Child-to-Child

Sexual Health, HIV and AIDS

Booklet 1:
Information and activities for teaching children and adolescents

Introduction

Sexual Health, HIV and AIDS: Information for teaching children and adolescents is Booklet 1 in a series of two booklets produced by the Child-to-Child Trust. Booklet 1 has been developed by Clare Hanbury, Child-to-Child Trust adviser, with suggestions and feedback from colleagues in Kenya, Uganda and India. The illustrations are by David Gifford.

The booklet provides information and ideas for teaching children and young people about sexual health, HIV and AIDS. The main aim is to protect children and young people from the many risks of early sex. The booklet is for teachers, health workers and other development workers involved in teaching children and young people about sexual health, HIV and AIDS. It is also useful for those caring for children from families affected by HIV and AIDS.

Booklet 2 will be available during 2004 and will also be published on the Child-to-Child website. It will look at how to identify, strengthen and develop practical community-based strategies to help children and their families cope with the direct impact of HIV and AIDS.

The booklets can be used for training, for planning lessons and for developing a curriculum or a non-formal education programme.

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Part One: Teaching children about sexual health, HIV and AIDS

Why is it important that children know about sexual health, HIV and AIDS?
Some children have sexual intercourse when they are young. Sometimes this is their choice but often it is not. Children need to know what sex is, that sex is important, that it should be about love and happiness but that it can also bring diseases such as HIV and AIDS and problems such as unwanted pregnancy. In most countries, unprotected sex is the main way HIV and AIDS are spread. Children need to learn why it is important to delay sex until they are older, how to say 'no' to sex and how to get help if they feel someone is trying to get them to have sex against their will. The more information children have about sexual health and the more skills they have to make healthy choices, the more likely it is that they will delay having sex.

In many countries children are deeply affected by the problems caused by HIV and AIDS. Children may have family members who have died from an AIDS-related illness; they may be living with and helping to care for family members with an AIDS-related illness; they may have family members who are HIV positive and who live with the anxiety of developing AIDS in the future; or they may have (or think they have) HIV themselves. Even when they are not directly affected within their family, millions of children are affected by the illness or death of teachers, health workers or others upon whom their families and communities rely to provide help and

services. Children may be anxious or sad, especially if family members are dying in secrecy. These children need to understand what is happening and they need support from their friends.

As a result of HIV and AIDS in their families, children may have fewer opportunities for education, marriage, family life and employment. They may suffer psychosocial problems; they may be sad, anxious and fearful. Local laws or customs may not protect children who have been orphaned from losing their home and land. Children who are orphaned may be separated from their siblings, have to drop out of school, and move away from friends and other community support structures. Poverty and lack of opportunities may lead children to survive through risky sexual activities or crime. Much of the rejection they feel is the result of others' fear and ignorance about how HIV is spread. Children, teachers and other community members who are well informed can help to love and support children who are orphans.

Children infected with HIV need support from friends to cope and need to know how to protect others. When children are informed about HIV and AIDS they understand what is happening better. They can support other children who are infected and they can help to prevent others getting infected.

Thiem, a 16-year-old girl in Thailand, was an orphan. She had survived by living on the streets and getting money for sex. When she was tested and learnt that she was HIV positive Thiem thought her life was over. Then a youth programme helped Thiem to think about her life and develop goals for living positively. Now, two years later, Thiem has discovered hope. She earns her living as a peer educator, helping other young people to protect themselves from HIV.

Many children may be infected but do not know that they are. Other children may be afraid that they are infected but do not know what to do to find out if they are. These children need to have someone to talk to and know how to find out more about HIV and AIDS.

Children and young people with disabilities are especially vulnerable to sexual abuse. Prejudiced attitudes mean that the majority of disabled children do not go to school so they miss out on important health information and are less likely to develop protective life skills. Research shows that deaf girls and women are particularly vulnerable to sexual abuse, as are young people with learning difficulties. An inability to fully explain what has happened to them, or they are not believed, makes them especially vulnerable. In certain countries men believe that having sexual intercourse with a disabled girl or woman, particularly those with albinism, is a means of cleansing them of HIV and AIDS. Also, some men think that disabled girls and women are more likely to be virgins and therefore 'safe' from HIV and AIDS. Negative attitudes towards disability can lead to feelings of low self-esteem, increasing the vulnerability of young disabled people. Child-to-Child activities must include all disabled children and young people to make sure they have the same access to information as their non-disabled peers.

All children need to know how best to help people affected by HIV and AIDS (such as improving nutrition). Children can spread information about HIV and AIDS.

When to teach children about sexual health, HIV and AIDS

Children must be taught about sexual health, HIV and AIDS *before* they reach an age when they start experimenting with sex. **This means primary school age children.** Children need information plus the skills to act upon the information. In addition children need the support of

community-based systems, especially those feeling pressured or even forced into sex at an early age by their peers, by adults or by poverty. Information alone is not enough.

What are the challenges with teaching these topics?
Customs and beliefs around sexual behaviour and disease are deep-seated in families and communities and they are hard to change. Some customs may support potentially risky sexual behaviour. For example:

- Marriage to more than one wife.
- Sex with different partners during times of celebration.
- Initiation ceremonies at puberty that teach and encourage boys and girls to practise sexual acts.

Female genital mutilation is practised in some communities. The practice often leads to infections and increases a woman's chance of getting sexually transmitted diseases such as HIV and AIDS. It may reduce or remove the good feelings women can have during sexual intercourse.

In many cultures, a woman does not feel able to put her own health before her husband's desire for sex. She may not feel able to challenge her husband about his sexual behaviour and finds it extremely difficult to get him to use a condom even if she suspects he has other sex partners. Many women are infected by their husbands.

In addition to potentially risky traditional practices there are other risky modern practices among children and youth such as:

- Sex before marriage (especially boys/men).
- Sexual experiments to prove their manhood/womanhood.
- Commercial sex.
- Sex with sugar daddies/mummies in exchange for gifts, favours and/or attention.
- Drug and alcohol use which can affect a person's decision to have sex or not

In most cultures we lack the confidence and skills to discuss difficult topics such as sex, HIV and AIDS. Many adults may feel that these topics should not be discussed with children. It is then easy for children to develop incorrect ideas or become anxious or even fearful. Adults need to develop ways of educating children about these topics effectively.

Whose responsibility is it to teach children about sexual health, HIV and AIDS?
In many societies family members have educated their children about sexual behaviour. For example the father or grandfather educated the boys and the paternal aunt or grandmother educated the girls. However as family ties have become weaker (for many reasons) so too has this role. Therefore schools or non-formal projects are needed to help revive or strengthen family or community-based teaching, to reach an understanding with the community about the best messages for children on sexual health, HIV and AIDS and to provide extra teaching where families feel they cannot cope.

Teachers and other adults who teach children about sexual health, HIV and AIDS often find these topics sensitive and emotional. It is important that they reflect on their personal experiences, cultural practices and learning and understand how these might affect their opinions and teaching. Teachers often lack the experience of good sexual health teaching themselves, either at school or in the family. Teachers often lack special training to deal with the topics. Teachers may fear the reaction to their teaching of colleagues, parents or other key people in the community such as religious leaders.

Teachers benefit greatly from the support of others. Before starting to teach these subjects, it is useful when the head teacher, the teachers involved and any other project leaders meet with key community members and parents to discuss why they are teaching children about sexual health, HIV and AIDS and to get their support and agreement to reinforce messages taught.

To develop their confidence and skills, teachers benefit from extra training, materials and opportunities to discuss the topics they are teaching before, during and after the course. When they are responsible for teaching sexual health, HIV and AIDS, teachers can find their role increases and their relationship with the children and their families intensifies.

The most effective teaching on sexual health, HIV and AIDS happens when schools use a 'whole school approach' *or even a 'whole community approach'* and do not just leave the responsibility to individual teachers. Such an approach is also important and often easier for out-of-school projects. The approach may include:

- Open discussions among children, parents and school staff about the impact of HIV and AIDS on their school and community and the importance of teaching about sexual health even at a young age.
- The appointment of adult and child counsellors who can answer children's questions or help children with problems at specific times or in specific sessions.
- Flexibility to enable teachers/project workers to collaborate with other teachers to do cross-curricular projects (e.g. language or art projects).
- Extra training and ongoing support for teachers/project workers.
- Professional acknowledgement of teachers' responsibility for teaching the topics.
- Links with health centres and health personnel who can support teachers and work with children on specific topics such as menstruation, family planning, and voluntary HIV testing.
- Links with specialist organizations such as those for people who are HIV positive.
- Promoting a safe approach to first aid.

Strong ties between family, community and the learning centre such as a school or project create a supportive environment in which children understand they are important and valuable, that they should not be harmed and should seek help if they are threatened. Without this children can have both the information and the skills but may still be unable to keep themselves away from harm.

Kings and Queens Club

St John's Community Centre in Nairobi has developed a unique approach to helping children keep safe and ensuring that their communities protect them. Children have joined the 'Kings and Queens Club' where they are helped to develop their self-esteem. The children are taught about sexual health, HIV and AIDS. They learn how to recognize and resist the threat of sexual abuse, including incest. At the same time the communities have mobilized to take responsibility for every child. In 2002, 1500 children volunteered to take part in a ceremony where they received a special headband or bracelet as a sign of their purity. The community have taken special responsibility to protect these children and adolescents. The organization considered whether by proclaiming their status the children put themselves at greater risk, but believe that the community is now passionately committed to protecting them. Children have learnt strategies for dealing with abuse. For example, if someone tries to drag a child off the street to have sex, the child will now cry 'Fire!' to draw attention.

Information + Skills + Motivation + Child-friendly environment = Children can make safe, healthy choices			
Information +	**Life skills/Ability to act +**	**Motivation +**	**Environment**
The right kind, at the right time, taught in the right way.	If a child is taught that abstaining from sex is important but does not have the skills to resist pressure or avoid a risky situation, abstenance may be difficult for her to put into practice. If she is taught how to seek help if an adult is harassing her for sex, or how to negotiate with a boyfriend who is putting pressure on her to have sex (without losing his friendship), then she will be better able to abstain from sex.	Even if a person has the necessary information and the skills to implement the information, they need to feel motivated to change behaviour. Motivation can come from different kinds of recognition from friends or family such as praise and a sense of belonging. Self-motivation is also important. To be self-motivated, children and young people need clear goals and a sense of the effect of certain behaviour on these goals. A sense of the spiritual also helps with self-motivation.	Supportive external influences of peers, family, school, community, society as a whole, cultural and religious influences, media, government policy and law.

What are the important topics?
Teaching about sexual health, HIV and AIDS is linked to a number of other topics that play a part in children's decision-making and actions. Examples of such topics include:

- Friendship and relationships.
- Gender roles in the family and community.
- Puberty and sexual feelings.
- Reproductive facts.
- Initiation rites including female genital cutting and male circumcision.
- Pregnancy.
- Coping with HIV and AIDS and the effects of it.
- Other STDs.
- Sexual abuse, rape, violence, incest (sexual intercourse between close family members).

Teaching these topics should be done in a way that develops children's life skills, i.e. developing their abilities to make decisions, solve problems, communicate clearly, negotiate effectively, etc.

In this booklet, Part Two provides information about sexual health, HIV and AIDS. Part Three provides more information on approaches to teaching these topics and Part Four provides detailed guidelines for topics, two on sexual health topics and two on topics related to HIV and AIDS. Contacts to other organizations who can help with these topics are listed in Part Five.

Part Two: Information on sexual health, HIV and AIDS

a) Sexual health

Introduction
This section outlines basic facts on sex and sexual relationships. The information can be used for lesson planning by teachers and others to present the facts to children at upper primary and lower secondary age. It is *vital* that children are provided with information *before* they become sexually active so that they understand the physical changes and emotions developing at this time. This will help them to keep themselves safe. As children grow older they need to understand about sexual feelings so they can develop responsible, loving and mutually fulfilling emotional and sexual relationships. It is important to answer children's questions honestly and frankly. Myths and half-information can be damaging.

Sex causes strong emotions. It is deeply linked with personal and cultural values. Many people feel that children should not be given information about sex and that it stimulates their curiosity and encourages sexual activity at a young age. However, studies show that when children are informed, have the skills to cope with information about sex and live in an environment that supports healthy choices, it is more likely that children will delay having sex.

Whether adults like it or not, it is a fact that many children experiment with sex before they reach secondary school age and many children at a young age will encounter sexual admiration, attention and even harassment and abuse from their peers, older children and adults. Children need to be prepared to understand and cope with this attention and with their own developing sexual feelings and curiosity so that they are able to protect themselves and help protect others from harm.

Of those children who agree to sex, many will be exchanging sex for money. They may also exchange sex for 'gifts' such as clothes and cosmetics or be tempted into exchanging sex for favours, such as good results from a teacher at school, or becoming included as a 'girlfriend' of a boy who belongs to an admired group of peers. Children who choose to have sex need to know that sex is important and good but only at the right age and in a safe and loving relationship and that it can also cause unhappiness, unwanted pregnancy and sexually transmitted diseases (STDs). STDs themselves lead to ill health, less pleasure in sex, future difficulties in having children, infertility, and also to increased risk of HIV and AIDS. Unfortunately there is also a large group of children who are forced into sex.

HIV/AIDS affects millions of children worldwide. The most common way it spreads is through sex. It is vital and urgent that everything is done to prevent the spread of the disease. An important step is to make sure that children:
- Know the importance of sex.
- Understand their own and others' sexual feelings.
- Know the risks of early, unprotected sex.
- Know how to make healthy choices.

To do this, children need information about sexual health and about the changes in their bodies that happen at puberty. Children also need the skills to cope with the pressures or temptations to have sex with peers or adults and to know how to get help if they are at risk of or have experienced abuse, including rape. It is important to teach children relevant life skills alongside teaching them the facts about sex.

Basic information about puberty and sex
Important vocabulary is highlighted in **bold** font.

During our childhood, our body goes through several changes. Between the ages of nine and 14 years, most of us experience changes that prepare us for adulthood and for creating babies. The time period in which these changes happen is often called **puberty**. The changes are started by hormones. Hormones are chemicals produced in the parts of the body called **sex glands**. In girls the sex glands are called **ovaries**. In boys the sex glands are called **testicles**. Everyone grows and changes at different times and different rates. By the time they are 18 years, most people look like a young man or woman.

- In puberty the changes that happen to girls are:
  - Height increases suddenly;
  - The breasts develop;
  - Hair grows under the arms and between the legs (**pubic hair**);
  - The hips grow wider and the body shape changes;
  - The internal sex organs (**ovaries**) get bigger and develop. Female sex cells called **ova** or egg cells develop in the ovaries. **Menstrual periods** (monthly bleeding) start;
  - **Acne** and **pimples** may appear on the skin, especially on the face.

- In puberty, the changes that happen to boys are:
  - Height increases;
  - The **penis** and testicles get bigger;
  - Sex cells called **semen** (a sticky white substance) start to be produced in the testicles;
  - Hair grows under the arm, on the chest and between the legs (**pubic hair**);
  - Hair grows on the face in the moustache and beard area;
  - The voice deepens;
  - From time to time the penis becomes **erect** (stiff) and semen. When this happens at night, it is often called a **wet dream**;
  - Muscles develop, and the shoulders and chest grow;
  - Acne and pimples may appear on the skin, especially on the face.

As well as physical changes, during puberty boys' and girls' feelings can change:
- Moods may swing suddenly from happy to sad.
- They may feel insecure.
- They admire and have romantic feelings for others.
- They want to do things independently from their parents.
- They reject authority.

Romantic interest in others and curiosity about sex often lead to adolescent girls and boys forming relationships that are different from the friendships younger children have. The girls and boys want to feel close, to be alone together, to share ideas and secrets, to kiss and touch each other. They may even want to have sexual intercourse.

Sexual intercourse happens when a man's erect (stiff) penis is put into a woman's **vagina**. Both the man and woman may enjoy the feelings as the penis moves inside the vagina. As the movements between the penis and vagina deepen and increase, both the man and the woman may feel a build-up of feeling until there is a series of **spasms** (muscle movements in the penis and/or in the vagina). These spasms are called an **orgasm**. Sometimes a man and woman experience an orgasm at the same time, sometimes separately, sometimes just the man or

woman experiences orgasm during sexual intercourse. When a man has an orgasm, a white liquid called **semen** comes out of the penis. If the penis is inside the vagina, then the semen goes into the vagina.

Semen is the fluid that comes out of a man's penis when he has an orgasm. Semen is made up of millions of tiny reproductive cells called **sperm**. After puberty a girl has only one reproductive cell called the **ovum** – or egg. Each month a girl produces one **ovum** (egg). Only one of the millions of tiny sperm is needed to fertilize the ovum. If this happens the girl may become pregnant.

Girls will start to have **menstrual periods** between the ages of nine and 18. Many girls will start when they are about 11 years old. Periods often start about a year after the breasts start to grow. Every month the girl's body prepares a place for an egg to go if it is fertilized by a sperm. This place is called the **womb**. It is like a soft nest made of things like blood and fibres. Usually the egg is not fertilized and the nest is not needed. It breaks down and leaves the body through the vagina. When this happens a girl will experience bleeding from her vagina. The bleeding lasts for approximately five days. Breasts may grow bigger and sometimes feel sore just before a period. Some girls get headaches and belly pain before or during their periods. Some feel tired, sad or angry. Many girls have periods every 28 days. This is the 'normal' cycle. However some have them every 21 days and some every 35 days. Some woman do not have regular periods especially when they are young. This does not mean they will not be able to have children.

Some cultures have myths or taboos about menstrual blood. Girls need to know that menstruation is a natural part of growing up. They also need to learn how to keep themselves clean. Schools must be sensitive to girls' need for privacy at the latrines otherwise girls may stay at home during their periods.

Menstrual hygiene

Girls use various types of cotton pads to absorb the blood flow during their period. It is vital that they wash frequently to keep themselves clean and that these cotton pads are changed and washed or replaced frequently. Washable cotton pads should be boiled when washed or dried in the sun to prevent infection.

Tampons are soft cotton tubes that can be inserted into the entrance of the vagina to soak up the blood during a period. They are easy and hygienic to use but must be changed frequently.

If a man and a woman have sexual intercourse when the ovum or egg is released and the egg is in the right place for fertilization, a sperm may find and fertilize the egg. If this happens, the egg may travel to the soft nest and start to grow into a baby. While the baby is growing the woman will not have periods. Missing a period is one of the first signs that a woman is pregnant.

An egg must be released for the first period to happen so it is possible to get pregnant just before a girl's first period. Girls and boys need to learn about menstruation and sex before puberty. Although the changes at puberty mean that girls can have babies from an early age, the rest of their bodies are not well developed. Teenage pregnancy damages the health of girls. There are several ways in which men and women can reduce the chances of becoming pregnant. This is called contraception.

Contraception	
Condoms	Rubber tubes put over the penis to stop the semen entering the vagina. Condoms will also help to stop the spread of other sexually transmitted diseases (STDs including HIV) as they reduce contact between the man and the woman.
Pills or injections	Chemicals that change the hormones in a woman's body to stop the eggs being made.
The 'morning-after pill'	Needs to be taken the morning after sex. It is available from health clinics in some countries. It contains chemicals that will stop the egg from developing into a baby even if it has been fertilized by a sperm.
IUDs (intra-uterine devices)	Devices inserted into the woman's womb to stop fertilized eggs from growing in the womb. These devices are put into a woman by a doctor and they can be left in the womb for several years.
Permanent contraception	After they have had all the children they want, both men and woman can have small operations to stop the woman becoming pregnant again. The man's operation is called a **vasectomy**. The woman's operation is called a **tubal ligation**.

Before a woman has sex for the first time she may have a small membrane across the entrance to the vagina. This is called the **hymen**. When a woman has sex for the first time, the hymen may be broken by the penis entering the vagina. This may cause a little bleeding. Some communities and cultures believe that unless a woman bleeds the first time she has sex, she is not a virgin. However, in some women the hymen is thin and can break during her childhood without her noticing. Using **tampons** and taking part in energetic sports can also lead to the hymen breaking.

An intimate sexual relationship is best when a man and a woman are committed to a long-term loving relationship.

Sexual abuse

Some people have sex without knowing or caring for each other. Some people try to pressurize another into having sex. When this happens sex becomes unhealthy and risky. When a person forces another to have sexual intercourse or to touch them in a sexual way, this is **rape** or **sexual abuse**. It is a criminal act. Someone who is raped or abused must tell another person whom they can trust. Sometimes this is very difficult, especially for:

- A woman if she has been raped by her husband.
- A child if an adult has sexually abused them and then threatened the child to keep the abuse a secret. This is especially difficult when the adult is a family member.

It is very important that children learn from a young age that NO ONE has the right to touch their bodies in a sexual way or force them to do sexual acts.

Sex at an early age

In most countries sex at an early age is against the law. In most European countries the age at which children are allowed to consent to sex is 16 or 18 years. No one is supposed to have sex under the age of 16. This is for the protection of children and because of the problems that early sex can bring.

However, many children do become involved in sex at a young age. As soon as they have sex they risk getting sexually transmitted diseases, and a girl has the added risk of getting pregnant. She then faces many health risks that are associated with pregnancy, delivery and motherhood at an early age. These include:

- A girl's body is weakened if she is pregnant when still growing herself.
- A girl's body is smaller than a woman's and there may be more risks when delivering the baby.
- A girl who gets pregnant while at school often has to leave school to care for the baby. This limits her life chances.
- If a girl has a difficult pregnancy or delivery, this may lead to problems with future pregnancies.
- Girls who leave school and become isolated from their friends and/or family may find it hard to have a happy and loving relationship with their baby.

There are many reasons why children become involved in sex at an early age. Sometimes children want to have sex. They enjoy the sexual feelings and the special attachments sex offers, and get carried away by strong emotions. In many cases, children have early sex because of factors such as the following:

- Arranged marriages for children under 18 years.
- Cultural practices such as early marriage.
- Sexual abuse or rape.
- A need or desire for money or gifts (or good examination results) that may be offered in exchange for sex.
- The desire for attention from a peer or an older or more powerful person.
- A belief in the need to 'practise sex' to enhance performance.
- The desire to become part of a group who are admired by friends and peers – sex between members of the group may be one way to join the group.
- Drugs and/or alcohol affecting decision-making
- A lack of confidence and/or skills to make choices (such as choosing not to have sex or unprotected sex).
- The lack of skills to resist pressure from peers or from a more powerful adult.
- The lack of a supportive family, community or environment that could help support safe choices.
- A lack of motivation or feeling of self-worth that may come from poor relationships with family members.
- Feeling unable to control anything in life.
- The lack of information about the risks of sex such as STDs and HIV/AIDS.

Involvement in early sex may be a combination of several of the above factors. Children who live in communities where they often see adults having sex, such as in low-income areas, may try sex themselves out of curiosity. This early sexual activity is best prevented by openly talking to these children about the facts and the risks.

Many boys worry that they must find girls with whom to 'practise sex' in order to develop their sexual performance for marriage. 'Practice sex' usually involves having sex with many sex partners and it easily leads to STDs including HIV and AIDS. Boys who boast to their friends that they have had sex with many girls are fools. They are fools to boast and fools if what they say is true! Masturbation is a safe way for boys to 'practise' and to relieve their sexual tension.

Girls and boys can have good relationships and good friendships without having sex, and most children do. As well as thinking about why children get involved in sex at an early age it is just as important to think hard and discuss with children why they do NOT have sex and the reasons for this. Research has shown that the following factors help support children not to get involved in early sex:

- Children are well informed about the facts and the risks.
- Children have life skills to help them make healthy choices.
- Children can communicate their fears and feelings well to trusted adults.
- Children have a clear sense of the rules of good behaviour in the family and the community and they understand the reasons for these rules.
- Children have the ability to set goals and see the future.
- Children have a clear sense of self-worth.
- Children are actively involved in making healthy choices and in helping others to do the same.
- Children have religious beliefs.

b) HIV and AIDS

Basic information on HIV and AIDS

HIV = **H**uman **I**mmunodeficiency **V**irus
AIDS = **A**cquired **I**mmune **D**eficiency **S**yndrome

AIDS is a sickness that happens in the body when its defence system, called the **immune system**, becomes weak.

AIDS is caused by a **virus** called HIV. HIV is in blood and it attacks the immune system. HIV causes AIDS. Normally our blood has 'soldier' cells that are strong and attack **germs** that cause diseases. HIV attacks and destroys these soldier cells. When HIV has destroyed the soldier cells, the body has no more soldiers to attack germs and the person becomes very sick with diseases. This is when we say that a person has AIDS.

Anyone can get AIDS – children, adults, rich and poor people, people in most countries in the world.

In 2003 when this booklet has been written there are expensive treatments but no cure or prevention vaccine for AIDS. Many people do not have access to these treatments or they are so weak through illness and a poor diet that their bodies cannot use the medicines well.

HIV behaves like a termite in a house. First it hides and then the virus multiplies. At first, the person with HIV looks and feels well and healthy. This healthy-looking time may last for years. After a while the person starts to get different health problems, for example fever, sickness, diarrhoea, coughs and skin problems. This happens because HIV stops the body defending itself against these other diseases. These sicknesses can go on for a long time – maybe even years. As time goes on, sicknesses may get more serious and the body gets weaker. This is when the person is said to have AIDS.

To get AIDS you first get HIV. HIV is spread in the following ways:

- Through fluids passed from one person to another when they have sex.
- Through blood from an infected person mixing with the blood of an uninfected person. This can happen during first aid and through sharing unsterilized needles or any sharp instruments.
- From mother to baby either in the mother's womb, when the baby is born or through breast milk.

The most common way that HIV is spread is through sex.

HIV does not spread by kissing, hugging, sneezing or sitting beside people who are infected. It does not spread by sharing cups, spoons and pencils or by shaking hands. People do not get HIV by looking after someone with HIV provided their blood does not mix. People do not get HIV by being bitten by a mosquito. It is completely safe to live, laugh, eat, go to school with and work with people with HIV.

A person who thinks they may have HIV needs to go to a clinic for counselling and to have a special blood test. A small amount of blood is taken from the person and then sent to a special place to be examined. Sometimes people have to wait days or a week or two for the test results. This test is the only way to know if they have HIV. People with HIV in their blood are told that they are **HIV positive**. These people can feel well for many years. They can live happy and useful lives especially if they have the support of people around them.

When people find out they have HIV they react in different ways. Some are shocked and angry, others become very sad. Some people will keep this news secret as they are afraid of what their friends, family and employers will think, say and do. The people who cope best are those who have close friends and family to support them and who are able to speak openly about having HIV. Most countries now have groups of people who can help those who are HIV positive.

Preventing the transmission of HIV

Preventing the transmission of HIV to adults involves a number of methods such as:

- Health education at clinics, at the workplace or other places where adults gather (women's groups, religious groups, etc.).
- Public information campaigns that tell people how HIV is transmitted and how to help those affected by the disease.
- Improving access to and the correct and consistent use of condoms.
- Improving HIV testing and counselling services so that those who have HIV protect those who do not.
- Hospitals and health centres should take care to ensure that all equipment is sterilized and blood for transfusions is HIV free.

Preventing transmission to children involves:

- Education programmes that include life skills, both in and out of school.
- The involvement of families and the community in the education programme so the same messages are being given at home, the activities are supported and everyone is involved in protecting children from abuse.
- Developing and using relevant education materials.
- Training teachers and others in the use of methods and materials for effective education on HIV and AIDS.
- Access to child-friendly contraceptive and counselling services.
- Access to voluntary counselling and HIV testing services for children.

Preventing HIV-infected mothers passing the virus to their babies involves:
- HIV testing for pregnant girls/women.
- Counselling for women/couples who are HIV positive.
- Use of drugs during late pregnancy and delivery to reduce risks of transmission and drugs for babies in early infancy. These drugs are available at low cost in most countries.

Part Three: Approaches to teaching sexual health, HIV and AIDS

Introduction
The aim of teaching about sexual health, HIV and AIDS is to enable children to:
- Make healthy choices as children and in their adult lives.
- Inform and support others to do the same.
- Support those in their community needing help.

To make this possible, it is important to teach children the facts in a way that connects with their lives. It is also important to develop their skills so that they are able to act on what they know. So much sexual health education fails because it is based on the unrealistic belief that simply giving information to children leads them to make healthy choices or change unhealthy behaviour.

In the section on sexual health, we examined the many reasons why children may get involved in early sex. Before teaching children about sex, HIV and AIDS, it is important to try to find out what they already know and what pressures they face. It is also important to focus children's minds on positive behaviour and ask why children of school age choose NOT to have sex.

The Child-to-Child approach
The Child-to-Child approach is a tried and tested way of teaching children health messages that links with their existing understanding and experiences. It involves children finding out more about health problems as they affect their own communities. It then builds on this research by asking that children DO something about these problems. By participating in their learning in an active and personal way, the health messages have more effect on children's behaviour and choices. By using an interactive approach children develop skills that help them put their learning into practice.

The original Child-to-Child idea was to improve and support the care that older children gave to their younger brothers and sisters. Schools were identified as the best place where these older children could learn health messages to be passed on or practised. As people used the ideas, it became clear that children not only looked after younger siblings but that they could have a powerful influence on their peers, on the communities in which they live and even on their parents and other adult relatives. From the simple idea of older-to-younger child, a more complex picture emerged as illustrated on page 15.

The way in which specific messages are passed from children to others depends on the experience and skills of the children and the group(s) they are working with. The easiest group for children to reach is their peer group and the hardest is their parents. It is not normal in most cultures for children to 'teach' their parents. However children can involve their parents in activities that indirectly help to educate their parents or inspire parents to seek further

information. It may be different if parents ask their children for information, for example in communities where parents are not literate and where they use their children as important sources of information.

In addition to schools, health clinics and other projects have found Child-to-Child activities a useful way to involve children in health education and to develop life skills such as problem-solving and decision-making.

• One child Or • A pair of children Or • A group of children	• Spreads knowledge to Or • Teaches skills to Or • Demonstrates by example to Or • Performs an activity to Or • Works together with	• Younger children • A same-age child/children • A family/families (including brothers and sisters, parents and grandparents) • Specific people in the community (including health and education professionals and government representatives, especially at local level) • The community as a whole

A different approach to learning

The Child-to-Child approach to learning involves children as full participants in learning about and promoting good health to their families, friends and communities. It is different from good quality, classroom-based health education in five main ways:

1. The Child-to-Child approach demands that children participate in developing and designing activities.
2. The Child-to-Child approach links what children are learning with actual problems they face and invites them to contribute to solving these specific problems in the home or in the community as part of the process – not as an afterthought.
3. As well as increasing children's knowledge about a topic, the Child-to-Child approach develops children's life skills as part of the process of active learning.
4. The Child-to-Child approach is not restricted to a set amount of time.
5. The Child-to-Child approach requires the involvement of people outside the immediate learning environment.

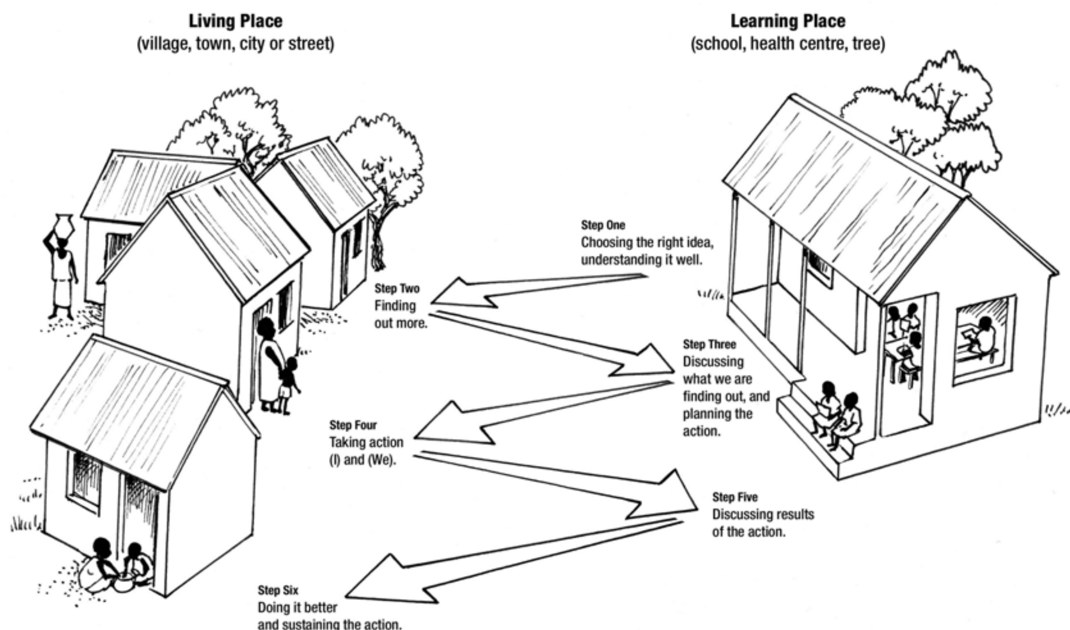
Child-to-Child has significant links to the *United Nations Convention on the Rights of the Child*. It is a practical way in which children's right to participate in decisions that affect them can truly be implemented.

The Child-to-Child approach and teaching sexual health, HIV and AIDS
Sexual health, HIV and AIDS are vital but sensitive topics bound into children's culture and beliefs. The most effective teaching starts with finding out what children already know and feel about the topics. Learning activities can then be based on the children's resourcefulness, on the knowledge they have, and on their creativity and ability to understand the dangers. Children behave responsibly when we trust them and develop in them self-respect and respect for others.

Unfortunately some education programmes emphasize the view that children are naturally irresponsible and careless, others that children should be frightened into behaving well and that 'fear' can be used as a teaching tool. Some focus on telling messages to children – 'don't do this' and 'don't do that'. The problem is that children often disobey rules (especially when they don't understand them). Better ways have to be found to help children understand deeply why they should or should not behave in a certain way and practise that behaviour.

When used well, the Child-to-Child approach can help children look deeply at their attitudes and behaviour and that of others.

The six-step approach and teaching sexual health and HIV/AIDS
Over the years a model has developed which shows how to implement the Child-to-Child approach. This model is described as the six-step approach.



In many school settings, topics are identified by a formal curriculum and in health centres by a pre-set programme of activities. Even if the topic is set, children can still be involved in identifying the specific nature of the problem as it affects themselves and their families.

For example – if teaching on the importance of good nutrition for people who are ill with AIDS, children can find out from community members or from health workers what food is being given

to people who are ill with an AIDS-related disease(s) and how this diet could be improved, using locally available foods.

A *needs analysis* activity is a useful way to select a specific topic for step one. In this activity children identify problems and then rank them, looking at how serious they are, how common they are and how much children feel they can do about the problem.

A needs analysis exercise

A needs analysis exercise can be done using a number of methods such as drawing, discussion or role-play. A method that has been used successfully by a number of Child-to-Child projects is for groups to develop charts in the following way:

- In groups of five to ten, children and/or adults are asked to identify three to five problems affecting children's health in the community. In this case the topic would be HIV and AIDS and the task would be to discuss what problems HIV and AIDS cause the children and the community.
- Discuss how serious each problem is and how common. Decide on a points system. For example, the one below uses 5/5 = most serious/most common and 1/1 = least serious/least common.
- Discuss how much children can do about each of these problems.
- Total the points awarded against each problem and discuss the outcome.

Below is an example of a completed needs analysis chart on the problems caused by HIV and AIDS in the community. In this way ownership of the activities by the children is established from the start.

Problems caused by HIV/AIDS in our community				
Problem	**How serious**	**How common**	**How much can children do + examples**	**Importance to the CTC programme**
People with AIDS-related illnesses do not eat a healthy diet	4	4	3 - Children can help raise awareness about the importance of good nutrition for people with AIDS-related illnesses	11
Not enough teachers at school. Two have died from an AIDS-related illness	5	2	2 - Children can help to raise awareness about the dangers of HIV and AIDS	9
Some children have dropped out of school to care for sick relatives	5	4	3 - Children can help other children to keep up with basic schoolwork. They can encourage children to come back to school and help to organize alternative care for relatives during school hours	12

Children do not want to be friends with children whose family members have HIV or AIDS	4	5	4 - Children can learn about HIV and AIDS and learn how to support children who have family members with HIV or AIDS	13

This method helps identify a key topic or a sequence of sub-topics on HIV and AIDS. It is a simple method but one that generates useful discussion. Once the groups have completed their charts, if time and if appropriate, a whole group chart can then be created putting together the most popular ideas from all the charts. This chart method can be used with children who cannot read, using pictures or symbols for the key ideas.

- **Step One: Understanding the topic**

After selecting a topic, activities to help children gain a good understanding of it might include reading, writing, discussions, role-plays, etc. Community members might be involved at this step. They may be invited to talk with the children, tell stories or initiate discussions on a certain topic.

Step One activities are usually conducted where the children are gathered with the teacher, described in the diagram on page 16 as *The Learning Place*.

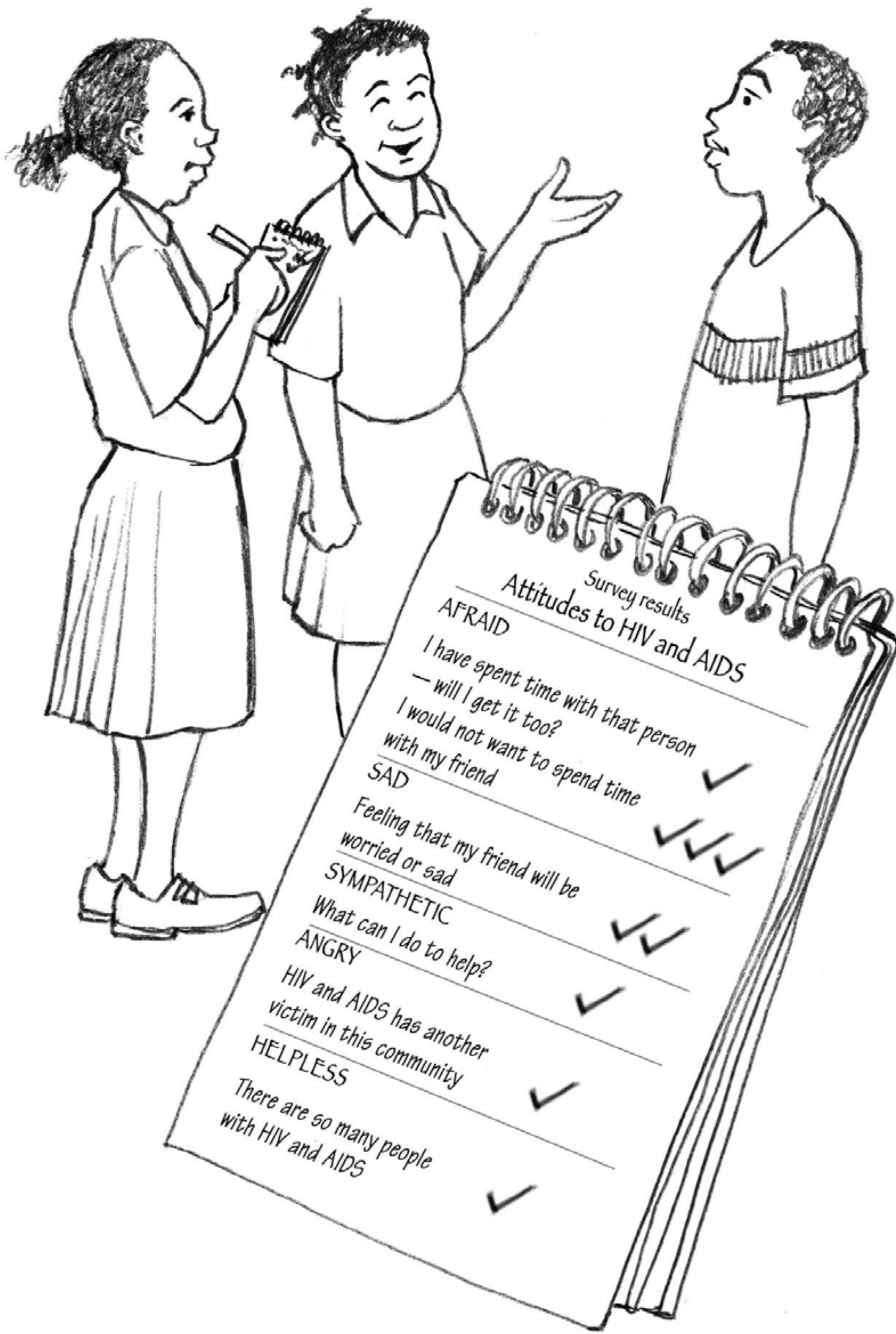
- **Step Two: Finding out more**

At Step Two, children find out more about a selected issue by gathering information. They make the topic theirs. They can do this by conducting a small survey, by having a discussion with friends, relatives or key community members, or by observation. This step is important as survey-type activities relate classroom topics to children's daily lives. All subsequent activities should be based in some way on the information collected by the children during this step. If the children have not collected enough or the wrong sort of information it is important they do more survey work. They enjoy finding things out and recording answers; it is interesting and real. If children are new to survey-type activities it is important that they do a role-play in a classroom setting to practise the survey and to discuss problems they may face doing the survey in the community.

Example of Step Two activities

Children collect pamphlets, posters and other information material available in the community that tells about HIV and AIDS and other STDs (sexually transmitted diseases). They can find out information from the health clinic or from community members or friends. Children can do a survey of attitudes, asking a question like, 'What would you feel if a friend told you their mother has HIV or AIDS?'

(Please note it is important that the families know that these activities are going to take place in advance.)


Survey results
Attitudes to HIV and AIDS
AFRAID
I have spent time with that person
— will I get it too?
I would not want to spend time
with my friend
SAD
Feeling that my friend will be
worried or sad
SYMPATHETIC
What can I do to help?
ANGRY
HIV and AIDS has another
victim in this community
HELPLESS
There are so many people
with HIV and AIDS

- **Step Three: Discussing results and planning the action**

At Step Three, children discuss their results, exploring the topic as it affects them, their friends, family and community. Then the children discuss ways in which they might be able to address problems, perhaps as individuals, in small groups or as a larger group. The teacher should help the children to look at information gathered critically and with respect, and help them to design solutions that are manageable and communicate them clearly and accurately to others. It is also important that teachers help to develop children's ideas and DO NOT train children in the use of adults' ideas!

There can be many activities in Step Three and it can take several sessions. It is important to develop the activities slowly, helping the children to develop high-quality, manageable ideas. If it is the first time children have worked in this way, the ideas should be kept simple. It is useful if the activities are a mixture of short, medium and long-term activities.

Many of the techniques such as puppets, songs and drama are fun but it is important that the serious messages do not become clouded by the entertainment value of the method. Teachers need to guide children about this too.

Children will develop life skills during all of the steps but Step Three may be a good place to pick out a specific life skill and do a session on this skill.

Examples of Step Three activities

Using materials and information gathered in the survey, children can develop a quiz to share what they have learnt. They find answers to three questions, such as: Why is HIV dangerous? How is it spread? How can we avoid getting it?

Children display the posters, pamphlets and other information they have found and discuss these with their classmates.

Children develop quiz questions using the information they have gathered. (Please note — it can be difficult to create good questions so children should be asked to create just one or two and these must be carefully checked by the teacher.)

Children quiz each other. They prepare a quiz to use at Step Four with other children in the community.

Children develop a poster and information sheet about HIV and AIDS to use when talking to other children about HIV and AIDS.

Children create a song, a poem and a drama about HIV and AIDS to help inform other children.

Teachers check all activities to make sure that the health messages are accurate.

Idea for a life skills session on self-awareness and empathy

Teachers can work with children to find out how they feel about people with HIV and AIDS. Use a story about a boy who has just learnt that his mother has HIV. When he tells his two best friends, how do they react? Children read the story, discuss it, do a role-play, and then it can be performed and discussed. The skills to focus on in this session are self-awareness and empathy. (See pages 23-24 for examples.)

- **Step Four: Taking action**

At Step Four, children *take action* at school and also in their families and communities. This 'action' might be communicating information to others, demonstrating skills to others, working with other children or leading by example.

Examples of Step Four activities

Building on the activities at Step Three, children can:

- Conduct the quiz with three friends or neighbours.
- Show the poster and information sheet to three people outside the classroom.
- Perform the song, poem and play to other children in the school.

- **Step Five: Discussing what we did and how it went (evaluating and checking)**

Because this type of active learning (physically active and/or active inside the head!) helps children to remember what they have learnt, it is important to check again that the messages are accurate. Step Five is about helping the children to do this and to evaluate the effects of their work on others.

Examples of Step Five activities

Children discuss:

- What were the results from our quiz? Do the questions need to be changed? Did our quiz show that people need more information about HIV and AIDS? How did people respond to our questions?
- What have we learnt about our own and others' attitudes towards people with HIV or AIDS? Have we all understood what HIV and AIDS are? What do we need more information about?
- What activities can we do next?

Step Six: Doing it better

This is the stage at which children make the messages clearer, reach other people, and improve upon what has gone before so that desirable changes made as a result of the project become a way of life. It is also the step at which new ideas for new issues to explore further may become apparent.

What Child-to-Child is not

Child-to-Child is sometimes confused with 'peer learning' (children teaching other children, usually in a classroom-type setting). While Child-to-Child does use aspects of peer learning as part of the process, it has other characteristics such as finding things out from children and adults in the community and doing activities outside the immediate learning environment.

Sometimes people think that Child-to-Child means using children as 'little teachers' or 'little instructors'. When people interpret Child-to-Child this way, selected children are asked to assume the role of an adult and they are trained to teach other children in much the same way as an adult teacher might do. However this method sees children replicating traditional teaching practices that the Child-to-Child approach seeks to challenge! **This does not work.** Children dislike being told what to do by their peers even more than by adults! Child-to-Child activities should involve all children (even if only all children in one class are involved in the first instance). A few children should not be selected for special treatment.

Difficulties involved with using the Child-to-Child approach
When people first hear about the Child-to-Child approach, there is often great enthusiasm for using it. However, the approach is time-consuming and labour-intensive, especially at first when children need lots of guidance. The approach is different to traditional, didactic teaching methods but its approach to active learning supports current efforts to improve quality in education and make learning more relevant, fun and child-centred. Teachers need training and/or exposure to good practice and they need to believe in the ability of children to participate in their own learning. Teachers need ongoing support not just by outsiders but by parents and other important people in the community.

However, Child-to-Child is more effective and more fun! As the teacher and children get more experience with using the approach, teaching and learning become more satisfying and exciting. Children's self-esteem and communication skills are developed through participating in the activities. It is remarkable how quickly children adapt to having their ideas and opinions taken seriously. A session on *Working with Children* is an important component of most Child-to-Child training workshops and participants are usually amazed and delighted at how easily and freely children discuss problems and solutions during these sessions. This suggests that the key difficulty with working with children in this way is the attitude of the adults, not the abilities of the children.

Get the health messages right!
As children are powerful communicators of messages to others, it is essential to get the messages right. Get the messages wrong and children will be effectively learning and repeating the wrong information!

Child-to-Child and life skills-based education
As with many other health topics, it is essential that children learn not only about the topic but how to use their knowledge in everyday life. Some call this **life skills-based education**. Those who have worked on health topics using the Child-to-Child approach are aware that there are many other benefits to using the approach beyond the health messages being learnt and communicated to others. For example, the children learn how to solve problems, make decisions and empathize with others. When teaching about sexual health, HIV and AIDS, it is also important to conduct specific lessons focused on life skills – such as negotiation skills. Teaching these skills is most effective when practised and then used in a specific setting.

For example a girl may know that she should not have sex with her boyfriend when she is only 14 but feels overpowered by her strong feelings for him and by his (false) persuasion that he will make sure the sex is safe. This girl not only needs to know how this sexual relationship may affect her health and future but also how to resist the pressure from her boyfriend and from her own emotions. Life skills sessions can help her to develop self-awareness so she feels more in control of the situation – it can help her to communicate any anxieties she may have. Life skills can help the boyfriend become aware of how he is pressuring his girlfriend and that he must

think carefully before starting a sexual relationship. A life skills session can help children think about how they can have a good relationship without sex until they feel ready.

In life skills sessions, the teacher often starts by telling the children a story that they respond to or discuss in small groups. The teacher may then do an activity such as a role-play to get the children to explore their own feelings and to practise how they may react in similar situations.

In this booklet, **life skills** refers to those skills that help us cope with ourselves and with others to solve problems and take decisions. We must distinguish these from other kinds of skills useful for living:

- Technical and health skills such as how to cross a road safely, put on a condom, make the oral rehydration solution, brush our teeth.
- Livelihood skills such as carpentry or making a budget.
- Learning skills such as reading, writing and numeracy.

All these skills may help to manage life better, but they are not what we call life skills in this booklet.

The World Health Organization (WHO) has come up with a definition of life skills: *Life skills are abilities that help us to adapt and behave positively so that we can deal effectively with the challenges of everyday life.* WHO has grouped the most important life skills into five related areas. They are called the core skills. Here is a list of the areas and one example of how each core skill can be developed in a life skills session that also focuses on sexual health or HIV and AIDS:

<table>
<tr><td rowspan="2">1</td><td>Decision-making</td><td>Two friends decide how to help another friend who leaves school to look after her mother and father who are sick with AIDS-related illnesses</td></tr>
<tr><td>Problem-solving</td><td>Three girls have been shouted at and threatened by a group of older boys. The girls have to work out what to do if this happens again</td></tr>
<tr><td rowspan="2">2</td><td>Critical thinking</td><td>A girl turns down the offer of a lift across town from a male stranger. She thinks it might be risky</td></tr>
<tr><td>Creative thinking</td><td>A young man who is HIV positive thinks about different future jobs and considers how to work towards these</td></tr>
<tr><td rowspan="2">3</td><td rowspan="2">Communication & interpersonal relationships</td><td>A child is able to discuss with his parents and older brother the fears he has about his uncle who is HIV positive</td></tr>
<tr><td>Although he knows they will tease him, a child says 'no' to his peers who want him to join them to go drinking and to a nightclub at the weekend</td></tr>
<tr><td>4</td><td>Self-awareness</td><td>A young woman develops an awareness of her sexual feelings and how they can 'take over' sensible decisions. This awareness helps her avoid situations where she might risk unsafe sex</td></tr>
</table>

	Empathy	A group of children think about how they can help children who have lost a parent from an AIDS-related illness
5	Coping with stress & emotion	A boy learns to cope with the anger he feels towards his abusive father. Children help each other cope with grief by sharing experiences and developing a positive goal to live for

Life skills topics and sessions are developed by participating in the Child-to-Child process. It is also important to practise specific life skills such as resisting pressure to drink alcohol or negotiating for a relationship with no sex or with safer sex. This can be done at Step Three of the Child-to-Child six-step approach.

Part Four: Ideas for activities

Introduction
This section provides examples of activities that can be used in a course on sexual health, HIV and AIDS. These activities might be included in lessons, in after-school sessions or as part of a special project. It is best that sexual health, HIV and AIDS are taught as part of the school curriculum where the course can reach as many children as possible. Schools should think about how to make sure children who do not go to school receive this vital information.

At the latest, teaching on sexual health, HIV and AIDS should begin in the upper primary years when children are 9/10 years old or before they have started puberty.

It is important that the school and teachers have clear aims and objectives on these topics. Objectives for a learning programme on sexual health, HIV and AIDS should be discussed and agreed at school level.

Examples of the objectives might be as follows. They are divided into three categories: knowing, doing and feeling objectives:

KNOWING

- Know what sex is, that sex can bring happiness but that it is also risky and can lead to pregnancy and illness.
- Know that no one is allowed to force a person to have sex or touch them in a sexual way without their agreement.
- Know how HIV and AIDS are linked.
- Know how HIV is spread and that it can be spread by people who appear to be well.
- Know that HIV is not spread by normal social contacts such as hugging, shaking hands, sharing plates.
- Know what situations are risky and what to do to avoid being infected by HIV.
- Understand that people with HIV in families need help and friendship from others, including children.

DOING

- Learn and develop skills to resist and report sexual pressure from others.

- In practical ways help school-age mothers who are caring for babies.
- Show understanding and caring towards families affected by HIV and AIDS by helping in practical ways.
- Share information with others about sexual health, HIV and AIDS.

FEELING

- Feel self-aware and confident enough to delay early sex.
- Feel caring for those school-age mothers who are trying to raise babies or young children.
- Feel able to recognize risky situations.
- Feel able to avoid risky situations or do something when a risky situation arises.
- Feel confident to tell a trusted adult if they are being pressured to have sex.
- Feel sympathy towards those with HIV and AIDS .
- Feel able to help others directly affected by HIV and AIDS such as children who have a parent who has died from an AIDS–related illness.

To achieve these or similar objectives, most schools run courses on sexual health, HIV and AIDS. Teachers can use this booklet to get ideas on teaching methods or on extra topics to strengthen an existing course. Alternatively those developing a new course may be looking for ideas for topics. The table below shows topics for a one-year course aimed at children in the middle primary years (9 to 11-year-olds) on sexual health, HIV and AIDS. The topics are linked to each other and incorporate life skills work. Not all topics could be covered in just one lesson.

Term 1: Our World	**Term 2: Friendship & Sex**	**Term 3: HIV & AIDS**
Topic 1: Looking at our world Topic 2: About our families Topic 3: Looking at ourselves Topic 4: More about me Topic 5: Girls and boys: how different are we? Topic 6: Changing ideas about girls and boys Topic 7: What is a friend? Topic 8: Making friends	Topic 9: Friendship going wrong Topic 10: Friendship problems Topic 11: Special Friendships Topic 12: Sex facts 1 Topic 13: Sex facts 2 Topic 14: Good touch, bad touch Topic 15: Sex abuse Topic 16: Risky friendships	Topic 17: What is HIV and AIDS? Topic 18: Talking about HIV and AIDS Topic 19: How HIV is spread Topic 20: Finding out that a loved one has HIV or AIDS Topic 21: Problems caused by AIDS Topic 22: Living positively with HIV Topic 23: Helping children affected by HIV and AIDS Topic 24: The HIV and AIDS event

In the next section, guidelines are provided for sessions on two sexual health topics and two topics relating to HIV and AIDS. Each topic is developed using the six-step approach. In each case, a life skills topic is also included. Several lessons or 'sessions' are needed to conduct each topic. The topics are aimed at teachers working with children at upper primary level (10 to 13-year-olds). The topics can be adapted to suit older or younger children. Activities include pair work and small group work that are useful methods to use when there are large numbers of children in the class. Children soon learn how to work in pairs and small groups but the tasks have to be clear, specific and short.

The section ends with some tips for teachers and facilitators working with children on these topics.

Guidelines for teaching two topics on sexual health

Topic 1: Friendships and relationships
Before starting this topic, it is best if children have worked on other topics such as *'what it is to be a friend', 'gender differences'*, and '*solving friendship problems'*.

The following guidelines suggest using six sessions to develop the topic.

Steps and activities for Topic 1: Friendships and relationships	
Steps	**Activities**
Step One: Understanding the topic	Session One
Step Two: Finding out more	Session Two: Preparing the survey Survey (after school)
Step Three: Discussing results and planning action	Session Three: Life skills Session Four: Feedback from survey Session Five: Planning action
Step Four: Taking action	Activities
Step Five: Discussing what we did	Session Six
Step Six: Doing it better	(Ongoing)

<u>Step One</u>: Understanding the topic
<u>Session One</u>: Understanding the differences between a friendship and a relationship

- Read or talk about the ideas in this passage:
  The first special feelings children get for others are sometimes described as a 'crush' on the person, or a feeling of wanting to be close to that person. The feelings may last a short time or for many weeks/months. Girls can have special feelings for another girl, boys for another boy, or girls and boys may start to have special feelings for one another. These special feelings happen to most children. For some it happens when they are young and for others it happens later. These special feelings are a normal part of growing up. Sometimes children tell their special person how they feel. Sometimes they keep their feelings secret or talk about their feelings with a good friend.
- Ask the children to think about and then suggest the signs that children are getting special feelings for another person. Write them on the board/chart. Here are some ideas:
  - Daydreaming.
  - Writing the person's name.
  - Feeling that the person is very handsome or pretty.
  - Listening to love songs.
  - Giving the person gifts.
  - Feeling shy when you are with the person.
  - Wanting to see the person.

- Read the story below in which Sam writes about his feelings in a letter to a newspaper.

Sam and Rosie

Dear Auntie
I am 11 years old and I have a good friend Rosie. We have been friends since we were five years old. We go to school together. We have the same group of friends. We talk about everything. We relax and laugh together. We tell each other our problems and we do our work together. In the last few weeks I have started to have strong feelings for Rosie. It feels like she is more than a friend. I feel warm inside every time I think of her. She is on my mind all the time. I want to bring her presents. I want to kiss her. I feel that I have fallen in love with my friend! Shall I tell her about my feelings?
Sam

In this letter Sam shares his feelings about Rosie. He feels that he already has a good friendship with Rosie but his new feelings make him feel special and different towards her.

- In pairs or small groups discuss:
  What do you think are the best kinds of friendships for children of your age?
  - To have a special boy/girlfriend.
  - To be friends with many boys and/or girls.
  - To have a mixed group and leave special friendships for later.
  - Other.

- In pairs or on your own, write a letter to reply to Sam.

<u>Step Two</u>: Finding out more
<u>Session Two</u>: Preparation for the survey

- Role-play: In preparation for the survey, in pairs, children act out one child asking an older child or a young adult to tell them about their first feelings of 'love' – what was the story – how did it feel – how was it different from 'normal' friendship?

- In pairs, children copy down the table below, They each ask four children from each of the three groups listed below.

Survey on attitudes to forming special relationships at our age			
What do you think are the best kinds of friendships for children of your age?			
	Younger than us	Own age group	Older than us
To have one special boyfriend or girlfriend			
To be friends with children of your own gender			
To have a mixed group and leave special frendships for later			
To have a mixed			

group and one special friend			

Step Two: Finding out more
After school: Children do the survey

Step Three: Discussing results and planning action
Session Three: Feedback from survey

- Children join with one or two other groups to show each other the results of their survey.
- In the whole group the results of the tick chart are collected.
- In the whole group children share some of the stories they collected about 'first love'.
- In pairs children discuss:
  - What problems can be caused by 'first love'? (for example early sex).
  - How can children avoid these problems?
- In the whole group the children are invited to share their ideas.

✎ **Problems caused when friendships become relationships**
Become distracted and don't do so well at school.
May lead to sex which itself may lead to pregnancy and/or illness.
May lose other friends.
When relationships go wrong, children may be sad/depressed/lose confidence.
May lead to abuse if the relationship is with an older child or adult.

- In pairs or threes children discuss how to prevent these problems and cope with feelings of 'first love'.

Step Three: Discussing results and planning action
Session Four: Life skills/Talking about feelings
In this life skills session, children explore the differences between friendships and relationships. They practise how to express their feelings, how to listen well and how to advise others.

Role-plays
Set a time limit for the role-plays and then select two or three pairs to demonstrate their role-plays. After each one have a discussion. Leave enough time to talk about the session at the end.

Role-play 1: In groups of three, act out a scene in which you are talking to two other children (the same sex as you) about your special feelings for someone. The others are advising you. You can use the example of Sam and Rosie or a story you found out in your survey.

Discussion questions
Did they find it easy to talk about their feelings? Why/why not?
Do you think that the advice was good? Why/why not?
Did they explain their feelings clearly?
Did they listen to each other well?

Role-play 2: In pairs, act out a scene in which Sam tells Rosie how he feels. What does she reply?

Discussion questions
Did they find it easy to talk about their feelings? Why/why not?
Did they explain their feelings clearly?
Did they listen to each other well?

Final discussion: How did we do?
Talk about the importance of:
- Listening carefully.
- Expressing your feelings carefully.

It may be necessary to do more activities on listening skills. The following books include many examples:
Smyke, P, *Listening for Health – Better health communication through better listening*. International Catholic Child Bureau/Child-to-Child Trust, 1997. (Limited copies available from the Child-to-Child Trust at GBP4.00 plus postage and packing.)
Hanbury, C, *Life Skills – An active learning handbook for working with street children*. VSO Books/Macmillan, 2002. GBP6.95 plus postage and packing.

IMPORTANT!
The rest of the activities suggested in Steps Three to Six are to be used as guidelines only. They are based on what children might find out rather than what YOUR group of children DID find out! It is very important that you respond to what your group of children find out in Step Two and develop activities for Steps Three to Six from this.

<u>Step Three</u>: Discussing results and planning action
<u>Session Five</u>: Planning how to tell others about early relationships
In this session(s), children plan how to inform others about the problems early relationships can cause – through drama, songs, choral verse, posters, poetry, etc. As many pop songs and magazines focus on the subject of love, children can look at the words of some current pop songs (lyrics) and/or at magazines and newspapers to examine how they encourage/discourage relationships at an early age. Children can write alternative 'lyrics' for the songs or they can write letters to the newspaper putting forward their views. Children can develop the role-plays from Session One for performing and discussing with children from other classes.

<u>Step Four</u>: Taking action
At this step, children perform their songs and role-plays and discuss the content – either with other children or with community groups, for example as part of a show for the community. They display their posters and send their letters to a newspaper. The activities may be outside normal school time.

<u>Step Five</u>: Discussing what we did
<u>Session Six</u>
One session or a part of a session can be used to work with the children on what they thought worked well at step four and what they have learnt.
- Did people understand the message behind our actions? How do we know?
- Is it normal for children to start having special feelings for other children at our age?
- Can you give good advice to someone who has started to have special feelings for another person?
- Can you listen well to someone who has a 'relationship' problem?

- What do your parents or older brothers, sisters or friends think about starting special friendships? The same as you or different?

A useful method to use in these discussion sessions is to write each question on the board. After the children have read the question they have to move to one of three areas in the room marked 'YES', 'DON'T KNOW' and 'NO'. Children can then be asked to give reasons why they decided to move there. This will not work for all the above questions.

Step Six: Doing it better
This is an ongoing process. After Step Five there may be activities that the teacher feels need repeating in order to deepen the children's understanding. There may be mistakes that need correcting or songs/letters that need rewriting to make the messages clearer. It is important that time is spent doing this. During this topic other issues, problems or anxieties may have emerged that teachers wish to explore further. If you can be flexible, new topics can be discussed and selected with children at Step Six.

Topic 2: Good touch, bad touch
Before starting this topic, it is best if children have had some basic information on sexual health. Before doing any work on sexual abuse it is important that the teacher thinks about what he/she will do if a child tells them that they have been or are being sexually abused. Does the school/project have procedures to deal with this? Do you know what they are? Do you agree with them? What will you do if a child thinks that you will keep this a secret but you know that you will have to tell? What do you say to the child? There are no easy answers to these questions but it is worth thinking about them before doing this topic.

The following guidelines suggest using six sessions to develop the topic.

Steps and activities for Topic 2: Good touch, bad touch	
Steps	**Activities**
Step One: Understanding the topic	Session One: Reading and touch puzzle Session Two: Body mapping and preparing the survey
Step Two: Finding out more	Doing the survey (after school)
Step Three: Developing life skills and planning action	Session Three: Life skills Session Four: Feedback from survey Session Five: Planning action (this may take more than one session)
Step Four: Taking action	Doing the activities
Step Five: Discussing what we did	Session Six
Step Six: Doing it better	(ongoing)

Step One: Understanding the topic
Session One: Reading and touch puzzle

- Read or talk about the following passage: Most people like to be hugged by people they love. Babies are happier when they are cuddled and stroked. Even animals like to be patted. But sometimes being touched can make us feel uncomfortable. Some parts of your body are private and at your age, it would not be right for anyone to touch these parts.

- The touch puzzle
  (Please note that this is adapted from a similar activity in, Grade 5*, 'Let's Talk, an AIDS Action Programme for Schools'*. Ministry of Education and Culture, Zimbabwe/UNICEF, 1995.)

  Get the children to look and talk about the meaning of these words. Talk about the different kinds of touch.

Touch	Squeeze
Hug	Tickle
Kiss	Pinch
Pat	

  In the whole group talk about why sometimes these touches make you feel good and at other times they make you feel bad. Explain that it depends on answers to these five questions:
  - **Who** is touching,
  - **Where** (on the body and the place),
  - **How**,
  - **When** and
  - **Why** the touching is happening.

  Give each child a copy of the puzzle below (or get them to draw it into a notebook.)

The TOUCH puzzle											
Code A = always N = never S = sometimes	Parents	Grandmothers	Grandfathers	Aunts	Uncles	Brothers	Sisters	Teachers of the opposite sex	Young friends	Family friends	Strangers
Touch											
Hug											
Kiss											
Pat											
Squeeze											

Tickle											
Pinch											

In pairs, get the children to discuss and fill in the touch puzzle. If they always feel good about a hug from their parents put an 'A' in the square where, 'Parents' and 'Hug' cross. If they don't know get them to think about the five questions above.

At the end of the session get the children to compare their puzzles with one group and then the whole group. Discuss which of the touches were always good (hug from your mother) and which were always not good (squeeze or pinch from a stranger) and the reasons for this.

<u>Step One</u>: Understanding the topic
<u>Session One</u>: Body mapping and preparing the survey

- Body mapping
  In pairs ask children to draw the outline of a body. Then get them to label the parts of the body they feel that family, friends and others close to them can touch for different reasons. For example, to show love, to get their attention, to give them something. Ask them to draw another outline and label the parts that friends or family do not touch now that we are older. These are sometimes called our **'private parts'**.

- Prepare children for the survey (see below)

<u>Step Two</u>: Finding out more
<u>After school</u>: Doing the survey

- In pairs or threes, children go into a busy part of their community, e.g. by the well, in the market or street, in a big shop, by a food seller, etc. They observe and list the different touches they see. After they have made the list, they observe, discuss and decide which type of touch is most common.

<u>Step Three</u>: Developing life skills and planning action
<u>Session Three</u>: Life skills session: responding to 'bad touch'

- Collecting ideas
  Ask children: *If someone does touch you in a way you do not like, what can you do?*
  Write up the suggestions: Here are some ideas:
  - Get away from the person.
  - Get away and tell someone.
  - Shout and run.
  - Tell them to stop.

  What are the advantages and disadvantages of each of these?
  - This gets you away from the risky situation.
  - This tells them that you do not like it.
  - They may not listen and may not stop.
  - They may run after you.
  - They may do it to you again.
  - They may do it to someone else.

  (Use these two lists to match suggestions and likely responses.)
- Role-play or story-telling

Ask the children to choose one of these situations. In pairs or threes they can develop the situation into a 'bad touch' problem – either as a role-play or as a story. What happens?
- A stranger approaches a schoolgirl in the market.
- An uncle asks his niece to sit on his knee on her birthday as she opens his present.
- A teacher asks his student to stay behind after class.

Select one role-play or story that shows each of the above situations. Children discuss:
- Why was this a bad touch situation?
- Do you think the person being touched coped well with the situation?
- What would you do?

- Practise scream and run!
  (Do this exercise outside or tell other teachers that you are going to do it.)
  Explain to the children that sometimes when we are approached by a stranger we feel afraid, and the best thing to do is to shout and run home or to someone we trust.

  Ask the whole group to stand up and imagine that they are alone and the teacher is a stranger who approaches them as they walk back from school. When the stranger says, '*Come over here, I want to show you something!'* all the children scream, *'NO!'* and run away.

- Final discussion
  At the end of the session ask these questions to get the children to think about the skills they have learnt:
  - Can you explain the difference between good and bad touch?
  - Would you know what to do if you experienced 'bad' touch from a stranger? From someone you knew?

IMPORTANT!
The rest of the activities suggested in Steps Three to Six are to be used as guidelines only. They are based on what children might find out rather than what YOUR group of children DID find out! It is very important that you respond to what your group of children find out in Step Two and develop activities for Steps Three to Six from this.

Step Three: Developing life skills and planning action
Session Four: Feedback from survey

In the whole group, children share their findings from the survey. The teacher makes a list of the different 'touches' observed and then tries to prioritize them to show which ones are the most common. Children discuss – were any of the touches they observed bad touches? Why/why not?

Step Three: Developing life skills and planning action
Session Five: Planning action

In the whole group, discuss the problems that children may face in their community – from strangers, from people they know? Why do you think people want to touch children in 'bad' ways. What can people in the community do to help protect children? What can children themselves do? Here are some ideas:

- Actions in the community
  - Raise the problem at community meetings.

- Openly discuss the problems so that children know they are protected by the community at large.
- Encourage children to raise awareness about the problem, for example through drama, song, marches which can take place during community events.

- Actions by children themselves
  - Children raise awareness about what is good touch and bad touch, for example through songs, drama, stories, posters.
  - Children let people in the community know that they will report 'bad touch' to a trusted adult and NOT keep it secret. With the help of the community children can organize a march. They can design banners to hold on the march and activities to perform at the end of the march.

- List ideas for activities. Different groups of children prepare different activities. This may take more than one session.

<u>Step Four</u>: Taking action
Children march through the community holding banners they have made and chanting slogans. At the end of the march, they perform songs and dramas about a child's right to be protected.

<u>Step Five</u>: Discussing what we did
<u>Session Six</u>
One session or a part of a session can be used to work with the children on what they thought worked well at Step Four and what they learnt:
- Did people understand the messages behind our actions? How do we know?
- What do adults in the community feel about needing to protect children? How do we know?
- Should we repeat the actions or do other actions? What would we change when we do the activities again?
- Do you have any other questions or fears about this topic?

To check if children understand what may be risky situations, read out sentences such as the ones below and ask children to move:
- To the front of the room if they think it is 'low risk'.
- To the middle of the room if they 'don't know'.
- To the back of the room if they think it is 'high risk'.

To accept a lift in a car from a stranger.
To accept a gift from someone you don't know well.
To go to have a meal at a neighbour's house.
To spend a weekend alone with a relative.
To have a hug with your mother.

When the children move, select children to give their reasons for their choices. (Add to or adapt this list.)

<u>Step Six</u>: Doing it better
As with Topic 1, this is an ongoing process. After Step Five there may be activities that the teacher feels need repeating in order to deepen the children's understanding. There may be mistakes that need correcting or songs/letters that need rewriting to make the messages clearer. It is important to spend time doing this. During this topic other issues, problems or

anxieties may have emerged that teachers wish to explore further. If you can be flexible, new topics can be discussed and selected with children at Step Six.

Guidelines for teaching two topics on HIV and AIDS

Topic 3: HIV and AIDS in our community

Before starting this topic it is important that the children have had basic information on HIV and AIDS such as what HIV and AIDS are and how to prevent HIV. This can be done using stories, quizzes and small group discussion and using the information in Part Two of this booklet (pages 7-14). The children are then equipped to think about how HIV and AIDS are affecting their community.

In this topic the life skills session 'Talking about HIV and AIDS' comes before the survey activity because the life skills session should make it easier for the children to do the survey.

Steps and activities for Topic 3: HIV and AIDS in our community	
Steps	**Activities**
Step One: Understanding the topic	Session One: Includes preparing the survey Session Two: Life skills: talking about HIV and AIDS
Step Two: Finding out more	Doing the survey
Step Three: Planning action	Session Three: Feedback from survey Session Four: Planning action (this may take more than one session)
Step Four: Taking action	Doing the activities
Step Five: Discussing what we did	Session Five
Step Six: Doing it better	(ongoing)

<u>Step One</u>: Understanding the topic
<u>Session One</u>

- Begin by doing a quick question and answer activity to revise basic information about HIV and AIDS.

- Explain that HIV and AIDS can cause many problems in communities – for adults and for children. In small groups, children draw the chart below. They then use it to think about *three* ways that HIV and AIDS causes problems (or could cause problems) to children in the community. Make a list, writing the most important at the top and the least important at the bottom. Beside each write what can be done to help. Here is an example:

HIV and AIDS in our community		
	Problems caused by HIV & AIDS	**What we can do to help**
1	Children have to drop out of school to care for sick relatives and younger	Help children keep up with schoolwork by explaining lessons to them. Help to get support for the family

	children	so children can return to school
2	Younger children afraid as they do not know what HIV and AIDS are	Teach younger children about HIV and AIDS
3	Children whose friends or relatives who are sick with an AIDS related illness are unhappy	Comfort and support children whose friends or relatives are sick with an AIDS-related illness

Children can write in note form or just discuss the chart. When finished, in the whole group get feedback from each group and develop a group chart on the blackboard. At the end get the children to vote to find out which action they consider to be the most important, which the second most important, and which the least important.

To prepare for the survey, in pairs or small groups, children draw additional blank charts.

Step One: Understanding the topic
Session Two: Life skills: Talking about HIV and AIDS

- Talking circles (see illustration on page 37).
  In groups of five or six children read out the comments. They then discuss whether any of the comments are wrong – if so, why? The children fill in the last speech bubble with either a right or a wrong comment, saying why it is right or wrong.

- Role-play
  In pairs or threes, children act out people talking about HIV and AIDS – maybe they are old men sitting under a tree, or teenagers or women waiting at a clinic. Some characters have the wrong information and some have the right information. Give the children a time limit of five minutes. Get them to practise their conversation at least twice.

  Select one or two groups to perform their role-play. Discuss each role-play, making sure that the children know the correct information. Discuss these questions:
  - Was it easy to talk about HIV and AIDS? Why? Why not?
  - Do you think people in the community find it easy to talk about HIV and AIDS?
  - Will you find it easy or difficult to do your survey on HIV and AIDS in the community? Why?/Why not?

Step Two: Finding out more
Children discuss and fill in the charts used in Session One with their friends or family.

IMPORTANT!
The rest of the activities suggested in Steps Three to Six are to be used as guidelines only. They are based on what children might find out rather than what YOUR group of children DID find out! It is very important that you respond to what your group of children find out in Step Two and develop activities for Steps Three to Six from this.

<u>Step Three</u>: Planning action
<u>Session Three</u>: Feedback from survey
In the whole group develop a second chart using the results of the survey. Using the following questions, compare the results of the group work in Session One with the results of the survey:
- What are the differences?
- What are the reasons for these differences?

<u>Step Three</u>: Planning action
<u>Session Four</u>: Selecting a problem and planning action to raise awareness
In small groups children select one of the problems identified in either chart and develop a song, story, poster or drama to raise awareness about it. If appropriate, children can take action to resolve a specific problem faced by a child or children in the community or school. This must be handled very sensitively.

<u>Step Four</u>: Taking action
At a school and/or community event, children perform their songs, stories and drama and display their posters to raise awareness of the problems caused by HIV and AIDS that are faced by children in this or in the wider community.

Specific activities to help children in the community need to be monitored carefully by the adults.

<u>Step Five</u>: Discussing what we did
<u>Session Five</u>
One session or a part of a session can be used to work with the children on what they thought worked well at Step Four and what they have learnt:

- Did people understand the messages behind our actions? How do we know?
- How do adults feel about talking about HIV and AIDS to children?
- Should we repeat the actions or do other actions? What would we change when we do the activities again?
- Do you have any other questions or fears about this topic?

<u>Step Six</u>: Doing it better
As with the previous topics, this is an ongoing process. After Step Five there may be activities that the teacher feels need repeating in order to deepen the children's understanding. There may be mistakes that need correcting or songs/letters that need rewriting to make the messages clearer. It is important to spend time doing this. During this topic other issues, problems or anxieties may have emerged that teachers wish to explore further. If you can be flexible, new topics can be discussed and selected with children at Step Six.

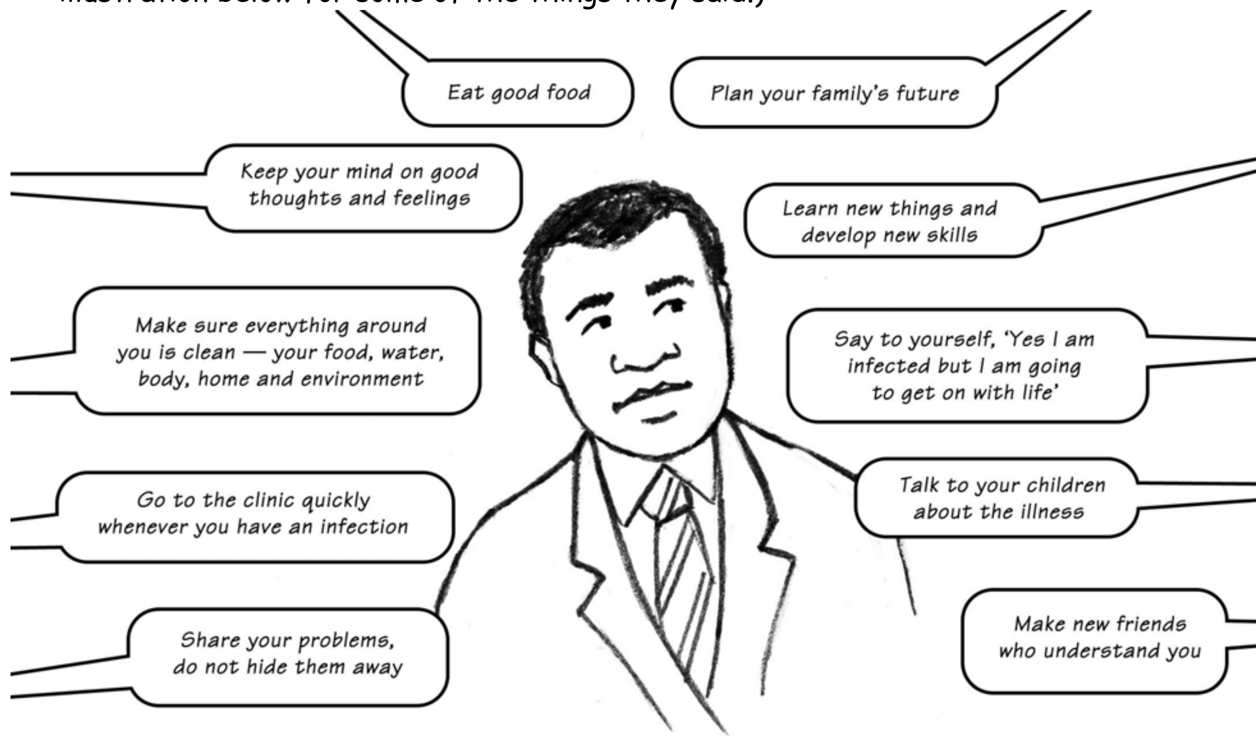
Topic 4: People living positively with HIV and AIDS
As with Topic 3, basic work on understanding HIV and AIDS needs to be done before you begin Topic 4.

Steps and activities for Topic 4: People living positively with HIV and AIDS	
Steps	**Activities**
Step One: Understanding the topic	Session One: Living positively with HIV and AIDS Session Two: Life skills: creative thinking Session Three: Preparing the survey
Step Two: Finding out more	Doing the survey
Step Three: Planning action	Session Four: Feedback from survey Session Five: Planning action (this may take more than one session)
Step Four: Taking action	Doing the activities
Step Five: Discussing what we did	Session Six
Step Six: Doing it better	(ongoing)

<u>Step One</u>: Understanding the topic
<u>Session One</u>: Living positively with HIV and AIDS

- Give children the following passage to read (or tell them the passage as a story). At the end, ask them to discuss the questions. Feed back in the whole group.

When Mr Tukei found out that he had the HIV virus in his body his head was filled with sad thoughts. At the clinic they told him about a group where he could go to discuss his worries. At the group they told him how to 'live positively with HIV'. (See illustration below for some of the things they said.)



Mr Tukei was a smoker and he often skipped meals to go and smoke and drink beer with his friends. He knew that his house was a bit of a mess.

Mr Tukei talked to his wife and children about his HIV and told them he wanted to live positively. He asked them for help. The family cleaned up the house and promised to keep themselves and the house clean. They tidied the neglected garden and with their neighbours' help, sowed fruit and vegetables. Mr Tukei gave up his cigarettes and his beer and learnt how to cook good food for himself and his family.

Mr Tukei told his brother Sam about his HIV. Sam came to visit. Instead of a house full of sadness, Sam found a family trying to make life better.

Mr Tukei died a few years later. Although they are sad he is no longer with them, the Tukei family had some of their happiest times together when their father was HIV positive.

Questions about this story

- Name five things that help people to live positively with HIV.

- When people take medicines for HIV how can they help the medicines work well?

Step One: Understanding the topic
Session Two: Life skills: creative thinking

- Closed door or open door

(Please warn teachers in the neighbouring classes that they may hear the sound of slamming doors during this session, or find a room where the sound will not disturb others!)

The teacher stands by the classroom door. She tells the children:
When bad things happen and people have big problems to solve, they can feel angry and sad and that life has nothing for them now. Instead of having lots of chances to do things in the world outside (point through the door) *they feel the door has shut on their lives* (slam the door shut).

The teacher puts on a hat/scarf to represent becoming another person and says:
My name is Mrs Obeng, I have just been told that I am HIV positive. Now I have many problems. Each problem feels like a door closing in my life. Help me to find ways to open the door.
Using the list below for ideas, 'Mrs Obeng' says:
I am HIV positive so … and completes the sentence with a statement such as the ones from the 'closed door' list below. As she says the statement, she slams the door shut. In pairs the children try to think of ideas that open the door for her again. The teacher then selects a child who comes up to the door and says the 'open door' idea. If the class agrees the child can then open the door. This is repeated.

Closed door	Open door
I may lose my job	But I can try to keep this job or find another job
I will lose my health	But I can make my body strong now
I will get sad	But I can learn to share my problems and get support from my loved ones
I will lose my friends	Your best friends will stay by you and you can make new ones
I will die soon	No one knows when they will die. I can live well during the life I have left
My children will suffer	But I can make things as good as possible for my children and explain everything to them so they are prepared
Add others …	

Discussion
- Was it easy or difficult to think up the 'open door' ideas?
- Do you think the open door ideas would help Mrs Obeng?
- Can creative thinking help people cope with their problems? How?
- Can children help others who are HIV positive? How?
- Can children help other children in families whose relatives are living with HIV or AIDS? How?

Step One: Understanding the topic
Session Three: Preparing the survey
Here are three different activities to help children find out more. Choose the one that is most appropriate in your community and for your group of children.

- Talking to people who are HIV positive
  Invite people in the community who are HIV positive and who are happy to speak to children about being HIV positive. Children can prepare questions for them. It is best if there are at least two visitors. Check the questions first. Tell both the visitors and the children that the visitors do not have to answer any questions they do not want to.

> ✎ **Questions for our visitors**
> When did you get HIV?
> How did you know?
> How did you feel when you were first told?
> How do you feel about it now?

- Visiting the health clinic
  Children can visit the health clinic to ask the health workers questions about how people can live positively with HIV and about the medicines that can help people with HIV.
  - How can you tell if someone has HIV?
  - What advice do you give people who have HIV?
  - How can children help people living with HIV?
  - Are there any medicines that can help people with HIV?

- A survey on 'good food'
  Children can do a survey to find out from a health worker or others in the community (mothers, traditional birth attendants, etc.):
  - What is 'good food'?
  - What is the best food to keep a body strong?
  - What are the traditional foods given to people who are sick (these findings need to be checked as some traditional ideas/practices can be harmful).

  Children can select one of these questions and make notes on the answers. They can ask up to five different people and finally list the foods or combinations of foods that are the 'best' according to the survey.

Step Three: Planning action
Session Four: Feedback from the survey
Methods used to give feedback from the survey depend on the survey selected in Session Three. In each case, children need to share their ideas, think about them again and list what children can do to help people live positively with HIV. Here are some ideas:
- Raise awareness about the need for anti-retroviral medicines for people with HIV.
- Raise awareness about the need to accept and support people with HIV or an AIDS-related illness.
- Raise awareness about the need for those with HIV to have good food.
- Show acceptance and support for people with HIV and AIDS.
- Show acceptance and support for children whose family members have HIV or an AIDS-related illness.

- Help to grow food which can be used by people with HIV or who have an AIDS-related illness.

Step Three: Planning action
Session Five: Planning action
In small groups children select one 'raising awareness activity' and, if appropriate, one direct activity to support people in the community living with HIV and/or AIDS. Methods such as songs, stories, posters or drama can be used to raise awareness about how to support people with HIV and AIDS. If appropriate, people with HIV can help to advise and guide the children at this step. As before, children can take action to resolve a specific problem faced by a child or children in the community or school but this needs to be handled very sensitively.

Step Four: Taking action
At a school and/or community event, children perform their songs, stories, drama, etc. to raise awareness about how to support people with HIV and AIDS. Specific activities to help people living with HIV and AIDS or their families need to be monitored carefully by the adults.

Step Five: Discussing what we did
Session Six
One session or a part of a session can be used to work with the children on what they thought worked well at Step Four and what they have learnt:
- Did people in the wider community understand the messages behind our activities? How do we know?
- How do people with HIV and/or AIDS feel about our activities?
- Should we repeat the activities or do other activities? What do we need to change when we do the activities again?
- What have we learnt from our activities?
- Do you have any other questions or fears about this topic?

Step Six: Doing it better
As with the previous topics, this is an ongoing process. After Step Five there may be activities that the teacher feels need repeating in order to deepen the children's understanding. There may be mistakes that need correcting or written materials that need rewriting to make the messages clearer. It is important that time is spent doing this. During this topic other issues, problems or anxieties may have come up that teachers need to explore further. If you can be flexible, new topics can be discussed and selected with children at Step Six.

Tips for teachers and facilitators
This section gives guidelines on some extra issues for people teaching sexual health, HIV and AIDS to children and young people. The Child-to-Child Trust would like to hear from anyone who has used these materials and who has ideas that can be added to this list.

- **Teaching girls and boys together**
  In some classes/groups you may be required to teach sexual health to girls and boys separately. For most of the topics however it is useful if they can learn together, dividing into single sex groups for some of the discussions and activities.

- **Teaching about sexual health at school but out of school hours**
  In some countries, teaching about sexual health is not done in normal school hours although often it is linked to school. It may be a club activity (such as the anti-AIDS clubs in Zambia)

or part of a special lunchtime or after-school scheme such as some of the peer education projects.

These extra activities are useful and important but make sure that all the children in the community are reached. It can be difficult to monitor the quality of the information and the effects of the learning on the children.

- **Teaching about sexual health as part of a school curriculum**
  In the normal school environment, and as part of the normal curriculum, the teaching of sexual health can be given proper status. If possible, parents, other teachers and even local health care staff can be involved and help to support the teaching of the subject in a controlled and caring way.

- **Teaching children whose families are affected by HIV and AIDS**
  Many children in the class or group may have parents, relatives or friends with HIV and AIDS. These children may be caring for a very sick parent in the full knowledge of what is happening, or they may not know the full story but be aware that something is not right at home.

  It is likely that children who are coping with HIV/AIDS in their families are anxious. They may even think that they are HIV-infected because they have a relative who is infected. Children's sadness and anxiety can lead to 'problem behaviour'. If a teacher suspects that problem behaviour may be related to a child's situation at home then they can play an important role in talking to the child and trying to understand their fears and anxieties and helping other children to support this child. It is useful if a special teacher can help to support children in this situation. If there are several children needing support it can help to set up a small group for them to share their worries and their ideas on what is helping them to cope.

  Many adults think they can protect children by hiding bad news from them but this usually makes the situation worse. Children of all ages need adults to talk with them about important issues that are affecting their lives. This prevents children feeling that they may be responsible in some way for unhappiness or illness in the family. Many parents will find it hard to tell their children that they are HIV positive and may need help to do so. It is better for the child if he/she knows about the illness but it is the responsibility of the parent to tell them.

  Teachers should be especially sensitive to children coping with HIV/AIDS in their family during a course on sexual health. It is important that other children do not stigmatize them. Do not draw attention to the special problems of children unless those concerned are willing and able to contribute in a special way to a discussion and have had time to prepare.

- **Working with traditional sex educators in the community**
  Educating children on sexual health, HIV and AIDS will be most effective when families discuss the issues and repeat the same messages. In many communities there are traditional ways in which sex education is conducted such as special intensive camps or courses that take place in the holidays or at a special time in the child's life (such as initiation ceremonies or special courses at puberty). It is important that the information given by traditional sex educators reinforces what is taught in school and in the home. Teachers and traditional sex educators need to discuss their education programme and make sure that they reinforce one another.

Part Five: Useful resources

INTERNET RESOURCES

- **AMREF**
  http://www.amref.org

The African Medical and Research Foundation (AMREF) is an independent, non-profit NGO whose mission is to empower disadvantaged people in Africa to enjoy better health. AMREF's headquarters are in Nairobi. It has country offices in Kenya, Uganda, Tanzania and South Africa, field offices in Mozambique and Ethiopia and major programmes in South Sudan, Somalia and Rwanda. AMREF has a set of defined, priority intervention areas including HIV/AIDS, and full details of its activities can be found on the website.

- **Auntie Stella**
  http://www.tarsc.org/auntstella/index.html

Auntie Stella: Teenagers talk about sex, life and relationships was originally produced by Training and Research Support Centre (TARSC), Zimbabwe as an activity pack for young Zimbabweans aged 13 to 17 years, and later developed as a website. It aims to encourage young people to discuss key teenage issues, and also gives information that teenagers find hard to get elsewhere. Both the print and website versions use the question and reply format of problem page letters written to agony aunts in magazines, a popular source of information for young people.

The basic method is for a question letter to be read and the problem discussed, usually in small single-sex groups, or by individuals reflecting on their own. They then turn to Auntie Stella's reply for expert information and suggestions about how to apply any new knowledge in real life, followed by discussion on ways to change their behaviour.

There are over 30 'questions' covering physical and emotional changes in adolescence, relationships with parents, peers and the opposite sex, gender roles, forced sex, HIV/AIDS and STDs.

- **Children Affected by AIDS (CABA)**

This is an internet discussion group whose members are working with children and young people affected by AIDS all over the world. To join the group contact CABA at: **cabaforum@tvtassociates.com**

- **Healthlink Worldwide**
  http://www.healthlink.org.uk

Healthlink Worldwide works with partners in Africa, Asia, Latin America and the Middle East to improve the health and well-being of poor and vulnerable communities. They publish newsletters, resource lists, training materials and booklets that can be seen on the Publications section of their website. **AIDS Action** is one of their newsletters. It is aimed at health workers and educators working at the primary level and provides practical information on a wide range of care and prevention issues concerning HIV, AIDS and sexually transmitted infections. Healthlink's partner organizations produce regional newsletters about HIV/AIDS.

- **International HIV/AIDS Alliance**
  http://www.aidsalliance.org

The International HIV/AIDS Alliance is an international development non-governmental organization that was set up in 1993 by a consortium of international donors. The Alliance was established to respond to the need for a specialist, professional intermediary organization that would work in effective partnership with non-governmental and community-based organizations in developing countries, as well as with national governments, private and public donors and the UN system. The Alliance's mission is to support communities in developing countries to play a full and effective role in the global response to AIDS. All Alliance publications can be found on their website and can be downloaded as a PDF (Portable Document Format) or viewed in plain text.

An important recent Alliance publication is ***Building Blocks: Africa-wide briefing notes***. This is a set of six locally-adaptable resources for communities supporting orphans and vulnerable children, based on the experience of the International HIV/AIDS Alliance (the Alliance), its partners and other organizations. The development of these resources involved over one hundred organizations and individuals across Africa. They are available in English, French and Portuguese.

The set comprises six booklets covering the following topics:

- Overview
- Psychosocial support
- Health and nutrition
- Education
- Economic support
- Social inclusion

Each booklet contains an introduction to the issues underlying each topic, and then outlines some principles and strategies to consider when taking action. There are more than 100 case studies and examples of projects described by contributors from across Africa. The briefing notes are designed to help communities and local organizations to support children orphaned and made vulnerable by HIV and AIDS. They are for people working in government and non-government organizations, including community-based organizations. They will also be useful for policy makers.

- **Teaching-aids At Low Cost (TALC)**
  http://www.talcuk.org

TALC distributes books, slides and accessories relating to health and community issues to health workers throughout the world. Their website includes a full list of TALC materials including titles on HIV/AIDS.

Their electronic publishing division, **e-TALC**, produces and distributes CD-ROMs that store large quantities of up-to-date health and development information. Details can be found at **http://www.e-talc.org**

- **UNAIDS**
  http://www.unaids.org

UNAIDS is the joint United Nations Programme on HIV/AIDS. UNAIDS has published an extensive range of materials on a variety of topics related to HIV/AIDS. Most of them, as well as publications produced by their cosponsoring agencies and partner organizations, are available on line. All HIV/AIDS-related titles published by UNAIDS and other organizations in the UN

system are contained in a bibliographic database and can be searched by title, author, keyword, ISBN, topic, language, country and global area.

- **UNICEF**
  http://www.unicef.org/aids/

This part of UNICEF's website highlights their priorities and programmes for combating HIV/AIDS, which focus on both prevention of infection as well as care and support for people affected by the pandemic. In addition to brief synopses of UNICEF's activities, you will find feature stories and other news, upcoming events, and links to other information on HIV/AIDS.

- **Youth Against Aids**
  http://www.yaids.org

This is a movement of young people determined to get the voice of youth heard in the international debates and policy-making on strategy to address the global problems caused by the HIV/AIDS pandemic. The thinking behind YAA is that youth are disproportionately affected by HIV/AIDS and yet they are not represented in the debate. The website provides situational analyses in relation to the pandemic in 18 African countries. These studies provide details on best practice and youth activities in the respective countries. YAA also produce regular information-packed web-based newsletters free to subscribers.

PRINT RESOURCES

- **Choices: A Guide for Young People**
  By Gill Gordon
  Published by Macmillan Education Ltd (1999)
  ISBN 0-333-68746-9

Choices is a guide for young people growing up in Africa today. It provides them with accurate information about themselves and their bodies so that they can make informed decisions about their future. It focuses especially on successful relationships, happy marriage and children. Placed in the context of changing cultures, this book concentrates on the limited choices faced by many young people, particularly girls. The importance of self-esteem, decision-making skills, responsibility and communication are all highlighted. *Choices* includes frank and factual information about the body and sexuality, and up-to-date information on STDs and HIV infection. Available from TALC (see above) or through booksellers.

- **Facts for Life**
  Published by UNICEF et al. (2002)
  ISBN 92-806-3664-2

The third edition of *Facts for Life* was published in 2002 by UNICEF, WHO, UNESCO, UNFPA, UNDP, UNAIDS, WFP and the World Bank. It presents the most important facts that people have a right to know to save and improve children's lives. It includes key messages and supporting information about HIV/AIDS. Print version available from UNICEF (details on their website, see above) or through booksellers. The full document is also published on UNICEF's website at: **www.unicef.org/pubsgen/ffl/factsforlife-en-full.pdf**

- **Involving People, Evolving Behaviour**
  Edited by Neill McKee et al.
  Published by Southbound, Penang (2000)
  ISBN 983-9054-22-8

Development professionals are experiencing increasing pressure to bring about sustainable change in the communities where they work. But there seem to be many obstacles to

developing positive behaviours in children and young people, and to changing the unhealthy behaviours and practices of adults. The contributors to this book present what they contend are the essential elements required to overcome these challenges: timely and relevant information; effective communication for motivation; acquisition of life skills; and the fostering of an enabling environment. Available from UNICEF (details on their website, see above) or through booksellers.