Centre

AIM

Association of Women Religious in Uganda

Bahai Faith

Baptist Church

CHUSA/Church of Uganda

DISH II Project

Family Planning Association of Uganda

Gayaza High School

Growing Up and Sexual Maturation (GUSM)

Islamic Medical Association of Uganda

Kings College Budo

Kyambogo University

Mildmay Centre

Ministry of Defence

Ministry of Education and Sports

Ministry of Health

Ministry of Information

Ministry of Gender, Labour and Social Development

Ministry of Local Government

National Curriculum Development Centre

Olympic Aid

PEARL Project

PHA Forum

Population Secretariat

President's Office

Straight Talk Foundation

The AIDS Support Organisation (TASO)

Uganda AIDS Commission

Uganda Catholic Secretariat

Uganda Muslim Supreme Council

Uganda Orthodox Church

Uganda Young Positives

Uganda Youth Anti-AIDS Association

Uganda Youth Development Link

Uganda Muslim Education Association (UMEA)

UNFPA

Acronyms

AIC	-	AIDS Information Centre
AIDS	-	Acquired Immune Deficiency Syndrome
ANPPCAN	-	African Network for Protection and Prevention against Child Abuse and Neglect
FIDA	-	Federation of Women Lawyers
HIV	-	Human Immuno Deficiency Virus
IDPCs	-	Internally Displaced People's Camps
NGOs	-	Non-Governmental Organisations
OUA	-	Organisation of African Unity
PIASCY	-	Presidential Initiative on AIDS Strategy for Communication to Youth
PTA	-	Parent Teachers Association
STDs	-	Sexually Transmitted Diseases
STIs	-	Sexually Transmitted Infections
STF	-	Straight Talk Foundation
TASO	-	The Aids Support Organisation
TB	-	Tuberculosis
UAC	-	Uganda AIDS Commission
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
UNICEF	-	United Nations International Children's Education Fund
VCT	-	Voluntary Counselling and Testing
WHO	-	World Health Organisation

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Chapter 1

Helping pupils to choose to abstain

Objectives

- To explain the importance of PIASCY to teachers and pupils.
- To help teachers to realise that they can help pupils to abstain.
- To encourage teachers to help pupils who may have started sex to stop sex and abstain again.

1.0. Introduction to PIASCY

In early 2002, HE the President of Uganda, Yoweri Museveni, proposed a way to improve communication on HIV and AIDS to young people.

The President had concerns. Uganda has had great success in containing HIV. But this positive trend might reverse if children do not continue to receive enough and correct information.

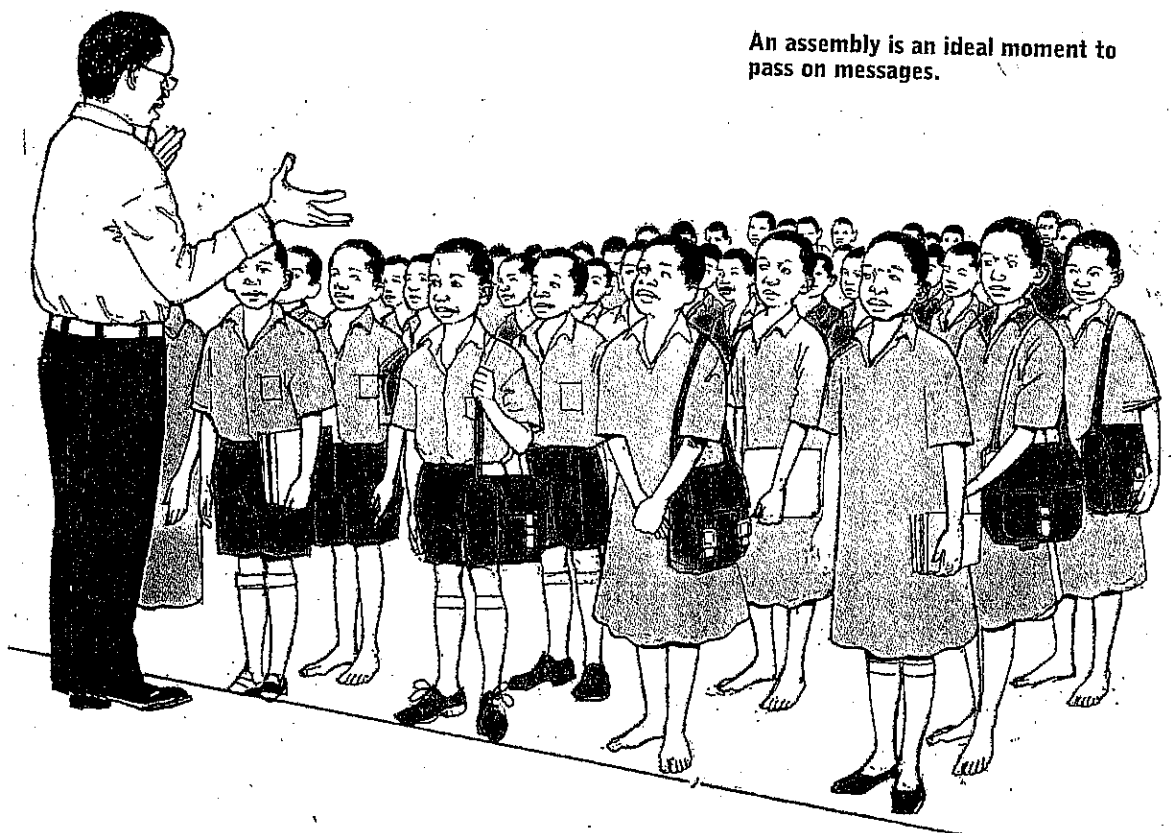
The President's vision was for headteachers to address school assemblies on HIV and AIDS every two weeks. Other teachers could then take the discussion into classrooms and clubs.

This strategy would take advantage of Universal Primary Education (UPE). Under UPE almost all children of primary age are in school.

The Uganda AIDS Commission responded to the President's call. UAC gathered together government line ministries, civil society organisations, the private sector and individuals working in HIV to forge a way forward in responding to the President's call.

The Ministry of Education also acted, spearheading a new HIV/AIDS strategy for youth with the Ministries of Health, Gender, Labour and Social Development, and Local Government.

The strategy was called **PIASCY**, which stands for the **Presidential Initiative on AIDS Strategy for Communication to Youth**.



An assembly is an ideal moment to pass on messages.

1.1. Books for schools

All partners agreed that PIASCY must provide new materials to intensify teaching of reproductive health and HIV/AIDS. Two new books were written for the first term of 2003 for pretesting in schools.

Reproductive health involves the physical, social and psychological well-being of a person in all matters related to the reproductive system

As a result of the pretest, the two books were reworked. There is now one PIASCY book for teachers of pupils in P3 and 4 and another for teachers of pupils in P5, 6 and 7. This book, *PIASCY: Helping pupils to stay safe P5-7* contains 26 key messages and activities for assemblies, clubs and classes. It is a resource book on reproductive health and HIV/AIDS and how to teach it.

1.2. Why PIASCY? Why now?

Uganda has 13,500 primary schools. The current enrolment is over 7 million pupils.

Question from boy, 14, P6

Many of these children do not have regular or correct information about HIV or

My father died when I was in P.1. I have a girl friend at school. She tells me to have sex with her but I want to continue with my studies. what can I do?

AIDS. Yet they are a captive audience, ready to absorb new facts and values.

Uganda has had more success in reducing HIV/AIDS than any other country. But by how much more could Uganda reduce HIV/AIDS if all pupils were well informed?

1.3. Why involve teachers in HIV/AIDS education?

Parents are the first and most important sex educators of children. The values, facts and life skills that parents do or do not give to their child have more bearing on the child staying safe from HIV than any other factor.

Teachers know their pupils well and can understand and answer their questions.

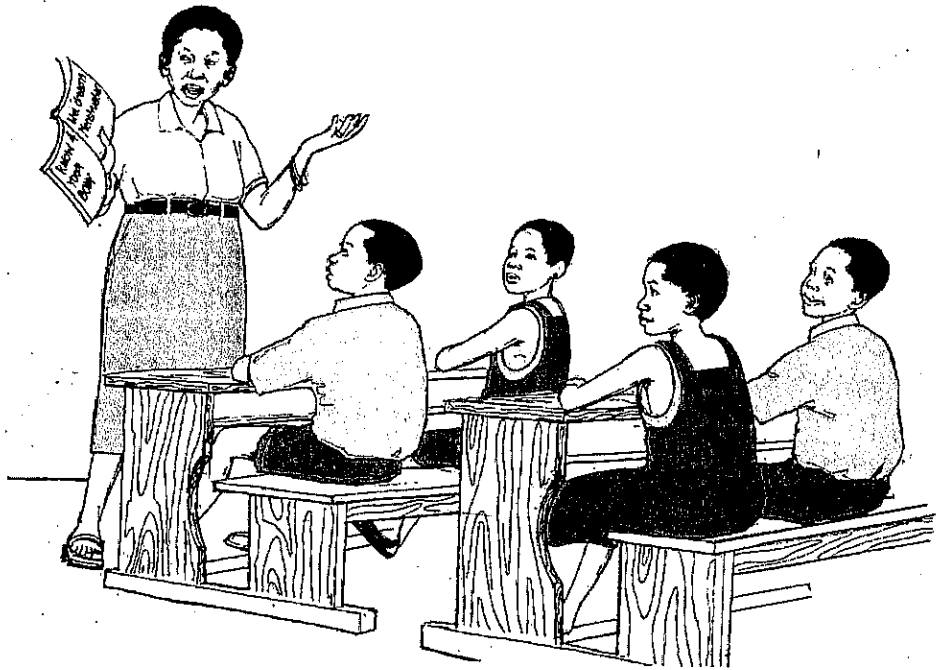
But parents are hard to reach, scattered in homesteads across Uganda. Also, most of them do not speak English and need materials in over 30 different languages.

In contrast, Uganda's 125,000 primary school teachers can all be reached through their schools, and they all speak English. But there are other reasons why teachers are vital.

- Teachers are the "parents" at school. They are ideally placed to help pupils to understand their growing bodies and changing emotions.
- Good teachers encourage children to *stay* in school.



Children who hear first about sex from teachers are less likely to start sex early than children who hear first from peers.



The longer children stay in school, the more likely they are to stay safe from HIV.

- Many pupils are orphans. Teachers may be the only adults who *ever* talk to them about sexuality and staying safe.

In essence, then, teachers are some of the best people to help pupils to abstain and encourage protective behaviour to reduce their risk of HIV/STIs and pregnancy when they do start sex.

1.4. What are the objectives of PIACSY?

PIACSY's first and second objectives are the key ones for teachers:

1. "to increase and sustain HIV/AIDS education for school-going children".
2. "to increase the capacity of parents and teachers to engage in constructive deliberations with young people on HIV/AIDS".

Both can be achieved. Indeed, many primary schools already teach about

Question from girl, 12, P7

I have never had sex
but my sister advises
me to play sex too.
So what can I do?

Question from girl, P7

If you are still a virgin until the age of 18,
is it true that you will never have a child?

HIV, use *Young Talk* and run anti-AIDS clubs.

Centre coordinating tutors, Primary Teachers Colleges and National Teachers Colleges are already training pre-service and in-service teachers on HIV and reproductive health. Now we need to make such work part of everyday life in primary schools.

1.5. Helping children to choose to delay sex

Very few children in Uganda have sex before the age of 14. By definition, most pupils are abstaining.

But this is not because they have decided to abstain. For many, it is simply because they have not yet had the chance or desire to have sex.

Our urgent task is to move these children from *passively* abstaining to *deliberately* abstaining.

1.6. Abstinence needs support

Abstaining from sex sounds easy. But in fact children need great support to abstain.

Much in the environment encourages early sex. This includes poverty and a strong and widely-held belief that abstinence is unhealthy.

Once children enter puberty and start being approached by others for sex, they need strength, knowledge and life skills to continue to abstain.

At this stage, abstinence becomes a very positive act. It is not just *not having sex*. Instead it involves actively:

- thinking about sex and how to stay safe
- expressing feelings about sex (saying no)
- rejecting myths about sex.

Some people believe that the best way to help children to abstain is to not

PIASCY objectives

1. To increase and sustain HIV/AIDS education for school-going children and youth.
2. To increase the capacity of parents, teachers, and health service providers to engage in constructive deliberations with young people on HIV/AIDS.
3. To increase public debate on HIV/AIDS to support youth HIV/AIDS prevention initiatives and positive living.
4. To identify, engage and increase the capacity of communities to assist young people to modify behaviour related to HIV/AIDS.
5. To engage law and policy instruments to support HIV/AIDS prevention and to promote positive living for youth.
6. To foster networking among youth service organizations (YSOs).
7. To train core personnel from different sectors on youth HIV/AIDS prevention.
8. To promote positive living among children and youth.
9. To improve the delivery of services to youth through the "youth friendly services" in collaboration with partners.
10. To mobilize resources for PIASCY.



Pupils can support one another in choosing to delay sex.

IS it true that if a boy doesn't play sex early his SPERM'S won't mature?

Question from boy, 12,
P6

start sex. It also fails to help the ones who are already active.

To abstain, children need to know that:

- there are no health risks related to abstinence.
- they *can* refuse sex.

Children who have already started sex need special help. They can abstain again.



1.7. What about pupils who have already started sex?

This is a real concern. The "delay sex" message comes too late for these children.

There may be many children like this, particularly in upper classes and schools where there are many over-age pupils.

A 1999 study by AMREF in Soroti found that about 42% of pupils in P7 had begun having sex. Other studies have found similar results.

As a teacher, you know that your teaching must be based on reality. These are children at risk who need help to abstain again or protect themselves if they continue.

Faced with such students, teachers need to avoid judging.

It might help if teachers think about when they started sex. Many may find that they also started in late primary.

Teachers also need to consider the circumstances under which these pupils might have started sex, including:

- defilement
- incest
- ignorance
- bullying
- teasing
- coercion
- poverty
- parental neglect
- the search for basic requirements
- peer influence.

Pupils who have had sex will stop listening if teachers speak harshly of non-virgins as "immoral" or "spoilt".

Some children are defiled by the adults who should protect them.



1.8. How to use this book

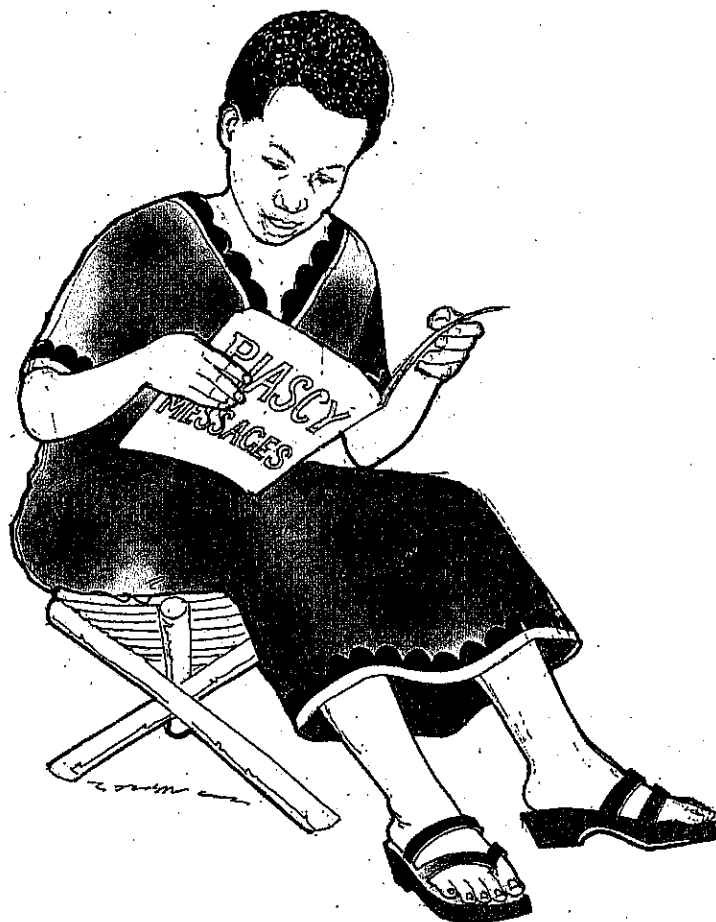
First take time and read Chapters 2, 3, 4 and 5.

- **Chapter 2** will give you moral, ethical and cultural background on HIV/AIDS and sexuality in Uganda.
- **Chapter 3** will help you as a teacher to feel comfortable about teaching reproductive health and HIV/AIDS.
- **Chapter 4** will give you facts about HIV and children in Uganda.
- **Chapter 5** will help you to understand how gender and children's rights affect children and the risks of getting HIV/AIDS.

As you read pay attention to the pupils' letters. Letters from girls are edged in pink and letters from boys in blue. These letters will give you a clear idea of the tough situations our pupils face.

Chapters 6 and 7 are rich in information on reproductive health. Chapter 6 looks at body changes such as menstruation, wet dreams and erections and relates them to helping pupils to abstain. Chapter 7 looks at STIs and HIV/AIDS.

These two chapters are a resource for you, both as a teacher and as a sexual person in your own right. Are you looking after your own reproductive health? This book can help you.



The information and guidance in this book will give you confidence to talk to your pupils about HIV/AIDS.

Finally, Chapters 8 and 9 look at life skills and guidance and counselling. An understanding of both is vital if teachers are to help pupils to stay safe.

In these final chapters, the book approaches each topic by asking: "What do pupils need to know so that they can choose to delay sex or stop?"

Throughout the chapters, there are activities for the classroom. Active learning is always the most effective.

Last but not least, at the end of the book are the 26 assembly messages. Each message has a main theme, backed up with supporting information.

Try to cover two to three messages per month at assemblies. Not all the messages need to be read by you, the teacher. Share the load. Ask pupils to read some messages.

You can then call for discussion from the assembled pupils. Other teachers can follow up the assembly topic in classes or clubs. Remember, you can give the messages in the order you find them or make your own order.

Happy reading and best wishes for the implementation of PIASCY!

Letter from boy, 13, P7

Young children, plan for your future first
and after your studies you will first have
HIV test with your partner.

Chapter 2

Ethics, morals and cultural values

Objectives

- To explain to teachers the development of moral values and faith.
- To help teachers to realise the importance of religious teachings about sexuality.
- To provide teachers with a list of moral values and ethical behaviours that they can pass on to pupils.
- To enable teachers to understand that cultural values affect sexual behaviour and the risk of HIV/AIDS.

2.0. Introduction

Ugandans, like all Africans, are religious and respect life. Almost every Ugandan recognises a Supreme Being as the creator. All our communities celebrate marriage as an institution which raises the next generation.

Traditionally, our communities gave sex education to young people. This prepared them for their adult roles as parents and promoted values that enabled young people to avoid sex before marriage. Some communities punished severely anyone who had sex before marriage. They rewarded virginity at marriage to make it a desirable virtue.

Most religious teachings in Uganda value life, family and sex. Sex is viewed as a gift that must be respected. They discourage sex outside marriage. In fact, religions consider sex outside marriage as dishonouring to God, the creator.

The objectives of this chapter are, therefore, to:

- Identify positive (protective) values and practices within culture and religion.
- Relate sexuality to moral values.
- Identify how to promote positive cultural and religious values.
- Explain how cultural and religious values can reduce HIV/AIDS in adolescents.

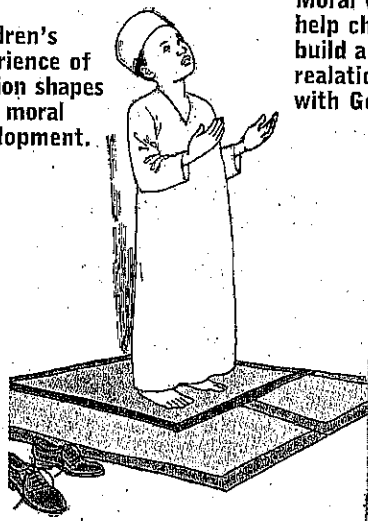
2.1. Moral development

When explaining moral issues to children, you need to consider their development. What is their moral sense and concept of faith? Young adolescents appreciate moral obligations. Still, you need to keep the information simple.

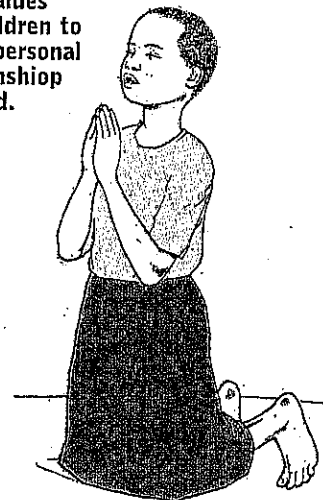
Between the ages of 12 and 14, young adolescents:

- Make moral decisions based on external demands; the family, peer group, school, society, and organizations they belong to (such as the Church) all influence them.
- Respect others and use them as reference points in their reasoning about the rightness and wrongness of personal acts. Loyalty and conformity to

Children's experience of religion shapes their moral development.



Moral values help children to build a personal relationship with God.



groups are of the greatest importance. Personal acceptance and approval by others are crucial to self-esteem.

2.2. Faith development

Between 12 and 14, children are establishing a firm set of beliefs, attitudes and values, drawn from their community.

- They long to belong to and join in the life of their

community and to make their own positive contribution to it.

- They are still dependent upon an outside source – usually the community – for the content and shape of their faith; they do not have a sure enough grasp of their own identity to have an independent perspective.
- They begin to develop a personal faith. They recompose their image of God, developing a personal relationship with God. God becomes a personal God, who knows, accepts and confirms them deeply.

2.3. Ethics and ethical values

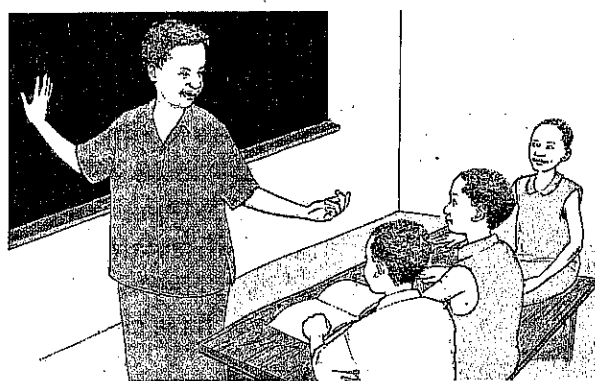
Ethics is the standard for measuring what is right or wrong in a person's behaviour. It is the measurement used to evaluate social norms such as the customs and laws which govern people.

Ethical values are the written and unwritten guidelines treasured by tradition, family, clan or a group of people. These values change over time as the circumstances of the group change.

2.4. Ethics of the teaching profession

The teacher's authority is derived from parents, government or religious organizations. A good teacher recognises that:

- He or she is a role model who teaches by personal example: teachers must practise what they teach.
- A teacher assists learners to grow morally and spiritually.
- Teachers must have the knowledge and skills needed for their work. They should therefore be equipped with information on HIV/AIDS and sexuality.



Teachers are role models as well as instructors.

2.5. Relations between teachers, learners and fellow teachers

All teachers have a responsibility towards their learners, both in and out of school. This involves more than simply helping them to pass exams. Just as important is how they guide each learner to develop in body, mind, soul, character and personality. The following points are adapted from the *Teachers' Code of Conduct*.

- A teacher must be interested in the job, especially in the learners entrusted to him or her.
- A teacher wins the confidence of the learners through kindness, friendliness, and firmness.
- A teacher should correct learners' mistakes with respect and dignity.
- A teacher should respect the teacher-learner relationship. Teachers are in a position of authority and they must not use it to exploit the learners, for example, through mistreatment, sexual harassment or physical and verbal abuse.

- A teacher should respect the confidential nature of information concerning each learner. Information should only be given to a person directly concerned with the learner's welfare, e.g. head teacher, parent or guardian.

2.6. Sexuality

Sexuality is a wide topic, and the teacher will need to simplify it for the pupils. Here are some guidelines.

In the beginning, the Creator made male and female human beings. It was intended that these two sexes would live together in harmony, using their unique differences as a way of respecting and complementing each other.

One definition of sexuality is 'being male or female'. But it can also be defined in terms of reproduction. In reproduction, we include everything related to sex, from the impulse to continue one's family line, to the social expectations and upbringing of a boy or a girl child.

Sexuality is a lifetime experience through which people develop attitudes, beliefs and values about who they are, what they think other people are and how other people think of them.

As male and female, human beings grow and complement each other through the choices they make, including whether and when to have sex, when and whether to have children, and how to bring up the children they have.

2.7. Religious teachings

Religions value human sexuality but also teach that sexual expression must be controlled by certain rules. Properly controlled human sexual activity and reproduction are seen as God's plan for creation. The institution of marriage was given to us to make it easier to follow this plan correctly.

Sexual expression in marriage brings many benefits:

- It is a way of fulfilling God's plan for continuing the human race.
- It is an expression of love between the partners in the marriage.
- The intimate sharing of love brings husband and wife emotionally closer together.
- It strengthens the bond of faithfulness between husband and wife and so provides a model for children to follow.
- It avoids the sin of sexual immorality.
- It protects society from sexual disease
- It provides a way of admiring God's goodness and praising Him for His gift of love and the special blessing of sexuality.

Sex outside marriage is sinful and forbidden by God. The Holy Books teach and stress that people should abstain from sex outside marriage and express their sexuality in marriage.

2.8. Morals, morality and moral values

Morals are the standards of behaviour expected of a person by their religious or cultural traditions.

People learn about what is acceptable and what is not from information they hear over and over again and by observing other people's moral behaviour. Each person then develops the attitudes, beliefs and values which govern her/his own behaviour and actions.

Morality refers to a person's convictions about a given standard of behaviour. It is the basis on which a community develops rules that determine what is right and wrong.

Moral values are those standards of behaviour that are held by a community to be beneficial both to individuals and to the community.

2.9. Why are moral values important to young adolescents?

Young adolescents are at a critical stage of their lives, when they begin to depend more and more on their peers for information and less on their parents/caregivers. If they do not learn moral values from observing their parents/caregivers, they have nothing to share with their peers. Instead, they will pick whatever they find in the experiences of their various peer groups.

Moral values provide a set of guidelines for younger adolescents to follow. When children have clear guidelines, they feel more confident because they can take responsibility for the outcomes of every decision they make. Moral values help them to:

- Develop a personal relationship with God.
- Acquire positive attitudes that help them to make good life choices. They can help a child to avoid risky and anti-social behaviour like having sex before marriage, cheating in exams, telling lies, etc.
- Form a standard for making sensible decisions concerning what is right or wrong in different situations.
- Avoid HIV infection by making wise decisions.
- Build self respect by:
 - behaving in ways that do not hurt their own health or the health of others.
 - loving their body and so avoiding anything that may harm it.
- Finding inner peace because they have guidelines to refer to.

2.10. Why children go wrong

Adolescence can be a time of moral confusion as the young people try to develop the values and standards by which to live. If they do not have support from responsible adults, and especially if their parents are unsuitable role models, they may see nothing wrong with immoral behaviour.

Situations where adolescents are at risk from poor parenting include:

- If their family is divided, with constant anger, violence and emotional misunderstandings among its members (a dysfunctional family).
- If a parent has left home following separation or divorce (a broken home).
- If a parent has more than one sexual partner.



Without support from responsible adults, adolescents may become confused about morality.

- If they live in bad housing conditions, where they share a limited space with their parents.
- If their parents neglect their role of bringing up their children, leaving this task mainly to maids who may be ignorant or too young themselves to know what care is needed.
- If their parents do not listen to their children's problems and so do not give guidance or counselling.

2.11. Media influence

The media has a big influence on the behaviour of adolescents and their perception of what is right or wrong. Young adolescents love to listen to music or read novels, magazines and newspapers. In urban areas, they may have access to pornography on the internet. Parents may watch videos at home that are unsuitable for children.

Media plays a positive role in giving correct facts on HIV and

staying safe. But much of what appears in the media may conflict with the community's traditional values.

2.12. Situations that lead to risky sex

Even if a young adolescent is aware of what is morally right and wrong, some situations and environments put them in danger of early sexual activity – and so in danger of HIV/AIDS.

Such situations include:

- Hostels, which do not provide guidance and counselling.
- Poor housing, especially overcrowding, e.g. in slums and refugee camps.
- Cults which involve nakedness or sexual acts as part of worship.
- Boys and girls moving in lonely or abandoned places.
- Leisure, which is not properly planned, so that the adolescent is bored.
- Sexual exploitation by adults.
- Sexual harassment and abuse of pupils by their teachers, school health workers and non-teaching staff.
- Poverty: having sex in exchange for basic needs, for example where a child orphaned by AIDS may be heading a home.
- Approaches by "Sugar Daddies and Sugar Mummies" who lure children into sex by pretending to be caring adults or who give them money.

Drinking alcohol can lead to risky sexual behaviour.



- Early marriage: parents/caregivers who take their children out of school to force them into marriage.

2.13. Morally unacceptable sexual behaviour for young adolescents

Any sexual action which violates religious or cultural moral standards is considered immoral. These include:

- Sex before marriage (fornication).
- Forcing a girl or a woman of any age to have sex against their will (rape).

- Having sex with children below the age of 18 with or without their consent (defilement, indecent assault).
- Sexual activity between people of the same sex (homosexuality and lesbianism).
- Showing off the body in an indecent way; images of nudity and sexual activity (pornography).
- Sex for money or gifts or other material gain (prostitution/commercial sex).
- Sex with a member of the family/relative (incest).

2.14. Moral values that promote life

Good moral values help to protect young adolescents from HIV. Here are examples to give to the learners:

- *Humility*: Knowing and accepting who you are and what you can and cannot do. This helps you to be satisfied with what you have without feeling jealous of others.
- *Love*: The joy of being alive and extending care and respect for other peoples' well-being.
- *Hospitality*: Being friendly and making others feel at home. (Remember, kindness does not mean giving your body to people who want to misuse it.)
- *Patience*: Learning to live with yourself and others without conflict even when you do not agree with them.
- *Tolerance*: Accepting the differences between people, cultures, religions and political groups. Tolerance grows when you listen and communicate with others.
- *Self-control*: Disciplining yourself not to act according to every desire or attraction you feel: not losing your temper when you are upset.
- *Chastity*: Respecting your body so much that you delay sex until you are an adult ready to marry. After marriage, you remain faithful to your partner all your life.
- *Purity*: Having thoughts which lead to only good actions or intentions.
- *Faithfulness*: Being trustworthy and sincere; doing what you say you will do and supporting your good friends and family.
- *Honesty*: Telling the truth, being open; being true to yourself and others.
- *Justice*: Being fair, responsible for your actions and respecting other people's rights.
- *Peace-loving*: Living in harmony with yourself and others.
- *Compassion*: Feeling sympathy for others when they are having a difficult time; caring and helping them to overcome their problems.



Compassion and sympathy for others are important moral values.

2.15. Activity 1: Understanding positive moral values

Teacher's instructions

Prepare small cards in advance. On each, write one moral value on one side and its meaning on the other, e.g: I live in harmony with myself and others/ Peace-loving.

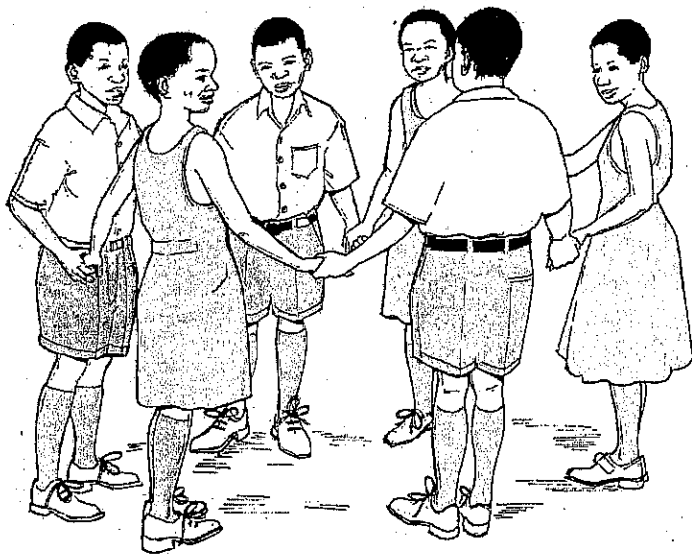
- Put the prepared cards in a container.
- Find a big space, preferably outside the classroom.
- Form a circle with your pupils and place the envelope or container in the centre.
- Ask volunteers to come and pick one card each from the container.
- The volunteers should then go to stand outside the circle.
- Divide the circle into two half circles, one facing the other.
- Let equal numbers of volunteers with cards stand behind each half circle.
- Ask a volunteer from one half circle to step into the centre and read the description on the back of the card.
- Ask members from the other half circle to guess which value she/he is describing.

Example

Volunteer: I love and live in harmony with others and myself. What am I?

Answer: Peace-loving.

Form a circle to begin the activity.



- If the group gets the answer right, they score two marks. If they fail, the volunteer will give the correct answer and her/his group will earn one mark.
- Record the score after each card is answered.
- When all the cards have been used, read out the total score and declare the winning side.

Follow-up activity

Ask pupils to write a short letter to a friend in another school telling them about the game on moral values.

They should tell their friend the moral value they liked best and why.

2.16. Culture and cultural values

Culture is the way of life of people in a given time and place.

Culture involves the way people live in their social settings: their language, their traditional activities and sacred objects, the way they dress, build houses, eat, the utensils they use every day, how they carry out their economic and social activities and how they meet their physical needs.

Culture develops and changes over time, depending on people's experiences.

2.17. Why culture is important

Culture is important for social relations and human development.

Language is a very important aspect of culture. It is through language that music, dance and drama are created and performed. They express the spiritual needs of the people, which differ from culture to culture.



A positive cultural practice is to sit around a fire and discuss family and community issues.

Eating and drinking in any social setting develops and preserves good relationships between people. Sharing a particular type of food and drink is a symbol of unity and of a shared understanding of the past.

Traditional activities such as initiation ceremonies are a means of passing on cultural values to the next generation, as well as welcoming the individual as a full member of the community, with a new part to play.

Examples of initiation ceremonies include accepting a child into a clan through naming; installing an heir at the last funeral rites; and ushering a young person into adulthood through male circumcision.

2.18. Beliefs and customs

Cultural beliefs and customs are important to every group but they can have either positive or negative effects. Some customary beliefs about marriage protect life and the family. Others bring danger and increase the danger of spreading HIV infection.

2.19. Cultural practices that increase the risk of HIV infection

There are several beliefs and customs that increase the risk of HIV infection in our communities. They include:

1. Practices that involve:

- Wife sharing.
- A man having sex with his daughter-in-law as a cultural right.
- Passing wives and sisters to a relative after loss of their husbands.
- Rape by the expected husband before marriage.
- Sleeping with virgin girls after circumcision.
- Blood covenant, where blood is mixed between bodies (*okutta omukago*).
- Relationships with more than one sexual partner.
- Making discussion of sex issues a taboo.
- Male circumcision and female genital mutilation, using shared and unsterilised instruments.
- Parents/relatives having sex with their children (incest).
- Skin piercing e.g. teeth removal, tattooing, nose piercing.
- Shaving off hair during funeral rites using unsterilised instruments.



Sharing razor blades is risky.

- Traditional healers convincing their clients that having sex with them will solve their problem.
- Adults in powerful positions harassing their subordinates; for example, head teacher to teacher, teacher to child, manager to employee, and schoolfees-sponsor to pupil whose fees are being paid.

4. Health-related practices such as:

- Cutting the body to put in traditional herbs.
- Untrained people helping mothers during birth.

2.20. Cultural practices that reduce the risk of HIV infection



A mother listens to her daughter. Parent-child talk is a positive practice in all cultures.

Not all cultural practices are bad or harmful. There are some which even reduce the risk of HIV infection. These include:

- Keeping oneself a virgin. Virginitly means not having sexual intercourse.
- Sex education. This is traditionally given to girls by paternal aunts (*Ssengas*), and to boys by parents, uncles and grandparents.
- Sex education through entertainment, such as riddles, proverbs and storytelling.
- Counselling of people preparing to get married by elders, aunts, uncles and cultural religious leaders.
- Sexual faithfulness in marriage.
- Use of soft words for sexual parts and activity so as not to embarrass others.

2.21. Activity 1: Good and bad cultural practices

Teacher's instructions

Before the activity, find out how many pupils come from different regions. Obtain a map of Uganda showing regions and tribes. If only one or two regions are represented, try to find cultural information about others for the pupils to use.

- Divide the class into four groups representing Eastern, Western, Central and Northern parts of Uganda.
- Ask each group to identify and list the different tribes in their region.
- Ask each group to discuss how one of the tribes in their region:
 1. greets a friend they have not seen for some time.
 2. mourns a loved one who has died.
 3. wears a traditional dress for an important occasion.
 4. shares a meal in the family.
- Help groups with pictures and information if this is needed.
- Explain that each group will prepare a short role play to show each of the four aspects of culture in their tribe.
- Explain that each pupil in the group should play a role. For example, if one presents the greeting, another should present the mourning, etc. If the groups are large, several pupils can present each role.
- The groups will perform their role plays to the whole class.
- After the presentations, summarise by emphasizing that no tribe is greater than others; all tribes are good and important.

Note: This activity can be done over a period of two days to allow children to acquire different costumes for their presentation, and to discuss more with their families.

Follow-up activities

- Encourage the pupils to learn and practise greetings of different cultures.
- Ask the children to learn and recite the words of greeting from at least four different tribes
- With the pupils, select a different cultural greeting to use in the class every morning.
- Ask a pupil to write the selected greeting on the blackboard and to announce it as the greeting of the day.
- Each pupil should practise using the greeting with at least four others.

2.22. Activity 2: Identifying bad cultural practices

Objectives

- To identify cultural practices that may promote the spread of HIV.
- To help pupils find ways of avoiding harmful cultural practices.

Teacher's instructions

- With the pupils, make a list of cultural values and practices that may lead to the spread of HIV.
- With the pupils, fill in the table below to identify tribes in Uganda that are associated with such cultural practices.

2.23. Activity 3: Using songs and dances to show the dangers of cultural practices

Teacher's instructions

- Ask the pupils to get into the groups they belonged to in Activity 1.
- Ask each group to choose a cultural practice from the list and compose a song and dance that shows how it can be dangerous.

Cultural value and practice	Tribe in Uganda
<ol style="list-style-type: none"> 1. Male circumcision, using a shared knife 2. Female genital mutilation 3. Early marriages 4. Wife sharing 5. Widow inheritance and wife substitution 6. Widower taking over the younger sister of his late wife 7. Skin piercing e.g. tattooing 8. Teeth removal, ear and nose piercing 9. Marriage initiation ceremonies e.g. (father-in-law having sexual intercourse with the daughter-in-law) 10. Polygamous marriages 11. Razor blade sharing during shaving of hair e.g. in funeral rites 12. Traditional healers who administer fertility herbs through having sex with their clients 	

- Ask them to do this activity during their own free time.
- Each group will then present their song and dance to the entire school at assembly. Liaise with the head teacher and colleagues on this.
- Ask each group to prepare questions to ask others at the assembly. The

Organise a performance of traditional dances at an assembly.



questions should lead to a discussion on how to avoid the dangers shown in the dance.

- You should organise the performance at assembly, ushering in each group to perform, introducing the pupils who will ask the questions and leading the discussion.

Follow-up activity

Plan a cultural day with the pupils either for the whole school or the class. Invitations can be extended to other classes, parents/caregivers and other community members.

2.24. Activity 4: A cultural tour

Teacher's instructions

- Identify areas of cultural interest in the community.
- Make a pre-visit to your chosen place – ask permission of the site manager or owner; familiarise yourself with the area.
- Organise the necessary resources: transport, writing materials, food, water. Make sure pupils with disability are able to join in.
- Prepare the pupils for the visit by discussing the things they may see and the questions they may ask people they find there.
- Conduct the tour.
- After returning, discuss with the pupils what they have seen.

Follow-up activities

- Ask the pupils to draw pictures and maps of the place they visited.
- Ask each one to draw what interested them most about the visit.
- They should label and put a title on their work.
- Display the pupils' work.



During the journey, ask the pupils to discuss what they will see.

Chapter 3

Teaching reproductive health and HIV

Objectives

- To help the teacher to pass information about sexuality, abstinence and the risks of HIV/AIDS to the pupils.
- To address worries that teachers and parents may have about teaching sexuality in schools.
- To give advice to pupils about staying safe after primary school.

The importance of sex education

The World Health Organisation studied 35 sex education programmes around the world. It found "no evidence of sex education leading to earlier or increased sexual activity".



Teachers can answer pupils' questions openly and honestly.

3.0. Teachers are already at the forefront

Teachers have been at the forefront of HIV and AIDS education in Uganda for many years.

So for many teachers, PIASCY will be the greenlight that they have been waiting for to consolidate reproductive health and HIV education in their schools.

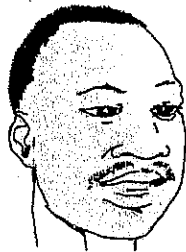
But for other teachers, it may come as a shock that they are now being asked to regularly address these topics.

Any reservations that teachers may have are understandable. Fortunately, there are reassuring answers to them all.

Here are some of the most common concerns.

3.1. Not an expert

"I feel unprepared and worried that pupils will ask questions to which I do not have the answer."



Pupils respect information from a teacher.

Teachers, take heart. You are not expected to be "sex experts".

As with any topic, you need only to know where to get more information. Uganda is rich in resources on reproductive health and HIV. Teachers can:

- use this book to learn more
- use *Young Talk* to supplement teaching
- ask a health worker to visit the school. They can be from a government health centre, AIDS Information Centre, HIV/AIDS service organisation, Family Planning Association, Marie Stopes, or any other reputable group.

Question from girl, 13, P6

Can a girl of 10 become pregnant?
And if a girl is 12 or 13 and she has sex with a boy older than her, can she get pregnant?

Also, remember that you do not have to give technical answers. Simple and

positive messages are best.

3.2. Embarrassed

"I am worried that I might be embarrassed by the questions pupils ask."

Indeed, it is certain that at some time a pupil *will* ask an "embarrassing" question, possibly on purpose.

But teachers are used to being "tested". Teachers know how to handle such questions.

When faced with such a question, it can help to keep in mind that:

- sexuality is a natural part of life
- talking about sexuality can prevent HIV/STIs and early pregnancy

Pupils will soon settle down and stop trying to embarrass you.

3.3. Worried about colleagues

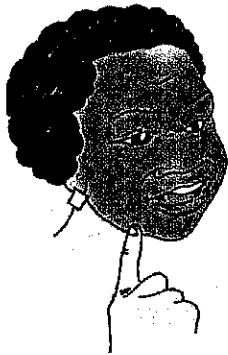
"I welcome the chance to address HIV/AIDS but I am worried that my colleagues will misunderstand me if I talk about sex."



Do not get angry when a pupil asks an embarrassing question.

Some teachers may criticize you. Stay calm and remember that:

- you are following government policy.
- you cannot teach about HIV without talking about sex.
- you are changing the lives of children.
- many teachers who criticize will soon be supportive.
- you are promoting positive living.



3.4. Anxious about HIV/AIDS status

"I am anxious about my own HIV/AIDS status and feel upset that I have to teach about HIV."

Teachers are human too. It is natural if talking about HIV/AIDS makes you anxious about your own health.

Uganda has many voluntary counselling and testing sites. Even if you are not teaching reproductive health, it is a good idea for all teachers and their partners to visit a health worker for:

Visit a counselling and testing centre if you are anxious about your health.

- HIV testing
- STI checkup and treatment
- family planning
- prevention of mother-to-child transmission of HIV/AIDS
- counselling
- treatment, care and support.

The majority of teachers do not have HIV.

The majority of teachers are HIV negative. There is a good chance that you will test negative too. In this case, testing will greatly relieve your mind.

For teachers who find out or know already that they have HIV, the situation is harder. But positive living can help people to live for 10 years or longer without any signs or symptoms and then live for many years after that.

To teachers who are already unwell from HIV/AIDS, schools need to show sensitivity, care and support.

Some teachers might prefer not to be asked to handle certain topics.

But there may be others who have had counselling and are more accepting of their status. They might feel especially well-equipped to teach reproductive health and HIV.



3.5. Overloaded day

"Where will I find time to talk about reproductive health and HIV/AIDS? The day is already too crowded."

The school day is heavy with required subjects. But there is still time. Besides assemblies, "teachable moments" include:

- music, dance and drama
- science, writers and health clubs

HIV/AIDS and reproductive health come up in Social Studies and Integrated Science. Science covers human body, health, population and family life.

Religious education covers adolescent growth, "relationships between myself and others", and "how to behave responsibly as a youth".



If the timetable is crowded, use activities outside the curriculum to talk about reproductive health.

3.6. Angry parents

“What if parents get angry if I teach reproductive health and HIV/AIDS?”



Reassure parents that you are not teaching their children how to have sex.

It is true that some parents might not want adolescent reproductive health to be taught in schools. Usually they fear it might cause children to start sex.

As a teacher you can reassure parents that reproductive health and HIV/AIDS education :

- *does not* teach children how to have sex.
- *does not* cause children to *start* sex.

Once parents know this, most will become supporters of reproductive health education.

Local council officials and respected groups like the AIDS Information Centre can also help you to reassure parents.

3.7. Why talk about sex?

“Can’t I just talk about HIV/AIDS? Do I have to talk about sex too?”

You cannot explain HIV/AIDS without talking about reproductive health.

HIV is a virus. AIDS is a state of reduced immunity in which a person often falls sick. It can never be enough to just talk about germs and sickness.

What you as a teacher want to talk about is *health* and preventing and managing HIV/AIDS.

Talking about this broader picture will not be difficult once you start.

3.8. The value of abstinence

Delaying sex – also called abstaining – is 100% protective against sexual transmission of HIV.



Explain the true facts about abstinence.

To abstain, children must know that abstinence is safe. At present, this is not clear to many children or even adults. Many children believe that their bodies need sex to develop. They think sex will make them smart.

Pupils also think that delayed sex can cause many problems such as:

- future infertility or impotence
- future painful childbirth

- a hardened hymen and blocked vagina
- a withered small penis
- under-developed buttocks and small breasts.

All of these are false. Abstinence can never damage or stunt the body. Such wrong beliefs are dangerous. They push many children to start sex.

As a teacher, you need to continually correct these wrong beliefs. Teach pupils the truth: the body does not need sex to grow.

You can honestly promise children that they will grow *better* without sex.

They will not get HIV/STIs or an early pregnancy.

3.9. Delay sex until when?

It is easy to tell pupils to "abstain" or delay sex.

But pupils will ask:
"Until when?"

Question from girl, 13, P6

SOME body told me that if girl does not
have sex her vagina will close. Is it true

As a teacher you might be tempted to say:

"Until marriage". But this will not satisfy the pupils. They have seen married people with HIV.

It is healthy for pupils to aim to delay sex until marriage. However, marriage in itself does not protect against HIV.

What about early marriage at age 13, 14, or 15?

Many girls are struggling with parents who want them to marry after P7.

What about marriage to a man, boy or a girl who has had previous relationships and may have HIV?

What about marriage in which the girl becomes a second or third wife? One third of 15 to 19 year old girls who are married have a co-wife or co-wives.

None of these marriages is safe. For a marriage to be safe:

- the girl and boy have to be at least 18
- both partners have tested for HIV and know about each other's status.
- both partners are faithful to each other
- there should be no other partners.

Thus, when a pupil asks "delay until when?", a better answer might be:

Pupils will ask many questions about delaying sex.



Letter from girl, 13, P7

My Parents

Want me to get married yet I am just 13 and still studying. I do not want to marry before 18. I would like to marry only later when I have a job.

"Wait until you are at least 18, and you believe you have found your marriage partner, and you have both tested for HIV and know about each other's HIV status."

Some pupils might tell you that the right time for sex is when:

- they have finished studying
- they are able to support a child
- their parents accept their partner.

These are good ideas. You can also encourage talk on: "What is marriage?"

Encourage the idea that marriage is a loving relationship where both the husband and wife are faithful.

A faithful marriage between non-infected partners gives excellent protection against HIV.

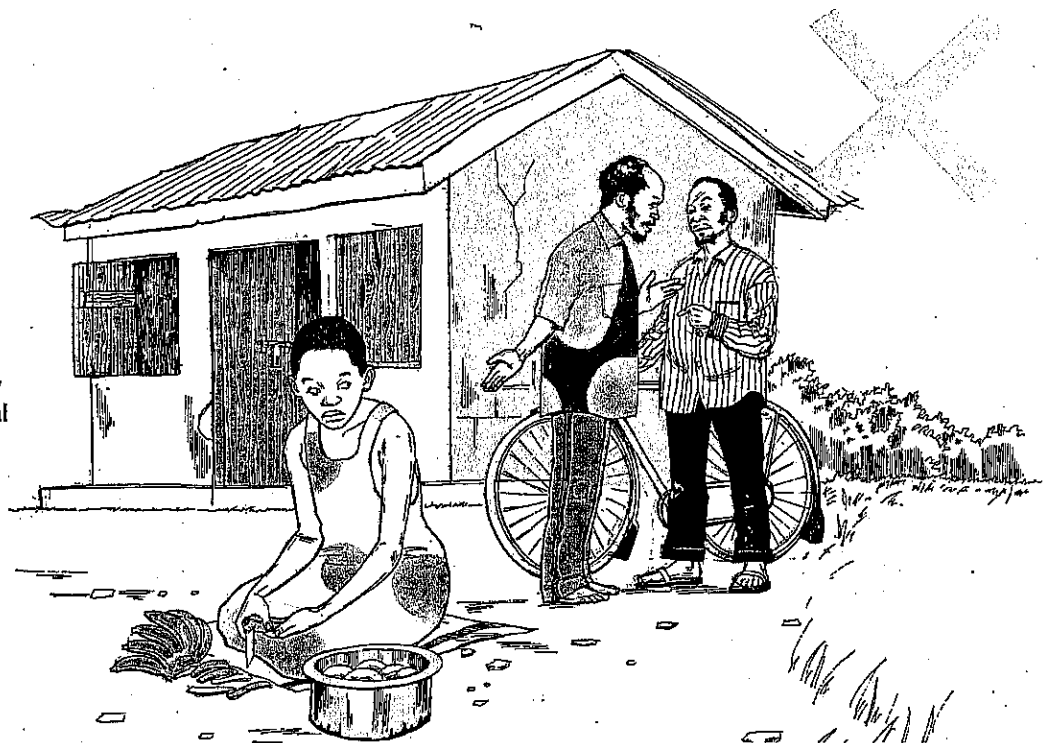
The pupil may not have seen this in his or her parents' marriage. But it is a positive social ideal.

3.10. Will pupils delay sex?

Yes, they will delay or abstain. Uganda adolescents are already having first sex two years later than they did a decade ago.

Today half of girls have had sex by age 16.7 and half of boys by 18.8.

Early marriage, below the age of 18, is illegal in Uganda.



Pupils need to have a protection plan to follow when they leave school.



Since that is the average, some adolescents start earlier or later.

But can all pupils delay until at least 18? No. But this is not a failure on your part. It depends upon the environment of the child.

As a teacher you can take heart. For every extra year you help them to abstain, their life chances get better.

Susan lives in Kumi. Her three sisters dropped out of school after P4, married at 14 and had babies by 15.

Susan started hearing the "delay sex" message at age 12 in P3.

She managed to complete P7 at age 16. She formed her first relationship at age 17.5 and has her first child at 18.5.

Susan did not abstain until 18. But she is a success story given her background. She abstained three years longer than her sisters.

With the life skills and facts she learnt in P5-7, she is better placed than a girl who left after P4. She may be able to negotiate for an HIV-tested and faithful marriage or a marriage protected by HIV testing and condom use.

3.11. Staying safe after primary school: protection plans

Only about 30% of girls and 40% of boys will go to secondary school. In some districts just 20% of P7 pupils go to secondary school.

So the majority of pupils do not study after primary school.

What pupils hear in P5-7 is what most of them will take with them back into the community for the rest of their lives.

These pupils need to have a protection plan to reduce their risks when they become sexually active. They need to be well disposed towards:

- being faithful to one sexual partner who has tested for HIV
- testing for HIV themselves
- using condoms
- family planning
- talking about protection with their partner
- living positively: getting treatment, care and support.

We do not want children to be well informed about abstaining but not know what to do when they are older and must cope with sex. PIASCY needs to equip pupils to stay safe now and later in life.



Encourage pupils to have plans and hopes for the future.

3.12. Accepting sexual feelings

To prepare for PIASCY, tutors from PTCs and coordinating centres met for a week.

They noted that pupils need to know that although sex can be dangerous, it can also be good. It can:

- express love
- bring wanted and loved children
- be enjoyable.

Education on reproductive health helps pupils to:

- recognise and accept their sexual feelings.
- know that these feelings do not mean that they need sex.
- accept that they are experiencing sexual feelings but continue to abstain.

3.13. Addressing condoms

Teaching about condom issues has been in the primary school curriculum since the late 1980s. They are in the P7 science texts. Almost every child in P5-7 knows what a condom is.

Pupils will definitely ask you about condoms, and there is no reason to

Letter from boy, 13, P7

Young children, plan for your future first
and after your studies you will first have
HIV test with your partner.

Pupils need to know about condoms but should not think they are ready for sex.



avoid talking about them.

- Used consistently and correctly, condoms protect against HIV/STIs and pregnancy.
- Condoms have helped to reduce HIV in Uganda.
- Condoms are government policy.

Pupils need these messages. But they also need to know that condoms are not appropriate for them at this age. As a teacher, you need to be very reassuring that condoms do indeed work. But you also need to be very clear that delaying sex is best for pupils.

Be assured that talking about condoms will not make pupils start sex.

If you feel uncomfortable talking about condoms, you can ask another teacher to cover those messages. You could also ask a health worker to talk to your pupils.

What happens when one uses a condom for more than one round?

Question from boy, P7

3.14. What about pupils who are sexually active?

Unfortunately, in every school, some children will have had some sexual contact. How to handle this depends on the age and sex of the child and the situation involved. Situations may include the following:

- A girl, 8, is being fondled by an older cousin.
- A boy, 9, is being forced to touch the private parts of the housegirl.

Letter from boy, 16, P7

I have a girl friend who is not school whenever we have sex I fear to have an unprotected sex as it may lead me to be affected with HIV/AIDS So, I make sure that I use condoms until I get married.

- A girl, 12, is being defiled by her step-father.
- A girl, 14, is having frequent sex for gifts.
- A girl, 15, is having sex with a classmate, 16, who she hopes to marry.
- A boy, 16, is having sex for pleasure with a girl, 19.

Roughly these children fall into two groups:

- Children being sexually abused.
- Children having sex to get something or because they want to have sex.

3.15. Children who are sexually abused

If teachers come to know that a child is being defiled or abused, then the school *must* act, possibly by informing the LCs, parents/guardian, probation officer or other authorities. This is a dramatic and complex situation.

As a teacher, you can help to prevent sexual abuse from ever starting by teaching pupils that they have a right to reject bad touches.

You can also equip pupils with life skills such as assertiveness.

Letter from girl in upper primary

There is a boy who forces me to have sex in the banana plantation I always tend to refuse I have not told my parents because I fear that they will beat me

3.16. Pupils who choose to have sex

For pupils who seem to be having sex to experiment, to maintain a relationship, for fun or for gifts, your approach will be different.



These children need to stop sex and resume abstaining. They are often teased by their peers that they are now "spoilt" - so why bother stopping?

They need support.

As a teacher, you can offer this support publicly. Say repeatedly that if a pupil has ever had sex, he or she can still stop. It is not too late.

You can also offer support privately to a child through guidance and counselling.

Always report suspected cases of child abuse.

But will such children stop having sex? In its project in Soroti, AMREF found that pupils who were willingly sexually active did not usually stop.

If a child will not stop having sex, they are putting themselves at great risk. Someone needs to support them to take correct decisions.

If you feel unable to do this, ask a friendly health worker to talk to the child. You could invite the health worker to the school.

Children who seem to be willingly having sex for gifts need counselling. Is the child really willing, or is he or she being coerced?

Guidance and counselling becomes harder when the child is very poor and is having sex for basic needs like knickers. But no matter how poor the child is, having sex for things is an extremely dangerous survival strategy. This child needs help to explore safe and appropriate means of meeting their needs.



Health workers can give good advice about the dangers of early sexual activity.

Do not try to handle the problems of sexually active children by yourself. Two heads are better than one. Protecting these children is hard. Involve the senior woman and man teacher or others. Senior women and men teachers have had special training in guidance and counselling.

3.17. Handling girls

Girls are socially very vulnerable and suffer immensely and disproportionately from the consequences of sex.

- They are two to three times more likely to be infected with HIV than boys.
- They are 30 times more likely to have to leave school because of pregnancy than boys.

As a teacher, you can literally save the lives of girls and young women. Merely by retaining girls in school, you help to fight HIV.

The longer the girls stay in school, the longer they are likely to delay sex and childbearing.

Of girls aged 15 to 19:

- who have never been to school, 59% have begun childbearing.
- who have primary education, 33% have begun childbearing.

But of those who have some secondary education, just 16.7% have begun childbearing.

Similarly, the longer girls stay in school, the more able they are to protect themselves from HIV/AIDS. Educated girls have much lower infection rates than girls with little schooling or girls who have dropped out of school.

Does your school have a plan to retain girls through P7? Is your school girl-friendly?

As a teacher, you can welcome PIASCY in your school. Good education on reproductive health and life skills will help girls to delay sex.



Girls need extra support and are more vulnerable than boys to the consequences of sex.

3.18. Handling boys

The reproductive health of boys is very neglected. They are assumed not to have problems.

They are often just seen as predators on girls. In fact, our boys have a bad time. They are confused and do not know why their penises become erect or discharge semen.

They want to stay safe. But girls tease them if they refuse sex. Their brothers and uncles also tease them.

Their feelings are delicate, and they also fall in love. Slowly but surely, boys are brutalised. To be respected, boys have to harass girls, show great interest in sex, not mind about risk, and hide their own fears.

Good reproductive health education can do much to help boys become men who do not take risks or abuse girls or women.

Boys also need to stay in school. The more years a boy goes to school, the less likely he is to be infected with HIV. For you as a teacher, all this is a great challenge.

Letter from girl, 13, upper primary

my father died when I started P7 this year. Now adays I live with my mother. Now my problem is! I have a close - family relative who is persuading me to get married and my mother believes in him. But I don't want to get married



Boys need your support to resist peer pressure.

3.19. A final word: HIV is sensitive

Talking about HIV/AIDS is not taboo. But HIV is sensitive. Most Ugandans have lost a family member to HIV/AIDS. With HIV/AIDS comes grief, fear and loss. In every school there will be:

- pupils orphaned by HIV/AIDS
- pupils caring for parents who are sick or dying from HIV
- pupils infected with HIV from birth
- pupils who have had sex and fear they might be infected

If we overstress that HIV/AIDS is a "killer" or "scourge," we will create even more fear. This will put even more stress onto

Question from boy, 15, P7

Whenever I wake up in the morning
I find my self wadreams But my friends tells me
to play sex is it true?

already unbearably stressed children.

Behaviour change experts say that fear does not usually bring about safe behaviour. Instead, it makes it harder for pupils to absorb our messages. Teachers need to aim for a positive but also realistic tone on HIV/AIDS:



The loss of a parent or well loved friend is a tragic event in a pupil's life.

"HIV/AIDS has given us a bad time. But we can protect ourselves against it. There is so much we can do to stay safe. We will also care for those who are infected and help them live for long."

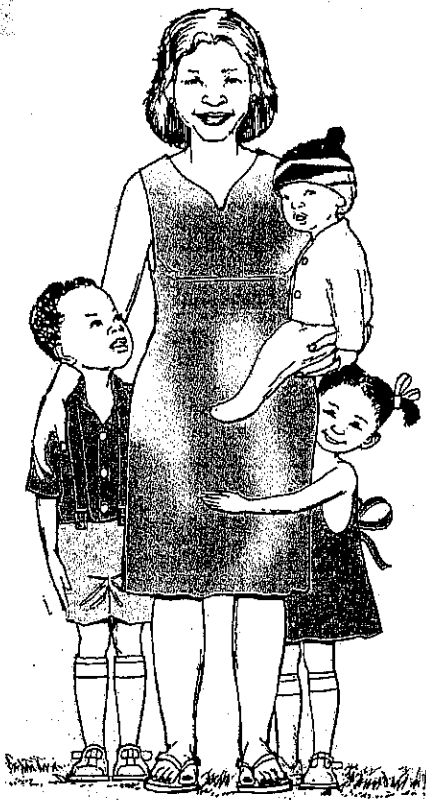
Chapter 4

Under- standing HIV/AIDS in Uganda

Objectives

- To provide teachers with information about the situation of HIV/AIDS in Uganda today.
- To help teachers to appreciate the different changes in behaviour that have helped HIV prevalence to decline.
- To help teachers to identify which groups are most at risk of infection with HIV/STIs.

HIV/AIDS has been a serious problem in Uganda since the early 1980s. What is the best way to think and talk about this epidemic?



Drugs are now available that can help mothers with HIV not to transmit the virus to their babies.

4.0. Good news

First, there is good news.

From 1992 onwards, the number of people in Uganda with HIV/AIDS became less.

This is partly because some people with HIV passed away. But also *fewer* people got infected. There were *fewer* new infections.

This means that HIV/AIDS *can* be brought under control. People *can* conduct themselves safely so that they do not transmit or become infected with HIV.

There is also good news on drugs: medicines that can prevent HIV passing from mother to child are available in many Ugandan hospitals now. Thousands of mothers and babies are benefitting.

Uganda also has drugs that stop HIV from multiplying in the body: these can hold off sickness for many years and, although expensive, their price is reducing and they are becoming more widely available in major hospitals.

4.1. Bad news

The bad news, however, is that there is still too much HIV infection in Uganda.

Over 1 million Ugandans are infected with HIV out of a population of 24.6 million.

Clearly, some people in Uganda are not protecting themselves from HIV. Every day new people are getting infected with HIV.

If Ugandans relax or forget to adopt protective behaviours, HIV could soar back up to the high levels of the early 1990s. This is the great fear.

Good news

- Fewer people have HIV
- Spread of HIV can be controlled
- People can adopt safer sex
- Drugs to stop mother-to-child transmission
- Drugs to slow AIDS

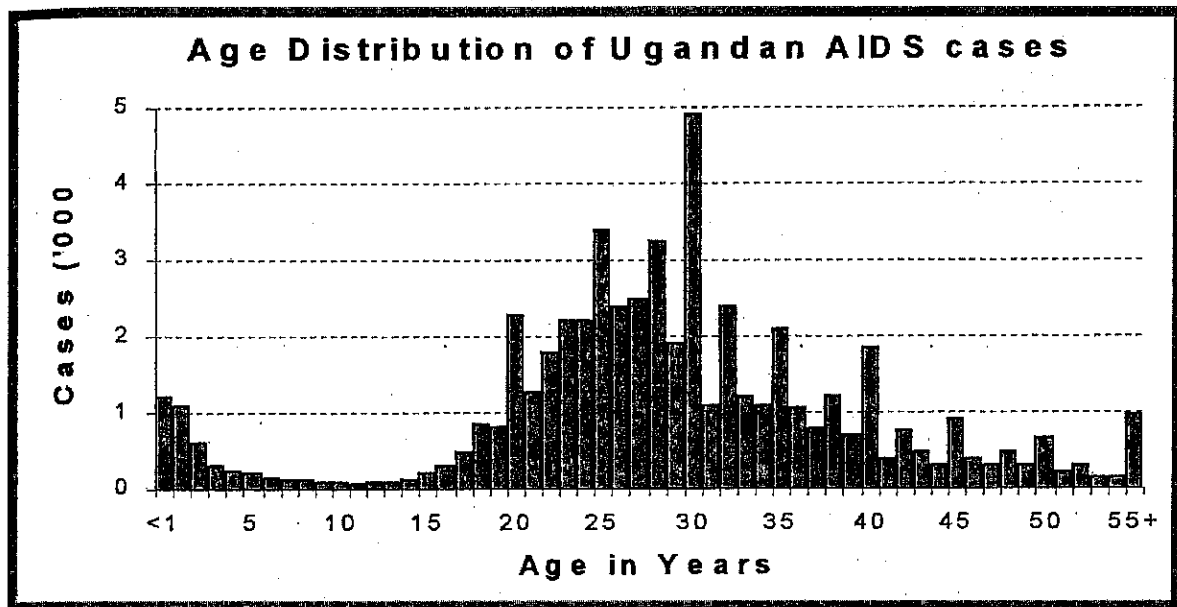
Bad news

- Those who have HIV are still many
- Many people still getting infected
- Some people not protecting themselves
- Risk that HIV will increase
- No cure/drugs to control HIV costly

4.2. Who has HIV and how did they get infected?

According to the Ministry of Health, 51% of people living with HIV/AIDS are women, 39% are men and 10% are children aged less than 15 years.

Ministry of Health, 2002



The Ministry also says that of these people:

- 84% contracted it through sex
- 14% are babies and children who contracted it from their mothers
- 2% contracted it from skin piercing instruments or contaminated blood.

The main routes of HIV transmission, therefore, are sex and mother-to-child.

The graph above illustrates this: the majority of people with AIDS in Uganda are sexually active people aged 20 to 50 and babies up to the age of two.

Between the ages of 3 and 19, there are few people with AIDS.

Pupils may ask you why there are more females than males with AIDS in Uganda.

The reasons seem to be mostly social. For example, females start sex one to two years earlier than males, have sex with older partners, are less able to negotiate for safe sex than males, and are more vulnerable to abuse and violence than males.

But there are also biological reasons that teachers need to understand.

The female reproductive tract has a large surface area through which the virus can enter: this includes the whole lining of the vagina as well as the

cervix. Females are more easily infected with a//STIs than males. In contrast, men have a much smaller area through which the virus can enter. This includes the area under the foreskin and up the urethra (the tube in the penis).

4.3. The decline in HIV in Uganda: the success story

In 1992 about one out of every three women attending a hospital antenatal clinic in Kampala, Mbarara and Gulu tested positive for HIV.

According to the Ministry of Health, by 2002 only one woman in every ten women attending antenatal clinics in those towns tested positive for HIV. This is a large decline of 65%.

Large declines have also been seen among people:

- testing at the AIDS Information Centre
- donating blood
- attending STI clinics and antenatal clinics all over Uganda.

Taking the whole population - babies through to the oldest members of society - about 15% of all Ugandans were infected in the early 1990s. Today about 6% of the population has HIV. This is a great achievement, a decline of over 50% in all.

But much work remains to be done:

- One pregnant woman in ten having HIV in Kampala, Gulu and Mbarara is still too high.
- HIV seems not be declining among married or cohabiting people over 30 years.
- Everywhere in the country HIV needs to go down further.

4.4. HIV decreased because of behaviour change

Why has HIV decreased in Uganda? Scientists are studying this question, which is very important for other countries that have not been able to slow the spread of HIV.

It seems that Ugandans have reduced HIV/AIDS by changing several behaviours. As a teacher, you need to promote all these behaviours to pupils:

1. Young people starting sex later (abstaining longer)
2. Unmarried people having fewer sexual partners
3. Increased faithfulness in marriage with a tested partner
4. Use of condoms with any sexual partner who has not recently tested negative for HIV.
5. Seeking STI treatment as soon as a problem is suspected
6. Getting tested for HIV and making sure any partner gets tested before you have sex together.

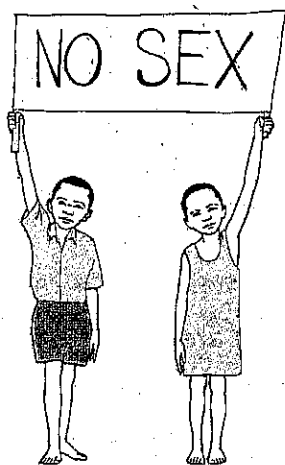
Pupils need to know and be positive about all these new behaviours.

4.5. Open talk helped behaviour change

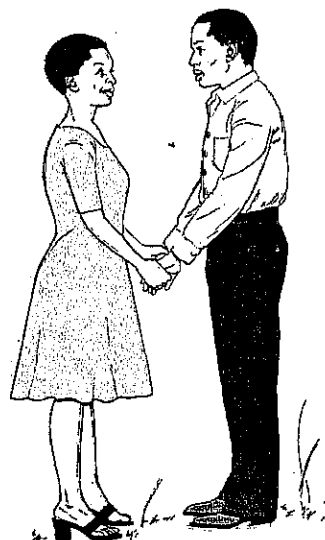
Ugandans adopted these behaviours because of widespread campaigns. Older teachers will remember the government's "Love Carefully" campaign in 1986.

Since then there have been many other campaigns and long running radio shows and newspapers like *Young Talk* and *Straight Talk*.

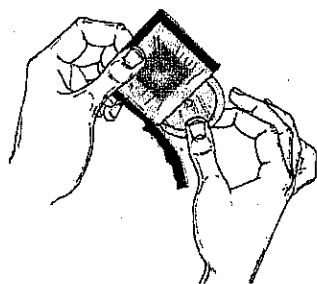
Parents have started talking to their children about staying safe.



Delaying and abstaining



Increased faithfulness with a tested partner



Consistent and correct use of condoms



Seeking STD treatment and testing promptly for HIV



Talking openly to family and friends about HIV is helping to reduce the rate of infection.

CBOs and NGOs have worked hard on the ground, meeting communities and going house to house.

The President and his government have talked openly about HIV/AIDS.

This shows that talking about HIV/AIDS and reproductive health supports healthy behaviours.

As a teacher, you do not need to fear that talking about HIV and reproductive health in your school will cause pupils to start sex.

Openness is one of the major reasons for the decline of HIV in Uganda.

4.6. Children, adolescents and HIV

In some countries today, young people aged 10 to 24 are the group most likely to become infected.

Uganda is rich in information on HIV and reproductive health. According to UNAIDS, Ugandan adolescents are the best informed in the world about HIV after Brazilian adolescents.

In addition, in Uganda many young people are *putting this knowledge into practice*.

We know this to be true because HIV has decreased more in young people than it has in any other group in Uganda. In fact, young people are actually *driving* the decline in new HIV infections.

There are other signs that young people are "improving" their sexual behaviour.

The age of first sex is getting later: In 1985, 31% of boys and 26% of girls aged 15 to 19 had *never* had sexual intercourse. By 1995, this had risen to 56% of boys and 46% of girls.

Another study found a six month increase in the average age of first sexual intercourse among girls, from 16.1 in 1995 to 16.7 in 2000-1. This same study found an even greater increase in the average age of first sexual intercourse among boys from 17.5 in 1995 to 18.8 in 2000-1.

Definitions

Children: people aged less than 18

Adolescents: people aged 10-19

Young people: those aged 10-24

Teenage pregnancy has fallen sharply. In 1995, 43% of girls aged 15 to 19 had begun childbearing, the highest teenage pregnancy rate in Africa.

By 2000, this had fallen greatly to 31% of girls – still too high but much lower than before.

4.7. Young people want to be responsible

For you as a teacher, the information above has great meaning. Young people want to stay safe and are taking strong steps to do so.

Clearly, they *are* able to take some control over their lives.

Girls, in particular, are often said to be "powerless" to say no to sex. But this cannot be true.

HIV infection has fallen as much among girls as it has among boys, although it is still higher for girls. Clearly, many girls *have* managed to say no to sex.

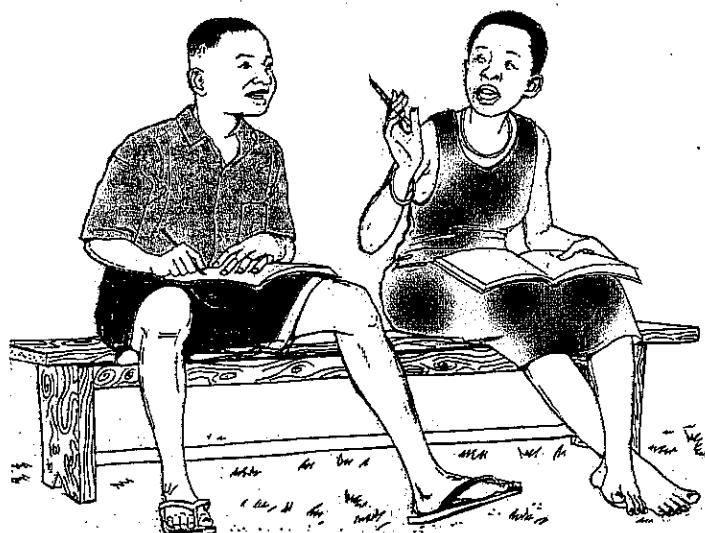
As a teacher, you can be encouraged that your teaching will fall on fertile ground. Girls and boys want to be responsible.

Girls can be assertive and say no to sex.

4.8. Moral issues

Above we saw that there are great reasons for hope. If we do not have hope and believe instead that young people are immoral, we will fail in our work to control HIV/AIDS.

There is no scientific data to prove that young people today are more immoral than other groups in the population.



Indeed, we have seen that in Uganda, young people have been the group most able to stay safe.

In contrast, HIV/AIDS is not declining much among people aged 30 to 45 who are married or cohabiting. Does that make them less moral?

No, the problem is that many of these couples did not test long ago before they married. Today the uninfected partners are becoming infected.

Another problem is that preventing HIV infection in adult couples requires agreeing on fidelity, condom use and HIV testing. None of this is easy.

As a teacher, you need to embark on HIV/AIDS education believing that most pupils want to make the right choices. This will bring more success than a "blaming" frame of mind.

4.9. Orphans and HIV

Uganda has about 2 million orphans. About 14% of children have lost one parent and 9% have

Question from boy, P7

Playing sex outside marriage is :-
→ against the law . . .
→ disagrees with God,
→ the major way through which ST.DS are spread.
If it may harm me what should I do . . .

lost both. This is the highest rate of orphanhood in the world. Not all of these children are orphans due to HIV/AIDS but many are. The percentage of orphans whose parents died of AIDS ranges from 23% in Soroti to over 80% in Masaka.

Some of these children suffer from HIV transmitted to them by their mothers.

Orphans are extremely vulnerable to poverty and exploitation.

Even with UPE about half of children in AIDS-affected households are not in school.

A quarter of orphans are taken care of by grandparents, who are often too old, weak and poor to give the necessary care.

Some orphans are discriminated against by relatives who also often seize their property.

Without parental love, orphans are more likely than non-orphans to be poor, marry early and become infected with HIV.

As a teacher, you are probably very aware of the special needs of orphans.

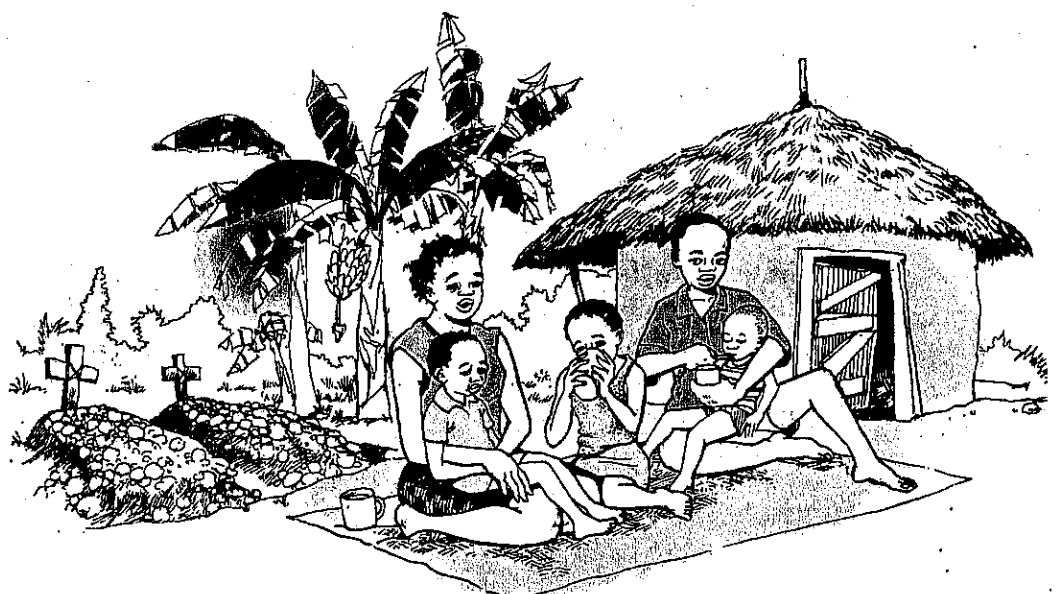
Are orphans in your class more likely to be absent or sleepy because of overwork by guardians? That is what one study found.

Sometimes there is not much teachers can do for orphans. But their presence in your class will remind you to always be sensitive in talking about HIV/AIDS.

4. 10. HIV/AIDS and children with special needs

Children with special needs include children who are handicapped, impaired or very vulnerable because of their social situation.

Many families in Uganda are looking after orphaned children.



They may be:

- deaf, blind, lame
- mentally handicapped
- street children or children displaced by war.

All these groups of children struggle to keep control of their lives.

They are far less able to protect themselves than children who are physically and mentally able and living in secure circumstances.

Children with physical and mental impairments are in great need of reproductive health and HIV/AIDS education.

They also have reproductive organs, emerging sexual feelings and the need to be loved.

As a teacher, do not allow these children to be overlooked. Make sure they are also benefitting from PIASCY.

4.11. HIV/AIDS and children in conflict areas

If you work in a conflict area, you know the reality of attacks, abduction, disappearances and cattle raids.

Conflict increases the risk of HIV/AIDS for everyone, including pupils.

Sex is used to secure life, escape to safety, and gain shelter and food. It can also be used as a weapon.

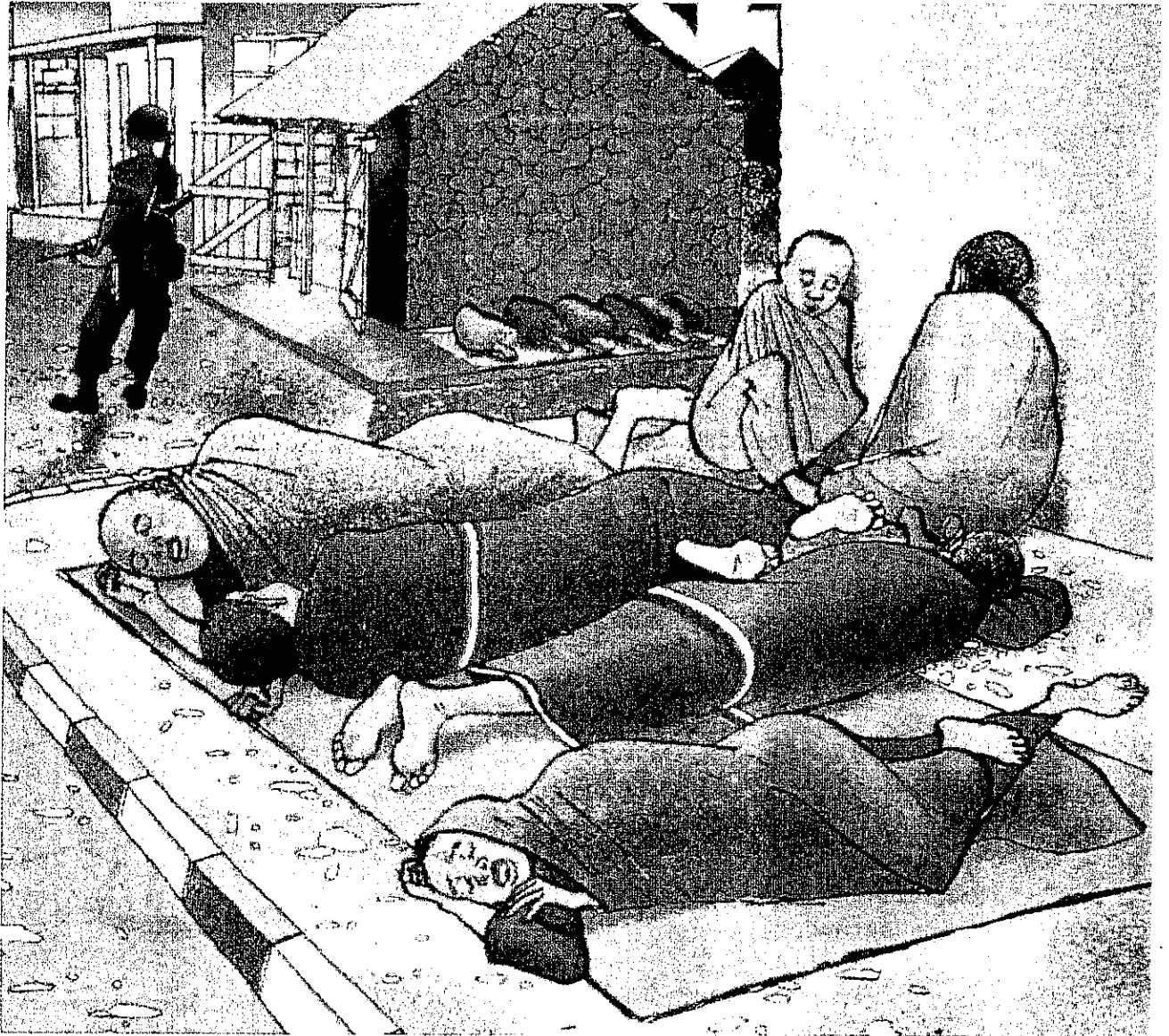
Conflict disrupts families. Parenting becomes poor. School becomes a haven for children.

As a teacher in such an area, implement PIASCY to the best of your ability. It will help to counteract the difficulties.



Street children are at great risk of HIV infection.

Internally displaced children
sleeping on a street (courtesy of
ANPPCAN)



Chapter 5

Gender, children's rights and responsibilities

Objectives

- To help teachers to be aware of the influence of gender on behaviour and on the risk of infection with HIV.
- To give teachers information about children's rights and responsibilities.
- To make teachers more aware of the various forms of violations of children's rights.
- To help teachers to equip children with skills to challenge the violation of their rights.

Any person who is exposed to HIV through sex or the other routes of transmission can become infected with HIV.

5.0 Introduction

HIV has a biological aspect: infection simply occurs when the virus enters the bloodstream.

HIV also has a social aspect: who becomes infected and when is influenced by social factors, such as:

- whether you are a boy or girl
- whether you have parents
- whether you have been to school
- your culture
- whether you are poor

This chapter looks at two very important social factors: gender and culture.

It also looks at rights. As a teacher, you will feel very confident in teaching reproductive health and HIV if you believe that children have rights, including:

- the right to know about their bodies
- the right to say no to sex.

Boys and girls are raised differently. Boys are encouraged to assert themselves.

5.1. Gender

When we talk about reproductive health and HIV, it is not truthful to pretend that life is the same for everyone.

One of the biggest differences between people is whether they are male or female. Males and females have different roles and needs, depending on the society they live in. This is what we call gender.

Some gender-related roles come from the difference in our bodies: for example, only a woman can give birth or breastfeed. But other gender roles do not come from this difference. They come from what society *believes* about men and women.

For example, there is a belief that women are more caring and suited to jobs such as nursing than men.

On the next page are some other beliefs about the roles of males and females:

As a teacher, you may think that these gender roles are just natural. You may think: "Brave men and caring women are good. What is the problem?"

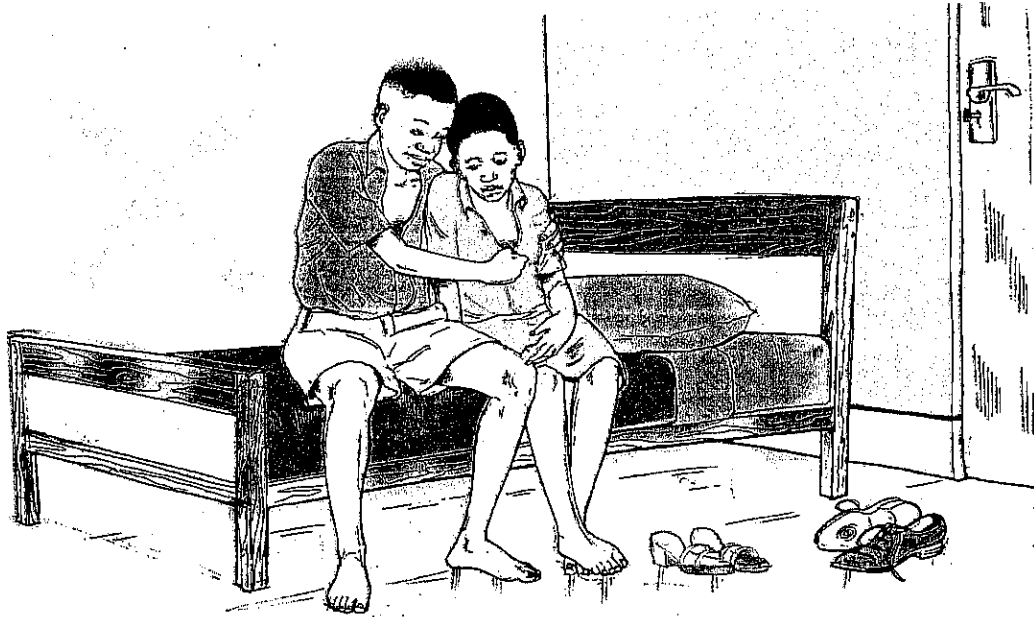


But these gender roles result into beliefs that are often harmful and bad for health. They put boys and girls, men and women at great risk. Here are some examples of harmful beliefs:

Males should:	Females should:
Be in control and appear unemotional	Show their emotions and be submissive
Be the dominant partner in a relationship	Give in to the demands of their partner
Have sex early and with many partners	Remain virgins for as long as possible and have only one partner
Drink or use drugs without showing the effects	Be sober and sensible at all times
Put their own needs first	Put the needs of others first
Be daring, courageous and take risks	Not look people directly in the eye, talk softly and timidly
Go out, have fun or earn a living	Stay at home and do household tasks

5.2. Harmful gender relations

- When an assertive boy demands sex from a submissive girl, she will struggle to say "No".
- The boy may not want to have sex at all. But he is expected to have sex early with many partners.
- The girl may not be interested or prepared for sex by buying a condom. Gender beliefs say that it is immoral for a girl to ask or plan for sex.
- The boy is supposed to be the thinker and to be assertive. The girl is expected to accept what he says. She finds it hard to think for herself.
- He cannot discuss his feelings or thoughts with the girl because he is meant to be strong, decisive and in charge.



Gender roles sometimes force children into behaviour they do not really want.

As a result of these negative gender relations, the girl and boy have sex that is not talked about, negotiated, protected or even wanted. They are both trapped in situations that they cannot escape, although this exposes them both to great danger. This is a tragedy. Certainly, negative gender relations have fueled Uganda's epidemic of HIV.

Uganda has a National Gender Policy. This promotes gender equity.

Gender equity means fairness and justice in the distribution of benefits and responsibilities between men and women.

5.3. Gender roles are changing

Gender differences appear very deep rooted in society, but we should not despair.

Already life has changed a great deal in Uganda. Today there are almost as many girls as boys in primary school. This is a change from the past when families clearly preferred to educate boys.

5.4. What teachers can do

As a teacher, you can do much to help both girls and boys out of the trap of gender roles. Remember that gender refers to *both* girls and boys.

Question from boy, 14, P7

I have my brother who tells me to have sex now and test my penis. Is this dangerous?

Teach children to appreciate and respect each other regardless of sex. Do not allow pupils to use demeaning names, such as referring to breasts as "dairies".

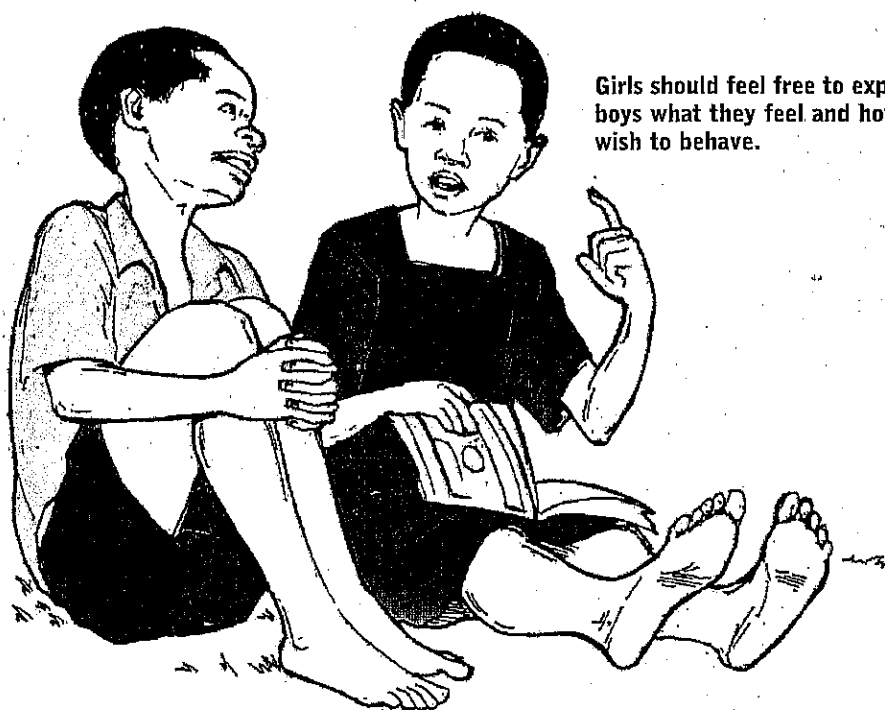
Give children equal chances to education, to express themselves in class, to develop their talent, to be listened to and to stay safe. Allow boys to be caring and girls to be strong.

Believe that boys and girls can do equally well in all subjects. Believe that girls can excel in science and boys in art.

Avoid making comments that are anti-girl or anti-boy or that reinforce gender roles, such as "Girls can't do science" or "Boys don't cry".

Encourage both girls and boys to be assertive. Give both girls and boys equal chances to lead. Do not run down one gender at the expense of another.

As a teacher, you can help pupils to understand the negative link between gender roles and HIV.



You can also help them to see that gender roles are not fixed or natural.

5.5. Activity 1: Gender roles – role play

Teacher's instructions

- Explain the phrases '**gender roles**' and '**role models**'.
- Identify with pupils the gender roles to be acted and which are positive and negative.
- Divide the class into groups and let pupils in the groups choose which role they will act.
- Discuss with each group the best way to act the roles.
- When the groups are ready, let them perform their role play to the rest of the class.
- Discuss the performances with the pupils.

5.6. Children's rights and responsibilities

There is a powerful link between the violation of children's rights and the spread of HIV.

A right is an entitlement to something. Children's rights are based on the fundamental requirements for a child's proper growth and development. A responsibility is something that each person should do for him or herself.

Children's rights apply to all children, regardless of age, tribe, sex, physical ability, religion, region, family background or HIV status (affected or infected).

There are many laws on the rights of children. The UN Convention on the Rights of the Child, which Uganda has signed, says that children have:

- Survival rights, such as the rights to health and food
 - Development rights, such as the right to education
 - Protection rights, such as the right to be protected from abuse
 - Participation rights, such as the right to express yourself.
- In 1996 Parliament passed a law called the Children Statute. This spells out even more rights for Ugandan children, including:

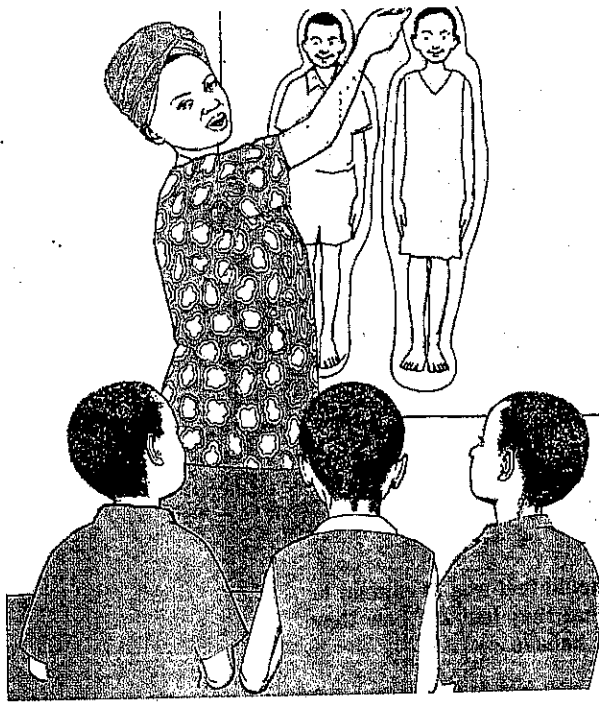
- The right to live with and be guided by their parents
- The right to education
- The right to protection from neglect and exploitation

Children's responsibilities include:

- Keeping themselves and their clothing clean.
- Helping parents and elders in the home.
- Attending school regularly and studying well.
- Being obedient and respectful to parents and elders.

The Uganda Constitution also grants other rights that help children, like the right to choose a marriage partner *after* the age of 18.

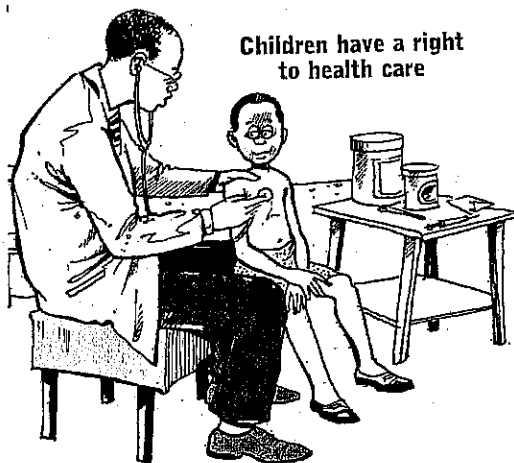
It is child abuse to deny a child his or her rights. Children who are denied their rights are at great risk of HIV/STDs and pregnancy.



A child's gender affects the role that he or she is expected to play in society.

Letter from boy, 15, P5

I am an orphan. With out my father when I go home in the evening I find nothing to eat.



Children have a right to health care

5.7. Teachers and children's rights and responsibilities

As a teacher, you can help children to stand up for their rights and perform their responsibilities. You need also to teach these in your classroom.

In addition, make sure that you *never* violate the rights of children by beating them, discouraging them from school, or having sex with them.

When a teacher has sex with a child, he or she violates many rights, including the rights to education and protection.

Sex with pupils is defilement, is against the Penal Code and violates the Teachers' Code of Conduct. You need to report any teacher who has sex with a pupil.

5.8. Parents and children's rights

Teachers often wrestle with another difficult situation: when parents do not act in the best interest of the child. Some parents:

- undervalue education
- abuse their children or harm them physically
- force their children to marry

Some of these violations arise from the cultural belief that parents own their children.

However, under Ugandan law, children can be taken away from parents who abuse them.

As a teacher, you can help parents to respect the rights of children. It helps to explain that with children's rights come children's *responsibilities*. For example:

- Children have a right to education and the responsibility to work hard at school.
- Children have a right to health care and the responsibility to take care of their own health.

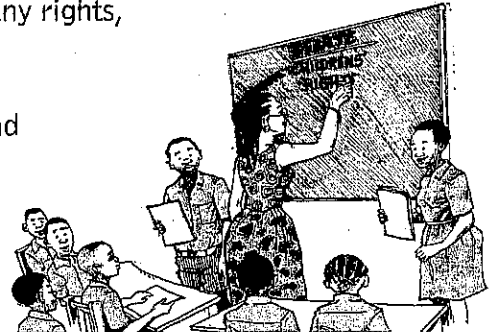
Children's rights do not mean that children should be undisciplined or disrespectful.

5.9. Reproductive rights

Besides general rights, all people, including children, have reproductive rights and rights related to HIV/AIDS. For example:

- A child infected with or affected by HIV has the right to treatment and not to be discriminated against or stigmatised.

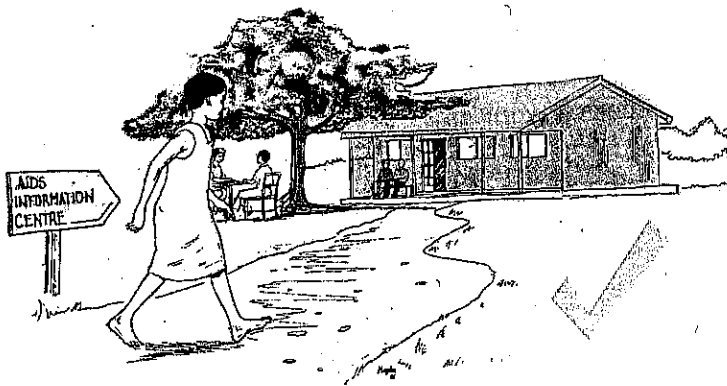
Teach your pupils about their rights and responsibilities.



Never be tempted into inappropriate behaviour with a pupil. Pupils should never enter teachers' houses.

Question from girl, 14, P6

my teacher told me that... he loves me I dont want him. What can I do?



Health centres can give advice on reproductive health.

- All children have a right to education about HIV and reproductive health and the right to have access to reproductive health care services.
- All children have a right to enjoy family life. Children with an unstable family life are easily exposed to HIV.
- All children have the right not to be sexually abused in any way.

As a teacher, you promote reproductive rights when you implement PIASCY.

You need to also allow your pupils access to other information like *Young Talk* and the *Straight Talk* radio show. In addition, you can link up with a health unit to offer treatment and advice to your pupils. You can start a health club.

Some well-intentioned adults would like to deny children information on reproductive health. They fear that it will make the children experiment with sex. As a teacher, you can reassure such adults that sex education does not cause children to start sex.

Denying children the right to correct information will not shelter them from sex. They will hear from friends, brothers, sisters and adults who want to have sex with them. Much of what they learn will be incorrect and dangerous.

Question from boy, 11, upper primary

There is a witch in my village, who comes at my house at night. She says open the door that she wants me to sex her. What shall I do to escape from her?

5.10. When rights are violated

Children whose rights are violated need help.

Depending on who is the cause of the problem, children can try to turn for help to parents, guardians, religious leaders, teachers, the probation office or the LC for children's affairs.

Many children, however, will not look for help but will suffer in silence. As a teacher, if you detect or suspect abuse of a child, you can and indeed must take action. Work together with your colleagues and other respected adults.

5.11. Common violations: bad touches and violence

Pupils need to be taught that their bodies are special. No one should touch them in a way they do not like.

Unfortunately, "bad touches" or sexual abuse of children are very common.

Key Message 21 will help you to explain bad touches to your pupils and help them protect themselves from sexual abuse.

Bad touches are shameful touches
They include

- Touching Private Parts of boys (Penis)
- Touching girls' breasts
- Removing girls' clothes

They cause shame to the one being touched.

Sexual abuse and bad touches are often sugar-coated in our society with gifts. This is both a rights and a cultural issue.

Gifts can be a positive cultural way of expressing love or appreciation. However, many children are lured into sex with gifts.

Key Message 15 will help you to help your pupils to understand why sex for gifts is wrong and when they should reject a gift to stay safe.

Faced with a gift, pupils need to think about:

- Why is the person giving me this gift?
- What did I do to deserve it?
- Could I show this gift to my parents and tell them who gave it to me?
- What does this person want or expect in return?



If a pupil suddenly has new things, he or she may be receiving them for sex. Teach young people to be content with what they have.

A final culture and rights issue is violence in its many forms:

- Many children are forced into sex.
- Boys gang up on girls to force them to have sex.
- Girls do the same to boys.
- Siblings defile each other.
- Older people threaten children with violence if they refuse to have sex.
- Orphans are deprived of property through violence.

This is an unattractive picture of society. However, violence is very prevalent.

Tell pupils to say no to bad touches and to report anyone who tries to abuse them.

I have my brother who asked me for sex when I told him that I am still young for sex, he told me that he will find me on the way and kill me.

Key message 17 will help pupils to understand that they should not use violence to get sex and that they should not give in to sexual violence. Violence is a criminal offence and is always wrong.

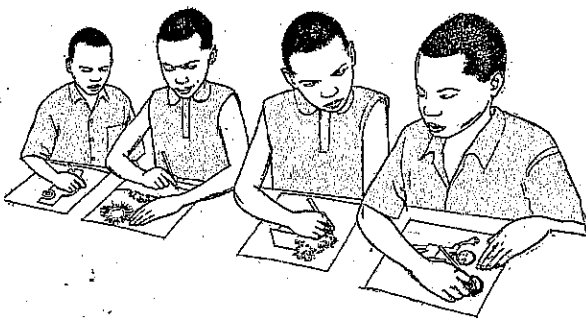
Note: See Chapter 9 for information on identifying and helping children who have suffered violence.

5.12. Activity 2: Art project on the Rights of the Child

This can be done with drawing, painting or modelling, depending on the materials and facilities available.

The activity will take some time, so try to find a free afternoon or spread it over several lessons.

Teacher's instructions



A teacher can tell a lot about a pupil's feelings from his/her drawing or painting.

- Divide the class into four groups (each child is free to choose which group to belong to but the groups should be of about equal numbers).
- Give each group a topic, chosen from:
 - The right to be provided for (Survival Rights)
 - The right to be protected from abuse and neglect (Protection Rights)
 - The right to enjoy childhood and to speak for themselves (Participation Rights)
- Make sure they understand the meaning of each Right.

- Tell the pupils that they are to draw, paint or model their idea of a world where the Right they have chosen is never abused.

If the activity is spread over more than one lesson, this could end the first session. This will give the groups time to discuss their imaginary worlds and how they will show them.

- Provide different materials to use, e.g. water, paper, paints, clay, pencils.
- Pupils work on their tasks for one and half hours.
- Each group should choose a member who can speak for the group's drawing or project.
- Display the work and let pupils from each group talk about another group's project.
- Make sure the pupils tidy the room when the activity is finished.
- Organise an exhibition day where the work can be shown to:
 - other classes,
 - staff and parents,
 - the community and other schools

5.13. Activity 3: Finding facts on HIV/AIDS, abuse and

defilement

Teacher's instructions

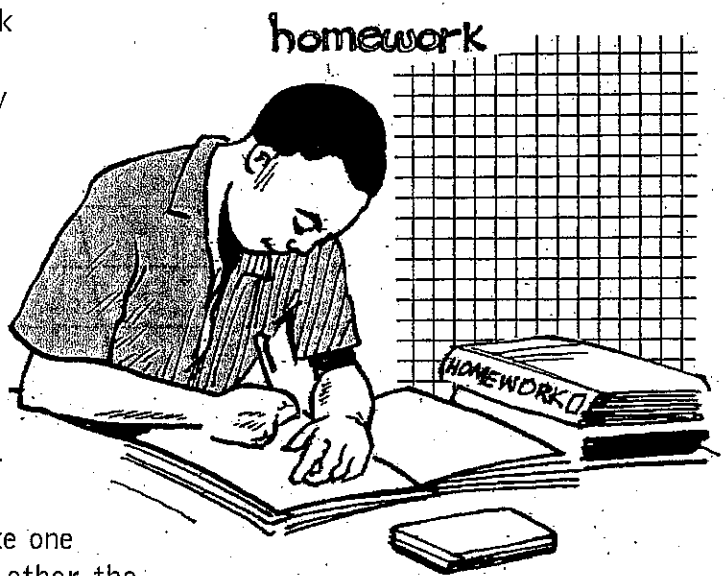
Prepare the class for this activity in advance, to give pupils the chance to collect the information for themselves. Probably a week will be needed for collecting and putting information together according to topics.

- Divide children into four groups as follows:
 - Group 1: Information on HIV/ AIDS
 - Group 2: Information on Defilement
 - Group 3: Information on Physical abuse and Neglect
 - Group 4: Information on Services where children who have been abused can find help
- Provide each group with a variety of books, magazines, and newspapers including *Young Talk* or *Straight Talk*.
- Ask pupils to collect other newspapers or any other reading materials from home that can be cut up.
- Distribute manila sheets to each group.
- Ask each group to cut out information about their topic from the newspapers, etc. and paste it on their manila sheets.
- Provide space for each group to display their information in the classroom. The display spaces will be referred to as stalls.
- Help the pupils to be creative in the way they arrange their information.
- Set a time when the whole class will visit each stall and learn from one another.
- Set a time for questions, when pupils from one group ask questions about the others. Give each group a chance to ask and answer.
- You could also ask pupils from other classes and teachers to come to look at the stalls.
- Keep the information on the display for some time.

5.14. Activity 4: Self-expression: a debate in class

Teacher's instructions

- Conduct a "for or against debate" in the class.
- Choose a statement to be debated, such as: "Bad films have increased the spread of HIV/AIDS".
- Get two long pieces of paper. Make one piece the "for" statement, the other the "against".
- Put up the pieces of paper in two separate corners.
- Ask pupils to read and think about the statement carefully and decide which side they support.
- Ask them to stand near the "for" or "against" paper, depending on which statement they believe is correct.
- This gathers them in groups for or against the statement.



Pupils should look for new information outside school hours.

- The groups should then discuss their points and write them on paper.
- When they have finished discussing, arrange the class so that the two groups face each other.
- Open up the discussion by asking members of the "for" group to make their points and to write them on the blackboard.
- Then ask the 'against' group to do the same.
- When all the points have been stated and written, ask if any pupil wishes to change his/her view as a result of the debate.

Summarise the debate by reviewing how HIV is transmitted.

Follow-up activities

- Let the pupils practise saying 'No' to sexual advances.
- Discuss children's responsibilities with pupils.

Debating helps pupils to develop their communication skills and to argue logically and calmly.



Chapter 6

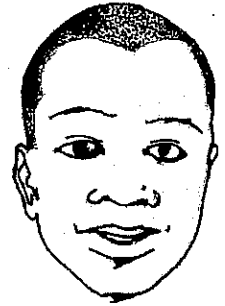
Reproductive health

Objectives

- To enable teachers to help pupils to understand that body changes are natural stages of human growth and development.
- To dispel common myths about body changes, sex and sexuality.
- To enable teachers to teach pupils about the importance of hygiene.
- To enable teachers to help pupils to understand sexuality as a natural part of life and to control their sexual feelings.
- To give teachers correct information about sexual intercourse, pregnancy and the risks they involve.

Reproductive health is a state of complete physical, social and psychological well-being of an individual and not merely the absence of disease or infirmity in matters related to the reproductive system, its functions and processes.

World Health Organisation



6.0. Reproductive health for adolescents

Reproductive health refers to everything – good and bad – that happens to our sexuality and reproductive system.

In the past, midwives and doctors were the experts on reproductive health. But now we know that it is not just about females or having babies.

Reproductive health also involves boys and men. It is about how we relate to our private parts and sexual feelings. It needs attention long before we get our first child and long after we get our last.

Maintaining good reproductive health is not easy. Sex very often leads to disease or unwanted pregnancy.

Pupils have many urgent questions about sexuality and reproductive health in all aspects – physical, psychological and social aspects.

Use the PIASCY messages to help them.

6.1. Menstruation

Once girls menstruate their lives change forever.

Many girls are frightened at the sight of their first period. For lack of knowledge, they think that they are sick or have been raped while asleep.

You can alleviate fear by giving girls the correct facts.

Girls start their periods between the ages of 12 and 16. Half of Ugandan girls have started by age 14. Girls in urban areas start slightly earlier, on average at 13, than rural girls.

Whatever the age of starting, you need to reassure the pupil that she is normal. If she has not started, she needs to know that sex will not help her to start.

Menstruation is triggered by hormones that cause the ovaries to mature and to start releasing an egg about every 21 to 35 days.

Reproductive health is an important subject for boys as well as girls.

Question from boy, 11, P6

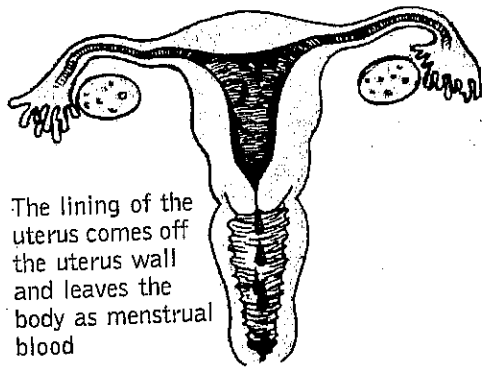
When I sit with a girl my penis erects and others advise me to have sex to stop erection. Will this help?

Girls can be very frightened by their first period.



Question from girl, 13, P7

Why do girls undergo menstruation periods?



The lining of the uterus comes off the uterus wall and leaves the body as menstrual blood

This is the menstrual cycle. Every female is born with all her eggs, usually numbering several thousand.

Hormones also cause the uterus to start to change, growing a soft lining of blood vessels in anticipation that an egg will be fertilised.

If a girl has unprotected sex, a sperm cell may meet her egg and fertilise it.

The fertilised egg will then embed itself in the lining of the uterus, starting a pregnancy.

If the egg is not fertilised in one of the fallopian tubes, it travels down through the uterus and vagina and out of the body undetected.

About 10 to 14 days later, the body realises that there is not going to be a pregnancy. The lining is no longer needed and begins to come off the uterus walls:

The lining is mostly blood and tiny delicate blood vessels. It leaves the body through the vagina as "menstrual blood".

Question from girl, 14, P7

Some girls menstruate in some months and miss other months. What causes this?

The girl knows that she has started her period when she sees blood coming from her vagina.

The menstrual period is a sign that the girl's body:

- is developing and working normally in a new way.
- will be able to conceive a baby if she has sex

However, girls who have just started menstruating will not be able to safely carry and deliver a baby for many more years.

If the average girl starts menstruating at 14, it will be another five to six years before she is physically grown enough to deliver safely. The vagina and hips or pelvic bones will not be fully grown until she reaches 19 to 20 years.

Menstruation continues until menopause at age 45 to 50.

6.2. Menstrual irregularities

The periods of young girls are irregular. This is caused by unbalanced hormones, a feature of adolescence.

The girl may bleed once at age 13 and then not bleed again until she is 14. Another girl may bleed first in June, age 14, then skip four months, bleeding again in November.

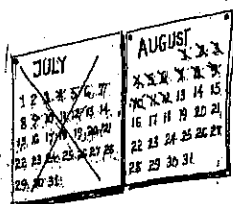
Girls may also get their period twice within a month. If the month has 30 days, and the girl's cycle is roughly 21 days, the girl may menstruate on the first and the twenty-second day of the month.

This is also normal but may be confusing for a girl who thinks she should menstruate once in a calendar month. This irregularity is very significant. Girls *cannot* use their cycle to prevent pregnancy.

I started menstruation this year
But within six months it
stopped I stay with my
Grandmother. She wants
to send me away from home
because she is saying
that I am pregnant

Letter from girl, 13, P7

As a teacher, you may want to review with colleagues what your school teaches about "safe days". There *are* days when conception will not occur. However, it is misleading to teach safe days to young girls who do not have a regular cycle.



At first, a girl may find it difficult to predict when her period will come. But a missed period after she has had sex could mean she is pregnant.

In addition, there are no safe days against HIV/STIs.

6.3. Menstrual pain and discomfort

Some girls have discomfort before or during menstruation, including:

- Backache
- Headache
- Lower abdominal pain
- Tender, swollen or painful breasts

As a teacher, tell girls that all of these are normal. It is equally normal not to have any problems!

Tell your pupils that sex does not cure menstrual pain and that menstrual pain does not mean that a girl will be barren or have painful childbirth. These are *all false*.

A few girls do experience very painful menstrual cramps and very heavy blood loss, sometimes called "flooding".

If you have such a pupil, help her to see a health worker. There is nothing "wrong". But the pain and bleeding will be a great inconvenience.

My friends told me that after menstruation period when you finished seven days and you have sex with a man you cannot be pregnant.

Letter from girl, 14, P6

A health worker can give her paracetamol (Panadol) for the pain. The child may also need iron if blood loss has made her anaemic.

6.4. Managing periods

Periods really do need managing. This is a burden on girls. There is no equivalent for boys. Encourage your girls to record the first day they start to bleed each month.

Regular washing is important, especially during menstruation.

Soon they will begin to know the number of days between each period. Tell them:

- This is *not* to know safe days (there are *none*).
- This is so they can be prepared for their next period by carrying cloths, toilet paper or pads.

Reassure them that they will not lose much blood. The average female loses 60 to 70 ml of blood with each menstruation.

Fill a quarter of a 250 ml bottle with water to show 60-70 ml.

During menstruation, girls can use ready-made sanitary pads or make their own, using cotton wool wrapped in gauze or clean, absorbent cotton cloth. You can teach them how to make their own pads.

Most girls, however, will probably use toilet paper: it is cheaper than pads and easier than using cloth. Advise them to cover the paper with a cloth. Toilet paper sheds small pieces. It also hardens when the blood dries and can cut the girl.



Advise girls who use cloths to wash them with soap and water and dry them in the sun. Tell the girls that no one will know that they are for menstruation. They just look like squares of cloth.

Discourage girls from drying these pieces of cloth and knickers under their mattress. They become mouldy.

Girls who use cotton wool or ready made pads need to always throw them in a pit latrine or burn them after use.

There is a false belief that throwing pads into latrines makes girls infertile. This is *completely untrue*: pit latrines are the best place for used pads.

Girls in P5-7 should always carry a pad or cloth in their bag. This will reduce the number of girls going home because of their period.

Menstrual blood is clean. But when it comes out of the body and is exposed to air and bacteria, it can smell.

During periods, girls need to:

- keep extra clean
- change the pad when it becomes heavy with blood
- bathe twice a day.

Question from girl, 13, P6

Is it true that when you throw used pads in the pit latrine, you will not be able to have any child in the world?

As a teacher, you need to tell the boys that menstruation is normal for all females. Discourage boys from teasing girls in their periods.

Make school friendly for girls during menstruation. Have separate latrines for boys and girls, and soap and water for washing. This will reduce the number of girls who miss school due to menstruation-related challenges.

6.5. Sex and menstruation

Sex during menstruation is not advisable for either partner.

Question from two girls, 13, upper primary

For the female, sex during menstruation increases her risk of being infected with any STI, including HIV.

we are girls of 13 years but our friends who are older than us say that it is not good to have sex one is in her menstruation periods how bad is this?

Menstrual blood is a good environment for viruses and bacteria. It is warm and wet and contains nutrients. Micro-organisms easily multiply.

During menstruation, the opening in the cervix widens slightly to let the blood leave the uterus.

If the girl has sex during menstruation, germs easily move up into the uterus and fallopian tubes. This causes infections which can result in infertility.

Any male who has sex with a girl in her period is also taking a big risk. If the girl is infected with HIV or any other STI, the menstrual blood will have a high concentration of the germs. The boy can easily get infected.

As a teacher, it is important to stress these points.

Some pupils know that a girl is unlikely to become pregnant during menstruation. They use the period to have sex.

This reduces chances of pregnancy but increases chances of infection for both boy and girl.

Question from girl, 13, P6

Some girls have sex before they have ever menstruated, thinking that they are also safe from pregnancy.

I have my friend who told me that if you start menstruation that means you are ready to have a

This is wrong. They can still conceive. The boy's sperm cell may fertilise the first egg that ever descends her fallopian tube. This will be before she has ever experienced a period.

As a teacher, help your pupils to choose to abstain and to stop sex if they have started.

6.6. Activity 1: Identifying children who know or do not know about menstruation

Teacher's instructions

- Take 3 cards and write "agree" on the first, "disagree" on the second and 'I do not know' on the third.
- Put the 3 cards on different walls in the classroom
- Read out the statements below one by one.
- After each statement, ask the pupils to go to stand by the card that represents what they think.
- If the class is very big, take the pupils outside. Ask pupils who agree with the statement to put both hands up; those who disagree to put one hand up; and those who don't know to fold their arms.
- Ask some of the pupils to explain why they chose the position they did.
- Ask pupils who chose correctly to explain this to the others.
- Make the activity exciting and enjoyable by reading the statements two or three times and loudly.
- Do not blame or judge their choices.

Statements about menstruation

- Menstruation is the same as monthly periods.
- Menstruation is similar to wet dreams in boys.
- Menstruation starts at 5 years.
- Playing sex before 18 years is defilement.
- Schools should provide sanitary towels for girls.
- Schools should have separate rooms for girls to change towels.
- Boys and teachers should support girls during menstruation.

Follow-up activities

- Provide sanitary towels so that a matron or senior woman can come to demonstrate to girls how to manage the menstruation.
- Take the girls to inspect the room where girls change their pads.
- Ask the school to buy a bucket where girls can put used pads.
- Campaign for girls to have a separate latrine or toilet.
- Let girls write stories or poems about their experiences for display.
- Invite a resource person (health worker) to talk to girls on menstruation management.
- During the science club, discuss menstruation.
- Ask a senior woman/man teacher to draw up an action plan on menstruation management.
- Tell pupils to identify people who can help them with menstruation problems.

- Ask a resource person to discuss ways with the pupils how to dispose of used pads and cloths.

6.7. Activity 2: Myths about menstruation

Teacher's instructions

- Write "true" on one card and "false" on another and fix them to the wall in different corners of the classroom.
- Read out the statements one by one and let children go to the card they agree with.
- Tell the true facts to children and dispel the myths and misconceptions.

Note: All these statements are false.

Myths about menstruation

- Sex cures painful menstruation.
- Sex cures backaches.
- Sex during pregnancy stops pregnancy.
- Girls below 12 years cannot become pregnant.
- If you have not had your periods you cannot become pregnant, even if you had sex.
- If a girl has sex during her period, she cannot get pregnant.
- A girl cannot get pregnant if she has sex standing up.
- If a girl urinates after having sex, she cannot become pregnant.
- If a girl cleans her vagina after having sex, she cannot be pregnant.
- A girl cannot get pregnant if the boy pulls his penis out of her vagina before releasing sperms.
- Having sex during menstruation means you cannot get HIV infection.
- A girl who is menstruating is unclean.

Follow-up activity

Find out other myths in the community and write them on a chart.

6.8. Breasts

During puberty, girls worry intensely about their breasts. As a teacher, you may know the concerns:

"My breasts have not started growing."

"My breasts are very small."

"My breasts are too big."

"Pupils tease me about my breasts."

"What can I do to make my breasts bigger or smaller?"

These worries can push pupils into sex. You need to address them. Some girls start developing breasts as early as eight years. Others remain flat chested into their teens. As a teacher, be supportive of early and late developers. Both tend to be self conscious.

- They worry that they are abnormal.
- They are teased that they have started sex (big breasts).

YOU KNOW WHAT, I
HATE MY BREASTS,
THEY'RE TOO BIG, I WISH
I COULD REDUCE THEM!

YOU SHOULD
COUNT YOURSELF
LUCKY, BECAUSE MINE
ARE SO SMALL. I
DON'T KNOW WHAT
TO DO!

NO! THAT SHOULD NOT
WORRY YOU BECAUSE ALL
BREASTS ARE SPECIAL
REGARDLESS OF SIZE OR
SHAPE!



- They are teased that they need to start sex (small breasts).
- They may start wearing a sweater to cover their chest.
- They may alter their posture, bending over to hide their chest.
- They feel isolated.

All breasts are good regardless of size. There is nothing girls can do to change their breasts. Sex does not make breasts grow. A girl who has breasts still needs to continue to abstain.

All breast shapes are normal. It is normal to have one breast slightly larger than the other. Women teachers can help girls who seem to be uncomfortable about their breasts. You may advise the girl to wear a bra, especially for sports.

Letter from girl, 13, P6

I'm 13 years old and I have big breasts.
my friends tell me that I'm pregnant and
yet I have never played sex.

Teach pupils that breasts are *private parts*. Girls need to know that a touch on the breast is a bad touch. Encourage girls to say "no" to touches on their breasts.

- Girls must not use their breasts to tease boys.

- Girls should cover their breasts
- Boys should not touch a girl's breasts for fun or to tease the girl.

6.9. Wet dreams

At puberty many boys start releasing semen during their sleep at night or in the day if they nap. This is called a wet dream. Wet dreams are normal. It is also normal for boys *not* to experience wet dreams. Boys who lack information often feel confused when they have their first wet dream. Many think it is an STI. Others know it is semen and think their body needs sex.

As a teacher, you can explain that wet dreams are a sign of growing up.

Wet dreams are not a sign to start sex. They are the body's way to create space for new semen and sperm.

Wet dreams do not waste sperm. The male body makes new sperm cells and new semen from puberty until death in old age.

Many people are confused about the difference between semen and sperm. This is a good moment to explain it to pupils.

The thick sticky fluid that comes out of the penis during sex or in a wet dream is made up of two parts.

One part, about 10% of the fluid, consists of sperm cells. These are the male "eggs". They are made in the testicles.

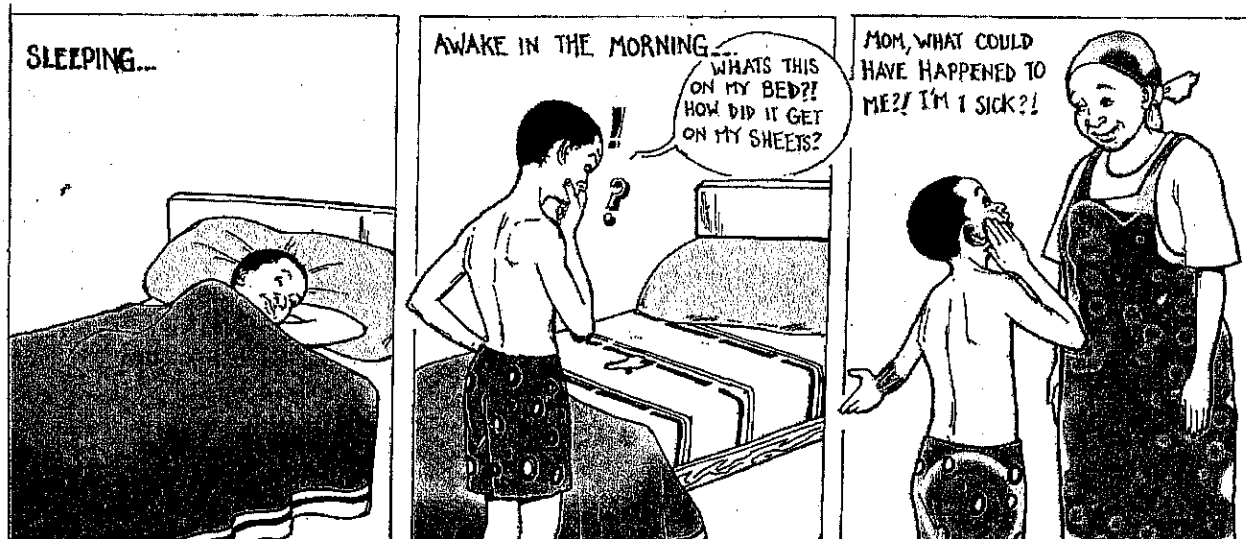
Each sperm cell has a round head. It contains the male genetic material. It also has a long tail, which it uses to swim into the uterus and fallopian tubes to find a female egg.

The other part of the fluid, 90%, is called semen. It is made in two glands behind the bladder called the seminal vesicles.

This fluid allows the sperm cells to swim, like tadpoles in water. It also provides nourishment that the sperm cells need as they swim up the female reproductive tract.

Semen, however, does *not* provide any nutrition to the female who receives it in her vagina. Contrary to common belief, semen can *never* make a female fat. The vagina cannot absorb nutrients.

The difference between sperm cells and semen is very important.



I'm still a virgin but my friends encourage me to play sex to prevent wet dream. I fear engaging in sex because of HIV and other infections. yet I get frequent wet dream and they make my bad messy. What shall I do?

Question from boy, upper primary

If a male has HIV, millions of viruses will be floating in the semen. But they will *not* be inside the sperm cell. That is why a man with HIV can be the father of a baby who does not have HIV.

Also, when men go for permanent family planning, the doctors tie the tubes that lead from the testicles. The man still ejaculates but the semen does not contain any sperm cells.

He cannot impregnate a woman.

When a boy has a wet dream or a man has sex, they release about a teaspoonful of fluid containing hundreds of millions of sperm cells. As a teacher, this is a good fact to share with pupils. Once a boy has started wet dreams, he can impregnate a girl if they have sex.

Wet dreams become less when a male has a steady sex life. But even older men still have wet dreams. Boys should not start sex to reduce wet dreams. Help boys to choose to abstain until they have finished studying and are at least 18.

6.10. Erections

Boys in puberty start experiencing frequent erections, often with no sexual stimulation at all. This is due to hormones. This causes great confusion and embarrassment to boys. As a teacher, you can help them to understand what is happening.

As with the other body changes we have talked about, the danger is that boys think erections are a sign that they should have sex. They are not!

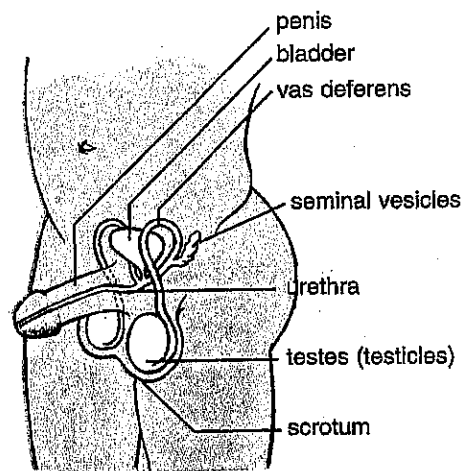
Most of the time the penis is soft and hangs down. But sometimes it becomes erect. When the penis becomes erect, it increases in size and feels hard. It becomes longer, larger and wider. It also stands out from the body.

The penis becomes erect as a result of more blood flowing into the penis. For the duration of the erection, a valve stops the blood from flowing out.

Erections are normal. Boys experience erections for different reasons and sometimes for no clear reason at all.

A boy is likely to get an erection when:

- He awakes in the morning
- His penis is touched
- He thinks about a girl or sex



- He sees a girl
- He is sitting with girls in class or a taxi
- He is anxious

Question from boy, P5

*is it true that Sperm makes girls fat?
What is semen?*

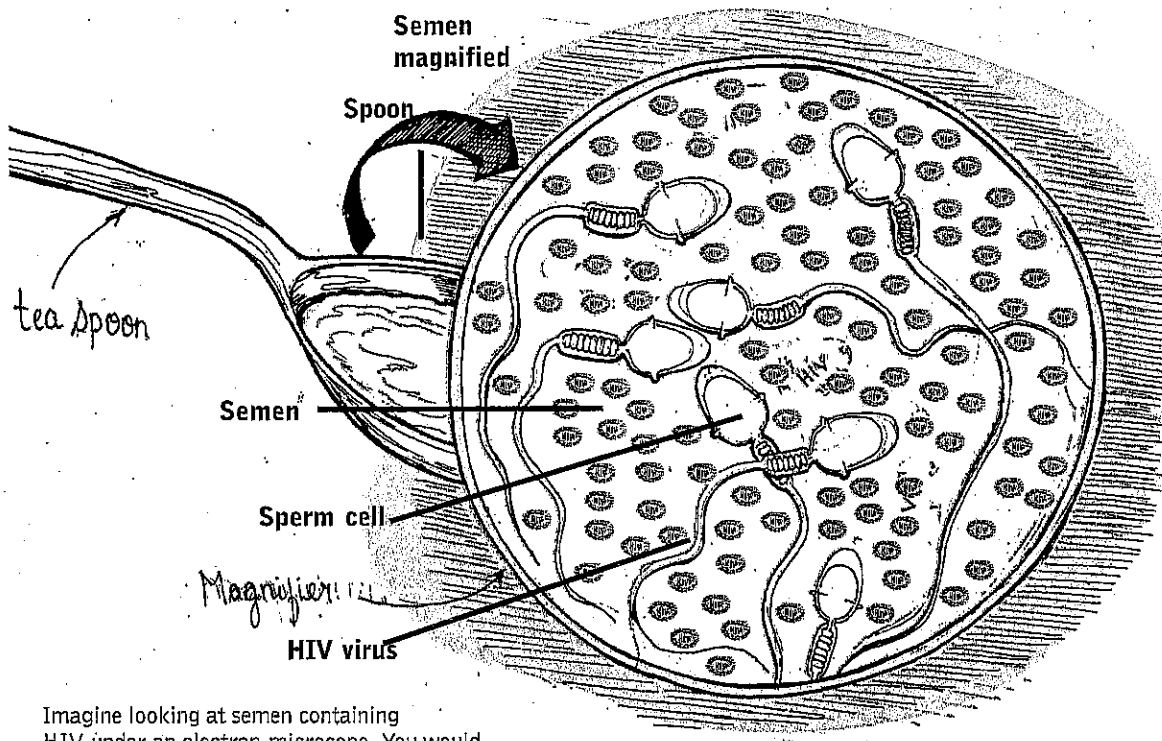
Boys tell each other that an erection means that they need sex. This is not true. Erections come and go on their own. They do not need sex to go. The excess blood will drain from the penis and go back into the body. The penis becomes soft within a short time.

Erections in class, at assemblies or on the playground are a real embarrassment for boys. As a teacher, you can reduce boys' anxiety. Tell them that when a boy gets an erection, he is normally the only one who knows. People around him rarely notice. Tell pupils that if they do see an erection, they should not tease the boy. This is unkind, just as it is unkind to tease a girl with big breasts.

Boys may ask you if it is normal for an erect penis to curve slightly upwards or to the left or right. The answer is yes, it is normal. Tell boys that even babies and old men get erections.

6.11. Penis size

A final worry for boys is the size of their penis. Boys think sex will make their penis grow. This is risky and false and damages their reproductive health.



Imagine looking at semen containing HIV under an electron-microscope. You would see sperm cells swimming. Outside the sperm cells in the semen, you would see many tiny viruses: HIV.

As a teacher, reassure boys that all their body parts will grow as they pass through adolescence. Sex cannot make the penis bigger. Indeed, sex causes problems for the penis in the form of HIV/STIs. Tell boys that if they are concerned about the strength of their penis, they need to protect it by delaying sex.

Delaying sex is the best way to have a healthy penis when they are adult. It is also a fact that the penis always increases in size when erect.

Finally, a happy sexual relationship does not depend on the size of the penis. It depends on how the two partners feel about each other.

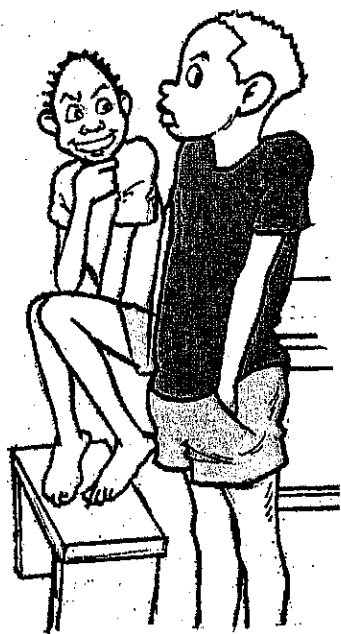
6.12. Penile hygiene

As a teacher, you will rarely be asked about penile hygiene. But it is a topic that you should raise in classes or clubs, possibly with a boys-only group. Penile hygiene is important for reproductive health.

Question from boy, P5

When I wake up in the morning the penis stands up. What causes that?

Boys who are not circumcised need to draw back their foreskin and clean their penis every day. This will prevent the accumulation of smegma.



Pupils should not laugh if they notice a boy's erection.

Smegma is a whitish creamy substance found beneath the foreskin of the penis. It helps the skin to slide back smoothly over the head of the penis.

However, if smegma accumulates under the foreskin, it can cause an infection.

If the area under the foreskin is damp and unwashed, it becomes an ideal breeding ground for germs. It also becomes sore and broken. Bacteria and viruses like HIV find it easier to enter the body.

Boys need to know how to clean their penises. They need to roll back the foreskin and wash gently beneath it.

Penile hygiene is an important part of a good upbringing, like good hygiene during menstruation.

Penile hygiene does not protect against HIV/STIs but it helps. The best protection is always to delay sex.

6.13. Activity 4: The boy and the girl who belonged to the 'Anti-bathing Club'

Teacher's instructions

Prepare cards with an item from the following list on each one. These are things that the school nurse talks about in the story you are going to read:

- It is important for boys and girls to wash their bodies every day.

- Particular care should be given to areas where there are folds of skin. This is because dirt mixed with sweat will gather there and cause a bad smell. These areas are: armpits, neck, ears, between the legs, between the buttocks, and the private parts themselves.

IS IT TRUE THAT A MAN WITH A SMALL PENIS CANNOT SATISFY A WOMAN? CAN A MAN WITH A SMALL PENIS HAVE CHILDREN?

Question from boy, upper primary

- When a boy does not wash under his foreskin, dirt mixed with sweat will gather there. Germs will grow, causing some whitish stuff to develop. This is called smegma.
- If smegma stays there for a long time, the head of the penis may develop sores.
- When a girl does not wash her private parts properly and regularly, dirt mixed with sweat will gather in her vulva and the folds near it. Germs can grow and may find their way into the vagina. This may cause a bad smell and itching in the private parts.
- Girls and boys must always wash their used underclothes every day and dry them in the sun
- Putting on damp underpants/knickers will lead to infection.

Tell the following story to the class. Read it two or three times to make sure everyone understands fully.

Tiffy was a girl of 13 in P6. Tofel was a boy who was her classmate. Both of them were 13 and in P6. These two sat at the extreme back of the class. No one wanted to sit near them. The other children nick-named them 'members of the Anti-bathing Club' because they spent many days without washing their bodies or their underclothes. Their classmates often reminded them of the importance of keeping their bodies clean, but they did not care.

One day the class teacher inspected the class for cleanliness without warning. Tiffy and Tofel smelt very bad. So the class teacher told them to go to the school nurse for a check-up. Tofel was found with a swollen penis, with some white stuff like porridge under the foreskin. Tiffy had developed a bad-smelling vaginal discharge, which looked like milk gone bad.

The class teacher invited the nurse to give instructions to the whole class on how to wash their bodies and keep their underclothes clean.

- Divide the pupils into groups of 4-8.
- Give each group a card you prepared with information which the school nurse in the story gave to the class.
- Ask each group to choose a pupil to act as a nurse and let the groups prepare a role play.
- Using the information on the card the group has been given, pupils in the group can pretend to be clean or dirty and ask the nurse for information about the problem.
- The "nurse" can then read the information directly from the card.
- Groups should present their role plays to the class.

- When all the groups have presented their role plays, start a short discussion about them, asking questions such as:
 - Why should we wash our bodies every day?
 - Where on our bodies are dirt and germs most likely to collect?
 - Why do you think wearing damp underclothes is bad for us?

Follow-up activity

- Ask each pupil to write one paragraph (less than 100 words) on "Why we must wash our bodies every day".
- Collect the written assignments next day and mark them.
- Pupils who write the best essays should read them aloud to the class.

6.14. Activity 5: An essay competition on hygiene

Teacher's instructions

- Find pictures of young people who do not look very clean, e.g. a boy or girl with long nails, a boy who looks dirty and untidy.
- If you cannot find photographs, try to make drawings. You can exaggerate the unhygienic things you want to show.
- Ask each pupil to write a short essay (200 words) about one of the pictures.
- Mark the essays and choose the best three or four to read aloud to the class.

Follow-up activities

- Get the children to write a sentence on a piece of paper or card about a good health practice and display the results in the classroom.
- Ask the headteacher to buy some paints and manila paper. Get the pupils to make posters with messages about hygiene to fix to the wall of the latrine.
- Change the posters every week.
- Hold health parades once a week.
- Hold a class debate on: "The school should always punish children with bad health habits."

6.15. Activity 6: Writing about how to keep our genitals clean

Teacher's instructions

- Give a piece of paper or card to each pupil.
- Ask each pupil to write a short essay on how to keep their private parts clean, comparing what they hear from home and their friends with what they learn at school.
- They should not write their name on the paper.
- Read some of the best essays.
- Hang them at the back of the class.

Follow-up activities

- Explain that each morning before school, pupils should bathe and also wash their private parts.

- Ask each child to talk to her/his younger sisters and brothers on how to keep their bodies clean.
- When parents buy them underwear, ask the pupils to explain the importance of wearing underwear made of cotton instead of nylon or other artificial material.

6.16. Activity 7: Pictures of material for cleaning private parts

Teacher's instructions

- Get a manila sheet for each pupil.
- Ask them to draw the following materials:
 - Materials to use in washing their private parts.
 - Materials to use after visiting the toilet.
- Get the pupils to label each picture correctly.
- Display the pictures in the classroom.

Follow-up activities

- Ask pupils to go to the shops or market nearest to their homes to find out the types of underwear available and what they cost.
- Ask each pupil to think about a small project they can start at home to help them raise money for materials to keep their private parts clean, e.g. soap and cotton underwear.
- Simple projects may be keeping local chickens, making a toy, etc.
- Let each pupil write down her/his project and how she/he intends to do it.
- Explain that at the end of the term, each child will write a small report on how the project helped him/her to raise the money they needed.
- The report should also show how this money was used.

6.17. Sexual feelings

During puberty, boys and girls start experiencing sexual feelings. This too is normal.

Education on reproductive health helps pupils to accept their feelings. It helps them to recognise those feelings but not to act on them.

As a teacher, be understanding about the sexual feelings of pupils. Tell pupils that they can control those feelings. The feelings do not have to lead to sex.

Young people have many good ways to cope with sexual feelings. These include:

- going for a walk
- helping around the home
- playing sports
- praying or reading the Bible
- talking to friends

Encourage pupils to use these ways to stay safe.

6.18. Sexual intercourse

PIASCY does not need to teach the details of sexual intercourse. But as a teacher, you need to be able to answer pupils' questions.

Question from girl, 13, P7

When I see my boy friend coming home my heart beats and I feel like playing sex. What causes that?

Sexual intercourse is when a male puts his erect penis in the female's vagina. This is what is called "sex".

As the sexual act begins, the penis produces lubricating fluid. As the act comes to a climax, the male releases semen into the vagina. This release is called ejaculation.

Both the lubricating fluid *and* the semen can contain HIV or other STI germs. Therefore,

Question from boy, 12, P6

My girl friend always asks me for sex but I refuse because we are still young. But I always dream about her whenever I sleep. What can I do?



Sexual feelings are natural but they should not lead to early sexual activity.

an infected male can infect the female if the sex is unprotected.

The male can infect the female even if he does not ejaculate and withdraws before releasing the semen. The HIV in the lubricating fluid is enough to infect her.

The lubricating fluid also contains some sperm cells and can lead to pregnancy.

Males normally ejaculate about a teaspoonful of fluid. This contains about 500 million sperm cells.

Therefore, if there is an egg in the female's fallopian tube, it will be an *accident* if the female does not get pregnant, if the sex is unprotected.

In mature females, when aroused and ready to have sex, the vagina becomes wet. This enables the penis to enter.

However, if the female has HIV or another STI, the vaginal fluid will contain the germs that cause HIV/AIDS or the STI.

Girls also produce sexual fluid, although less, especially when they are forced or frightened.

These fluids will go onto the penis of her partner and can infect him with HIV or any other STI.

Proper condom use during sex can prevent this movement of fluids from the male to the female and the female to the male. Proper condom use will protect them from HIV/STIs and unwanted pregnancies.

Question from boy, 12, P6

Contraceptives like pills and injections do not prevent AIDS.

Your pupils need to know that there are many false claims about sexual intercourse and pregnancy.

None of the following protect against pregnancy:

- Sex during menstruation
- Sex standing up
- Sex before the girl has menstruated
- Taking an aspirin or jumping after sex
- Withdrawal of the penis before ejaculation
- Washing the vagina/penis after sex
- Having sex just once

There are also many confusions about sexual intercourse and the hymen.

The hymen is a thin piece of tissue or a membrane that covers part of the entrance to the vagina in some girls.

Some girls are born without a hymen. Some lose it as they grow older. In girls who have a hymen, it never covers the entire entrance to the vagina. There are always small holes or slits to let menstrual blood pass out.

The first time a girl with a hymen has sex, she may bleed. But a virgin does not have to bleed. She may have very little hymen.

The hymen can never be tough. First sex never requires force because of a hard hymen. Condoms can be used for first sex.

Pupils may ask if the hymen becomes tough in a girl who delays sex. The answer is NO. There are no negative consequences of abstaining.

Pupils are also likely to ask: why do people have sexual intercourse? You can say that grown ups have sex to have babies, communicate affection and feel close to someone they love in marriage or a special relationship. You can add that sometimes people have sex for the wrong reasons:

- in the hope that they will be loved

What is Sex?
How can I Stop AIDS?

Question from boy 14, P6

Is it possible for a woman to get pregnant after having sex once with a man?

- to fit in with friends
- to get money or things
- to feel mature
- to show off their manhood
- because they think they must act on sexual feelings
- because they are curious.

Remind pupils that sexual intercourse always needs to be safe and legal, including:

- after age 18
- with a loved partner
- protected from HIV/STIs and pregnancy
- after testing for HIV with the partner
- after both testing negative for HIV

Tell pupils that sex does not mean love. It cannot strengthen a relationship that is not meant to be.

6.19. Pregnancy

Pregnancy occurs when a male and female have unprotected sex.

A girl can become pregnant if she has unprotected sex before or after she starts her menstruation. A boy who has wet dreams can make a girl pregnant if they have unprotected sex.

When the male ejaculates in the female's vagina, sperm cells swim past the cervix into the uterus and into the fallopian tubes. Sperm can live in these tubes for over four days.

If the sperm cells meet the egg in one of the fallopian tubes, a sperm cell can enter the egg, causing fertilisation.

The fertilised egg implants itself in the lining of the uterus. Implantation marks the beginning of a pregnancy.

A missed period indicates pregnancy if a girl has had unprotected sex. She needs medical help. Teenage pregnancy has many terrible consequences.

A boy faces:

- Being beaten/imprisoned by the girl's family
- Being forced to pay a big fine or marry the girl
- Becoming a father at a very young age
- Dropping out of school
- Risk of HIV/STI infection.

A girl faces:

- Pregnancy-related illness, injury and death
- A poor life as a child mother
- Dropping out of school

- Risk of HIV/STI infection
 - Rejection by her family and the boy who impregnated her.
- Girls in primary school are too young to safely carry a pregnancy and deliver. They can:

- Become severely anaemic
- Need an operation to remove the baby
- Bleed to death during birth
- Give birth to an underweight, sickly or dead baby.

A girl who does not receive medical care in time can experience a long and damaging labour. The pressure of the baby's head can create a hole between the vagina and the bladder or rectum. The girl is no longer able to hold urine or faeces. This is one of the most dramatic consequences of early pregnancy.

As a teacher, encourage pupils to prevent pregnancy by delaying sex for as long as possible and at least until age 18. For those who have already started sex, you need to talk about "stopping sex". Some older pupils may need counselling about condom use and checkups for STIs.

Tell pupils that safe days do not protect young girls from pregnancy and that every day is a day for HIV/STIs.

6.20. Caring for the pupil who conceives

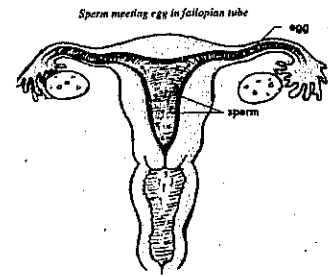
In 2001 there were almost 6000 pregnancies in primary school girls. This is one for every other primary school in Uganda.

Your school needs to *prevent* pregnancies but also *prepare* for them. If one of your pupils becomes pregnant, urge her:

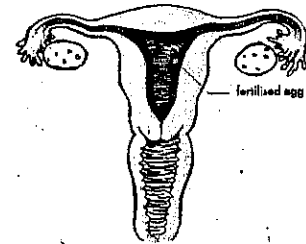
- To talk to a trusted adult and find a way to inform her parents/guardian. Girls get into great problems when they attempt to hide a pregnancy.
- To join an antenatal clinic and attend regularly.
- To deliver at a well-equipped health centre where she can be operated upon if necessary.
- To try to return to complete at least P7 after delivery.

As a teacher, you can try to help parents to accept their daughter's pregnancy. Supportive parents can make a very big difference to the outcome.

Sperm cell meeting egg in fallopian tube



Fertilized egg implanted in the uterus



Fertilised egg implanted in the uterus

Parents are often angry when a girl who becomes pregnant while she is still at school.





A girl who has to care for her baby will be forced to drop out of school.

6.21. Pregnancy and HIV

One of the ways that HIV is transmitted is from mother to the baby. This can happen during pregnancy, delivery or breastfeeding.

The majority of mother-to-child transmission occurs during delivery.

In Uganda each year, about 60,000 HIV positive mothers give birth. If nothing is done to prevent mother to child infection, an estimated 30% of babies born to these mothers will be infected with HIV. That would mean that around 20,000 babies would be infected with HIV from their mothers each year in Uganda.

However, scientists have made good progress discovering medicines that work against HIV. Today in Uganda it is possible to reduce the chances of the baby being infected with HIV during delivery. The mother begins to take a medicine as she goes into labour. This reduces the amount of virus in the mother's body.

Question from girl, 13, P6

my friend has produced and she has no clothers to wear her child and she has no husband what can we do for that girl?

It is therefore very important for a young girl who is pregnant to test for HIV at her antenatal clinic. This service is available in over 25 health units in Uganda.

If she has HIV, she should also *always* deliver in a well-equipped unit or hospital to prevent a long labour. Babies are most likely to get infected during long deliveries.

She will also be advised on the best way to breastfeed to reduce chances of passing HIV to her baby.

6.22. Activity 8: Game: "Am I ready to be a parent?"

Teacher's instructions

- Tell the pupils about this activity several days before they do it.
- Ask each child to bring to school a raw egg of any domestic bird.
- During the activity, explain that each of the children will imagine that the egg is a real baby.
- Discuss with them what the baby needs to grow properly. They may say:
love, time, being carried, clothes, and a good cot/bed.
- Add other points if they do not mention them.
- Ask the children if they have understood their role as parents.

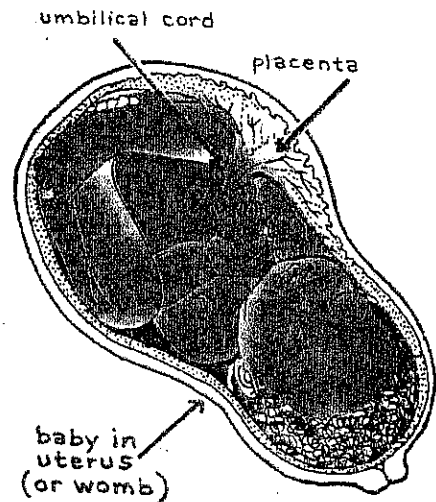


A pupil who becomes pregnant should always be advised to attend a health centre.

- Tell them that for the next six days, each one of them is going to carry the egg they brought with him/her at all times, as a mother or father would do with a real baby.
- Explain that they must record in their exercise books or a special notebook all the accidents, problems or challenges they faced every day as they tried to care for their "babies".
- Explain that after six days the class will share their experiences.

Follow-up activity: Sharing experiences

- Welcome back the "parents" from their one week of looking after their "babies".
- Ask each child to write down one major lesson she/he learnt from this experience. This lesson should not be more than one sentence.
- Pin up these lessons at the back of the class to remind them of the consequences of sex and pregnancy.
- Start a discussion on their experiences.



Discussion questions

- How did you feel being a parent for the six days?
- What activities did you have to miss as you cared for your babies?
- From your experience do you think you are ready to become a parent?
- How do you prevent early parenthood?

6.23. Activity 9: The sufferings of a girl called Shy

Question from girl, 13, P6

can a woman affected with HIV/AIDS produce a normal child? from

Teacher's instructions

- Tell the story slowly and repeat it at least twice.
- You are free to use another story which has a stronger message.
- Choose children to act as Shy's older brother, Shy, Auntie and the neighbour.
- After the role play ask these questions:
 1. Why was Shy disturbed about her menstruation?
 2. Why did Shy go to the village to talk to her auntie?
 3. What was wrong with the Auntie's information?
 4. Why do you think Shy kept quiet after the neighbour defiled her?
 5. What would you have done differently if you were Shy?

Shy is a 13 year old girl in P7. Last year when she was in P.6 she started her menstruation. She was scared. She told her older brother who paid school fees for her that she had a strange disease and wanted to go to the village and tell her auntie. She did not attend school for three days.

Every time she felt blood flowing out of her vagina, she would go and wash but it would not stop. When she got to the village, her auntie told her that is was menstruation and it happened to every woman. She also cautioned her never to come near boys and men because the day she did, she would become pregnant.

On her way back to her brother's home, a neighbour defiled her and she became pregnant. She did not tell her brother what happened until she started feeling pain. She died as she was giving birth.

Follow-up activity

- Ask the pupils to write down some of the confusing messages they get from peers and adults about sex and pregnancy.
- Pin up the messages.
- Get pupils to write a correct message to put beside each wrong one. Leave the messages there for several days.

Chapter 7

STIs, HIV and AIDS

Objectives

- To provide teachers with basic information about STIs, HIV and AIDS and their consequences.
- To help teachers to highlight information about risky situations and how pupils can avoid HIV infection.
- To help teachers to understand the importance and value of HIV testing and counselling.
- To help teachers to be able to explain to pupils the difference between the facts and misconceptions about HIV/AIDS.

Question from girl, 13, P7

Can a girl of 12 years get a Sexually Transmitted Diseases through sex?

7.0. What are STIs?

STIs stands for Sexually Transmitted Infections. These are infections that are passed from an infected person to another through intimate body contact.

STIs are most commonly transmitted through unprotected sexual intercourse where there is exchange of infected body fluids. However, some STIs can be transmitted through direct contact with infected skin. STIs can be spread from a male to a female and from a female to a male. They can also be spread from male to male and female to female. Some STIs can be transmitted from an infected mother to her baby.

Sores

HIV is the most famous STI. It was discovered only 20 years ago and today still has no cure. HIV is usually talked about separately from the other STIs such as syphilis, gonorrhoea and genital warts.

Warts

Why do you need to talk about STIs to your pupils?

First, STIs are a problem in themselves, causing sickness and infertility.

Pain

Second, if you have an STI, it makes it easier for HIV to enter your body.

So by reducing the STIs in the population, we can also reduce the spread of HIV.

Swelling

7.1. Signs of STIs

In the past, experts used to talk about the different STIs. But today doctors think that people are not helped much by this kind of detailed knowledge. Instead, doctors want us to be alert to and aware of any changes in our private parts. They want us to seek advice and treatment if we suspect that anything is wrong.

Rash

We need to take action if we notice any of the following:

- A sore on, in or around the private parts. This can be painful or painless.
- Any blisters or rash on the private parts
- Swellings on, in or around the private parts
- Pus or a bloody discharge from the penis or vagina (not menstruation)
- Any discharge from the vagina that has an abnormal colour
- Any discharge from the vagina or penis that has an offensive smell
- Pain or burning on urination
- Itching in or around the private parts
- Lower abdominal pain.

Itching

Burning

Blisters

However, some STIs do not give any sign. Other STIs give signs but they are hard to see. Females particularly can have a sore in the vagina that they cannot feel or see, and they may not notice an abnormal discharge from the vagina.

Therefore, any person who has had unprotected sex could have an STI and not know it.

As a teacher, you need to encourage pupils to get treatment if they have had sex and are worried about anything on or around their private parts.

The earlier STIs that are detected and treated, the less damage they do in the body.

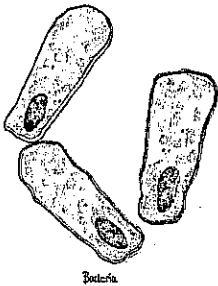
Some STIs are caused by bacteria. These STIs are curable with antibiotics if treated early. They include syphilis, gonorrhoea and chancroid.

Other STIs are caused by viruses. They include HIV/AIDS, genital herpes and genital warts.

Genital herpes and warts cannot be cured but can be controlled by medical treatment and lifestyle changes such as reducing stress.

Normal vaginal discharge

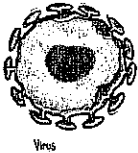
To notice an abnormal vaginal discharge, you need to be familiar with your normal healthy discharge. This should be white in colour or clear like the uncooked white of an egg. It should smell neutral or healthy and not offensive. It is not itchy.



HIV is an STI which has no cure. Once a person is infected, the virus remains in the body forever.

It is not possible to become infected with an STI from a basin.

A baby can acquire an STI from its mother before, during or after birth. A baby who is born with syphilis will be very sick and will not reach primary school without treatment.



7.2. Preventing STIs

The best way for pupils to protect themselves against STIs is to delay sex for as long as possible and at least until the age of 18.

Pupils who are having sex and refuse to stop can protect themselves by using condoms consistently and correctly every time they have sex.

If you think a pupil is having unprotected sex, advise the child to stop. You can also ask a health worker to talk to the pupil.

Question from boy , P6

can syphilis be completely cured?

7.3. STI treatment

If a pupil or a colleague appears to have an STI, they need urgent treatment from a qualified health worker.

They need treatment with their sexual partner(s) who may also be infected.

Question from boy 13, P6

When ever I want to urinate and I take long, my penis begins paining and suffering from G.T.A.s.

They need to complete the treatment and not share drugs. After completing the drugs, they need to go back to the health centre with their partner(s) to check that they are better.

They need to abstain from sex while on treatment.

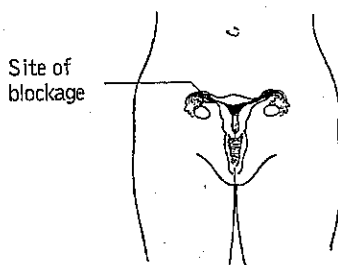
If a person gets an STI, it is a sign that he or she has had unprotected sex with a partner who is having unprotected sex with yet other people. This is a very risky situation.

If STIs are not treated early, they can cause serious complications, including infertility in both males and females, mental illness and heart disease.

Infertility is the most common of these problems. The bacteria that cause some important STIs like to live in tubes. They go to the male's and female's tubes, cause swelling, scarring and pus formation. Eventually the tubes become blocked. Blocked tubes are a major reason couples cannot have babies.

7.4. STIs and HIV

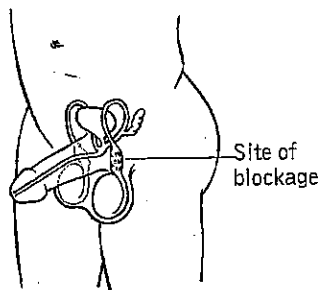
A person who has an STI has higher chances of contracting and transmitting HIV. Contracting HIV: Sores, rashes, blisters are all open doors for HIV. HIV also enters the body easily if the person has a discharge. Infected discharges are rich in white blood cells, the cells that HIV seeks to live and replicate in.



Transmitting HIV: If a person has both an STI and HIV, he or she can more easily infect partners. The discharge from the penis or vagina caused by the STI will have a high concentration of HIV germs. Any sores will also have HIV concentrated around them.

7.5. Candidiasis

Candidiasis is not strictly an STI. Virgins can get candidiasis. But candida can also be passed through sex.

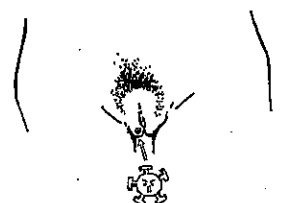


We talk about it here because it causes discomfort and confusion. Candidiasis is a fungal infection common in females. Males can also get it under their foreskin. It is caused by an overgrowth of micro-organisms that live normally in the vagina. The vagina becomes itchy and swollen and releases a discharge that is white and sticky, a bit like clotted milk.

When there is a sore on the private parts, HIV finds it easier to enter the body. Keep your private parts healthy and free of STDs!

STDs cause swollen, scarred and blocked tubes. These, in turn, cause infertility in males and females.

What causes the overgrowth? Factors can include stress, taking antibiotics, and wearing clothes that are tight and airless, like nylon underwear or tight jeans. People with diabetes or HIV frequently get candidiasis.



A pupil with candida will be uncomfortable and anxious. Even if she is a virgin, she will worry that it is an STI.

A child with candida needs to go to the health centre for treatment. She or he should also:

- Wash the genital area with mild salty water
- Clean the genital area twice a day
- Wear clean dry underwear and loose clothing
- Dry underwear in the open air.

Candidiasis is completely curable.

7.6. Activity 1: A handshake game about transmission of STI

Teacher's instructions

- Tell pupils that you are going to teach them a very interesting game.
- Ask for two volunteers (1 girl and 1 boy). Whisper in their ears that as they shake the hands of their friends they should say "STI" instead of "How are you?"
- They must not tell anyone what they have been told to do.
- Tell the rest of the pupils that they must greet as many of their friends as possible, shaking their hands and whispering the words "How are you?" in their ears, so that only they can hear it.
- Explain that if they hear another type of greeting, they must use that new form instead of "How are you?" until the game is stopped.
- When everyone understands what to do, start the game and end it after 30 seconds.
- Then tell the pupils who heard the greeting "STI" and replied in the same way to raise their hands.
- Point out how many were 'infected' after only such a short time.

After the game

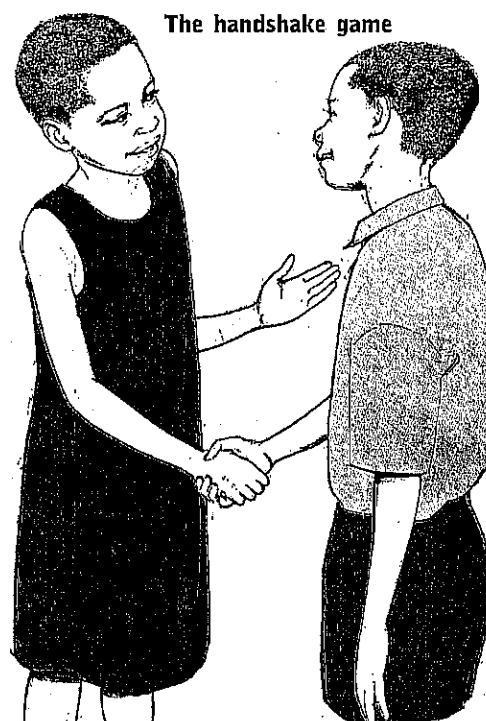
Lead a discussion of the game using these guiding questions:

- How many hands do you remember shaking?
- How many of you received a new greeting "STI"?
- How did you feel getting a new greeting when you expected "How are you?"
- What do you learn from the game about STIs and how they are spread?

Emphasise these points to the pupils:

Letter from girl, 13, P7

STIs are diseases which are passed from one person to another through sexual intercourse.



- STIs are diseases that can be passed on from one person's private parts to another person's private parts.
- They are very infectious: you can have sex once and get an STI, including HIV.
- You can avoid getting STIs by not allowing anyone to put their private parts close to or inside yours. We call this refusing sex.
- Emphasise that the handshake activity was just a game, in which no one was infected. You cannot get an STI from shaking the hand of an infected person. But it shows how STIs can be passed on in an enjoyable way without the person knowing it.
- Review the causes of STIs:
 - Having sex with many partners.
 - Having sex without a condom.
 - Poor hygiene, sharing personal items (e.g. pants)
 - Using unsterilised instruments (e.g. needles).

It is important to be careful with what we do if we want to live longer and stay healthy.

Follow-up activity

- Pupils can practise the game outside with other colleagues from other classes.

7.7. Activity 2 : A poem about the signs of STI

STI, STI, STI,
 Bad disease STI
 Itchy body parts STI
 Skin rash STI
 STI, STI, STI.

Swollen vagina STI
 Smelly discharge STI
 Some times fever STI
 STI, STI, STI.
 Painful urination STI,
 Sometimes with blood STI
 All are signs of.....
 STI, STI, STI.

Teacher's instructions

- Write the poem on the blackboard.
- Read the poem to the class, then ask the pupils to recite it together.
- Ask these questions:
 1. What is STI in full?
 2. How can a person catch STI?
 3. What are the symptoms of STIs?
 4. How can we avoid STIs?
 5. What should we do when we get STIs?

Follow-up activities

- Pupils make a list of items they should not share with others in order to avoid STIs.
- Pupils compose their own short poems about STIs.

7.8. Activity 3: Myths and misconceptions about common STIs in Uganda

Teacher's instructions

- Write "agree" or "disagree" or "I don't know" on separate pieces of manila or card and put them in three corners of the classroom.
- Read the statements below one by one. After each statement, ask the pupils to choose which corner to go to.
- Read each statement again and again to ensure that all the pupils have understood what to do.
- When every pupil has moved to a corner, choose a pupil to give reasons why he or she has chosen that particular corner.
- Try to ask questions from pupils at each of the three corners.
- Write each statement you have read on the blackboard.
- When all the statements have been read out and written on the blackboard say:

All these statements are false!

Having an STI increases the risk of being infected with HIV.

Statements about myths and misconceptions about STIs

- You are not a man if you have never contracted an STI.
- STIs can be sent to you through witchcraft.
- A man is judged by the number of sexual partners he has had.
- If you have an STI, you cannot contract HIV.
- Playing sex with a virgin cures STIs.
- Girls who have not started menstruating cannot contract an STI.
- Prayers alone can cure STIs.

Follow-up activities

- Pupils find out more about myths and misconceptions from the people at home.
- Pupils share their own stories involving myths and misconceptions amongst themselves.

7.9. Activity 4: A talk about syphilis and gonorrhoea

Teacher's instructions

- Ask the head teacher to write an official letter inviting a medical resource person to the school to talk about syphilis and gonorrhoea: their causes, effects, treatment and prevention.
- Ask the pupils to prepare questions for the visitor.

- Organise the space where the resource person will talk to the pupils.
- Introduce the resource person to the pupils.
- After the talk, allow the pupils to ask their questions.
- In the next lesson, review with the pupils what they have learned from the talk.

Follow-up activities

- Ask the pupils to discuss the benefit of seeking treatment early for STIs with their friends.

7.10. Activity 5: Visiting a health centre

Teacher's instructions

- Ask the manager of the local health centre if you may bring pupils to visit it. Arrange a suitable day and time.
- Make a list of the details you want the pupils to know about the health centre.
- Together with the pupils, make a checklist of questions to ask or things to observe in the health centre.
- Some of the questions could be:
 1. What happens to a patient when he/she arrives at the health centre?
 2. How should you approach a health worker?
 3. Where should you go when you are ill?
 4. Why do most people fear going to hospital?
 5. If we go to the centre alone, will the doctor or nurse tell our parents why we came?
- Take the pupils to the health centre. Arrange transport if necessary, especially for any pupils with disabilities.
- Get other teachers to help you accompany the class.
- At the health centre, divide the class into smaller groups of 10-15 children.
- After the visit, discuss with the pupils what they saw and found out.

7.11. Activity 6: Brainstorming about gonorrhoea

Myths about STIs

There are many false stories about STIs. Know what is true.

False: Having an STI proves you are a man.

True: STIs cause serious health complications, including death.

False: STIs are caused/cured by witchcraft.

True: STIs are caused by germs and cured/controlled by medicine.

False: If you have an STI, HIV cannot enter you.

True: If you have an STI, it is *easier* for HIV to enter you. You can have many STDs at a time, including HIV.

False: All STIs can run in families and be inherited from grandparents.

True: A child born with an STI will be too sick to live into adulthood and reproduce, unless they have medical treatment.

Teacher's instructions

- Use guided group discussions on gonorrhoea and how people can get it.
- Organise the pupils into groups of 5.
- Write the following guiding questions on the board:
 1. How can you get gonorrhoea?
 2. Why is gonorrhoea a serious disease?
 3. Can it be cured? How?
 4. How can you tell if you have gonorrhoea?

- Let the pupils discuss these in their groups, then report their answers to the class.

7.12. Activity 7: Drawing the story of gonorrhoea

Teacher's instructions

- Get enough manila paper for pupils to draw 6 small pictures.
- Tell the class that you are going to write 4 sentences on the blackboard and that they should draw a quick picture that shows what is happening. The pictures can be just outline or stick figures.
- Write these sentences on the blackboard.
 1. One day, a man goes to a disco.
 2. He dances with a girl and later he goes home with her.
 3. A few days later he feels pain when he urinates.
 4. After a few more days, he cannot urinate at all.

Note: If you cannot get enough manila paper for the pupils, draw quick sketches on the blackboard yourself, or you could ask individual pupils to draw on the board.

- When all the pictures are drawn, ask guiding questions:

Q 1: What did the man get?

A1: An STI

Q2: Which STI?

A2: Gonorrhoea.

Q3: What do you think he should do when he felt pain urinating?

A3: Go to the clinic.

- Write the following 2 sentences on the blackboard showing a happy ending to the story:
 5. The man went to his local clinic and told the doctor how he felt.
 6. The doctor gave him an injection and told him to come back for a check-up in a few days.
- Ask the pupils to draw pictures to illustrate the new sentences or draw them yourself on the blackboard.

Follow-up activities

- Ask pupils to suggest why many people fear going to a clinic when they think they may have an STI. Why do you think they should not be afraid?
- Ask the pupils to create another story sequence about a girl and how she acquired gonorrhoea.
- Tell each pupil to inform 5 others about the signs and symptoms of gonorrhoea.
- Discuss with the pupils the benefits of delaying sex until marriage.

7.13. Activity 8: Composing a song, poem and role play about an STI

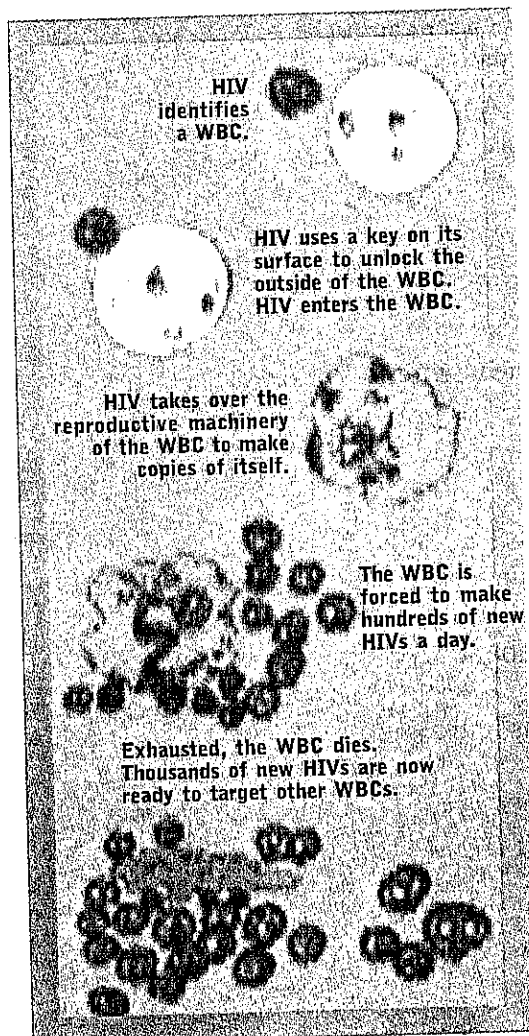
Teacher's instructions

Note: This activity can even be done during pupils' free time and presented later in class.

- Divide the class into three groups.
- Ask one of the groups to compose a song about an STI.
- Ask the second group to write a poem about an STI.
- Ask the third group to make up a role play about an STI.
- Emphasise that all the groups should bring out clearly the message about what type of infection an STI is and how you can avoid it.
- Give each group time to discuss and prepare their presentation.
- Help each group in their task.
- When the groups are ready, get them to perform their song, poem and role play before the rest of the class.

Follow-up activity

- Arrange with the head teacher for your class to present their performances to the school at assembly.
- Contact the LC to arrange a time when the pupils can perform their presentations to the village.



7.14. HIV and AIDS

HIV stands for: Human Immunodeficiency Virus

HIV is a virus. Viruses are very tiny germs that are much smaller and simpler than bacteria. Viruses cannot reproduce on their own. They need to enter the cell of another living organism.

Unfortunately HIV likes to reproduce itself by using the reproductive machinery of the human white blood cells (WBCs.) These are the very cells that defend our bodies against germs.

When HIV enters the body, it looks for white blood cells, enters them and begins making copies of itself. In the process, it destroys the white blood cells.

The work of white blood cells is to protect the body against disease. But HIV is stronger than the white blood cells.

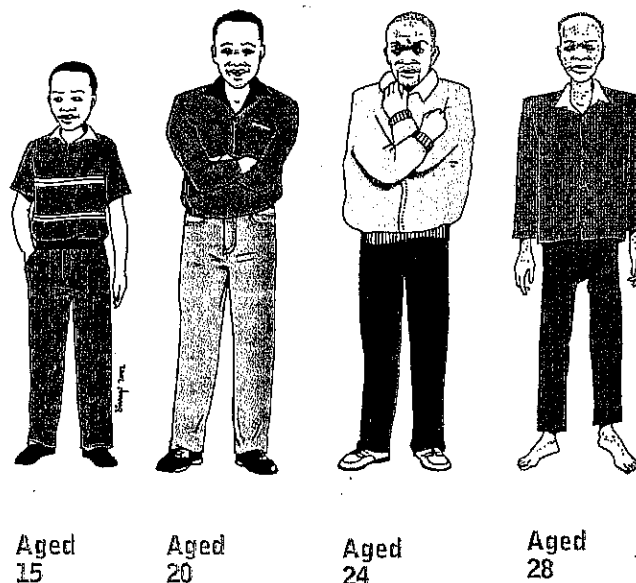
Our body makes antibodies against HIV but these cannot control the virus.

Slowly, over years, HIV destroys the white blood cells. The white blood cells become fewer and

fewer in number. At the same time, the amount of virus in the body increases.

After some time, on average about seven years after infection, the white blood cells are too few to protect the body against disease.

The person with HIV starts suffering from various diseases and ailments. These diseases are called "opportunistic" because they take advantage of the person's weakened immune system. When a person has a certain number of signs and illnesses, we say that the person has AIDS.



Tom became infected with HIV when he was 15. He was healthy until age 20. Then he began suffering small sicknesses. Nine years after infection, age 24, he was quite sick. He died of AIDS at age 29.

AIDS stands for:

Acquired (get)

Immune (body's defence mechanism)

Deficiency (lack of)

Syndrome (a collection of body signs and symptoms)

After HIV enters the body, the person looks healthy for up to 10 years. Only an HIV test can detect the presence of the virus. This healthy-looking person with HIV can infect others with HIV.

There is a rumour that HIV cannot infect people with blood group O. This is completely false. Anyone can get infected.

7.15. The difference between HIV and AIDS

HIV is the virus that causes AIDS.

AIDS is the name for a combination of diseases suffered after HIV has greatly weakened the body's immune system.

Letter from girl, upper primary

AIDS is transmitted through having unprotected sex. And AIDS can be transmitted through blood fusion.
Children get AIDS from their infected mother at birth.

These diseases and health problems include: herpes zoster (kisiipi), persistent diarrhoea, cancer of the skin (kaposi sarcoma), meningitis, pneumonia, tuberculosis (TB), dementia (a form of mental illness), chronic cough, persistent fever and chest pain.

It is important for pupils to know that these diseases do not necessarily mean that someone has AIDS. People who do not have HIV/AIDS can also suffer from these diseases. Never assume that someone has HIV/AIDS.

7.16. Major signs

- Weight loss (>10% body weight)
- Persistent fever
- On and off cough
- Persistent severe fatigue
 - Diarrhoea longer than a month
 - Skin rash



Many children have lost parents to AIDS. They need a lot of sympathy and support from their friends.

7.17. Minor signs

- Chest pain
- Mouth ulcers
- Herpes zoster
- Profuse night sweats
- Oral thrush
- Fungal infections
- Swollen glands

7.18. How is HIV spread?

There are three main modes of HIV transmission.

1. Unprotected sexual intercourse with an infected person.
2. From an infected mother to the foetus or to the newborn infant. Babies born to HIV-infected mothers may be infected in the womb, during birth or through breastfeeding
3. Contact with contaminated blood

The most important routes are transmission through sex and mother to child.

HIV cannot be spread by:

- Hugging
- Shaking hands
- Insect bites e.g. mosquitoes
- Being bewitched
- Sharing toilets/ latrines
- Sneezing
- Playing or eating together
- Sitting or reading together

Encourage your pupils to love, support and share with their classmates who may have HIV.

As a teacher, you can fight discrimination against people with HIV in Uganda.

Question from girl, 14, P 5

Can a boy who has not started producing sperms yet get infected with HIV if he plays sex with an infected person?

Do not let your pupils point fingers at fellow pupils or teachers who appear to have HIV or AIDS.

7.19. HIV prevention

HIV and AIDS have no cure. As a teacher, you can encourage prevention.

Abstinence is the best way for pupils to protect themselves from HIV. It is cheap, available to everyone and is 100% protective against sexual transmission of HIV.

Pupils who are sexually active need to know that they can stop having sex for now.

Teach pupils that going for a test with a partner before ever having sex will also help to protect against HIV. Always test before any new sexual relationship, marriage or deciding to get pregnant. More than one test may be needed.

Pupils need to be encouraged to think about faithfulness in their future relationships. Having very few partners helps to protect against HIV.

Complete faithfulness between two non-infected partners gives excellent protection against HIV. HIV testing is therefore part of protection.

Pupils need to be aware of the benefits of condoms. Used consistently and correctly, condoms protect against HIV/STIs and early pregnancy.

Pupils need to cover any cuts or wounds on their bodies, especially when caring for people living with HIV.

Discourage pupils from sharing toothbrushes or unsterilised instruments like razor blades, safety pins and needles/syringes. Sterilise by boiling.

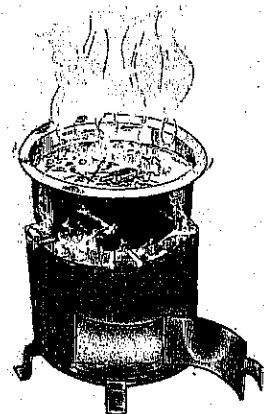
Explain to pupils that blood for transfusion is screened for HIV before it is transfused into patients.

7.20. Risky situations that contribute to the spread of HIV

The biggest cause of HIV infection is unprotected sexual intercourse. This can happen anywhere. However, there are certain situations where pupils may be more likely to have sex or be forced into sex.

These include:

- Moving alone in dark lonely places
- Accepting favours/gifts that you cannot show to your parents or friends
- Taking alcohol and/or addictive drugs
- Going to discos
- Early/forced marriage
- Boys and girls sharing beds/bedrooms
- Being alone with a member of the opposite sex.



Sharp instruments can be sterilised by boiling.

Talk to your pupils about how they can avoid these dangerous circumstances. Remember that these are risk factors and not causes of HIV infection.

7.21. Listening and counselling

As a teacher, you need to take into account the stresses on pupils affected by or infected with HIV. They may be frequently absent. Their performance may decline. They may be withdrawn and depressed.

Try to encourage them. You can help the child simply by listening.

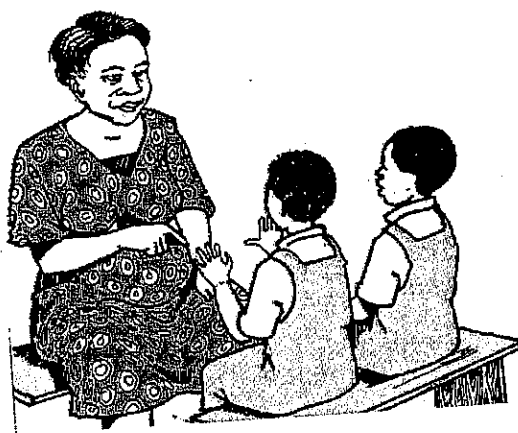
You may be able to refer them to a professional counsellor. Counselling is a dialogue between two individuals. It involves one person listening and the other person speaking freely about a problem.

The counsellor helps the person seeking counselling to think through options and take the right personal decisions.

Pupils who are affected by HIV/AIDS may need careful counselling.

HIV counselling is a special kind of counselling. It is done before and after taking a test for HIV. It helps the individual to accept the test results.

HIV counselling helps to make us stronger and more able to cope even if the result is positive.



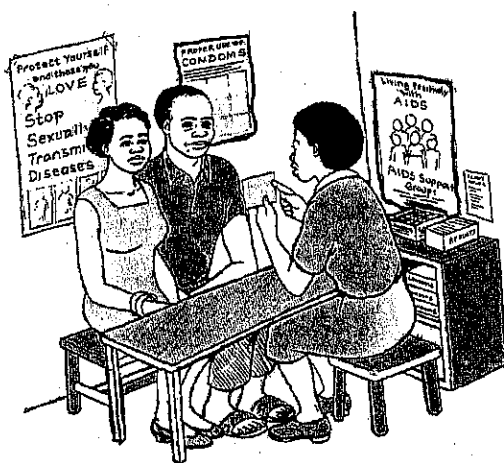
7.22. Testing for HIV

HIV testing is one way young people can protect themselves from HIV/AIDS. Through testing people learn their HIV status. HIV testing promotes safer sexual behaviour.

One study found a 43% reduction in unprotected sex in people who had undergone voluntary counselling and testing.

Many testing centres also provide counselling.

The most common test used in Uganda looks for the antibodies to HIV. It can take up to six months for these to be detected in the blood. Yet during this time, called the window period, a person who is infected can infect others, although the test shows negative.



For this reason, counsellors will tell you how many tests you need.

If the counsellor tells you that your result is negative, you will be counselled to adopt or maintain safer sexual behaviours. These will help you to remain negative and HIV free.

If the test is positive, you will be helped to seek early treatment for any health problems, to live positively, and to reduce chances of re-infecting yourself, infecting your babies and infecting other people.

Testing enables us all to plan our lives well. Talk positively about testing to your pupils. It will be part of their future.

7.23. Living positively with HIV

Living positively means coming to terms with the fact that you have HIV and looking after your health well. People who are living positively continue to live constructively, although they have HIV.

People with HIV need to test for tuberculosis (TB) as soon as they find out that they have HIV. TB is the leading cause of death of people with HIV. Yet it is completely curable and treatment is free in Uganda. Curing the TB can help a person with HIV to live for many more years.

People with HIV also need to:

- Eat nutritious food such as greens, beans, nuts and fish that help to maintain the immune system
- Abstain from sex or always use condoms
- Get prompt treatment for any ailment
- Get plenty of rest and always sleep under a mosquito net
- Take exercise like walking
- Maintain proper hygiene and sanitation
- Do light work
- Avoid alcohol and drugs
- Seek social support and counselling
- Seek spiritual comfort through prayers

HIV positive people who take good care of themselves can stay healthy for a long time without developing AIDS.

People with HIV need to reveal their status to their sexual partners. It is their duty to protect other people from contracting HIV.

In the past five years, some powerful new drugs have come to Uganda which can help people with HIV. Called antiretrovirals, these drugs do not cure HIV, but they do weaken and slow the virus itself.

By various actions, antiretrovirals can reduce the amount of the virus in the body. With less virus in the body, the white blood cells can increase in number.

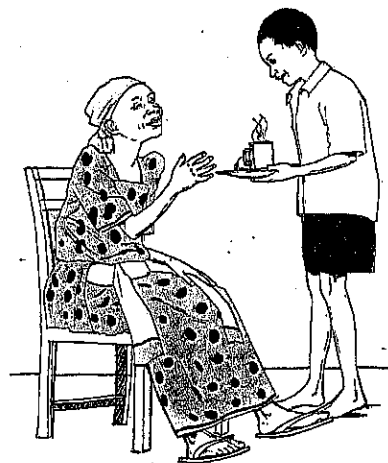
If the person responds well to the drugs, the immune system becomes stronger. The person with HIV or AIDS returns to a much better state of health.

Antiretrovirals can enable people with HIV to live longer and more productively. However, antiretrovirals are very expensive. They have to be taken daily *forever*. They have complex and difficult side effects. They are not a solution to HIV.

7.24. Adolescents born with HIV

Some children born with HIV can live with the virus until the age of 18 and still look normal and healthy.

Encourage pupils to care for people they know who are sick.



Such children can pass on HIV if they have sex. This is another reason why even virgins should test for HIV with their partners before having sex, marrying or getting pregnant.

Virgins who are HIV positive could have got the infection from their mothers.



A pupil who was born with HIV needs special attention to make sure he or she is living positively and does not risk passing the infection to others.

It is difficult being an adolescent infected since birth with HIV. Teachers, health workers and other concerned adults are still pondering how best to help these children. However, like all children and all people living with HIV, they need a lot of love and care.

7.25. Girls are very vulnerable

Research has shown that in Uganda girls are two to three times more likely to be infected with HIV than boys. At the AIDS Information Centre in Kampala about 8% of teenage girls test positive for HIV compared with 2-3% of teenage boys.

What makes girls more vulnerable?

- Culturally, girls have less control over their sexuality than the boys.
- Biologically, females have a larger area in their reproductive system through which HIV can pass than the males.

However, it appears that other biological factors make young girls even more at risk from HIV than adult women.

- In young girls, the vagina is not fully grown, is poorly lubricated and easily scraped or torn during sex. This creates many small breaks through which HIV can enter.

Young girls also tend to have sex with males who are older than themselves and who may already be infected with HIV.

- Only 2% of girls have their first sex with an age mate.
- Over 30% have their first sex with a male 3 to 4 years older.
- Almost 40% have their first sex with a partner aged 5 to more than 10 years older than themselves.

7.26. Activity 9: Visiting a person who is sick with HIV/AIDS

Teacher's instructions

- Discuss with the pupils what they should do when they visit a sick person.
- Visit a person (preferably a younger adolescent) who is sick with AIDS.
- After the visit, explain that pupils will role play what they learnt from the visit and discussion.
- Divide pupils in groups of up to 8.
- In each group, pupils should choose to be:
 - a sick person (preferably a young adolescent)
 - a person caring for him or her
 - visitors

- Help the groups to role play the situation, e.g. arrival, greeting, discussion of how the person feels, when they started to feel ill, did anything happen that they think made them ill, what they should do to find out if they have HIV, how they can be helped.
- Let the groups perform their role plays to the class.
- Summarise by pointing out the importance of aving voluntary counselling and testing (VCT) and the importance of supporting a person living with HIV/AIDS

Follow-up activity

- Pupils should write a short composition on "A visit to a sick person".

7.27. Activity 10: Myths about caring for young people living with HIV/AIDS

Teacher's instructions

- Write "True" on one card and "False" on another and pin them in different parts of the classroom.
- Read these sentences to the class one by one.
- After each sentence has been read, tell the pupils to go to stand by the card they think is correct.

1. Sharing toilets/pit latrines can spread HIV.
2. You can get HIV when you hug someone who has HIV/AIDS.
3. You can catch HIV playing football or netball.
4. You can get infected with HIV if you mix your blood with the blood of a person who is sick with HIV/AIDS.
5. You can get infected with HIV when you have sex for the first time if your partner has HIV/AIDS.
6. You cannot get HIV/AIDS from swimming pools and rivers/ streams where an infected person has been.
7. You cannot get HIV/AIDS from telephones and mobile phones used by a sick person.
8. You can get HIV/AIDS if you eat from the same plate as a sick person.
9. You cannot get HIV/AIDS from bed bugs and mosquitoes if you live in the same room as an infected person.
10. You can cure HIV/AIDS by prayer alone.
11. Sharing a bathroom and basins spreads HIV/AIDS.
12. Shaking hands spreads HIV/AIDS.
13. Toys spread HIV/AIDS.

- If pupils have chosen the wrong card, ask those who have chosen the right one to give them the correct information.
- Encourage the pupils to say if they are worried about catching HIV from a person they are caring for.
- Encourage them to care for sick people they know.
- Support any pupils who are looking after a sick person, who have lost a parent or who are looking after their younger siblings.

It is useful to display a list of myths and truths about HIV/AIDS.



7.28. Activity 11: Facts about positive living

Teacher's instructions

- Give the pupils an overview of the AIDS situation in Uganda and how people are working to improve it.
- Ask the pupils how people can live positively with HIV/AIDS.
- Provide paper so that they can write their suggestions.
- Collect the papers and read out the good suggestions.
- Write the key suggestions on the blackboard.

Follow-up activity

- Ask the pupils to write a list of foods that people living with HIV/AIDS should eat.
- Ask each pupil to write a poem on positive living with HIV/AIDS.

7.29. Tuberculosis and HIV

General information for the teacher

Tuberculosis (TB) is a disease which is spread through the air. The germ which causes TB is the TB bacteria. TB usually affects the lungs, but can affect other parts of the body like the bones. A person with TB disease feels sick and may infect others.

Many of us have TB germs in our bodies but we do not all get sick. People who have HIV should test for TB. TB is very risky for people with HIV. TB can be cured if the patient takes all the medicine given until it is finished. It is very important for people with HIV to get treated for TB.

Activity 12: Getting the right information about TB

Teacher's instructions

- Discuss TB with pupils. Discover what they know about TB
- Then give them this correct information.

How do you get infected with TB?

- When a person with infectious TB coughs, sneezes, spits or breathes close to you, you can get infected with TB.
- When you drink unboiled milk or eat meat which has not been well cooked, you can get TB.

How can we know if a person has TB?

- The person may have a cough which lasts longer than three weeks.
- Pain in the chest.
- When a person coughs and spits out thick mucous-like substance, sometimes with blood in it.
- Feeling very cold with fever and sweating at night.
- Growing thin.



TB is completely curable. Medicine must be taken every day for several months.

- Losing appetite for food.
- Swelling of glands (lymph nodes).

Note: People can show some of these problems but not have TB.

How can we prevent TB from spreading?

- Vaccinate all children against TB at birth or in the first week of life.
- Cover your mouth with a handkerchief every time you cough or sneeze.
- Do not spit on the ground. If you are infected and must spit, spit into a container and keep the container covered.
- Dig a pit and carefully bury what you spit out.
- Make sure your house is airy, not stuffy. Open doors and let air in. Keep some windows open.
- If someone has TB, the whole family needs to be checked for TB.

**If you have TB,
always cover your
mouth when you
sneeze or cough.**

Myths about TB

- TB is spread through witchcraft.
- TB can be spread through curses.
- TB has no cure.
- Everyone who has TB has HIV.

7.30. Activity 13: Role playing voluntary counselling and HIV/AIDS testing

Teacher's instructions

- Invite a resource person to explain VCT to the pupils.
- Pupils take notes about the importance of voluntary counselling and HIV/AIDS testing and ask questions.
- Explain the process of HIV/AIDS testing, e.g. where to go, what happens, what to do when you get the result, where to get help and counselling.
- Divide the class into groups and ask each group to prepare a role play about voluntary counselling and HIV/AIDS testing.
- They should choose roles, e.g. someone who thinks they have risked getting infected, a friend who advises them badly, a friend who gives them good advice, a nurse/doctor at a testing centre, a counsellor, etc.
- When they are all ready (perhaps the next day or the next week) let groups present their role plays to the class.



Follow-up activity

- Pupils should discuss voluntary counselling and HIV/AIDS testing with their peers and families.
- The school should arrange a visit to a facility in the area, which provides VCT services.

The best way forward is to avoid infection with HIV.

7.31 Additional information: Post-exposure prophylaxis

Teachers need to know that certain drugs can be taken to reduce the chance of HIV infection. This is called post-exposure prophylaxis (PEP). The drugs are called antiretrovirals (ARVs).

These drugs can be taken after rape, for instance. But the person who is raped must have a blood test to determine that she does not already have HIV. The rapist must also be tested for HIV.

PEP should be started within 48 hours of exposure to HIV. It can be used:

- After sex with someone who is infected.
- After exposure to the blood of someone who is infected from sharp instruments such as needles or in an accident.

ARVs cause unpleasant side effects. The person at risk of HIV infection must take them for about a month, even if he or she feels unwell. They will need counselling and support.

Chapter 8

Life skills

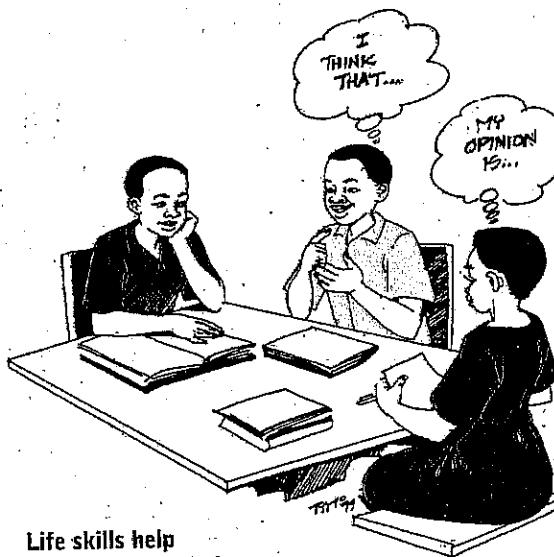
Objectives

- To explain the concept of life skills to teachers.
- To enable teachers to help pupils to develop their life skills.
- To help teachers to understand the connection between life skills and staying safe from HIV/AIDS.
- To help teachers to help pupils to develop the life skills they need to face other challenges in the future.

sex education helps us to have life skills like assertiveness.

8.0. What are life skills?

Life skills are behaviours or abilities that enable us to live safely and effectively with life's challenges.



Life skills help children to think for themselves.

Important life skills for pupils include:

- Having high self-esteem
- Making good friends
- Resisting peer pressure

8.1. Why are life skills important?

Life skills equip children with behaviours that enable them to deal effectively with the demands and challenges of life.

Growing up involves physical, emotional, psychological and social changes. It is confusing.

Pupils with good life skills are in a better position to solve problems.

They respect themselves, listen to their friends' ideas and make right choices when faced with a challenge.

8.2. Life skills and teachers

The idea of life skills came to Uganda when it was realised that many people knew about HIV but were having trouble putting their knowledge into practice.

Experts thought that people were experiencing this trouble because they lacked life skills.

Some schools in Uganda have received information about life skills in the past.

For other teachers, this book might be the first time they have heard about life skills.

However, life skills are not really new. All of us have life skills. That is how we have reached this far in life.

As a teacher, do not be over-challenged by life skills. They are simply part and parcel of child-friendly teaching.

8.3. Life skills and HIV

Life skills protect children from HIV/STIs by empowering them to identify and avoid risky behaviour. Life skills also help children to live positively with HIV if they are infected or affected.

Puberty, relationships and HIV/STIs are covered in the primary school curriculum. But the way they are taught is academic and geared towards passing the PLE.

This makes it hard for pupils to relate what they learn to the practical life situations that they encounter.

Question from girl, 12, P5

As a teacher, you can relate the reproductive health facts to children's real lives and their life skills.

I ask questions in class where I do not understand am I wrong?

At puberty, children experience sexual awakening.

You need to help them develop the skills to understand these feelings and make healthy choices.

8.4. Teaching life skills

Life skills should never be taught as an academic subject. Life skills cut across the whole school curriculum and can be integrated into all the subjects taught.

To teach life skills effectively, you need to promote children's participation.

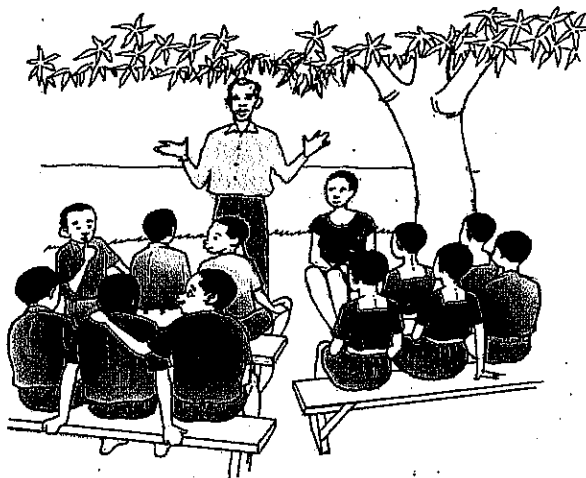
Life skill activities can be included in any subject lesson.

It is only by participating and doing that children can transfer knowledge into practice.

Participatory teaching and learning:

- teaches children to interact with others
- builds their self-confidence
- improves their communication skills
- makes them assertive.

Instill life skills by encouraging and allowing pupils to exercise the skills in your classroom.



8.5. Categories of life skills

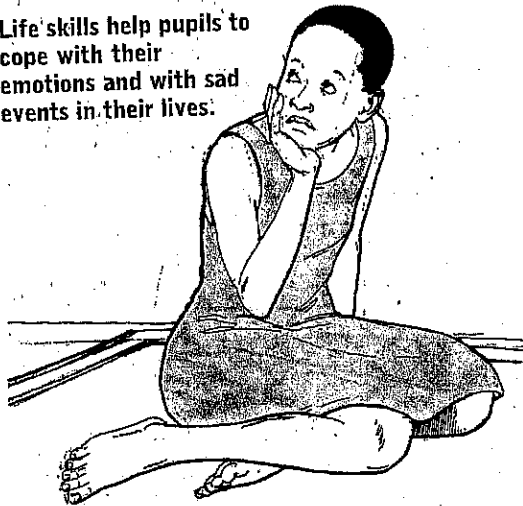
Some life skills refer mostly to how we relate to ourselves. Others have to do with how we relate to others. A final group relates to how we make decisions.

All are important for protecting pupils from HIV and other reproductive health crises.

8.6. Skills of knowing and living with oneself

The life skills in this group include self-esteem and coping with emotions and stress.

Life skills help pupils to cope with their emotions and with sad events in their lives.



Self-esteem can be high or low. High self-esteem means feeling good about yourself. It gives you confidence and respect for others.

High self-esteem helps pupils to cope with worries about their bodies, for example, the size of their breasts.

A pupil with high self-esteem is more likely to feel self-respect and less likely to enter an abusive relationship. As a teacher, you need to encourage children to value themselves.

Pupils need to accept who they are. This should not be based on what they have or what other people say about them.

Help pupils to focus on the good things about themselves and to try to improve where they are weak.

How skilled we are at *coping with emotions* can make the difference between getting infected and staying safe.

As a teacher you can help pupils to recognise strong emotions such as anger, fear, love and sexual desire.

Tell them that when we act under intense emotions, sometimes we make mistakes.

Pupils are under a lot of stress: their bodies are changing, peers are urging them to start sex, many of

Letter from boy, 12, P6

I live with an aunt who hates me. She gives me a lot of work while her children do nothing. One day she came home and found me playing and forced me to spend the

them are orphans. Knowing how to *cope with stress* will contribute to their safety.

Talk about the stresses with your pupils. Help them to think what to do when faced with pressure from a friend.

8.7. Skills of knowing and living with others

These skills include effective communication, assertiveness, negotiation, resisting negative peers, resolving conflict, making friends and empathy (feeling for others).

These life skills are extremely protective against HIV and other difficult reproductive health problems. They involve:

- Saying what you mean and meaning what you say
- Speaking up
- Insisting that your rights be respected
- Bargaining for a position that reduces your risks
- Recognising and refusing bad peer influences
- Recognising that being friends does not mean going along with everything the friend says
- Not allowing others to take advantage of you
- Feeling for others as though you were in their situation
- Being able to comfort others.



A pupil with the above life skills is a pupil who can say no to sex, have friends but not be sucked into danger by them, and help others who are in trouble.

Friends do not have to agree about everything.

As a teacher, you can help pupils to master these skills by:

- allowing children to state their beliefs in class
- encouraging them to have opinions
- asking them to discuss what is a good friend.

You can encourage empathy by asking children to talk about their feelings. How did they feel when someone hurt them? How would they have liked to have been treated?

You can also help pupils to acquire these skills by demonstrating them yourself.

Are you an assertive person and an effective communicator?

These are skills that we all need. Teachers also need to stay safe.

8.8. Skills of effective decision making

These skills include problem solving, creative thinking, critical thinking and decision making. They involve:

- Recognising that there is a problem that needs a solution
- Choosing a good solution
- Thinking very quickly of new ways to deal with a problem
- Trying different solutions to a problem.

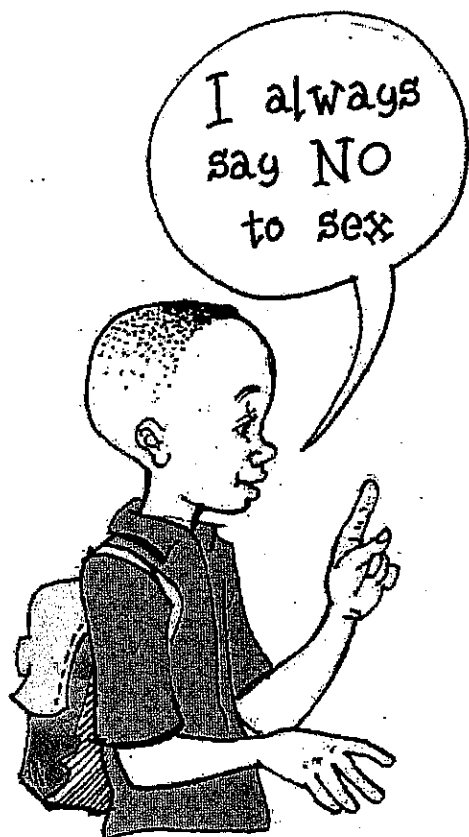
Life skills enable children to speak out for what they believe in.

HIV is a problem for all of us. We all need to think creatively and critically about the options that we have to stay safe.

Then we need to make decisions about how we are going to protect ourselves for the time being.

We also need to think creatively and critically about how to live positively.

As a teacher, you can help pupils to know that they have the power to choose how they handle their bodies and their sexual feelings.



8.9. Life skills and culture

Traditionally, children in Uganda have not been encouraged to develop certain life skills. Parents have not encouraged children to ask many questions, suggest solutions, or offer opinions.

This is now changing as adults realise that the environment has become risky for children. There are HIV/STIs and many other problems. As a teacher, when you encourage life skills, you encourage cultural change for a safer society for children.

8.10. Activity 1: Role playing assertiveness

Teacher's instructions

- Ask the pupils to think of a situation in which someone of the same age asked them to do something they didn't want to do.
- Choose one of their suggestions, such as: 'A friend asks you to go with him/her to steal sugarcane on the way home'.
 - Ask two pupils to volunteer to act out the two roles.
 - Ensure that they act convincingly.
 - The pupil being asked to join in the stealing should say "No" very strongly.
 - After the role play, discuss why the person in the role play said "No". Ask how he or she felt refusing what the other had suggested. Was it easy?
 - Let pairs or groups of pupils act out other suggestions.
 - Discuss with the pupils real situations that they have faced when they had to say "No" or "Yes".
 - Summarise by saying that to be assertive is to stand your ground if you feel uncomfortable with the other person's suggestion.



Follow-up activity

- Pupils should practise in pairs saying "No" to imaginary advances that they are not comfortable with.

8.11. Activity 2: Being assertive with your parents

Sometimes children must be assertive with their parents. For example, if parents want a child to leave school to marry, the child needs to assertively refuse. But being assertive does not mean getting your own way every time. It does not mean being rude or angry either.

Teacher's instructions

- Explain to the children that we are going to imagine a conversation with our parents about the need for a new mathematical set.
- Invite two volunteers, one to act as a father and the other as the child. Have the volunteers act out the conversation below.

Child: Father, I do not have a mathematical set.

Father: Well, I don't have money right now.

Child: But I told you last week.

Father: That's not important.

Child: The other children are tired of lending me their instruments, especially during exams.

Father: Wait until next term.

Child: But Dad, it is difficult to learn geometry without a mathematical set. Will you come with me to explain to the teacher?

Father: I don't think we need to do that. Here is the money for the set. Make sure you bring me the balance.

Discussion questions

Ask questions like these to get the pupils to discuss the situation:

- Do you think the child's request was reasonable?
- Why did the child get what he/she wanted?
- What sort of things might a child need to ask a parent for?
- Could the child have asked in a different way?
- What could have happened if the child had been rude or unreasonable?

Follow-up activities

- Pupils practise being assertive to their parents.
- Put children in groups of 4 to 8. Ask them to share about times when they had to be assertive to get what they needed from their families.
- Ask the children to write about their own most interesting time when they had to assert themselves to get what they needed.

8.12. Activity 3: Effective communication – the whispering game

Teacher's instructions

Use the statement "Having a sexually transmitted disease increases your chances of getting HIV" to prove to the pupils the importance of communicating effectively.

- Ask a volunteer to go out of the classroom with you.
- Whisper the message in the volunteer's ear. Repeat it until the pupil is able to whisper it back to you clearly.
- Ask the pupil to go back into the classroom and whisper the message to another pupil, telling him or her to pass it on to another.
- Pupils continue to pass on the message until everyone has heard it.
- Ask some of the pupils to tell you the message they heard.
- Then ask the original volunteer to say the message aloud.
- If this is not exactly correct, say the words to the class yourself.
- Discuss with the pupils how words can be distorted easily.
- Discuss what is needed for effective verbal communication.

Follow-up activity

Tell the pupils to practise the game outside the class, this time using the good communication methods they have discussed.

8.13. Activity 4: Writing a letter that says what you want

Teacher's instructions

- Ask the pupils if they have ever received a letter from someone telling them that they love them.
- If they have, discuss what was in the letter.
- How did they feel when they got the letter?
 1. If they loved the person.
 2. If they did not love the person.
- Ask the children to form four groups.
- Ask two groups to write a letter to someone they love.
- Ask a third group to write a letter replying to someone they love but don't want to get into a relationship with at the moment
- Ask the fourth group to write a letter replying to someone they love but discouraging them from making such advances, outlining the dangers of a relationship and the reasons for not getting involved.
- When the groups have written their letters, they should read them to the entire class.
- With the pupils, analyse the messages in the letters and correct any mistakes in them or in the way the messages are expressed.
- Groups correct their letters and display them.

8.14. Activity 5: Brainstorming the need for friends

Teacher's instructions

- Write "Why do we need a friend?" on the blackboard.
- Brainstorm with the pupils and write down the points they make on the board.
- Give out a piece of paper to each pupil and ask them to write their own names, the names of their friends and the reason why they like them.
- Ask if anyone will tell a story about a time when they had a problem and a friend helped them out, or when they lost a friend. They should say how and why this happened.

- Get pupils to make a list of situations when they need a friend.
- Let the pupils suggest a list of things they would consider when choosing a friend.

Follow-up activities

- Ask the pupils to find out from their friends why they chose them to be their friends and any difficulties they have found in their friendship.
- Encourage pupils to be open and objective.

8.15. Activity 6: Defining a friend

Teacher's instructions

- Write the topic "Who is a friend?" on the blackboard.
- Write 'agree' on one card and 'disagree' on another and put the cards in different corners of the classroom.
- Read the statements below one by one or ask pupils to read them out.
- Ask the pupils to go to the card they agree with.
- Ask them to explain their choice.

Good and bad friends

A friend is someone:

- who you trust.
- who helps in times of need or trouble.
- who advises you to take other people's things.
- who helps you to do the right thing at the right time.
- who leads you into bullying and teasing others.
- who is not jealous.
- who cheats for you in examinations and tests.
- who helps you to understand your homework.
- who tells you to have sex.
- who tells lies and rumours about other people.

8.16. Activity 7: How to choose good groups

Teacher's instructions

- Write "What to look for when choosing a good group" on the blackboard and ask children to brainstorm.
- Write the children's answers on the board.
- Divide the class into four groups. Ask two groups to discuss in their groups the factors they consider when choosing a good group. Ask the other two groups to discuss the characteristics of a bad group.
- Bring all four groups together to present their work. Write out the key points made by the children and display them clearly in the classroom.

8.17. Activity 8: Role play on types of groups

Teacher's instructions

- Explain how to act a role play by telling the pupils to:
 - Imagine a situation
 - Take on characters

- Take 3 to 5 minutes to prepare a short play about a situation which they have seen or heard of in real life.
- Present their play in 3 to 5 minutes.

Follow-up activities

- Ask the pupils to identify bad and good groups they know.
- Discuss how they can advise bad groups on how to change their behaviour.
- Write out the characteristics of good groups and display them.
- Encourage the pupils to form clubs that practise good behaviour.

Chapter 9

Guidance and counselling

Objectives

- To help the teacher to recognise when a pupil is in trouble.
- To explain the importance of counselling for pupils living with HIV/AIDS, pupils living with sick parents or pupils orphaned by AIDS.
- To outline the stages in counselling a pupil.
- To help teachers to understand when they need to refer a pupil to an expert.

The relevance of guidance and counselling to HIV/AIDS education and care in schools

9.0. What is guidance?

Guidance deals with the mind. It helps a person to think clearly and to make good choices. The 'guide' knows more than the person being guided and provides practical suggestions so that the other person can find a way forward from a particular problem.

So guidance is directive. It shows how to get to a desired destination. Guidance is to do with how we use our intelligence to manage our situation for the better.

My father pass away in 1996 I was very young. I remain with my mother.
As my mammy is very weak my brother are telling me to drop out from school. So that I come back home to cook them. But me I want to continue with my study. Please am looking advice from any body

9.1. What is counselling?

Counselling deals with emotions or feelings. The counsellor enters a helping relationship where feelings are shared with trust and confidence.

The person being counselled is helped to become aware of unresolved emotional issues that may be causing behavioural problems.

Counselling is a personal and private activity.



A counsellor facilitates healing but the child – the client – knows best where she/he hurts. Counselling happens in a private setting where help can be given and received in confidence.

9.2. Why are guidance and counselling important?

All of us have been affected by HIV/AIDS in one way or other but our experiences are different. Children will have unresolved emotional issues and unanswered questions, which may

affect their normal behaviour at school and home. For example, children may hate school because other children are avoiding them. They may resort to truancy or fighting because they cannot express their feelings with words.

Parents and teachers may see this as misbehaviour and even punish them in the hope that this will make them improve. This may simply do more damage to the child.

In contrast, a counsellor tries to help the child link his or her behaviour with its real cause so that the process of emotional healing can begin.

Guidance and counselling help children to cope with the challenges of HIV/AIDS and to make the right choices for the future.

A counsellor can tell a lot about a child by looking and listening.



9.3. Guidance and counselling by teachers

To be an effective counsellor, you need to develop extra skills, beyond your normal teaching skills. These include:

- Knowing yourself (self-awareness). This helps you to know how you are likely to behave in different circumstances. For example, you may know that you are too emotional to listen well to children's problems. Or you may know that you are vulnerable when dealing with children of the opposite sex; you should therefore refer to other counsellors.
- Knowing children's normal developmental milestones. If you know what is normal, you can detect abnormalities and offer help.
- Recognising that adolescents are going through a very challenging period as they come to terms with emotional and physical changes.
- Knowing that children develop at different rates, so may need different approaches to similar problems.
- Having the ability to help pupils identify their own problems.

Question from girl, 11, P5

I have my friend who wants me to love her brother in future but for me I do not love him at all. What can I do to avoid him?

9.4. Counselling and HIV/AIDS

For counselling for problems caused by HIV/AIDS, it is vital to know the facts about HIV/AIDS and the child's situation. This involves:

- Providing accurate facts on HIV/AIDS, including how it is transmitted, how it can be prevented, testing, diagnosis and treatment, and where to get help and support.
- If the child has HIV, recognising the feelings that come with HIV diagnosis: grief, loneliness, anxiety, anger, guilt and loss of hope.

Letter from
girl, 12, P6

my friends keep on telling me to go for sex.
But I tell them I am still young for it.
I say no to sex.

- Finding out if the child is suffering because of the sickness or death of a parent.
- Getting support from the child's family, community, religion, health worker and friends.
- Helping the child to adapt his or her behaviour to avoid transmitting HIV.
- Recognising signs of behaviour that may lead to violence, suicide or giving up responsibilities, e.g. no longer trying to learn at school, not caring for personal hygiene.
- Knowing what to do in a crisis, e.g. the death of a parent, rejection by friends, money problems at home.

9.5. Qualities of an effective counsellor

To be helpful in counselling you need to develop skills to establish a trusting and caring relationship. The most crucial qualities in this are genuineness, empathy, warmth, respect, compassion and confidentiality.

Genuineness: Being yourself, honest and open, not acting as a teacher or counsellor but as a helpful, knowledgeable friend.

Empathy: Getting into the world of the child and experiencing it the way the child does, with her/his perceptions, fears and uncertainties. What would life be like if you were a pupil of 12 and had lost parents to AIDS?

Warmth and respect: Having the ability to respect and sympathise with others regardless of their unsatisfactory thoughts, feeling and behaviour. It

is regarding your pupils as very important and worthwhile people, worthy of your time, effort and energy. For Christians, this is seeing this person in the image of God.

To achieve this you need to concentrate on the pupils' positive qualities. They need to feel they are someone worthwhile, important and respected.

Compassion: Having a sincere interest in the welfare of others; being willing to help another person without expecting any rewards or benefits from that person.

Confidentiality: The ability to keep in confidence what the pupil reveals to you. Pupils must know from the start that you will not tell anyone else what they say to you without their permission.

9.6. Basic skills in counselling

The most vital skills for a counsellor are attending, listening, empathy and probing.

Letter from girl, 12, P5

I have started changing in my body.
I am scared I have not talked to anyone
I fear to laugh at me

9.7. Attending skills

Attending skills are the ways in which a teacher can be with a pupil both physically and psychologically. The child must know that you are giving him/her your whole attention.

Children detect disapproval and rejection very quickly, When they experience your acceptance and commitment, the feelings of vulnerability, caution and lack of trust start to vanish.

Attentiveness can be communicated to the pupil through facial expressions, bodily positions and movements, and what you say.

These skills can be summarised with the acronym : R - O - L - E - S.

R: Relax. Try to be as relaxed as possible.

O: Adopt an open posture. Don't fold your arms across your chest or sit with legs crossed.

L: Lean towards the pupil.

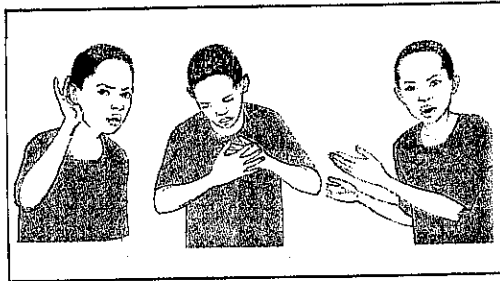
E: Look the pupil in the eye.

S: Sit upright and face the pupil so that you look fully involved.

Note: Some cultures do not approve of too much direct eye contact or leaning towards a pupil. Find out what is acceptable to the pupil.

9.8. Listening skills

Listening is the ability to capture and understand the messages the pupil communicates. These messages may be transmitted verbally or through gestures and expressions. They may be clear or vague. Listening is more than passive reception of messages. It involves:



Watch how the child listens, feels and acts.

1. Receiving the message

- Hearing the words, their content and the way they are spoken.
- Observing. Learn to listen and read bodily behaviour such as :

- posture and gestures
- facial expressions: smiles, frowns, raised eyebrows, twisted lips
- tone of voice, pitch, pauses and silences
- responses such as quickened breathing, sweating

and dilation of the pupil of the eye

- physical characteristics such as fitness, height and weight
- general appearance such as cleanliness and dressing. Non-verbal behaviour often reveals the true feelings as opposed to what the child claims. Be alert.

2. Processing the message

- Interpreting with your brain what you have heard or seen.
- Listening with your heart for meanings behind emotions.

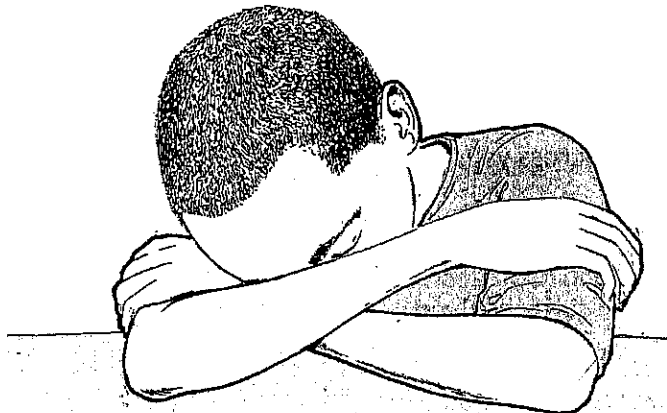
3. Trying to figure out what it means

- This includes getting clear in your mind any vague parts of the message: check accuracy and ask for more information.

4. Responding to the message

You need to respond to both the content of the messages you receive and the feeling behind them. You have to answer, verbally or non-verbally.

Teachers need to demonstrate empathy towards a child who is disturbed.



9.9 Empathy

Empathy involves listening and understanding, and then communicating the understanding to the pupil. For this you need to be perceptive and assertive.

Empathy is vital in building a relationship with a pupil. It stimulates the pupil to explore himself/herself and the problem. It also paves the way for the stronger interventions later in the counselling.

You can communicate empathy by focusing

on emotions and on behaviour.

To communicate an understanding of the pupil's emotions, the counsellor may say:

"You feel (sad, angry, guilty, anxious etc.] because of [event, situation, behaviour, etc.)"

To communicate an understanding of the pupil's behaviour, the counsellor may say:

"Because of (event, situation, behaviour, etc.) you feel (angry, sad, guilty, anxious, etc.)"

Note: Be careful not to put your own feelings onto the pupil. The pupil should not think that any particular feeling is more appropriate than another.

9.10. Probing skills

Probing encourages prompt responses and helps pupils to explore problem situations. Probing skills are for gathering information on which the pupil can act.

You can ask a question, make a statement or interject.

9.11. Questioning

1. Closed questions are used to get specific information. They normally require single answers from the pupil.

2. Open-ended questions invite the pupil to continue talking by suggesting that he/she gives more details about a topic. These questions normally begin with What? How? Why?

Open-ended questions are better than closed questions: they allow the pupil more freedom to respond. They also prevent the counsellor from seeming like an interrogator or examiner.

- Do not ask embarrassing questions or questions that could trigger mistrust. Only ask personal questions with the pupil's permission or when you have been accepted.
- Do not ask very many questions or ask them too quickly.

9.12. Prompting

Prompting statements help pupils to elaborate on what has happened. Such as:

Tell me more about the day you discovered your parents had HIV.

Question from girl, 13, P6

I have a problem. I come from a Polygamous family. We are seven girls. But my two sisters got pregnant when they were schooling. But our father is refusing to pay school fees for us. He says that we shall also have the same problem.

9.13. Interjections

These are single words or phrases that help to focus on a particular aspect in the pupil's message, such as:

Pupil: I did not get as good a grade as I expected.

Teacher: As expected?

Interjections can also be encouraging sounds like Aah? Eh?

They can also be non-verbal, such as the rising of eyebrows.

9.14. Summarising skills

These are particularly useful in the early stages of counselling. They involve saying back to the pupil what he/she has communicated.

Summarising helps the counsellor to make sure he/she has understood what the pupil said and helps the pupil to know he/she has been understood. It helps the pupil to sort out the issues and what is most important.

9.15. Self-disclosure

This involves sharing with the pupil a related incident that you or someone you knew went through. Often children believe they are the only one who has ever had a particular problem. Knowing that others have had that problem and survived it can be very reassuring.

9.16. Giving information

Providing accurate information to the pupils helps them to make sensible choices. But this is not about preaching to or forcing your values on pupils. Just provide the facts and let your pupil choose whether to use the information and how.

9.17. Confrontation

This skill should not be used in the early stages of counselling. But later it can help the pupil to see a complete picture of his/her behaviour. Confrontation involves helping the pupil to become aware of inconsistencies:
Example: "Last week you said that ... but now you are saying that ..."

9.18. Dealing with children

Children have difficulty expressing their feelings, so their problems and emotions are usually expressed through behaviour. The following table gives examples of particular types of behaviour, their causes and the courses of action that the teacher may take.

Note: Home visits will help you to understand more about a pupil. You should also talk to parents and opinion leaders of the area in case of orphans.

Child behaviour	Cause	Needs	Action
Sleeps in class	Sleeps late at home due to sale of beer/mwenge.	Enough sleep	Call parent/guardian. Visit the home. Let the pupil sleep in the rest room.
He/she is rude and lonely.	Single parent Mother is poor. No brothers or sisters. Over beating by mother.	Love Assistance Good friends Medical care	Counselling. Sponsor the pupil. Foster care. Give love. Talk to the mother to stop beating.

9.19. Communicating with children

Communicating with children is complex. You need to engage them through role-plays, story cards, jigsaws, storytelling, writing short stories, drawing/painting/modeling and singing.

These allow them to talk about their experiences.

9.20. Drawing, painting or modeling

A child with problems at home may be asked to draw a picture or make a model of the members of the family.

The child may draw Daddy with a big stick and Mummy with a very big mouth. Asking the child to tell why Daddy has a big stick and Mummy a big mouth may help to bring out the problems. Remember, children are the best interpreters of their own pictures. Ask them what their drawing means.

9.21. Sentence completion

If the child is able to read and write, sentence completion can help to assess the problem.

Ask the child to write ten sentences beginning with "I am..." If he/she writes more negative than positive ones, the child may be suffering from low self-esteem. You can start to rebuild it.

9.22. Songs and poems

Singing allows children to express what is hurting them. Asking an orphan



A trained counsellor can understand a child's emotions by observing their art.

to write a poem or sing a song about AIDS may help the child to talk about his/her grief.

9.23. Role play and drama

With these, you ask children to re-enact what happened to them, for example, in a war situation. This helps you to know what they went through and also helps them to talk about it.

If groups or a whole class is involved, you can guide the children to develop a play. The roles are then spelt out and shared.

9.24. Letter writing

A pupil who has been hurt by someone who he/she cannot confront may find letter writing very helpful. The pupil is asked to write a letter to this person telling him/her what happened, how he/she feels and what he/she thinks about this other person. Reassure the pupil that the letter is private and will not be sent without the pupil's permission.

9.25. The counselling process

Counselling begins the moment a pupil comes to you for the first time and continues until his/her problem has been solved or a referral is made.

9.26. Stages in counselling

Stage one: You help the pupil to clarify his/her problem.

Stage two: You help the pupil to consider options.

Stage three: You help the pupil to make a plan of action and to carry it out.

Stage four: You and the pupil evaluate the success of the plan.

Stage five: The counselling sessions come to an end.

The number of sessions needed depends on the pupil's problem.

9.27. Stage one: Clarifying the problem

This begins from the moment a pupil reports to you in the middle of his/her problem. Make it easy for them to ask for help.

The first moments are very crucial in helping the pupil decide whether to open up, to tell you a different story or simply retreat with their problem. Often pupils talk about the negative conditions they are experiencing but not the real problem. Your first task is to help the pupil tell the whole story, from the beginning to the present.

This will bring out feelings. Pupils often cry. Let them do so. Crying is one way we make ourselves feel better.

When you have listened to their story, help them to understand their

feelings. Then help them to define their real problems and decide which of the issues is the most important.

Then the pupil needs help to decide what he/she wants to happen.

9.28. Stage two: Considering the options

Here the pupil looks for a clear goal that is measurable and has a time frame in which it can be achieved. The next task is to help the pupil find as many ways as possible to achieve this goal.

You and the pupil may need to research, brainstorm and share information. When all options have been considered, help the pupil to choose the best one by comparing the advantages and disadvantages.

9.29. Stage three: Making a plan of action

To draw up a plan of action, spell out the specific steps that will have to be taken to reach the goal. Take into account the pupil's physical, psychological, spiritual, financial or social resources.

Now the pupil needs to do something about the problem.

He or she will need a lot of support at this stage. Some pupils feel like giving up after a first disappointment. Be available to help them through their frustrations and self-doubt.

9.30. Stage four: Evaluation

Help the pupil to determine the effectiveness of his/her plans. Did the plan work? What went wrong? What needs changing?

If the plan has been successful, the counselling sessions may end or be suspended. If changes are possible, then a new plan can be tried. If it has not worked at all, the pupil may need to be referred.

9.31. Stage five: Ending the Counselling

The counselling comes to an end when the pupil feels the problem has been solved or that he/she can cope on his/her own. Referral is necessary when the problem is beyond the training and ability of the counsellor.

9.32. Referral

Referral means directing pupils to an expert or specialist like health workers, religious leaders, parents, police staff or lawyers for:

- Health care
- Advice
- Counselling

See the next page for a list of identified referral centres.

NOTE TO TEACHERS:

1. You will have a better future if you seek medical and social support services in your respective areas.
- 2.. It is your right and responsibility to seek these services.

9.33. Referral centres for guidance, counselling and reproductive health services

In every district there are sites that offer testing for HIV. This includes all hospitals and most large health centres. At all such sites, there are trained counsellors and health workers who give reproductive health care. Many are happy to visit schools to give talks. Almost 100 health units across Uganda now offer the drugs that help to prevent mother to child transmission of HIV. Several hospitals in Kampala and upcountry have programmes to dispense antiretroviral drugs to people with HIV. Antiretrovirals are the drugs that help to control HIV in the body. Many towns have branches of organisations that offer friendly care to adolescents and help to teachers. These include all branches of:

- AIDS Information Centre
- Family Planning Association of Uganda
- Marie Stopes
- TASO
- Uganda Private Midwives Association members
- Uganda Red Cross

In Kampala there are specialised groups and offices, including:

- African Network for Prevention Against Child abuse and Neglect (ANPPCAN)
- Hope after Rape
- Johns Hopkins/Makerere University Research Collaboration
- Joint Clinical Research Centre
- Mildmay Centre
- Ministry of Health, AIDS Control Programme
- Mulago Hospital
- Naguru Teenage Health and Information Centre
- Nsambya Hospital
- Pregnancy Crisis Centre
- Straight Talk Foundation
- Uganda AIDS Commission
- Uganda Young Positives
- UYAAS
- Youth Alive

For help on drugs and substance abuse, the following can help:

- Butabika Hospital
- Serenity Centre
- Uganda Youth Development Link (UYDEL), Nsambya (near hospital)

For support to orphans, there are, among others:

- NACWOLA
- Nsambya, Namirembe and Rubaga Home Care
- Plan International Uganda
- UWESO
- World Vision

There are also specialised telephone helplines:
SALT (Support to AIDS and Life): 031-260777, 031-260666
Naguru Teenage and Information Centre: 042-2222

Chapter 10

Messages for assemblies, clubs and classes

Message 1

Choose to abstain

HIV infection and AIDS are big problems that every pupil, teacher and parent needs to know and think about. Many people in Uganda have HIV. Every day there are new people getting infected.

But the good news is that we can all take steps to protect ourselves from HIV.

For pupils the best way to avoid HIV infection is to wait until you find your marriage partner and then test together before ever having sex. Marriage should always be after the age of 18.

- Delaying sex is safe and healthy. Delaying sex causes no problems for your body or mind. Your body does not need sex to grow.
- Some pupils might have heard that sex helps your breasts or private parts to get bigger. Others will have heard that sex cures menstrual pains or that lack of sex causes backache. None of these are true. These are all false.
- Your body will grow much better without sex: you will not get HIV/STDs or an early pregnancy.
- Sex is not safe for primary school pupils. Pupils who have sex almost always end up with serious problems such as a pregnancy, HIV/STI infection and dropping out of school.
- Some pupils in primary school may have started having sex. If you are one of them, you can stop sex now and delay until you are of age.

Teachers, if this is your first assembly, start by explaining that the President wants all pupils to know how to stay safe from HIV.

Then ask: "How are you staying safe from HIV?"



Delaying sex until adulthood is the best way to stay safe from HIV/STIs and the many problems that come with early sex.

Message 2

How HIV is transmitted

HIV is a virus that hurts the immune system. It is very important for you to understand where HIV lives and how it is passed from person to person. This will help you to protect yourself.

- HIV is a virus that lives mainly in the sexual fluids of the male (semen or "sperms") and female (vaginal fluids) and in the blood. In an infected person these fluids are full of HIV.
- HIV also lives in the fluid that comes from wounds. There are small amounts of HIV in saliva.
- In Uganda HIV is transmitted mainly through unprotected sex with an infected person. The great majority (84%) of people in Uganda who have HIV contracted the virus through sex.
- Infected mothers can also pass HIV to their babies when the baby is still in the womb or during delivery and breastfeeding. Some (14%) of the people in Uganda who have HIV are babies and children who got the virus from their mother.
- HIV can also be transmitted by the use of unsterilised skin piercing instruments and infected blood. Some (2%) of the people who have HIV in Uganda contracted the virus this way.
- Now we have talked about how HIV is spread, we can see that we have to be *most* careful about our sexual behaviour. That is the main way HIV is spread.
- Pupils, the best way for you to avoid HIV is to wait until you find your marriage partner and then test together before ever having sex. Marriage should always be after the age of 18.

Teachers, open the discussion by asking: "What is the most important way in which HIV is transmitted?" Then ask: "How can you protect yourself from getting HIV?"

84%

become
infected with
HIV through
sex



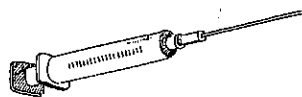
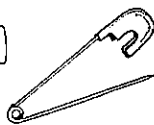
14%

become
infected with
HIV through
mother to
child
transmission



2%

become infected with
HIV through sharing
unsterilised sharp
instruments with people
who are already
infected.



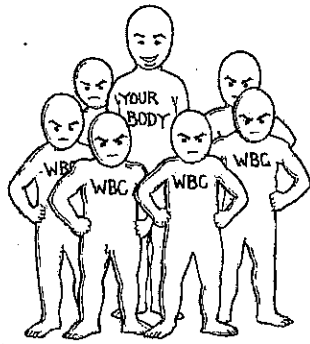
Message 3

HIV damages the body

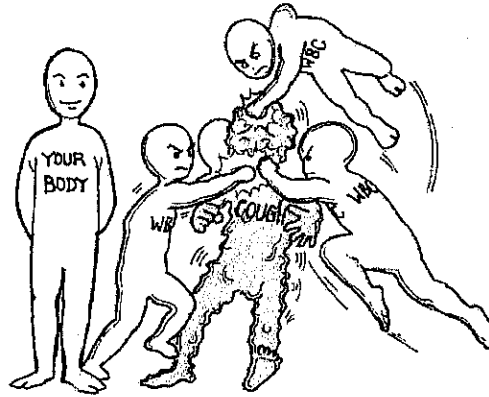
HIV slowly kills the cells which defend the body against other infections. After some years, the immune system is too weak to fight off disease. The person with HIV starts to fall sick. When a person with HIV develops many health problems, we say that the person has AIDS.

- People can have HIV and be healthy and show no signs for over 10 years. During all this time, they can pass HIV to other people. The only way to know if you have HIV is to test your blood.
- Any person who tests positive for HIV should also test for tuberculosis (TB). TB is one of the most dangerous infections for a person with HIV. Yet TB is completely curable, and TB treatment is free.
- People with HIV or AIDS often feel lonely, angry or sad. Like all people who are ill, they need love and support.
- People with HIV or AIDS need to rest, eat healthy food, avoid alcohol and treat every health problem as soon as it arises. This is called "living positively".
- People with HIV or AIDS need to always use a condom during sex. They need to be careful not to infect another person with HIV. They also need to avoid getting re-infected with HIV or infected with any other germ.
- There is no cure for HIV or AIDS but there are medicines that stop the virus from multiplying. These medicines are expensive but are becoming more available. They need to be taken daily for the rest of the life of the person with HIV.
- Pupils, you can stay safe from HIV. The best way is to wait until you find your marriage partner and then test together before ever having sex. Marriage should always be after the age of 18. If you have started sex, you can stop.

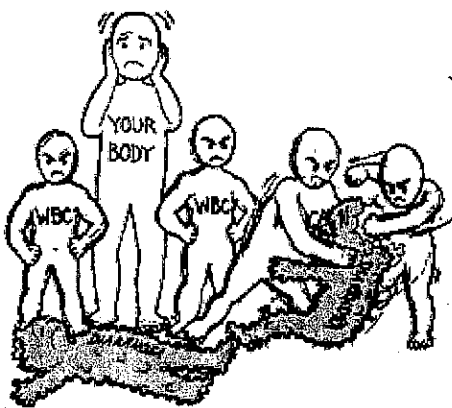
Teachers, try asking a pupil to read this message. HIV is frightening. Take this session gently. Open the discussion by asking: "How can you know if someone has HIV?"



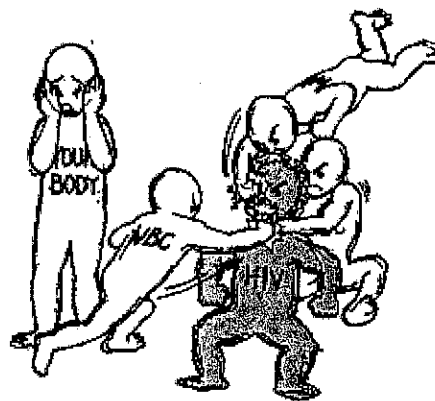
In a healthy body, white blood cells defend your body from germs.



They defeat most diseases, such as those that cause coughs...



and those that give you diarrhoea.



When HIV enters the body, the white blood cells try to fight it.



For about five to 10 years, the body manages the HIV and stays healthy. But eventually the HIV destroys most of the white blood cells. The body can no longer fight off diseases.



With very few white blood cells, the immune system is now very weak. The body starts to suffer from many problems, such as tuberculosis, fevers and diarrhoea. The person is now suffering from AIDS.

Message 4

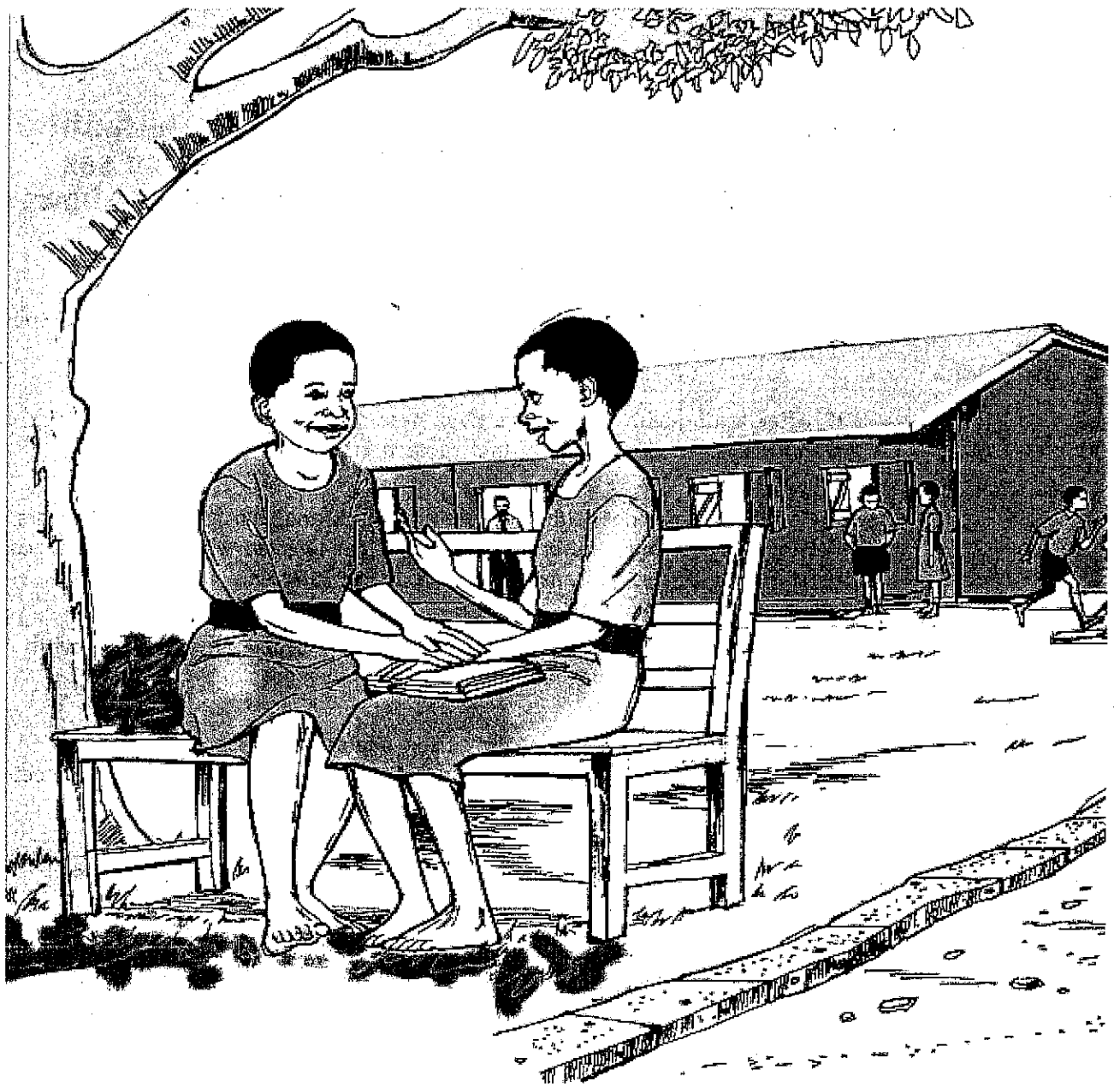
People with HIV need care and support

Many people in our communities have HIV. These people include fellow pupils, our parents, brothers, sisters and teachers. They can also include you and me.

It is always wrong to laugh at anyone because you think they might have HIV or AIDS. Instead, you need to show care and love.

- Many people are thin or have rashes or other signs that might suggest HIV or AIDS. Yet those people may *not* have HIV or AIDS. Never guess that someone has HIV or AIDS by the way they look.
- Many people *do* have HIV but show no signs. Those people may not know that they have HIV. Only a blood test can show.
- Some people *do* have HIV/AIDS and are showing signs. Treat them with kindness. How would you want to be treated if you had a serious health problem?
- Never laugh at a pupil because you think the child or their parent has HIV or AIDS. What if someone laughed at you?
- Never laugh about a teacher who you think has HIV or AIDS. Any one of us can get infected.
- When we think that someone might have HIV or AIDS, let us be as kind to them as we would want others to be to us.
- Pupils, you can stay safe. The best way is to wait until you find your marriage partner and then test together before ever having sex. Marriage should always be after the age of 18. If you have started sex, you can stop.

Teachers, children may be cruel about others who have HIV or AIDS because they themselves fear HIV. The above message will help to fight stigma.



Be caring and understanding towards
people affected by HIV/AIDS

Message 5

Faithfulness

When you are adult and decide to get married, you need to choose a partner for marriage.

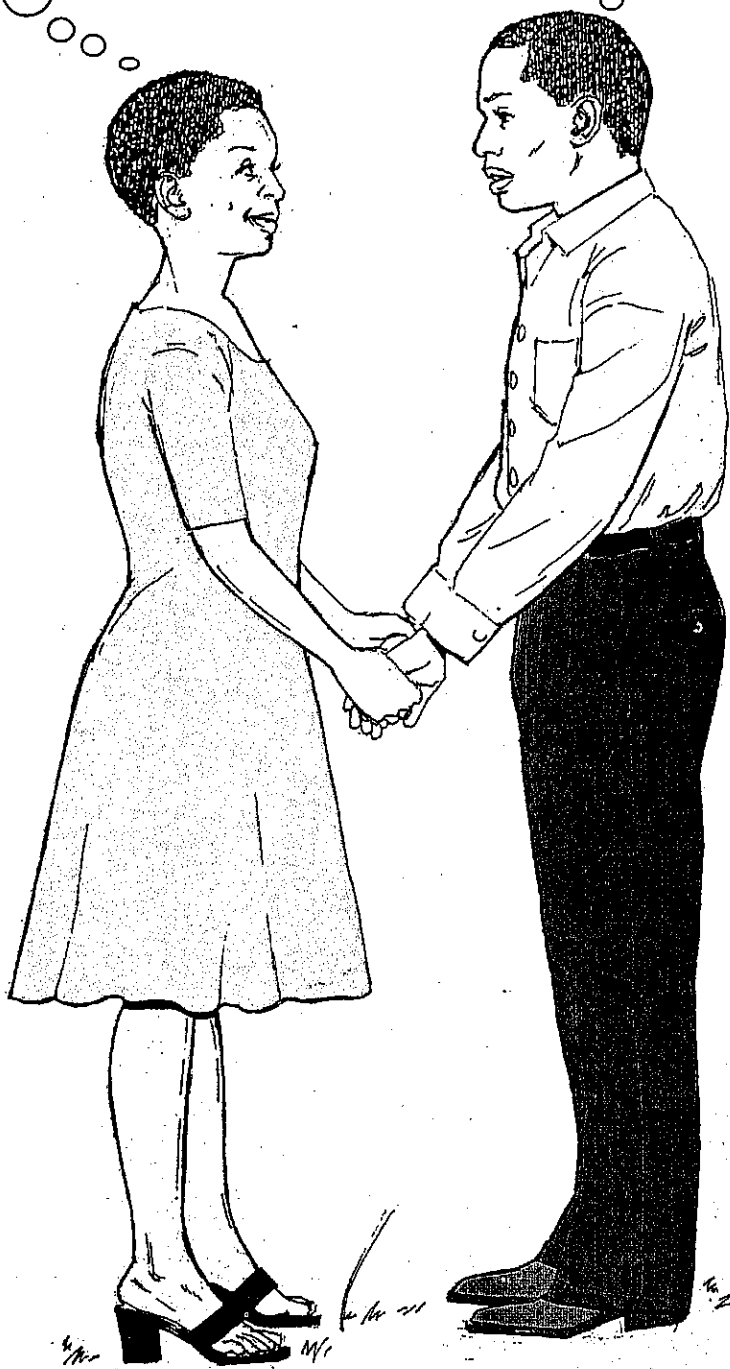
When you find that partner, you need to be faithful to each other. Faithfulness means not having sex with anyone else outside your marriage. This shows love and will help you to stay safe.

- Pupils, it is best to delay sex until you find your marriage partner. Marriage should always be after the age of 18 with a tested partner. If you have already started sex, you can stop.
- After testing with your partner, you need to discuss the results of the test and plan how you will be faithful to each other.
- People who are not faithful to their partners and who have other partners outside their main relationship can easily get infected with HIV/STIs. Each new partner gives you another chance to get infected.
- Faithfulness between people means that those people have sex only with each other. They do not have sex with any other people.
- Faithfulness gives excellent protection against HIV if partners have tested, if they do not have HIV, and if they stay faithful. It does not protect against pregnancy.
- Men and women in polygamous marriages can also be safe and faithful. They faithfully have sex only with tested partners within that marriage. They do not have sex with partners outside that marriage.
- Sometimes a person with HIV and a person who does not have HIV will fall in love and want to get married. They can also be safe and faithful by always using condoms and not having sex with anyone else.
- Faithfulness requires honesty between partners. Make faithfulness part of your protection plan for the future.

Ask pupils to talk about why faithfulness in relationships is good. Ask them: "When you get a partner when you are grown-up, how will you and your partner make sure that you both stay faithful to each other?"

I will remain faithful to you

I will remain faithful to you



Test together for HIV before marriage and remain faithful to your partner.



Message 6 Testing for HIV

It is very important for you to know if you have HIV or not. This helps you to plan your life and make good decisions. When you are older, you will also want to test for HIV. Testing for HIV is healthy and helps you to stay safe.

- When you become an adult and get a partner, you need to test together for HIV before you start to have sex. Only a blood test can show who has HIV.
- Everybody should test before starting sex. This includes people who say they are virgins. Some children acquire HIV at or around the time that they are born. Others get it from sharing skin-piercing instruments. Some of these children are living until the age when they can start relationships and marry.
- Always test before getting married, before getting pregnant and when you are pregnant. If you are pregnant and found to have HIV, the doctors can give you medicines to help to stop the HIV from passing from your body to the body of your baby.
- After infection, the virus is in the blood but cannot be detected by the test for up to six months. This is called the window period. The counsellor will tell you if you and your partner need to come back for another test.
- Testing is fast, safe and cheap. You are always counselled before and after the test. This helps you to understand the result and deal with it emotionally.
- Whatever the result, you will plan your life accordingly. If you do not have HIV, you can plan how to keep safe. If you have HIV, you can live much longer by living positively.
- If you have had sex, it is best for you to stop sex. Testing for HIV can put your mind at rest so you can make a new start. Any person who is 13 or older can test for HIV at any AIDS Information Centre.
- Even when you are married and in a stable relationship, it is best to keep testing with your partner. Testing is available at most hospitals, many health units and Family Planning Association clinics.

Teachers, we need HIV testing so that we can make protection plans. Knowing your HIV status helps you to reduce risks in your life.





Testing for HIV is the only way to find out if you do or do not have the virus.

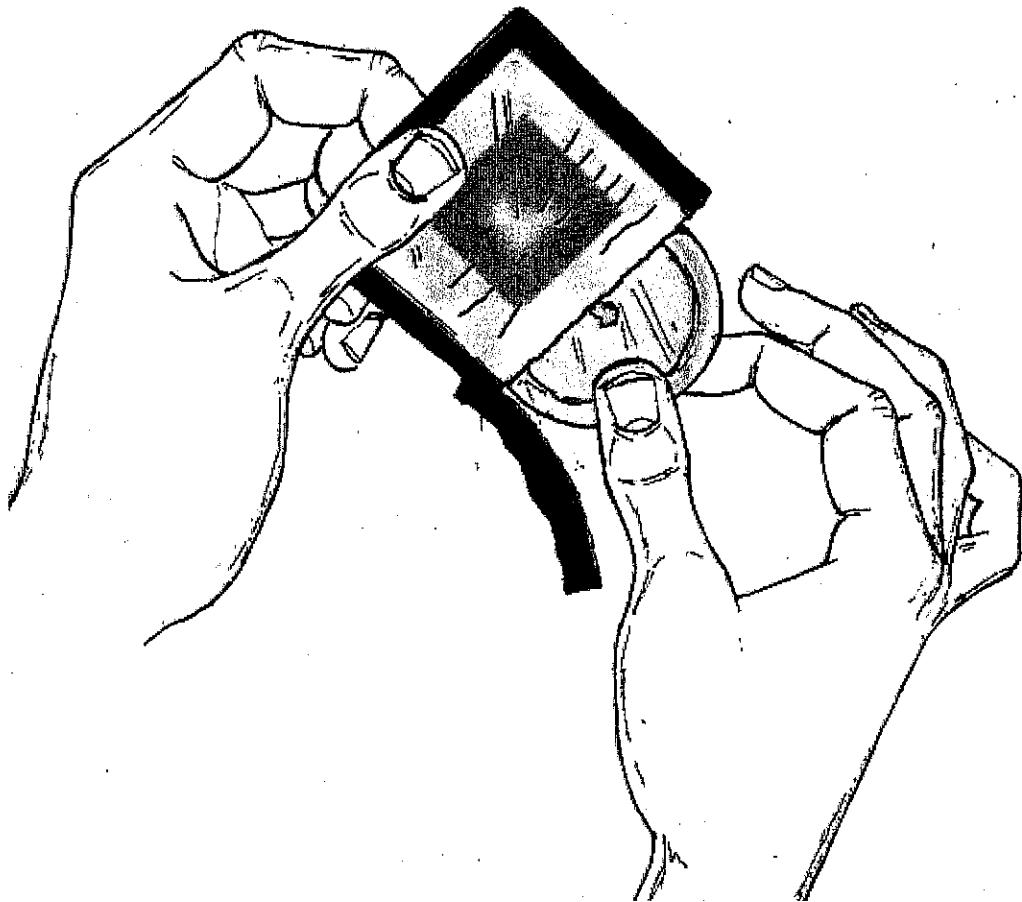
Message 7

Condom use

When adults decide that they want to start to have sex, they need to discuss how to stay safe from HIV. One way is to use condoms until you have both tested for HIV and know that you are both free from the virus. To provide protection against HIV and other STIs, a condom must be used correctly for every act of sex.

- When you become an adult and find your marriage partner, you need to talk about how to stay safe. You need to discuss this *before* you start having sex. Condoms are an important way to reduce your risk of HIV/STIs and unwanted pregnancy.
- A condom is a rubber sheath which fits on the erect penis. The condom catches the male sexual fluid and stops it from touching the reproductive organs of the female. The condom also stops the female fluids from going on the penis. In this way, no body fluids are exchanged, and HIV/STIs and pregnancy are prevented.
- Condoms are too big for most boys in primary school. Pupils, the best choice for you is to stay safe by abstaining from sex. Never touch or play with a used condom that you might find in your environment.
- To be protective, a condom must be used correctly for every round of sex. Condoms can slip or break if used or stored incorrectly. Therefore, condoms are best when they are combined with faithfulness and testing for HIV.
- Never have sex without a condom unless you and your partner have tested, are free from HIV, and are ready to have a baby.
- Pupils, to protect yourself from HIV it is always best way to wait until you find your marriage partner and then test together before ever having sex. Marriage should always be after the age of 18. If you have started sex, you can stop. Stopping is your safest choice.

Teachers, pupils already know about condoms. Giving this message will not make them start to have sex.



**If used correctly for every act of sex,
a condom will help to protect you and
your partner from HIV/STIs and
unwanted pregnancy.**

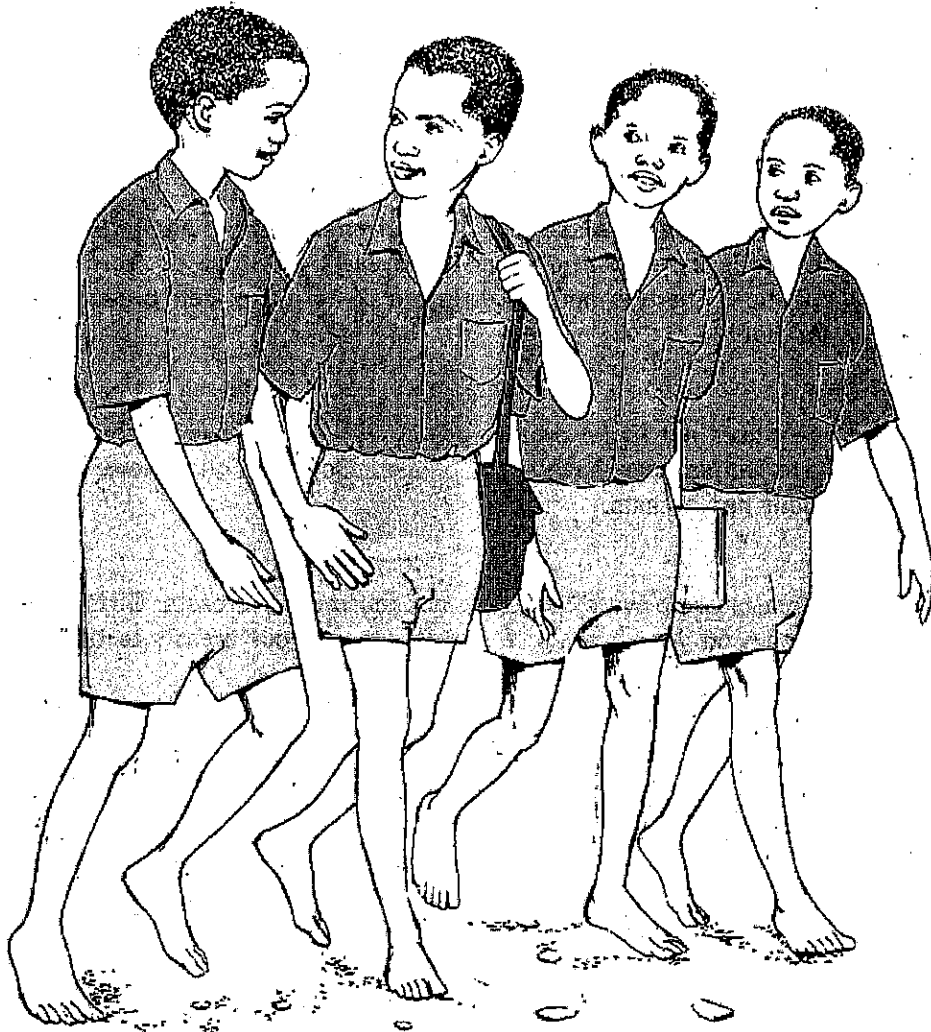
Message 8

Body changes: boys

To protect yourself from HIV, you need to understand how your body changes at puberty. Boys, the most important body changes for you are erections and wet dreams. These are not signs to start sex.

- The bodies of boys start to change from about age 11. Earlier or later is also normal.
- Boys, when you reach puberty, your penis may start to erect more frequently. This can happen at night or in the day and is normal. Erections are caused by hormones, which cause blood to flow into the penis.
- Erections can happen when you are walking, sitting or sleeping. An erection will go away by itself. Erections do not need sex to go. They are not a sign that the body requires sex.
- Semen (sperms) may also come out of the penis at night. This is a "wet dream". It is normal. It is the body's way of releasing excess semen. Semen can never build up or cause backache.
- Wet dreams are not a waste of semen. At puberty, the reproductive organs of the boy start making semen. They continue to make it even in old age. Semen can never get "finished".
- Wet dreams are not a sign to start sex. But a boy who has wet dreams *can* impregnate a girl. A boy who has HIV can infect a girl with his semen.
- Boys and girls, never tease boys about erections or wet dreams. Boys need help to delay sex. Boys, it is best way to wait until you find your marriage partner and then test together before ever having sex. Marriage should always be after the age of 18. If you have started sex, you can stop. Stopping is your safest choice.

Teachers, boys are under intense pressure to start sex. They are teased by older males and age mates, both boys and girls. Help boys to resist this teasing and to abstain from sex. Give them correct information.



Body changes are a sign that you are growing into an adult male. But they are not a sign to start sex.

Message 9

Body changes: girls

To protect yourself from HIV, you need to understand how your body changes at puberty. Girls, the most important body changes for you are the growth of breasts and menstruation. These are not signs to start sex.

- The bodies of girls start to change from about the age of 9 or 10. One change is the growth of breasts. Breasts grow due to hormones and nutrition. There is nothing girls can do to make their breasts bigger or smaller.
- Sex does not make breasts grow. Virgins can have big breasts. Girls who have had sex can have small breasts. Boys and girls, never tease a girl about her breasts.
- Breasts are private. Boys, do not touch girls' breasts. Girls, say no to bad touches on your breasts. Girls, do not use your breasts to tease boys.
- Menstruation is the monthly loss of blood from the womb after the egg has failed to be fertilised. Most girls start to menstruate at around age 14. Earlier and later are also normal.
- Menstruation is a sign that a girl can get pregnant if she has sex. But it is not a sign that she is ready for sex. A girl who has just started menstruating is too young to produce a baby safely.
- Boys and girls, never tease girls about their body changes. Girls need help to delay sex. Girls, it is best way to wait until you find your marriage partner and then test together before ever having sex. Marriage should always be after the age of 18. If you have started sex, you can stop. Stopping is your safest choice.

Teachers, girls receive mixed messages about sex. They are told to remain virgins. Yet they are also told that they should start sex to get gifts, to help their bodies to grow and develop, and to prevent future sexual problems. Help girls to keep abstaining by giving correct facts. You can also make your school a "no-teasing zone".



Menstruation means that your body is becoming more mature. But it does not mean you are ready to have a baby.

Message 10

Managing menstruation

Managing menstruation is a very big challenge for girls. Girls, knowing how to manage your periods or mps will help you to stay in school and keep saying “no” to sex.

- Girls, always attend school when you are in your mps. Missing school will affect your performance. The more you go to school, the easier it will be for you to delay sex and prevent HIV/STIs and early pregnancy.
- Ask your senior woman teacher to help you manage your mps. Catch the blood in clean cloths, toilet paper, pads or cotton wool. Male science teachers can also give good information in class about menstruation.
- Burn the used pads, cotton wool or toilet paper, or throw them in a latrine. If you use cloths, wash them and dry them in the sun with your knickers in a private place. Make pads out of any clean cloth.
- Menstruation is healthy. Do all your normal activities. Monthly periods are not shameful or dirty. Bathe more during your periods.
- Menstruation is a sign that your body is growing. This does not mean you are ready for sex or pregnancy.
- Sex during menstruation is very risky. If the girl has HIV, her menstrual blood can infect the boy. If the boy has HIV, he can infect the girl more easily during her monthly periods.
- Girls have irregular menstruation. So there are no safe days from pregnancy, and there are *never* any safe days from HIV or other STIs.
- Some girls experience some pain during menstruation. This is normal. It is not a sign that you will have trouble getting a baby in the future (infertility). Menstrual pain is not cured by sex. Girls, keep delaying sex.

Teachers, there are many myths about menstruation. These myths push many girls to have sex early. Give the correct facts.



**Girls, always go to school during your menstruation.
Never miss school because of your monthly period.**

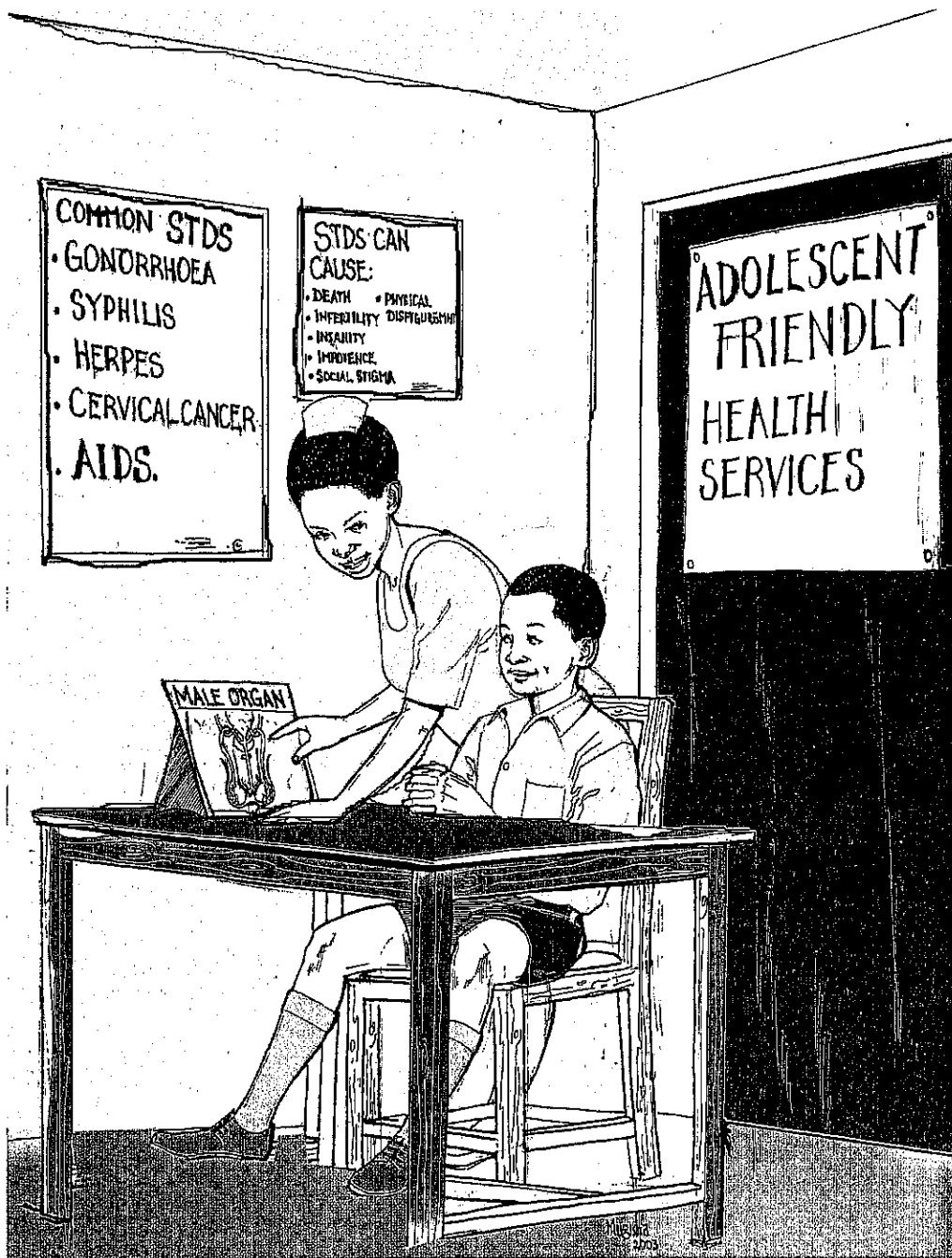
Message 11 STIs

Sexually transmitted infections (STIs) are serious infections. They can make you infertile and make it easier for HIV to infect you. Pupils, make the choice to delay sex until you find your marriage partner and marry after the age of 18. This will help to protect you from STIs, including HIV.

- STIs are spread by intimate body contact with an infected person. Usually this intimate contact is sex.
- STIs can cause infertility in males and females usually by damaging their tubes. The egg and semen cannot meet to form a baby. STDs can also cause mental illness, miscarriage, and the birth of sick, deformed, blind or dead babies.
- Signs of STIs can include a wound, sores, rash or blisters on or around the private parts. Another sign is a discharge, like pus, from the penis or a discharge from the vagina that itches or smells offensive (not healthy). STIs can also cause pain in the lower abdomen, during sex or on passing urine.
- Any sore or rash in or around the genitals creates an "open door" that helps HIV to enter the body. This is very risky.
- Anyone who has ever had sex can have an STI. Some STIs give no signs, especially in females.
- Some STIs like HIV have no cure. But other STIs like syphilis and gonorrhoea are completely curable if treated promptly and correctly. Partners must get treatment together and finish all the medicines from the health worker.

Teachers, fertility is highly valued. Tell pupils that STIs damage fertility and help HIV to enter the body. Help your pupils to consciously choose to abstain from sex. Condoms also give protection against STIs if used correctly for every round of sex. Help your pupils to make a protection plan against STIs.





If you think you have an STI, visit a health centre as soon as possible.

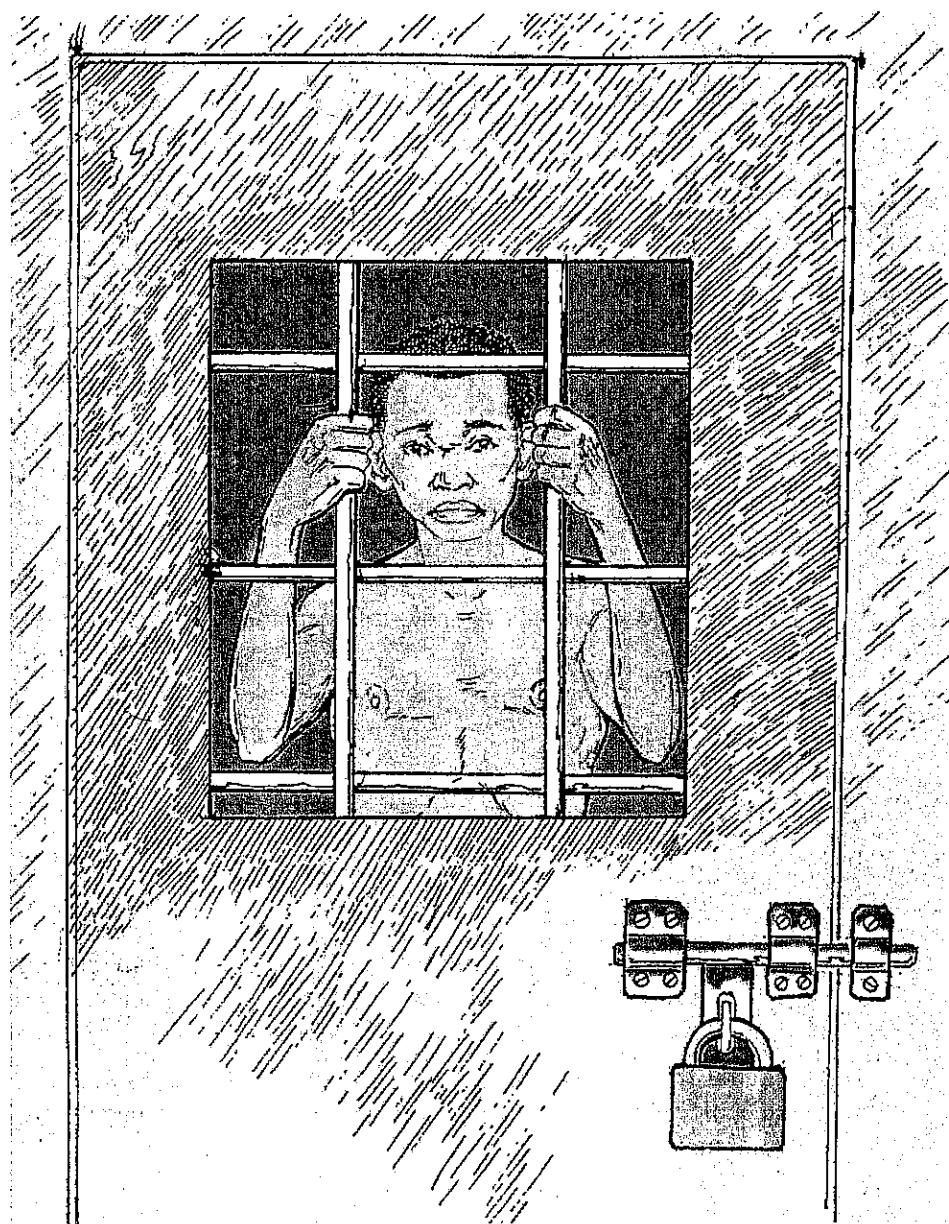
Message 12

Pregnancy

Pregnancy in pupils almost always causes great sadness, including the loss of the chance to go to school, imprisonment for boys and injury or death for the baby and girl. Girls and boys, avoid pregnancy by delaying sex. Girls, if you do get pregnant, make it safer by telling a trusted adult who can help you.

- Boys, becoming a father early is a burden. It is also illegal to have sex with a girl who is aged less than 18. You can end up in prison.
- Girls, pregnancy is very dangerous when you are aged less than 18. Your body is narrow. During delivery, the baby can tear your vagina and make a hole in your bladder or rectum. You will not be able to control your urine or faeces. If the baby cannot get out at all, your uterus can tear. You and your baby can die.
- Babies born to young girls often come too early, weigh too little, are sickly and die before their first birthday.
- Pregnancy causes families to argue and to send away their children. In 2001 almost 6000 girls and 200 boys dropped out of primary school due to pregnancy and problems related to pregnancy.
- Boys and girls, choose to delay sex until you have found your marriage partner. Marriage should also be after the age of 18. Both boys and girls can be virgins.
- Boys, if you impregnate a girl, tell trusted adults and try to help the girl and baby.
- Girls, if you get pregnant, do not hide it. Tell trusted adults. Visit a clinic regularly. Eat healthy food. It is very important to deliver in a hospital or big health unit. Girls often need operations to remove the baby.

Teachers, help girls and boys to avoid the crisis of early pregnancy by choosing consciously to abstain from sex. If there are pupils who you believe are having sex, give the "stop sex" message and ask a health worker to talk to them.



A boy who makes a young girl pregnant is very likely to be sent to prison for defilement.

Message 13

Life skills 1

Life skills are abilities that you need to live safely and well every day. They help to protect you from HIV. Important life skills include having good self-esteem, making friends and resisting peer pressure.

- Girls and boys, every child is special, whether you are rich or poor, big or small, an orphan or a child with both parents.
- Always try to do your best but also accept yourself as you are. Focus on the good things about you and work on your weaknesses.
- It is natural to want to be like other people. But it is more important to be yourself. Be confident and do not allow other people to abuse you or to push you into risky behaviours.
- Having good friends will make you feel good about yourself. You need friends to make you feel happy, to listen to you, and to explore good new ideas.
- Make friends by showing an interest in other children. Listen when others talk. Be kind and helpful.
- Being kind to children of the opposite sex does not mean having sex with them.
- Make friends with children who are also abstaining from sex. You can encourage each other to stay safe. This is good peer pressure!
- Some friendships can lead to dangerous behaviours such as taking alcohol, stealing or having sex. You can resist this negative peer pressure by keeping away from such groups.

Teachers, many pupils are abstaining from sex not from choice but because the opportunity to have sex has not presented itself. Life skills can help a child to deliberately choose to abstain as a protective plan and to stick with that plan.

Ask pupils to talk about good and bad friendships. What can good friendships help you to do? What can happen if you have a friend who practises dangerous behaviours such as sex?

Boost the self-esteem of your pupils. Praise them for the good things that they do. Pupils with high self-esteem are less likely to talk risks.



Life skills help you to make healthy choices and to avoid risky situations.

Message 14

Life skills 2

Life skills are abilities that you need to live safely and well every day. They help to protect you from HIV. Important life skills include assertiveness, problem solving and creative thinking.

- Being assertive means saying what you want or do not want and saying how you feel without hurting or abusing anyone. Remember to listen to other people and respect their feelings.
- If you find it hard to be assertive, remember that you have good ideas and the right to express them. You have a right to have your wants and feelings taken seriously.
- Practise being assertive. Speak up for yourself and others. Stand up for what you believe in.
- Part of being assertive is walking away if the person does not accept what you say. Walk away if someone does not accept your "no" to sex.
- Problem solving means being able to identify causes of the problems and dealing with those in a helpful and constructive way.
- If you have a problem, can you work out what is wrong? Can you think of different answers to the problem? Can you choose the best solution? Learn to be quick and good at solving problems.

Teachers, every time that you ask pupils what they think, you increase their life skills. A child who is listened to will have better self-esteem and communication skills than a child who is suppressed.

Every time you ask a child to think of different solutions to a problem, you encourage creative thinking. This is a powerful life skill which will help pupils cope with challenges.

You can promote life skills by being a good role model. Practise active teaching. Encourage pupils to make decisions and speak up.



Use life skills to stay safe. Think clearly and speak out.

Never accept gifts or money in return for sex.

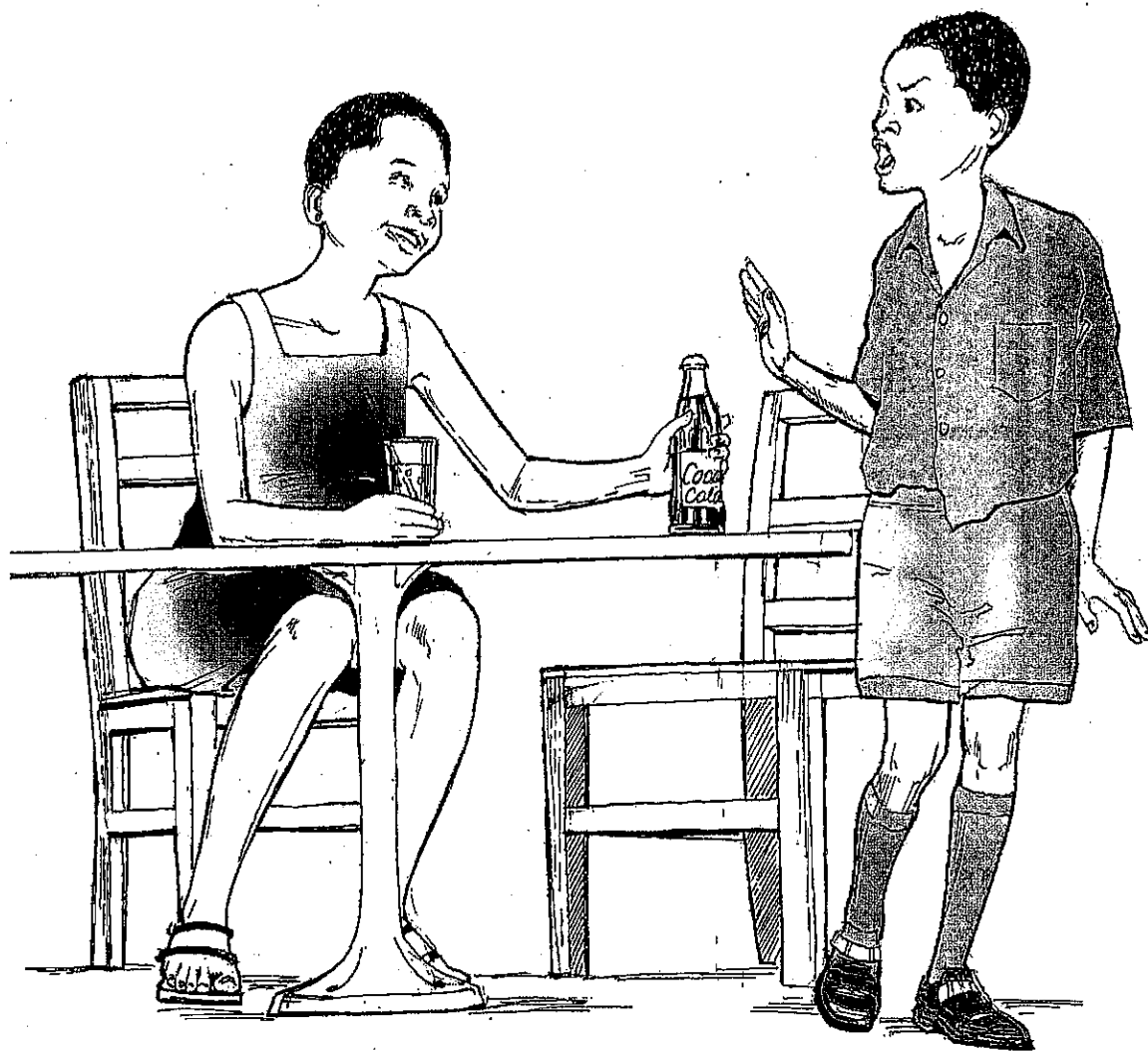
Message 15

Say no to gifts for sex

No matter how poor you are, do not have sex for gifts, favours, money or things. Sex brings HIV and many other problems. Say "NO" to sugar daddies and mummies and any boys and girls who want to give you things for sex.

- Giving or receiving a gift is exciting. You feel motivated. Culturally, it can be bad manners to refuse a gift from someone you know and respect.
- But sometimes you have to refuse a gift. If you do not understand why someone is giving you a gift, you need to refuse it. Some people use gifts to get sex from pupils. They give a gift and expect repayment in sex.
- If you do not understand why someone is giving you a gift, you need to refuse it. You also need to refuse any gift that you cannot show your parents or guardian. A gift can make you feel "in debt" to the gift giver who then wants sex.
- Your health is worth more than any gift. Your health has no price. Do not risk HIV/STIs or pregnancy for a gift. Say no to extra marks from teachers, free lifts from drivers, and free things from shopkeepers and butchers.
- Sugar daddies and mummies are older people who give you gifts and assistance. They can infect you and do not offer permanent love. They can disrupt your studies and spoil your chance of a relationship later. Their permanent partners can attack you. Say "NO" to sugar daddies and mummies. Choose to keep abstaining.
- If a sugar daddy or mummy offers to help with school fees or necessities, be strong and walk away. Think of better ways to meet your basic needs that do not expose you to sex.

Gifts can strongly influence pupils to start sex. Teachers, help your pupils to think critically about gifts. Ask them: "When is it safe to accept a gift, and when do you need to refuse?" Ask: "How can a child who is poor get necessities in a safe way without having sex?" Also ask: "Is it ever right to have sex for a gift?"



Do not accept gifts that you do not understand. Say no and move away.

Message 16

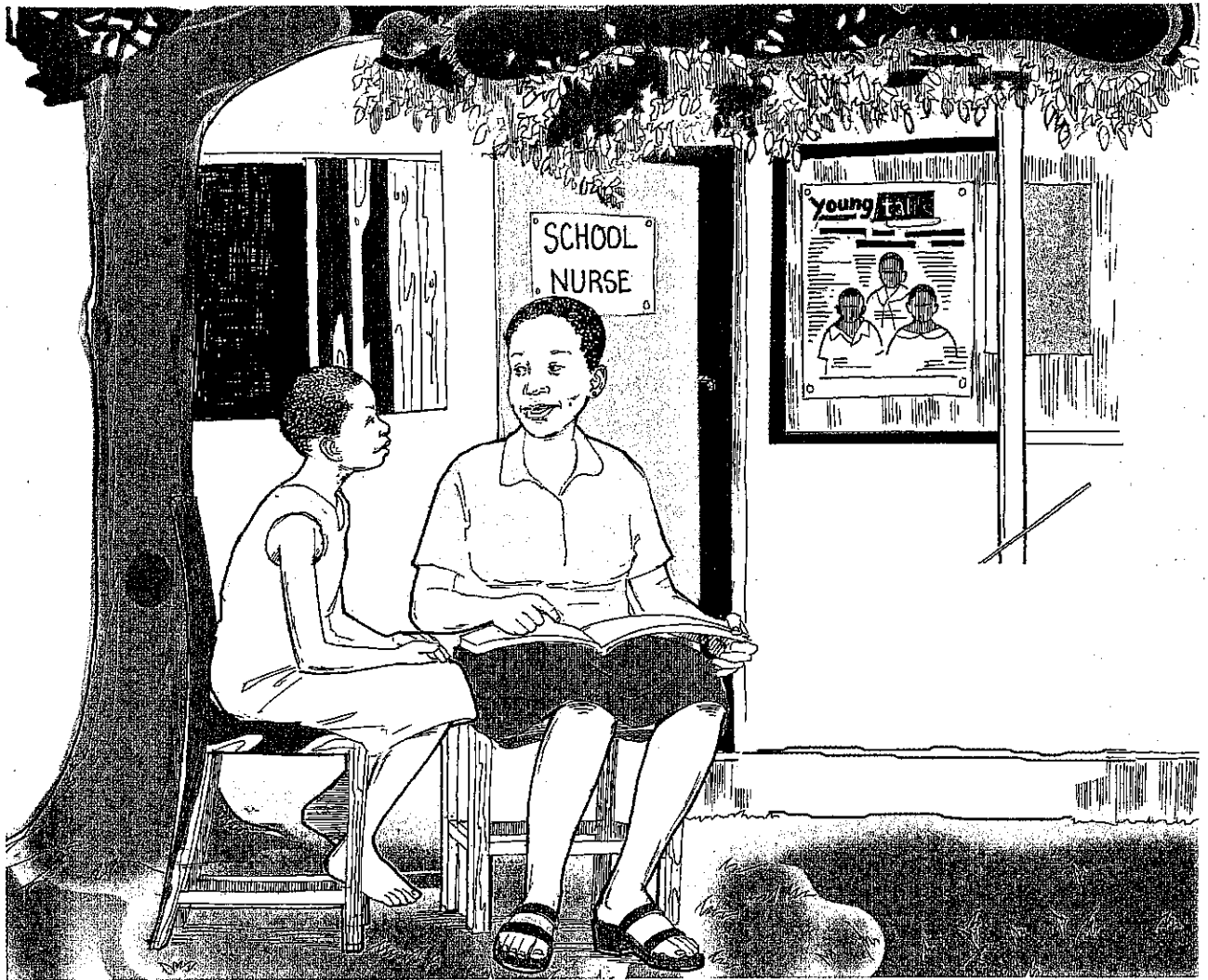
Children have rights and responsibilities

In Uganda every adult and every child has rights and responsibilities. Children have rights to survival, protection and development. One important right is the right to freedom of expression. You have the right to say "no" to sex and forced marriage. You also have the right to keep abstaining or to stop sex.

- Some rights come from the Ugandan Constitution and laws like the Children Statute. Others come from international laws like the UN Convention on the Rights of the Child.
- Children have a right to information about their bodies so that they can stay safe. It is a violation of the rights of children to keep them ignorant about sex and HIV. Ignorance is dangerous.
- Children have a right to health care. If they have an STI or are pregnant, they have a right to treatment and care. Being assertive can help you to get your rights.
- Children have a right to be children. Sex is for adults. Children have a right not to be forced into sex.
- With rights come responsibilities. For example, children have a right to education but they also have a responsibility to study and to finish at least P7 and better their future.
- You have a responsibility to listen to your parents. But if they want you to marry, you have the right to refuse. Ask a teacher or other trusted adult to talk to them.

Teachers, rights are very relevant to reproductive health. Pupils will find it easier to ask for correct information on HIV and body changes, if they know that they have the right to that information.

A sexually-active pupil will find it easier to seek treatment for STDs, if he/she knows that he/she has a right to care. Promote rights in your classroom.



Children have the right to correct information about their bodies.

They have a responsibility to listen and to try hard to stay safe.

Message 17

Violence is wrong

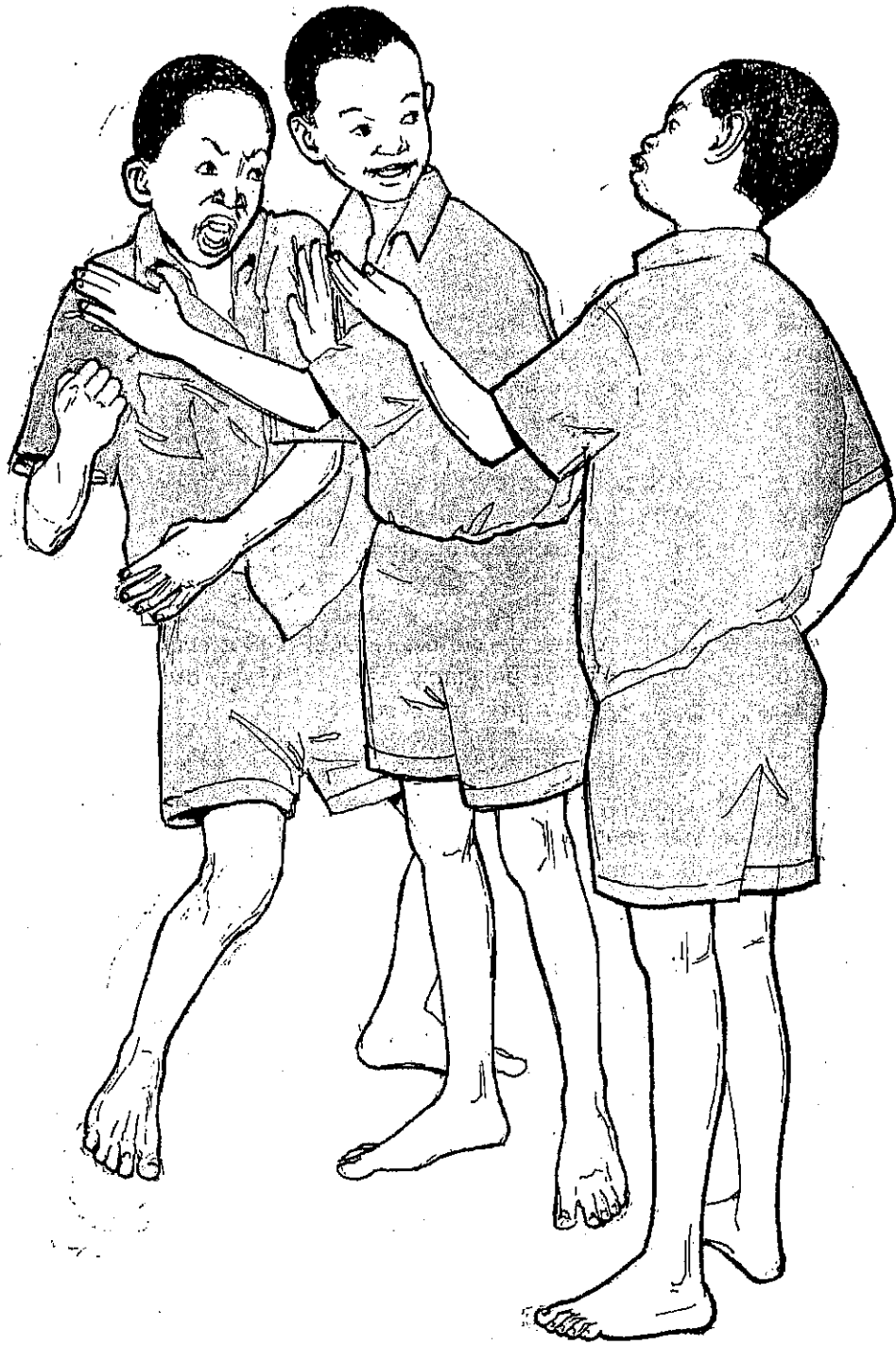
Using violence to get sex is always wrong: do not let your peers or older people force you into sex. Also, never use violence or threats to get sex. Report all threats and violence to a trusted adult.

- Many children grow seeing violence between adults. They come to believe that violence is a normal way to solve problems and get what you want.
- You may have experienced violence from your parents, peers or a teacher. Violence is almost always wrong unless you are defending yourself.
- Violence hurts your body and feelings and makes you angry. No one has the right to physically or mentally hurt anyone else. Adults do not have a right to hurt children. Husbands and wives do not have a right to hurt each other. Teachers do not have a right to hurt pupils. Hurting other people is against the law.
- Many pupils are forced into sex by peers or adults. This is called assault or defilement. It is illegal.
- Sex with violence or threats is always unhappy and dangerous. It carries a big risk of HIV/STIs and pregnancy. Such sex cannot be safe. It has not been agreed upon by two people who care for each other and have planned for it by testing first for HIV and using condoms.
- Always report threats and violence to trusted adults.

Teachers, ask pupils: "Have you ever been threatened to have sex?" Ask if violence or threats about sex are a problem at school or in their homes or communities.

Ask them to talk about how violence makes them feel. Ask: "Why is violence dangerous? Why does it put us at risk of HIV?"

Ask them: "What can we do so we can all be safer?" Ask them: "Why is it wrong to force someone into sex?" Encourage them to tell the school administration if they are being threatened or forced into sex.



When you have an argument, settle it with words, not with fists, sticks or stones.

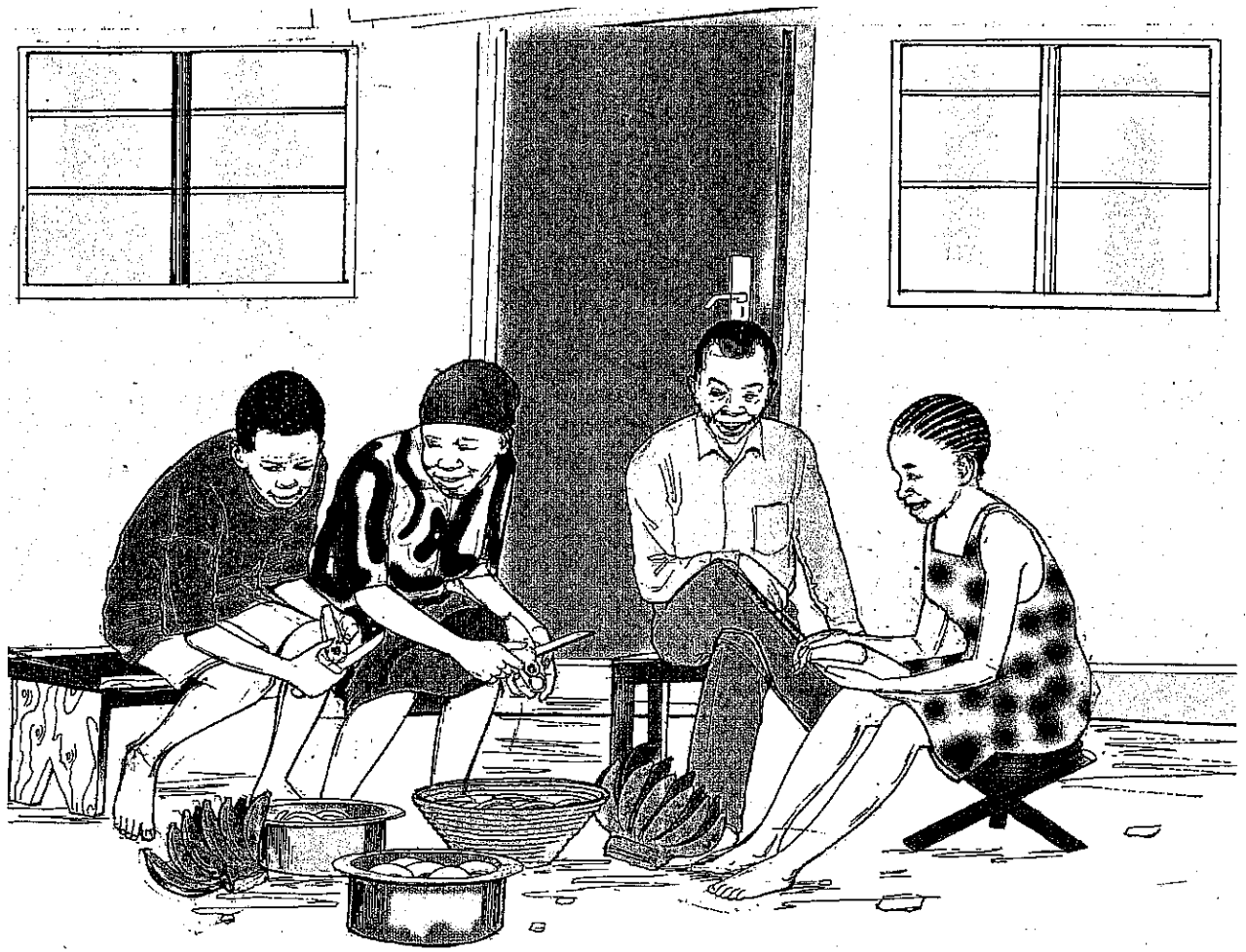
Message 18

Culture and HIV infection

Some cultural practices like parental guidance and preserving virginity are healthy: they help to protect against HIV. But some cultural practices like early marriage are dangerous and spread HIV. Let us support good practices and reject the dangerous ones.

- Uganda has many cultures. Culture is the way of life of a people. It includes values, beliefs and customs, such as how we dress and eat. Culture is usually passed from generation to generation.
- Many cultures in Uganda put a high value on virginity for girls. In some marriage ceremonies, the man's family gives a special gift if the bride is a virgin. Virginity is a good cultural practice that reduces the spread of HIV.
- But there are many traditional cultural practices that encourage the spread of HIV. These include polygamy, early marriage, brideprice, wife inheritance, and not sending girls to school.
- Most of these cultural practices hurt girls and put them more at risk from HIV infection than boys. But some cultural practices, such as traditional circumcision with a shared knife, hurt boys too.
- It is good to honour culture, especially the cultural practices that give protection from HIV. But we need to learn more about cultural practices that spread HIV and reject those that might help the virus to spread.
- Pupils, you can be a good person in your culture even when you reject some of its practices. Choose to abstain from sex until you have found your marriage partner. Marriage should always be after the age of 18. Do not be pushed into sex by out-dated cultural practices.

Teachers, ask: "What cultural practices do we have here that help to protect against HIV?" Also ask: "Which of our cultural practices promote the spread of HIV? And what can we do about them?"



Respect for the family and its values is a positive cultural tradition.

Message 19

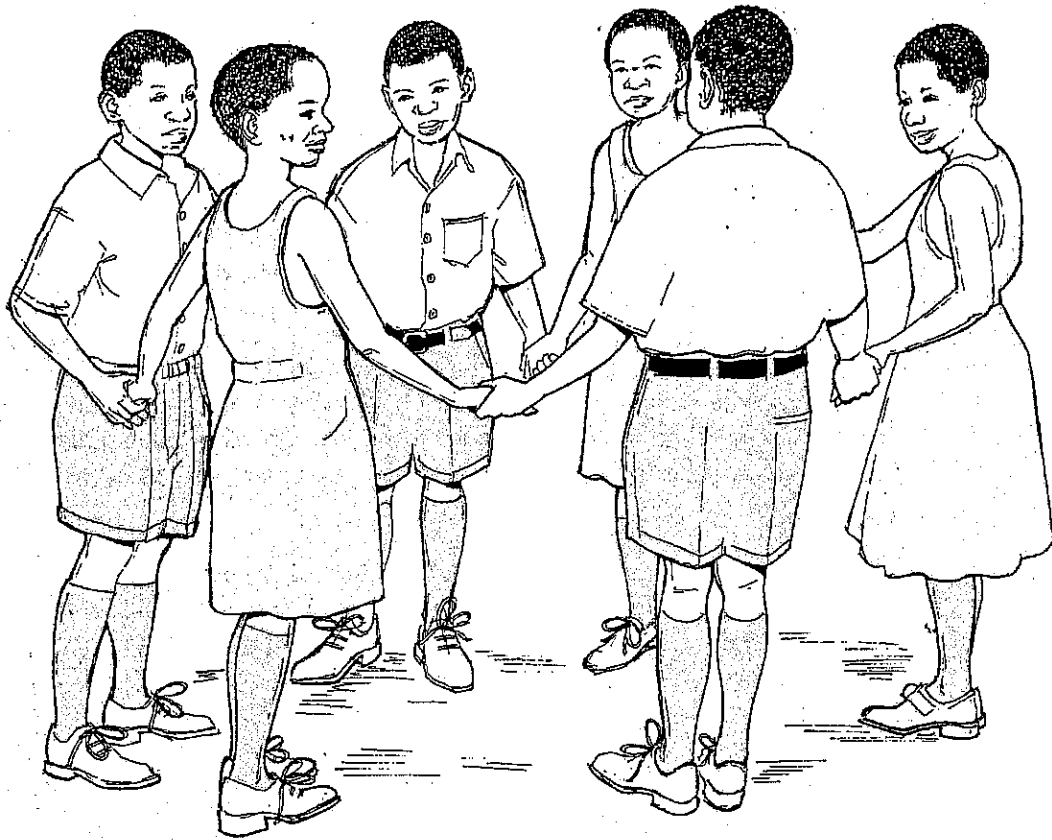
Respect between boys and girls is healthy

Boys and girls have equal rights to education, to express themselves, to be listened to and to stay safe. They can do equal work and perform equally well at school. Respect between boys and girls will help to stop the spread of HIV.

- Boys and girls can respect and help each other at home and school. Boys and girls can be friends without sex.
- Girls and boys should both aim to do well at school. It is not true that boys are better at some subjects and girls at others. Girls can also excel in math and science. Boys can also excel in arts subjects.
- Girls, do not feel shy to answer questions in class. Boys, do not laugh at girls when they talk.
- Girls, do not make boys give you things in return for sex. Do not touch boys in class or tease them about erections. When a boy refuses to have sex, accept his "NO".
- Girls, boys have feelings too, even if they act tough.
- Boys, do not harrass girls by loitering near their toilet or blocking their path. Do not stare or whistle when a girl walks by. Do not threaten girls with rape. Do not touch them.
- Boys, do not exploit younger girls or girls who are vulnerable like orphans or girls with disabilities. Accept the "NO" of every girl.
- Boys, help girls who are in their periods. Help your sisters so that they also get time to study.

Teachers, girls and boys need to be able to see each other clearly without the confusion of gender roles and hostility. They need to be able to discuss how they will reduce their risk of HIV and pregnancy in the future.

Encourage boys and girls to see each other as friends. The best protection for pupils is always abstinence.



Girls and boys need to see one another as friends and not as sexual partners.

Message 20 **Virginity is healthy**

A virgin is a person who has never had sexual intercourse. Virginity protects against HIV/STIs and pregnancy. Virginity gives you freedom to concentrate on your studies and friendships. Both boys and girls can be virgins. Virginity is healthy.

- A virgin is a person who has not had sex. All people are born virgins. You can remain one for as long as you want with no bad side effects.
- Some virgin girls have a thin skin called the hymen covering part of the opening to the vagina. Other girls are born with no hymen or lose it in sports. If a girl has a hymen, it goes after first sex. But what matters in virginity is not the hymen. What matters is that the girl has never had sex.
- There are many wrong stories about virginity. For example, some people say that girls who are virgins grow a hymen as hard as cowhide or develop a bone in their vagina. Other people say that boys who are virgins become impotent.
- These stories are completely false and are dangerous because they push pupils to have sex. Pupils, learn the truth instead. In children who stay virgins until they are adults, the body remains normal and healthy. Future sexual performance is also normal and good.
- Some people say that herbs restore virginity. This is also false. Once you have had sex, you are not a virgin. But you *can* stop having sex. You can abstain again. This will help you to be safer.
- You cannot know a virgin by looking. Do not be conned into sex because a person claims to be a virgin.

Teachers, help your pupils to choose to continue being virgins. Speak out against the myths that encourage pupils to break their virginity.

Speak positively about virginity, but do not moralise. Remember that there will be some non-virgins in your school. Encourage them to stop sex.



Be proud of being a virgin. It is healthy and safe.

Message 21

Say no to bad touches

Your body is yours, and nobody should touch it in a way that you do not like. There are good and bad touches. Good touches can be a hug around your shoulders from your mother or father. Bad touches can land on private places on your body or be from people you do not trust. Always run away from bad touches. They are sexual abuse.

- It is normal for people to touch each other. So how can you know if a touch is bad? Trust yourself. If you feel unhappy when someone touches you, stop them. You do not have to explain why.
- When a mother holds a baby or kisses a child, it is good. Fathers and friends give you good touches when they hug you to greet or comfort you. Good touches are part of love and care.
- Bad touches are usually done when you are alone and are aimed at private and sensitive parts of your body.
- When someone touches you without your permission for their sexual pleasure, you are used and exploited. Push away such touches. Avoid being alone with that person. Always avoid such people. Run away and report them.
- Never let anyone touch your private parts or make you touch theirs. Move in a group to school or to collect water or firewood. If someone scares you, run very fast and shout for help.
- If you are forced into sex, rush for help. Do not wash. The police will help you.

Teachers, a very high percent of children in Uganda report sexual abuse. Many of your pupils will be subjected to bad touches. Help them to know that this is wrong and what to do.

Start by asking them: "What would you do if someone touched you in a way that made you feel ashamed?"



Always run away from bad touches.

Message 22

Stay in school, complete at least P7

School is the best and safest place for children, especially girls. The longer girls stay in school, the longer they delay sex. So schooling protects children from HIV/STIs and pregnancy! Boys and girls, stay in school for as long as you can and always complete at least P7.

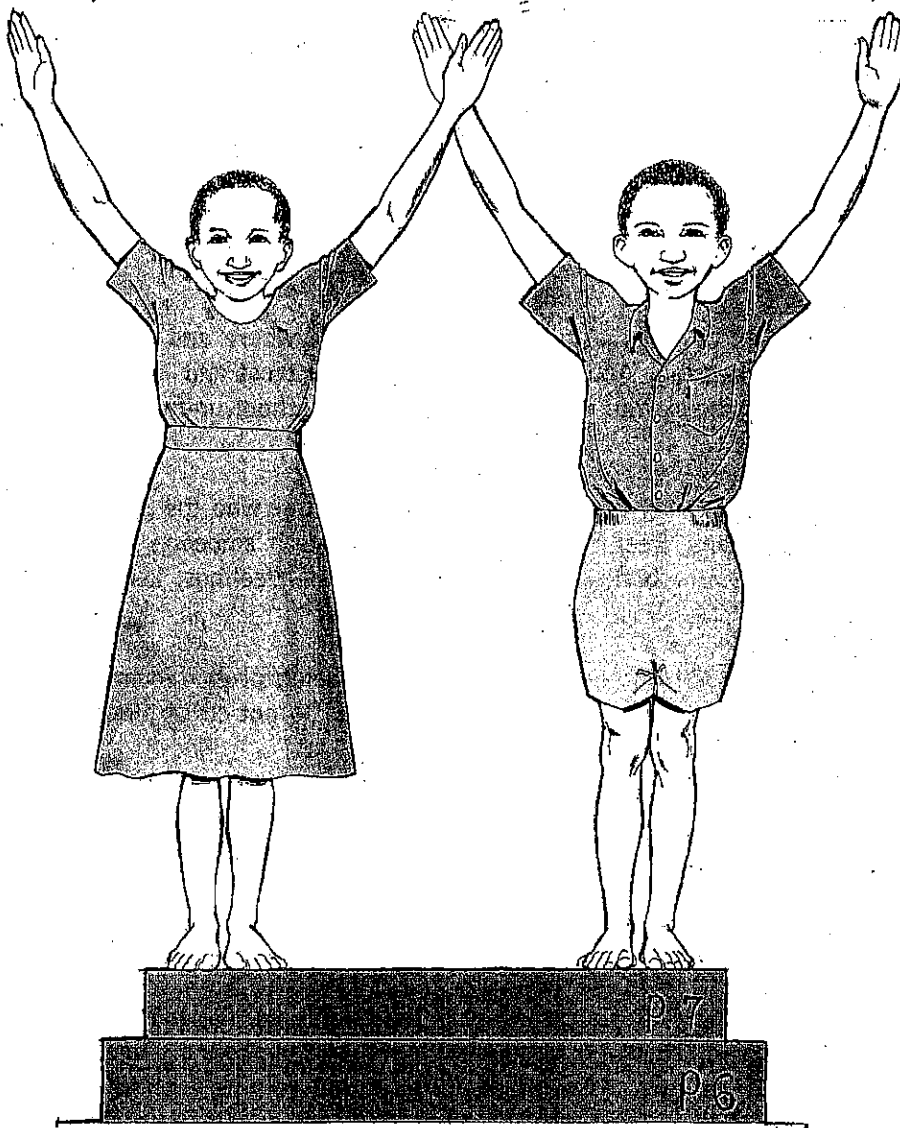
- Uganda now has UPE, so every child can complete at least P7. With P7 education you can read, write and use figures, solve many problems, be more productive and healthy.
- When you are educated through P7, you are also more likely to practise family planning and have a smaller healthier family. You also know better how to protect yourself from HIV.
- When you can read and write, it is harder for people to cheat or trick you. You feel confident in clinics and other places where there are signs. You can understand about using condoms and testing for HIV.
- Education makes you safer. Try hard to go for more education after P7.
- Sometimes classes can be boring and crowded. The walk to school can be long. But be strong. Study hard and complete every year. Every year you spend in school helps you to succeed in the world.
- When you do leave school, do not rush to get married. Do not accept to be married off early. Stay in your family home and help the family economically. It is not safe or wise to marry before the age of 18.

Teachers, school helps boys too. The longer boys stay in school, the more they protect themselves from HIV.

Ask pupils to think actively about the benefits of school. Ask them: "What do you gain by completing at least P7?" Ask: "How does school help you to stay safe from HIV?"

Ask: "What things can you do to make sure that you do not drop out of school."





Stay in school until you have completed at least P7. Try to go for more training or studies after P7.

Message 23

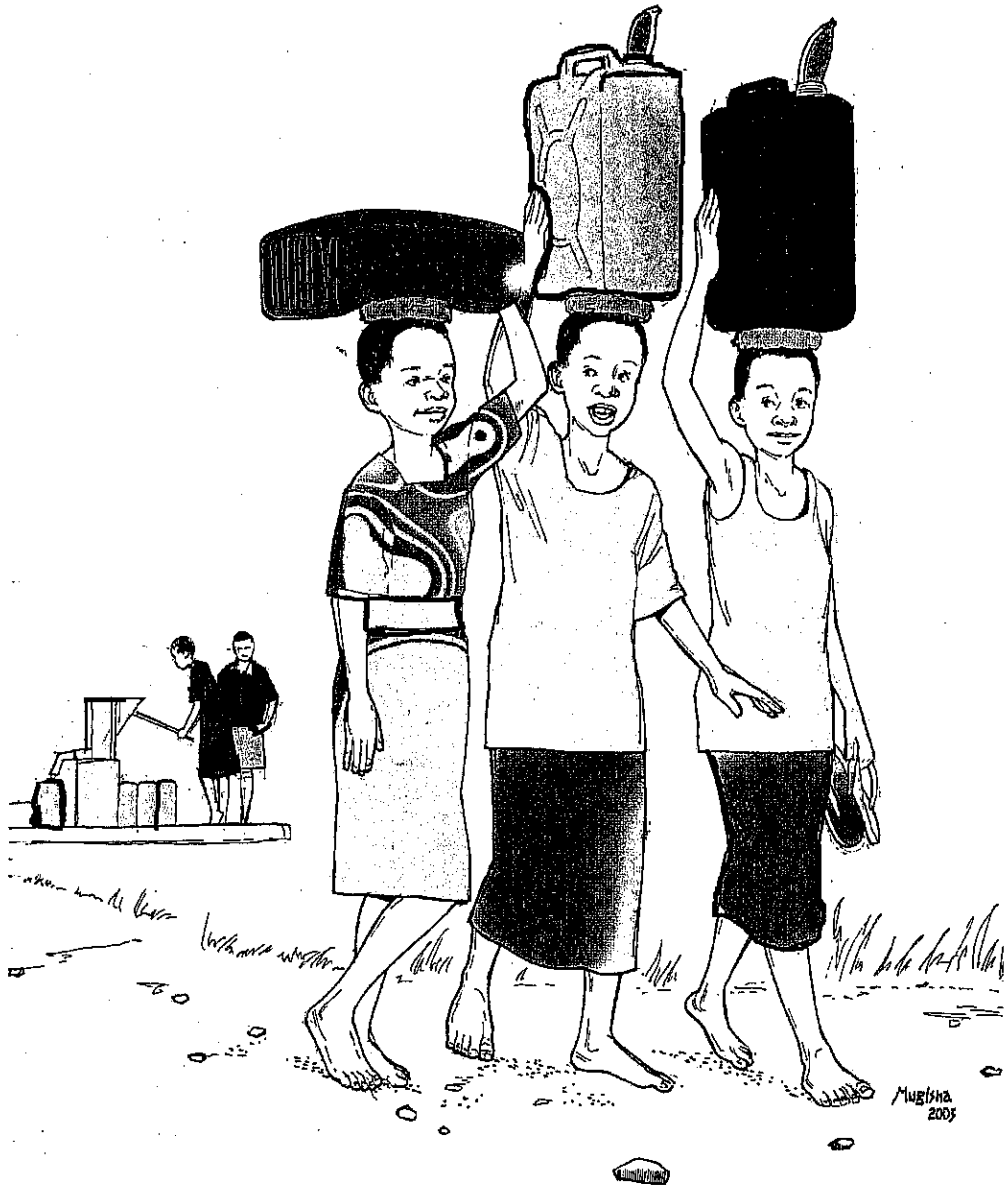
Avoid risks to stay safer

Sex can happen anywhere. Many pupils get problems in places that should be safe, such as their own garden or the path to the well. Be careful wherever you are.

But you can stay even safer by avoiding risky places such as discos and risky behaviours such as taking alcohol.

- Sex and sexual abuse can happen anywhere and whatever you are doing or wearing. Abusers can be people you trust and know well like a cousin or neighbour. You can be abused in your school uniform in your own home.
- Always say no to bad touches, no matter who the person is or where it happens. Seek help from trusted adults if someone hurts or threatens to hurt your body. Even if you have sexual feelings, keep choosing to abstain.
- You will *increase* your chances of being pressured into sex if you go to lonely places. Try to move in groups. Do not enter alone into the home of a neighbour or teacher.
- Alcohol and drugs such as marijuana are very dangerous. They affect your mental abilities. You are unable to think clearly. Drugs and alcohol will lead you into a sexual experience you will regret. Avoid them!
- Places like discos and bars are dangerous for young people. Alcohol is served. They are frequented by older people who can exploit you. If they see you at a disco, they can think that you are a child who is willing to have sex. Stay safe and avoid such places.

Teachers, ask pupils how they can stay safe in their communities. What are the safe and unsafe places? Will moving in groups help them to stay safe? Is alcohol a problem? How can they have fun and leisure without getting into problems?



Always move with friends if you
have to go to quiet places.

Message 24

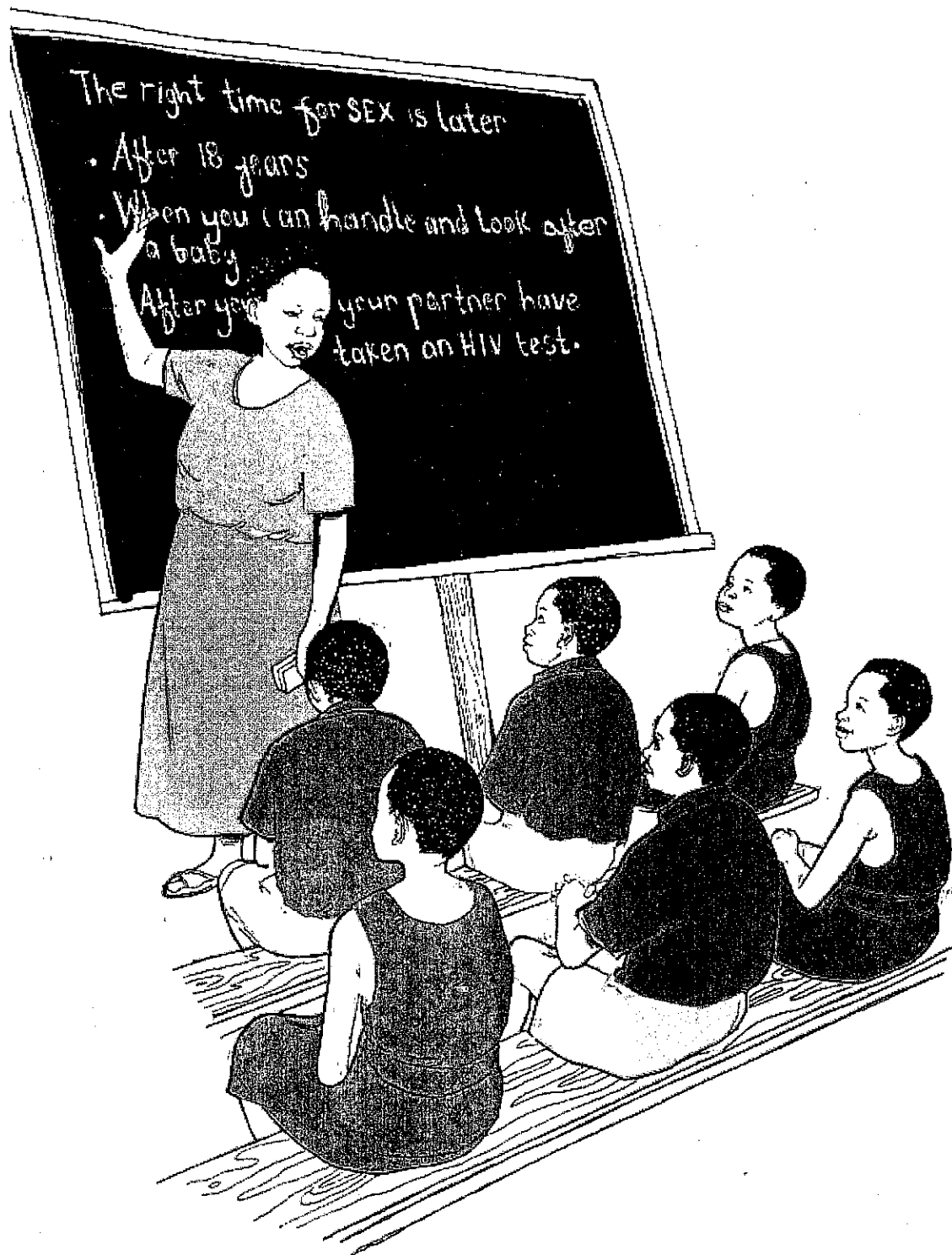
Choose to delay sex

Sex is good: it can express love, bring wanted children and make people happy. But sex is also very risky.

Pupils need to know the good and bad sides of sex. Pupils need to choose to delay sex until they have found their marriage partner and they have both tested for HIV. Marriage should always be after the age of 18.

- Sex can be a happy experience later in life. But for pupils, sex leads to great sadness. Very few pupils manage to be sexually active and not get hurt or hurt someone else.
- Sometimes the problems caused by sex in primary school can be seen right away. For example, the girl gets pregnant, and the boy goes to prison.
- But sometimes the damage shows much later. For example, several boys and girls have sex with each other in P7. No girl gets pregnant. The boys do not go to prison. But they all get HIV. They fall sick several years later.
- So when is the right time for sex? The right time for sex is not an exact age. But the right time for sex is *always* after the age of 18. Sex before 18 is not legal in Uganda.
- The right time for sex is also when you have found a partner who you want to marry and who wants to marry you.
- The right time is also *after* you have discussed and agreed on how to stay safe from HIV. The right time is *always* after you have both tested for HIV and are both negative.

Teachers, ask pupils: "When is the right time to start sex?" Guide them to remember the points above. Some pupils will have started sex, so give the "you can stop" message. Ask pupils to talk about how they will protect themselves when they become sexually active later in life.



Listen to your teachers' advice: learn the correct facts about sex and sexuality.

Message 25

Pre-marital sex is risky

Pre-marital sex can lead you to contracting HIV/AIDS/STIs and getting unwanted pregnancies with their associated consequences. These include abortion, school dropout and barrenness.

- Adolescents are not fully developed physically, psychologically and spiritually so it is not healthy for them to engage in sexual activities.
- Some pupils like dressing in provocative fashions, which may arouse sexual temptation from the opposite sex and therefore lead them into sexual harassment.
- Alcoholism, drugs and substance abuse lead to risky behaviour, which may result in unwanted pregnancies, contracting HIV/AIDS/STIs.
- Some recreational activities such as discos, sports rallies and traditional night dances are pre-disposing factors to contracting HIV and other STIs.
- Habits like walking in lonely places or walking with strangers may expose you to defilement (sexual abuse).
- Sex in marriage can also be risky unless both partners are over 18, have both tested for HIV and are negative, and remain faithful to one another.



**An unwanted pregnancy will change
your and your partner's life.**

Message 26

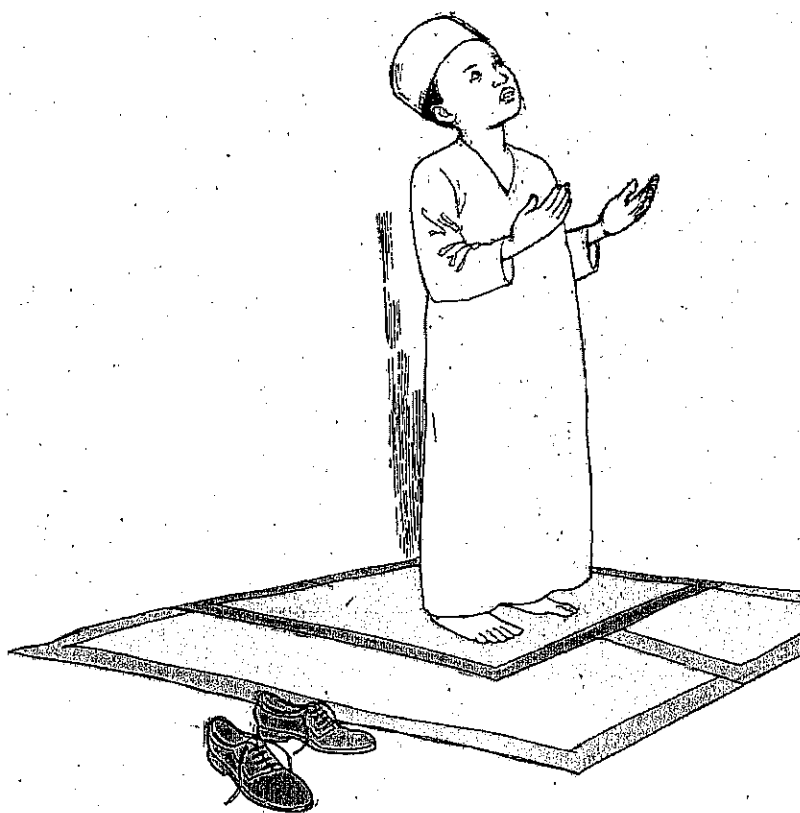
Acceptable moral practices

Acceptable moral practices can help you and others to create a healthy HIV/AIDS free environment. Acceptable morals include living according to the advice and guidance of your parents, teachers, elders, religious and community leaders.

- Young people have a responsibility to respect and obey religious teachings on positive moral behaviours.
- Desirable moral values shape young people into successful and responsible adults.
- Moral uprightness puts you in a better position to achieve your goals and so leads to a happier life.



Follow your religion's teaching and obey its rules.



Glossary

Abstinence from sex	Conscious decision to not have sex
Adolescence	Transition stage from childhood to adulthood
Barrenness	Inability in females to conceive children
Bond	Feeling that joins people together
Cells	Very small units of living matter: all humans are composed of cells.
Circumcision	Removal of the foreskin from a penis: there are also forms of female circumcision.
Cohabiting	When a man and woman live together without being married
Counselling	A process of communication by which a person is helped to identify his/her needs and make a right decision
Deliberately abstaining	Making a conscious decision not to have sex
Demeaning	Something that puts a person in a position that makes people have less respect for him or her
Ejaculate	Releasing of semen through the penis
Fertilisation	When the sperm meets the female egg and they merge to start forming a baby
Fidelity	Faithfulness to one's partner
Hymen	A thin skin that partly covers the opening of the vagina in some females who have not had penetrative sex.
Hormones	A substance produced within the body and carried by the blood to the organ, which it stimulates to assist growth.
Impotence	Inability of a man to have or sustain an erection
Infertility	Inability of sexually-active couples to have children
Immune system	System of cells and tissues that helps the body to resist disease.
Internet	An international system through computers that enables users to exchange information
Indecent	Something that is vulgar or morally shocking
Irregular menstruation	When the menstrual period does not occur at specific periods and for a specific number of days.
Marijuana	A plant, the leaves of which are smoked. It alters the thinking of the mind. Also called bhang.

Menopause	The time when women stop menstruating. It usually occurs between the ages of 45 and 50.
Menstrual cramps	Pains experienced by some females during menstruation
Meningitis	An infection that causes swelling and inflammation of the tissue enclosing the brain and spinal chord.
Myth	Something that is not true but that is widely believed to be true by many people.
Peers	People of the same age or same social status.
Peer pressure	Being influenced by people of your same group to do something. The pressure can be positive or negative.
Penile hygiene	Cleanliness of the male sexual organ
Polygamy	Having more than one wife at the same time
Posture	A position of the body, such as an aggressive posture.
Pre-marital sex	Sex before marriage.
Prevalent	A happening which is common and widespread
Psychological	All that concerns the mind
Re-infection	Acquire a disease again or add on to the already existing infection.
Sanitary towels	Materials used by females during their monthly period to trap menstrual blood
Self-esteem	Feeling good about your character and abilities.
Sex education	Basic education about reproductive processes, puberty and sexual behaviour, including how to stay safe.
Skin piercing	Penetrating the skin
Sterilised	Make free from bacteria like boiling or use of chemicals
Stigma	Feeling ashamed because many people disapprove of your situation
Stillbirth	A baby that is born when it is dead: can be a consequence of syphilis.
Tattooing	Making picture marks or designs in someone's skin by making small holes in the skin and filling them with coloured dye.
Tuberculosis	A serious infectious disease in which swellings appear on body tissue especially lungs. It is caused by a bacterium and characterised by coughing.
UN convention	A big meeting of the United Nations
Violence	Behaviour that is intended to hurt or kill someone
Virtue	Behaviour that shows high moral standards
Volunteer	A person doing a job or task willingly without being paid
Vulnerable	Weak or easily hurt physically or emotionally

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