UNESCO

Teacher Education Manual on HIV Prevention and Response

Pilot Version

2.3 million children aged 0 to 15 were living with HIV and AIDS world wide in 2006

180,000 of these children were living in South and South-East Asia

500,000 children were infected

380,000 died of AIDS

1,500 children are infected every day many of these children live in Asia

Title:
UNESCO
Teacher Education Manual on HIV Prevention and Response
Regional Pilot Version

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Foreword

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
DPO	Disabled Persons Organisation
EENET	Enabling Education Network
ELIZA	Enzyme-Linked Immunosorbent Assay [test]
EFA	Education for All
FRESH	Focusing Resources on Effective School Health
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
ILFE	Inclusive, Learning-Friendly Environments
LSD	Lysergic Acid Diethylamide
MDG	Millennium Development Goals
NGO	Non-Governmental Organisation
PCP	Phencyclidine
PCR	Polymerase Chain Reaction [test]
STI	Sexually Transmitted Infection
UN	United Nations
UNDP	United Nations Development Programmes
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation

Table of Content

Introduction

In 2006 an estimated 2.3 million children aged 0 to 15 were living with HIV and AIDS world wide, approximately 180,000 of these children were living in South and South-East Asia. The same year more than 500,000 children were infected and 380,000 died of AIDS[1].

These are staggering figures that makes an effective education sector response to HIV and AIDS imperative. HIV has arrived in our countries, our cities, our rural communities and in our schools.

More than 1,500 children[2] are infected every day many of these children live in Asia and the numbers are rising. The annual rate on new infections in South and Southeast Asia grew by 11% from 2004 to 2006 while the death rate grew by almost 16% during the same period.

The question is: What can the education sector do to prevent new infections and to support and protect children and young people who are living with and/or affected by HIV and AIDS? The majority of new infections are either drug related or due to unsafe sex practices or a combination of both. Many students start experimenting with or using drugs as well as become sexually active during their schooling years or they develop habits and practices that may put them at risk for HIV infection later in life.

The role of teachers in creating awareness among children and young people about HIV and AIDS is pivotal. However to be effective in motivating children and young people to develop responsible behaviours – especially related to sex and drugs – parents must become active partners in the dialogue between schools and students. This dialogue would help create better and more open communication between parents, children and young people as well as with teachers on the many challenges faced by young people in schools and communities. Many parents and teachers may not be aware of the high risk behaviour many children and young people are involved in. Others might be aware but do not have the skills and confidence to intervene and change the behaviour patterns of their children.

To prevent children and young people from developing risk behaviours it is important that universities and other teacher education institutions incorporate HIV prevention and response in all their teacher education programmes. The entire education sector with departments, local education authorities, universities and schools must respond effectively to the enormous challenge our communities are facing with an increase in HIV infections.

Discussing about HIV and AIDS with students is challenging, as it touches on sensitive issues like sex and drugs which most people find difficult to talk about. However, facing a growing global HIV epidemic, it is important that we put our sensitivities and in some cases our moral objections aside and start to teach and talk about drugs, sex as well as HIV and AIDS.

Who is this Manual for?

This Manual is primarily intended for lecturers in teacher education and training programmes as well as their students, but also for education planners, principals, head-masters, school administrators and teachers. Many countries have already started to incorporate HIV and AIDS related issues into teacher education and training curricula. Hopefully this Manual can be used to strengthen these and other efforts to make HIV and AIDS prevention and response education even more effective.

[1] UNAIDS [2006], p. 1
[2] UNAIDS [2006], p. 1

How to use this Manual

The Pre-Programme Questionnaires should be filled in by all the students at the very beginning. This will give the lecturers in the teacher education/training programme an idea of how much the students know, about HIV and AIDS, and how they feel about those who are infected and/or affected.

The users of the Manual could follow the content chapter by chapter or they could focus on the parts of the Manual that are especially relevant to them. However, since most HIV infections are either drug or sex related, or a combination of both, it is important that all HIV prevention and response education programmes deal with these issues comprehensively and holistically.

The activities in the Manual could be undertaken as suggested or they could be used as basis for creating discussions among the students, or different activities related to the content could be developed by the lecturers. Completing all the activities in the manual may be too time-consuming for many education programmes. The users of this Manual should therefore choose those activities that are most relevant for their students. Some of the activities found in the beginning of the Manual could also be implemented later during the programme as they are dealing with very sensitive issues and require great understanding and tact.

It would also be important to complete the Post-Programme Questionnaires - which are identical with the Pre-Programme Questionnaires - to help determine the increase in knowledge and understanding that has taken place after using the Manual.

Please use this Manual in connection with the many other excellent resources that are available on HIV and AIDS prevention and response, among others: Embracing Diversity UNESCO Toolkit for Creating Inclusive, Learning-Friendly Environments' and EENET Asia Newsletters. You will also find references to other documents that would help you in teaching effectively about HIV and AIDS prevention and response in your teacher education programme.

Format

This Manual is printed in black and white only, except for the cover, to make it more copy friendly and provide better contrasts for readers with low vision and/or reading difficulties. The text is left aligned, another important feature in making the Manual more reader friendly, especially for users who are experiencing reading and writing difficulties.

Development Team

Chapter 1:
Role of Teachers and Headmasters

"I've come to the frightening conclusion that I am the decisive element in the classroom. It's my personal approach that creates the climate. It's my daily mood that makes the weather. As a teacher, I have a tremendous power to make a child's life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or honour, hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a child humanised or dehumanised."

Ginnot

1.1 Responsibilities of Teachers and Headmasters

- **Public Service -** Teachers and school administrators are either government officials or serve the public in private schools and should therefore have in-depth knowledge on the latest laws and regulations regarding the rights of all children to education, care and protection.
- **Respect -** Teachers and school administrators must respect the rights and dignity of all their students, regardless of their HIV and health status, abilities, disabilities, gender, as well as social, economical, ethnic and religious backgrounds. This includes keeping education and health records confidential - respecting the privacy of all children and their parents.
- **Gender Responsive -** Teachers and school administrators should be gender responsive. They must make sure that sex and reproductive health education, drug prevention education as well as HIV prevention and response education is designed to meet the needs of both genders - considering their circumstances and sensitivities.
- **Information -** Education officials, teachers and school administrators should continuously update themselves on the latest situation and development regarding drugs, violence, sexuality, sexually transmitted infections, HIV and AIDS as well as other challenges facing children and young adults in their schools and communities.
- **Prevention -** Teachers and school administrators should include - through subject integration - relevant issues related to HIV and AIDS, drugs, reproductive health, sexuality and sexually transmitted infections [STI] at the appropriate age. This is important in order to prevent drug abuse, unplanned pregnancies, sexual abuse and harassment, sexually transmitted infections and consequently HIV infections among their students.
- **Response -** Teachers and school administrators should respond constructively to sensitive issues like drug abuse, teenage pregnancies, sexually transmitted infections and HIV infections among their students. The response must be made without any form of discrimination or abuse of the children and young adults concerned. Solutions must be found within schools and communities - expelling children and young adults for using drugs, being pregnant or being HIV positive is the worst possible response and is in most cases against the law.
- **Universal Precautions -** If medical services are done in school it is the responsibility of the school administrators and school clinic personnel to ensure that clean needles and syringes are used, among others to prevent Hepatitis and HIV infections. Gloves should be used all the time.

Children living with HIV as well as children who have family members or friends who are HIV positive or have died from AIDS face discrimination in our schools and communities. This is often due to a lack of knowledge among school administrators, teachers and other key stakeholders within the education system. Therefore to assess the level of knowledge among students in teacher education/training programs they should complete the Pre-Program HIV and AIDS Questionnaire below before they continue:

HIV Prevention and AIDS Response

Pre-Programme HIV and AIDS Questionnaire

Part I – Facts

Please put an **X** on the letter of your answer after each number

A = Agree **D** = Disagree **N** = Not sure

Example:

0.	AIDS means acquired immune deficiency syndrome	X	D	N

1	HIV means human immune deficiency virus.	A	D	N
2	Sharing of needles and syringes among intravenous drug users is a risk factor for HIV.	A	D	N
3	A person can be infected with HIV through transfusion of unscreened blood.	A	D	N
4	An HIV infected [positive] person should be separated from their family to prevent HIV infection to other family members.	A	D	N
5	Sex with multiple partners can be a risk factor for HIV.	A	D	N
6	HIV weakens the body's natural defence against infections.	A	D	N
7	It's possible to get infected with HIV by drinking from the same fountain or eating from the same plate as a HIV positive person.	A	D	N
8	If you are strong and healthy, you can not get infected with HIV.	A	D	N
9	If you have tested negative for HIV once, you can never be infected with HIV.	A	D	N
10	HIV is spread by mosquito and other insect bites.	A	D	N
11	A person with HIV looks sick and weak.	A	D	N
12	At present, there is no cure for an HIV infection.	A	D	N
13	Young people are not at risk of getting infected with HIV.	A	D	N
14	HIV is preventable.	A	D	N
15	HIV and AIDS is the same.	A	D	N
16	HIV can be passed from mother to foetus via the placenta.	A	D	N
17	Drug addiction contributes to a person's vulnerability to HIV infections.	A	D	N
18	Responsible sexual behaviour is one way to stop the spread of HIV infections.	A	D	N
19	"Window" period is when the body shows no signs of the HIV infection.	A	D	N
20	Drug abuse may contribute to an HIV infection developing into AIDS faster than it otherwise would.	A	D	N
21	Many doctors and nurses caring for AIDS patients eventually get infected.	A	D	N
22	One can get infected with HIV by hugging or shaking the hands of the HIV positive person.	A	D	N
23	Consistent use of condoms is one of the best ways of preventing HIV infections.	A	D	N
24	HIV is not spread through oral sex.	A	D	N

Correct answers for Part I would be:

1 = A	7 = D	13 = D	19 = D
2 = A	8 = D	14 = A	20 = A
3 = A	9 = D	15 = D	21 = D
4 = D	10 = D	16 = A	22 = D
5 = A	11 = D	17 = A	23 = A
6 = A	12 = A	18 = A	24 = D

HIV Prevention and AIDS Response

Pre-Programme HIV and AIDS Questionnaire

Part II - Attitudes

Please put an X on the number of your correct answer using the following continuum:

A = Agree **D** = Disagree

1	Education on HIV prevention should not be given in a school setting.	A	D
2	We should stay away from homosexuals because they are all HIV positive.	A	D
3	Persons diagnosed with HIV cannot live a normal life.	A	D
4	We should have empathy for persons with AIDS .	A	D
5	We should NOT allow HIV positive students to go to our schools.	A	D
6	Persons living with HIV should not be allowed to continue working in their jobs.	A	D
7	Persons living with HIV should have the right to remain anonymous should they choose to.	A	D
8	The government should not be burdened by caring for AIDS patients – Their families should care for them.	A	D
9	We should support activities for the benefit of persons with AIDS.	A	D
10	Members of the police and armed forces who are infected with HIV should not be allowed to continue in their position.	A	D
11	We want for the government to provide free medication to lessen the effect of the HIV infection [anti-retroviral drugs] to those who are HIV positive even if they are expensive.	A	D
12	If the parents of a child have AIDS the child should be expelled from school.	A	D
13	We should discuss HIV prevention and AIDS response with our families and friends.	A	D
14	Persons with AIDS should not be allowed to attend public gatherings.	A	D
15	We should help care for a HIV positive family member.	A	D
16	Government funds should be used for the treatment and care of AIDS patients in Malaysia.	A	D
17	Our communities are affected by problems related to HIV and AIDS.	A	D
18	Heath authorities should distribute needles and syringes for free to intravenous drug users [needles and syringes exchange programme] to prevent HIV infections.	A	D
19	HIV positive persons should be protected by law against discrimination in schools and at the workplace.	A	D
20	We can predict the trends of HIV and AIDS epidemic in the coming years.	A	D
21	We should not shake hands or hug people who care for persons with AIDS.	A	D
22	The government should encourage people to use condoms to prevent people from having unsafe sex.	A	D
23	HIV positive teachers should not be allowed to teach children anymore.	A	D
24	We should not discriminate against students because of their HIV status.	A	D
25	We will not allow our children to play with HIV positive children.	A	D
26	Persons with HIV should be encouraged to serve as peer educators for HIV prevention and AIDS response programmes.	A	D
27	The government should not spend our tax money on information campaigns on drugs, safer sex and HIV and AIDS.	A	D
28	HIV positive children should be isolated to prevent spread of the virus.	A	D

According to the Convention on the Rights of the Child [CRC] the correct answers - showing a positive and non-discriminatory attitude for Part II - would be:

1 = D	8 = D	15 = A	22 = A
2 = D	9 = A	16 = A	23 = D
3 = D	10 = D	17 = A	24 = A
4 = A	11 = A	18 = A	25 = D
5 = D	12 = D	19 = A	26 = A
6 = D	13 = A	20 = A	27 = D
7 = A	14 = D	21 = D	28 = D

1.2 Quality Education - Preparing Children and Young Adults for Life

It is the responsibility of teachers, head-masters and school administrators to offer all children living near their schools quality education in an inclusive and child-friendly setting. The development of neighbourhood schools that welcome and embrace all children in the community is essential for improving the overall quality of the education system. Quality education touches on all aspects of learning, development and participation. In this Manual we will focus on specific aspects related to HIV and AIDS prevention and response.

An important element of Quality Education is to prepare children and young people for the many social, emotional and health challenges facing them in our schools and communities - among others:

- **Illegal and non-prescribed drugs** are available in most schools and communities. Teachers, headmasters and school administrators should educate children and young people about drugs, drug prevention and the consequences of experimenting with/using drugs. Drug use/abuse increases the vulnerability for HIV infections. Young people under the influence of alcohol and other drugs are more likely to participate in unsafe sexual practices than others. The HIV infection-rate among intravenous drug users is very high in most countries throughout Asia - mostly due to the practice of sharing needles and syringes among groups of intravenous drug users. Furthermore, drugs are expensive many young drug users [male and female] will therefore sell sexual services to earn money for drugs, sometimes without protection [if the customers/clients demand or pay more].

- R**eproductive health and Sex education** should be part of all quality education programmes. Teaching and informing children and young people about sex, development of sexuality and reproductive health will reduce unplanned pregnancies, sexually transmitted infections, including HIV.

- **HIV and AIDS** continue to spread throughout Asia and the World. Quality education systems, schools, head-masters, teachers and school administrators must therefore respond to the impending epidemic by ensuring that all children and young people, at the appropriate age, are taught comprehensively about HIV and AIDS. HIV prevention must be a part of all quality education programmes.

Life skills should be incorporated into all subject matters as it will enable children and youn people to develop responsible sexual behaviours and empower them to make educated decision regarding drugs. "*Life skills are cognitive, personal and interpersonal abilities that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with and manage their lives in a healthy and productive manner*"[3].

Teachers should create inclusive and learning-friendly environments in their classrooms where **all** children, regardless of their HIV status, abilities, disabilities as well as social, economical, ethnic and religious backgrounds are challenged, encouraged and supported to reach their full academic, social, emotional and physical potential.

[3] UNESCO [2006], p. 54

Chapter 2:
Legal and Human Perspective

2.1 Introduction

All children, including children living with HIV, have the right to quality education in an inclusive and child-friendly setting together with their siblings and peers.

Many education and health officials, university lecturers, headmasters, teachers and school administrators lack in-depth knowledge and understanding of children's legal rights. As a result many children living with HIV and AIDS suffer from marginalisation and exclusion from schools and communities. It is therefore important that principals, head-masters and teachers be made aware of their legal and moral obligations to secure the rights of all children, especially those vulnerable to marginalisation and exclusion - Realising that children living with HIV are among the most vulnerable.

Information about the legal rights of **all** children to quality education, care and protection should be an integral part of all teacher education and training programme.

2.2 The Legal Perspective - International Conventions and Agreements as well as National Laws and Regulations Guaranteeing the Right of ALL Children to a Quality Education[4]

Many international conventions, declarations and agreements guarantee the right of all children to quality education. In spite of the fact that all countries in Asia and the Pacific are signatories to the Convention on the Rights of the Child [CRC] many national laws and regulations blatantly contradict the legal obligations of the signatory states.

University lecturers, principals, headmasters, teachers and parents should therefore know their legal obligations to ensure that schools and communities operate according to the letter, and spirit of Convention of the Rights of the Child.

Here are some of the main international declarations, conventions and documents related to the rights of children to protections, education, health services and non-discrimination - these should be studied as part of any teacher education programme:

- **Universal Declaration of Human Rights / 1948** – can be downloaded from www.un.org/Overview/rights.html - while a hard copy should be available at your nearest UN Mission.

- **Convention Against Discrimination in Education / 1960** – can be downloaded from www.unesco.org/education/pdf/DISCRI_E.PDF - while a hard copy should be available at your nearest UNESCO office.

- **Convention on the Rights of the Child / 1989** - can be downloaded from www.ohchr.org/english/law/pdf/crc.pdf - while a hard copy should be available at your nearest UNICEF or Save the Children offices.

[4] UNESCO, 2006a

- **World Declaration on Education for All [EFA] / 1990** - can be downloaded from www.unesco.org/education/efa/ed_for_all/background/jomtien_declaration.shtml - while a hard copy should be available at your nearest UNESCO office.

- **UN Convention on the Elimination of All Forms of Discrimination against Women / 1993** – can be downloaded from www.ohchr.org/english/law/pdf/cedaw.pdf - while a hard copy should be available at your nearest UNFPA office.

- **Salamanca Statement and Framework for Action on Special Needs Education / 1994** - can be downloaded from www.unesco.org/education/pdf/SLAMA_E.PDF - while a hard copy should be available at your nearest UNESCO office.

- **Stockholm Declaration against Commercial Sexual Exploitation of Children / 1996** - can be downloaded from http://www.ecpat.net/eng/A4A02-03_online/ENG_A4A/Appendices_1_Stockholm.pdf and – while a hardcopy may be available from your nearest UNICEF or Save the Children Office as well as through the Swedish Embassy in Manila.

- **The Dakar Framework Education for All / 2000** - can be downloaded from www.unesco.org/education/efa/ed_for_all/dakfram_eng.shtml - while a hard copy should be available at your nearest UNESCO office.

- **Millennium Development Goals / 2000** – can be downloaded from www.un.org/milleniumgoals - while a hard copy should be available at your nearest UN Mission or UNDP office.

- **UNGASS Declaration of Commitment on HIV/AIDS / 2001** - can be downloaded from www.un.org/ga/aids - while a hard copy should be available at your nearest UN Mission or UNAIDS office.

- **SEAMEO/UNESCO Bangkok Declaration / 2004** – can be downloaded from www.idp-europe.org/indonesia/bkkforum.pdf - while a hard copy should be available at your nearest UNESCO or ASEAN/SEAMEO office.

- **Recommendations of the International Symposium on Inclusion and the Removal of Barriers to Learning, Participation and Development / 2005** - can be downloaded from www.unescobkk.org/ie and www.idp-europe.org/symposium - while a hard copy should be available at the UNESCO Bangkok, IDP Norway or EENET Asia offices.

- **UNGASS Political Declaration on HIV/AIDS / 2006** - can be downloaded from http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf - while a hard copy should be available at your nearest UN Mission or UNAIDS office.

- **UN Convention on the Rights of Persons with Disabilities / 2006** – can be downloaded from www.un.org/disabilities/convention/conventionfull.shtml - while a hard copy should be available from your nearest UN mission.

There are numerous other international, regional and national conventions, commitments, laws and regulations related to the right of children to education, health services and protection, often based on the international documents listed above. It is important to note that if a specific group of children is not explicitly excluded from the right to education and/or health it has the legal right to those services.

Activity No. 1 – The Right to Education, Care and Protection

The students should look for information about the legal rights related to education and health services for children in general and for children affected by HIV in particular.

The students should search for all the relevant international, regional, national and local community documents in libraries, through information units in relevant departments, through UN agencies, international and national child rights organizations, on the internet or through any other available sources.

This activity should ideally be done in groups of three or four and presented in class for discussion. Some of the groups could focus on the legal rights to education while other could focus on the rights to health services. Each group could hold a 10 minutes presentation in class followed by discussion.

Learning outcomes:

- The legal rights of children in general to education and health services versus current practices
- The legal rights of children living with HIV to an education versus current practices
- The legal obligations of the education system towards children living with HIV versus current practices
- The legal rights of children living with HIV to health services versus current practices
- Which international and national declarations, conventions, agreements, laws and regulations that are available as well as those which are unavailable to the general public as well as to students in tertiary education programmes
- Which international declarations, conventions and agreements have been translated into the different languages spoken in your country

To complete the first Activity successfully would take quite a lot of time and it would require internet access as well as some small financial resources. This is not always possible. Therefore a less time consuming and simpler alternative to this activity that could also be done by individual students - would be:

Alternative to Activity No. 1 – The Right to Education, Care and Protection

The student[s] should look for information about the legal rights related to education and health services for children in general and for children affected by HIV in particular. The student should search for all the relevant international, national, regional and local community documents in the university library.

This activity should ideally be done by individual students or by groups of three or four students. The results could be presented in class for discussion or as written reports.

[Continuing ...]

Learning outcomes:

- The legal rights of children to education and health services
- The legal rights of children living with HIV to education and health services
- The legal obligations of the educational system towards children living with HIV
- Which international and national declarations, conventions, agreements, laws and regulations that are available to students [and lecturers] in teacher education and training programmes
- Which international declarations, conventions and agreements have been translated into the different languages spoken in your country

Human rights and child rights should be taught to children on all levels as part of social studies. This can be done in connection with UN and national celebration of human rights [10th December], child rights [20th November], women rights [8th March], AIDS [1st December], disabilities [3rd December], health [7th April], etc. Creating an interest among children in the law as well as in human and child rights is an important element in human rights education and the development of democratic societies.

2.3 The Right of Children to Confidentiality

It is difficult to keep the HIV status of a pupil confidential, not sharing it with anyone, not with a teacher colleague or even a spouse. However, children living with HIV and their families have the right to confidentiality. It is their decision if, when and how to inform others about their HIV status.[5]

To ensure that the right of all children to confidentiality is respected the following should be considered part of principals and headmasters and teachers code of ethics, whether it is written and signed or not.

2.3.1 Headmasters, Teachers and School administrators should know, understand and respect all children in their school

Children with disabilities, girls and children from income-poor families, ethnic and religious minorities, from single parent families as well as children from many other backgrounds are often marginalized in or even excluded from school. The discrimination of these children would most likely increase further if they were living with and/or affected by HIV.

What does it mean to be affected by HIV? If a father, mother, brother or sister, someone else in the child's family or close friends are living with HIV the child would be affected. The child might be afraid of losing someone s/he loves and depends on, his/her friends might be afraid of playing with him/her or they might suffer other forms of discrimination - all this will affect and influence the way they learn and behave in schoo

[5] Nugraha, Samuel [2006]

It is therefore important that headmasters, teachers and school administrators create child-friendly, inclusive and non-discriminatory environments in their schools so that all children are appreciated and respected - so that children living with HIV can disclose their HIV status without fear of discrimination, marginalisation and exclusion.

If the students have little or no prior knowledge about HIV and AIDS the following activity can be completed in connection with Chapter 5. .

Activity No. 2 - Empathy [45 to 60 minutes]

The students should discuss the different ways children are affected by HIV and how headmasters, teachers and communities can respond to reduce the affect for the children and families concerned.

1. What does it mean to be affected by HIV?
2. How can you detect if a child is affected by HIV?
3. How do you think teachers should respond to minimise the effect for the children involved?

This should ideally be discussed in smaller groups of three and four before presenting the results of the discussions briefly in plenary.

Learning outcomes:

- Identify different ways children can be affected by HIV
- Identify some signs that can indicate that a child may be affected by HIV
- Understand the affect this may have on the way the child learn and behave in school
- Understand the responsibility of teachers to reduce the effect HIV will have on the child's learning, development and participation

2.3.2 Equal treatment and non-discrimination of children regardless of their health and HIV status, abilities, disabilities as well as social, economic, ethnic and religious backgrounds

ALL children have the right to "*Non-discrimination - All rights apply to all children without exception. It is the State's obligation to protect children from any form of discrimination and to take positive action to promote their rights.*". It is therefore the legal and moral obligation of lecturers, headmasters, teachers andschool administrators and teachers to treat **all** children, including children living with HIV with dignity and respect.

[6] UN, 1989, article 3

Practical Activity No. 3 - Children who face discrimination [20 to 30 minutes]

The students should spend a few minutes in pairs to list as many different groups of children they can who are facing discrimination in schools and communities in their communities and provinces. This should be followed by a brief class discussion.

Learning outcomes:

- Understand the extent of discrimination facing children and young adults in schools and communities

2.3.3 Written records should be kept safe and with limited access

The safekeeping of written health, academic and other records is vital to keep sensitive information about children confidential. In many schools records are kept on desks, in open shelves, in unlocked cupboards or on computers with public access. These practices are serious violations of the right of children to privacy and may harm the interest and safety of the child. "*All actions concerning the child shall take full account of his or her best interest*"[7].

2.3.4 It is the decision of the parents or guardian and children living with HIV if, when and how to inform others about their HIV status

In schools sensitive information about children are often shared with other children, parents, visiting delegations and even with the media. This will cause embarrassment for all children, however in case of children living with HIV it may also cause marginalisation and exclusion. Therefore, only when the parents or guardians as well as the children themselves have given their consent - realising the consequences of their decision - information about their HIV status can be shared. It is important not to encourage secrecy but to promote respect for and right to privacy of children and their families.

2.3.5 How to interact with people living with HIV

Many people are worried when interacting with colleagues and children living with HIV. If a teacher colleague or a child in our school is infected with HIV we only need to show caution and use protection when we are in contact with their blood.

It is a fact that you can not get HIV by[8]:

- Shaking hands
- Eating from the same plate
- Hugging
- Drinking from the same fountain
- Using the same glass
- Being a friend
- Playing together
- Learning together and going to the same school

[7] UN, 1989, article 2
[8] UNESCO, 2006a, p. 19

2.4 Addressing Stigma and Attitudes Related to HIV and AIDS

Children living with HIV will often face marginalisation and exclusion in our schools and communities. This is often due to a lack of knowledge and understanding among key stakeholders within the education system. "*Ending the AIDS pandemic will depend largely on changing the social norms, attitudes and behaviors that contribute to its expansion. Action against AIDS-related stigma and discrimination must be supported by top leadership and at every level of society, and must address women's empowerment, homophobia, attitudes towards sex workers and injecting drug users, and sexual norms that affect sexual behavior - including those who contribute to the low status and powerlessness of women and girls.*"[9]

Therefore addressing stigma and attitudes is essential in reducing the number of new HIV infections. If we wish to address this problem in our schools and communities we need to start with ourselves and ask:

- How do I feel about HIV and AIDS?
- How would I feel about working with colleagues who are HIV positive?
- How would I feel about teaching children living with HIV?
- How would I feel if my own partner or child was infected with HIV?

2.5 Development of Acceptance, Empathy and Respect

To be a lecturer, headmaster, teacher and school administrator it is essential to develop empathy - the ability to understand another persons feeling. Spreading information and knowledge about HIV and AIDS will help develop acceptance, empathy and respect for children, youth and others living with HIV.

Information and knowledge gives us a theoretical understanding of how it is to live with HIV. However, meeting and talking with people living with HIV creates understanding on a personal level - as a result, empathy, and respect will develop. Therefore involving people living with HIV and their families is essential in developing acceptance, empathy and respect for those affected and infected.

Activity No. 4 – Living with HIV [This is a very sensitive activity that could be implemented later during the programme if the lecturer does not feel that the teacher students are ready.]

Divide the students into groups of five to six. The groups should search for community initiatives by activists living with and/or affected by HIV that work with awareness and information programmes. The groups should invite members of these initiatives to small group discussions about how it is to live with HIV.

Each group should write a report about their discussion or interview. If any of the reports showed negative or discriminatory attitudes by the students towards people living with HIV it should be addressed with the student[s] concerned.

[Continuing ...]

[9] UNAIDS, 2006a, p. 19

This activity could be the first in a series of activities in co-operation with community initiatives and HIV and AIDS activists.

Remember Privacy and Confidentiality!
We do not have the right to ask a person living with HIV how they were infected, about moral and religious issues or about life expectancy.

Learning outcomes:
- Understanding better how people living with HIV live, think and feel
- Understand that it can happen to us all, our brothers, sisters, friends, colleagues, our students and even to ourselves
- Some of the barriers people living with HIV experience in their daily lives

Here is a less time consuming and simpler alternative to this activity that could also be done by individual students:

Alternative Activity No. 4 - Living with HIV [This activity would take 3 to 4 hours and should be completed in one single session]

Show one of the many movies made about people living with HIV [or dying of AIDS]. Many of these movies are about homosexuals who are HIV positive try therefore to see beyond their sexuality and identify with the situation they are in and the discrimination they experience. Divide the students into groups of five to six and ask them to discuss about how it must be to live with HIV. They should try to imagine how it would feel if they were HIV positive, or their brother, sister, husband, wife, son, daughter or their best friend. Sum up the group discussion in plenary.

Learning outcomes:
- Understanding better how people living with HIV live, think and feel.
- Understand that it can happen to us all, our brothers, sisters, friends, colleagues, our students and even to ourselves.
- Some of the barriers people living with HIV experience in their daily lives.

The second activity can also be done with students in lower and upper-secondary schools. You will find an example on how in the Attachments Lesson No. 2.

2.6 Inclusion and Non-Discrimination in Schools

All children should be welcomed in the nearest community school. The community schools should be inclusive and child-friendly, embracing diversity of ethnicity, social backgrounds, religion, abilities and disabilities as well as health status, including HIV and AIDS. *"… inclusive and child-friendly education should be seen as: … A means of ensuring that all children receive quality care and education in their home communities as part of early child development, pre-school, primary and secondary education programmes, particularly those who are currently excluded from mainstream education or vulnerable to marginalisation and exclusion; …"*[10] . Therefore, a school is not child-friendly unless **all** children, including children living with HIV are welcomed without reservations and encouraged to play and learn together with their peers in an inclusive setting.

"This means that an inclusive and child-friendly school must be not only child-centred but also child-seeking, actively looking for children of the community not in school – those with disabilities but also those speaking a different language, of a disadvantaged sex, or affected by poverty of HIV/AIDS, helping to get them enrolled, and then ensuring that they are not further excluded from learning and therefore succeed in school."

Sheldon Shaeffer [2000]

Developing inclusive and child-friendly schools is therefore an effective tool in the fight against stigma and discrimination.

Link

For more information about inclusive and child-friendly education please consult: **'Embracing Diversity - UNESCO Toolkit for Creating Inclusive, Learning-Friendly Environments**'.

Please contact your nearest UNESCO Office for a hard copy or www2.unescobkk.org/elib/publications/032revised

[10] International Symposium on Inclusion and the Removal of Barriers to Learning, Participation and Development [2005], Second bullet point in the introduction

Chapter 3: Drug Abuse - Prevention and Response in Schools

3.1 Introduction - Why Should We Teach about Drugs in School?

Effects of illegal and non-prescribed drugs, such as impaired judgment, state of confusion, loss of self identity and hallucinations, loss of physical and mental control lead to increase vulnerability for rape, sexual abuse and HIV infection.

The total number of drug users in the world is now estimated at 185 million. Adolescence and youth is a time for experimentation and testing of boundaries, this might present a challenge for both siblings, parents and teachers on a number of issues, but it becomes dangerous when it comes to sex and drugs.

Injecting drug use has been documented in 129 countries, 79 of which also reported HIV transmission through contaminated needles, syringes and other injecting equipments[11]. The injecting of heroin is now a problem in over 100 countries worldwide, with an estimated 11 million people regularly injecting heroin[12]; most of these countries have reported HIV infection among the injecting drug users.

Drug users, especially those who are injecting drugs [IDU] are at extreme risk for being infected with HIV. In addition to infections through sharing needles and syringes, drugs are expensive forcing many drug users to sell or exchange sex for drugs.

In **Indonesia**, **Nepal**, **Vietnam** and parts of **China**, recent increases in HIV infection among injecting drug users appear to have spurred a subsequent increase in HIV infections among non-injectors who have unsafe sex with injecting drug users. Given the large population numbers in these countries, a continued spread of HIV among people with risk behaviours and their sex partners may result in millions of new infections.

Teaching about drugs and drug prevention as well as responding constructively to drug use in schools should be a part of our efforts to offer quality education to ALL children and young people.

In our efforts to help children and young people develop responsible behaviour related to drugs we must look at the root causes of why young people experiment with and use/abuse drugs.

[11] WHO/UNAIDS/UNODC [2004]
[12] UNODC [2005], p.9

3.2 Drugs

Drugs are substances that affect the way people feel, think, see, taste, smell, hear, or behave. A drug can be a medicine, such as morphine, or it can be an industrial product like rugby, acetone or glue. Some drugs are legally available, such as approved and prescribed medicines as well as cigarettes and alcohol [legal in most but all countries in Asia] - most other drugs are illegal, such as heroin and cocaine. The extent of the effect drugs have on a person's life is individual, it depends among others on their personal physical and mental health condition as well as on the kind of substance they use, the amount consumed and the method of using it.

Illegal use of drugs is a major factor in the spread of HIV infections. Shared equipment for injecting drugs can carry HIV and hepatitis, and drug use, including alcohol is linked with unsafe sexual activities.

People who are taking medication for an HIV infection will experience added dangers when using drugs - they will be less likely to take all of their medications and many street drugs may reduce the effects of HIV medications or in combination have serious side effects. Furthermore drug use will lead to a further deterioration of their general health condition which may speed up the development of AIDS.

3.2.1 General effects of drugs - What drugs will do to you

- You will feel that you need the drug on a regular basis to have fun, relax or deal with problems.
- You will give up familiar activities such as sports, homework, or hobbies.
- Your attendance at school or work will change.
- Your grades and the quality of your work will suffer.
- You will do things you normally wouldn't do to get drugs, like frequently borrowing money or stealing from school, work, friends, colleagues and family.
- You will take uncharacteristic risks, such as sexually risky behavior or driving under the influence of drugs, including alcohol.
- You will experience anger outbursts, act irresponsibly and change your overall attitude.
- Your physical appearance and grooming will deteriorate – hair, skin, teeth, etc.
- You will wear sunglasses and/or long sleeve shirts when it is not really appropriate to hide needle marks on your arms, red or bloodshot eyes and dilated pupils as well as increased light sensitivity.
- You will no longer spend time with friends who don't use drugs.
- You will engage in secretive or suspicious behaviours such as frequent trips to storage rooms, restroom, basement, etc.
- You will need to use more of the drug of choice to achieve the same effects.
- You will talk about drugs all the time and pressuring others to use with you.
- You will feel exhausted, depressed, hopeless and/or suicidal.

3.2.2 Different drugs[13] and their effect

Alcohol

Alcohol is not usually thought of as a drug - mostly because it is so common and accepted in most parts of the world. However, it is a drug, and drinking in excess is a serious problem. Alcohol has been produced for more than 12000 years. It has been speculated that many ancient farming efforts were undertaken not so much for the food they would yield but rather to create the raw materials for alcohol production[14]. Alcohol takes on one of three general forms: beer, wine or distilled liquor.

The effects of alcohol are:

- Mild intoxication leads to a feeling of warmth, flushed skin, impaired judgment, and decreased inhibitions - this can result in embarrassing as well as high risk behaviors such as unsafe sex or sharing needles and syringes when injecting drugs.
- Extreme intoxication can lead to coma and death.
- The effect will vary according to body size, amount consumed and time frame of consumption.
- Combining alcohol with other drugs can intensify the effects of these other drugs. Many accidental deaths have occurred after people have used alcohol combined with other drugs.
- Long-term effects of alcohol appear after repeated use over a period of many months or years. The negative physical and psychological effects of chronic abuse are many and potentially life threatening - some of these problems are heart, liver and pancreas diseases as well as ulcers and inflammation of the stomach. Other long-term effects are loss of appetite, vitamin deficiencies, infections, social problems and sexual impotence or menstrual irregularities. The risk of serious disease increases greatly with the amount of alcohol consumed over time.
- Physical and psychological addiction occurs among many drinkers. When the body has adapted to the presence of alcohol, the user will suffer difficulties in concentration and withdrawal symptoms if alcohol consumption use is stopped suddenly. Withdrawal symptoms range from jumpiness, sleeplessness, sweating, and poor appetite, to tremors, convulsions, hallucinations, and sometimes death in those with an already deteriorated physical condition. Alcohol is one of the most difficult and dangerous drugs to detoxify from after an extended period of heavy use.

LSD

LSD [Lysergic Acid Diethylamide] comes in liquid form and is applied to paper or pills and swallowed.

LSD is an extremely powerful hallucinogen that was popular in the '60s and is becoming popular once again. It is an odorless and colorless chemically manufactured drug. Street names for the drug include acid, blotter acid, microdot, and white lightning, and the street name for the duration of the hallucinogenic effect or high is called a "trip."

Because LSD is so potent, the dosage needed for a trip is incredibly small. A microscopic drop of the drug can be put on paper, small gelatin squares, or any other absorbent material and ingested. Anything that can be swallowed can be used as a carrier for LSD.

[13] Adapted from information issued by the California Department of Justice through StopDrugs.org
[14] Patrick, Charles H. Alcohol, Culture, and Society. Durham, NC: Duke University Press, 1952, pp. 12-13. Reprint edition by AMS Press, New York, 1970

Effects:

- The hallucinogenic effect of LSD can last from two to twelve hours. During this time, judgment may be impaired, visual perception may seem distorted, and hallucinations may occur and the sense of reality may become highly distorted.
- Physical effects of LSD include dilated pupils, elevated body temperature, high blood pressure, hallucinations, and a disoriented sense of direction, distance, and time. Bad trips can result in panic, paranoia, anxiety, loss of control, confusion, and psychosis. If a child is under the influence of LSD, he or she should be closely supervised so they do not harm themselves or others.
- Lasting brain damage - one possible side effect of LSD is called a "flashback". For several years after taking the drug, the hallucinogenic effect of the drug may reappear temporarily and without warning.

Marijuana

Marijuana is sold in plastic bags or in hand rolled cigarettes known as "joints".

Following alcohol, marijuana is one of the most popular drugs with youth. It consists of the leaves, flowers, stems, and seeds of the cannabis plant, which are dried and chopped into small amounts.

Marijuana has a strong, pungent odor when smoked. Once the marijuana cigarette is partially smoked, it is often held by a small clip called a "roach clip." [Roach clips are made from many items, such as tweezers or electrical clips]. The leaves can also be smoked in small wooden pipes or water-filled pipes called "bongs". Finally, marijuana can also be blended into food, then cooked and eaten.

Items associated with marijuana includes pipes, bongs, rolling papers, plastic bags, roach clips, "stash boxes" - decorative boxes designed to conceal and store marijuana, and eye drops and breath fresheners used to cover up signs of use of the drug.

Effects:

- In low doses, marijuana can induce restlessness, a dreamy state of relaxation, red or bloodshot eyes, and increased appetite. Stronger doses can cause shifting sensory images, rapidly fluctuating emotions, a loss of self-identity, fantasies, and hallucinations or image distortions.

Cocaine

Cocaine is produced as a white chunky powder. It is sold most often in aluminum foil, plastic or paper packets, or small vials. Cocaine is usually chopped into a fine powder with a razor blade on a small mirror or some other hard surface, arranged into small rows called "lines" then quickly inhaled [or "snorted"] through the nose with a short straw or rolled up paper money. It can also be injected into the blood stream.

Items associated with inhaling cocaine include mirrors, razor blades, straws, and rolled paper money, while paraphernalia associated with injecting the drug include syringes, needles, spoons, and belts, bandanas or surgical tubing used to constrict the veins. Scales are used by dealers to weigh the drug. Sometimes other substances are used to "cut" cocaine in order to dilute the drug and increase the quantity of the drug for sale.

Effects:

- The high from a typical inhaled dose of cocaine lasts for about 20 minutes.

- During this time teenagers may appear very alert, confident, energetic, and stimulated; physical signs include dilated eyes and a runny nose, and little or no appetite.
- The high from cocaine is followed by profound depression, an intense desire for another dose of the drug, mental fatigue, restlessness, and irritability.
- An overdose of cocaine can cause extreme agitation, respiratory failure, heart failure, or death.

Crack

Crack and rock cocaine are forms of cocaine that are extremely addictive and very dangerous - crack and rock cocaine are nearly identical drugs therefore we will refer to them as crack only. Crack has become a major problem because it is inexpensive, readily available, and highly addictive. Crack comes in white to tan pellets and is sold in small vials. It is smoked in glass pipes and makes a crackling sound when it is smoked. Items associated with crack include glass pipes called "base" pipes, homemade pipes, and small vials used to store the drug.

Effects:

- Crack is absorbed into the blood stream through the lungs in just a few seconds.
- If teenagers are using crack, they will temporarily appear euphoric, extremely alert, and highly energetic. Other symptoms include dilated pupils, loss of appetite, elevated heart rate, elevated respiration rate, and higher body temperature.
- The high lasts only a few minutes, leaving an intense depression called a "crash" and an immediate desire for more of the drug.
- The severe addiction associated with crack stems not only from a desire for the euphoria of the high but a desire to escape from the "crash" following the high.
- Prolonged use of crack can cause extreme irritability, depression, paranoia, convulsions or death.

Methamphetamines

Methamphetamines and amphetamines are sold in pill or powder form, and can be swallowed, inhaled, or injected.

Methamphetamines and amphetamines are highly addictive and dangerous stimulants. Commonly referred to as uppers and speed, these drugs are sold in powder, pill, and capsule forms that can be inhaled through the nose, swallowed or injected.

The most popular of the two drugs are methamphetamines, commonly called speed, meth, crank, crystal, or crystal meth or in its smokable form, ice, glass or crystal. Methamphetamines are usually found in powder form in colors ranging from white to tan, and can be swallowed, inhaled through the nose, or injected. It is sold in small paper packets or plastic bags. The items associated with inhaling the drug are razor blades, mirrors, straws, and rolled dollar bills; the paraphernalia associated with injecting the drug include syringes, spoons, and surgical tubing, bandanas, or a belt used to constrict the vein.

Effects:

- The physical effects of methamphetamines and amphetamines are appetite loss, dilated pupils, elevated heart rate, increased respiration, and elevated body temperature. Prolonged use of these drugs can cause blurred vision, dizziness, loss of coordination, and collapse. An overdose can result in high blood pressure, fever, stroke and heart failure.

Methamphetamine - Ice

Ice is the translucent crystal, smokable form of methamphetamine. It is also commonly called glass or crystal and, like other stimulants, is highly addictive. The use of ice results in a longer, more intense high and an enhanced and more rapid onset of the negative effects of other forms of methamphetamine.

Similar in appearance to rock candy or rock salt, ice is sold in clear, heat sealed cellophane packets. It is smoked by using a bong a one-chamber pipe where the ice is heated until it turns to a gas, and then inhaled by the user.

Effects

- People using ice may experience appetite loss, dilated pupils, elevated heart rate, increased respiration, and elevated body temperature.
- Prolonged use can cause blurred vision, dizziness, loss of coordination, collapse and toxic psychosis. Prolonged use of ice will also cause damage to other organs, particularly the lungs, liver and kidneys.
- Heavy short-term or prolonged use can also cause delusional states or even a toxic psychosis similar to paranoid schizophrenia. Acute depression and fatigue may result when the use of ice is stopped. An overdose can result in high blood pressure, fever, stroke, heart failure and death.

Narcotics – Among others Heroin, Opium and Morphine

Well known for their medical use of relieving severe pain, narcotics are commonly abused as drugs because of their euphoric effect and highly addictive quality. Most of the drugs in this category are administered orally or through intramuscular injection, and can be legally obtained under medical supervision. But narcotics such as heroin, opium, morphine, and codeine are frequently sold on the illicit market to addicts.

When narcotics are regularly used, the body eventually demands more of the drug in order to achieve the same high, which is known as developing a drug tolerance.

Withdrawal symptoms such as watery eyes, runny nose, yawning and perspiration will develop only six to eight hours following the last use of the drug. Within 48 to 72 hours, more severe withdrawal symptoms may develop, including restlessness, irritability, appetite loss, tremors, stomach cramps, diarrhea, and chills alternating with excessive sweating. It may take one to two weeks for the body to return to "normal."

PCP

Phencyclidine, commonly known as PCP, is the most dangerous of the hallucinogens. It is sold on the streets under many different names that reflect its range of effects. PCP is sometimes passed off as other drugs such as mescaline, LSD or cocaine.

In its pure form, PCP is a white, crystalline powder that readily dissolves in water. Most PCP is manufactured in makeshift laboratories containing contaminants that cause the drug's color to range from tan to brown and the consistency from powder to a gummy mass. It is seen most often in powder or liquid form, and is commonly applied to dark brown cigarettes or leafy materials such as parsley, mint, oregano, marijuana, or tobacco, and then smoked.

When in its liquid form, PCP is packaged in small vials or other small glass containers.

Effects:

- People under the influence of PCP may show many of the signs of LSD use, such as appearing detached from reality or estranged from their surroundings.
- Other symptoms include rapid and involuntary eye movement, an exaggerated walk, numbness, slurred speech, blocked speech, and a loss of coordination.
- PCP is unique because of its power to produce psychosis. It can cause extraordinary strength, a sense of invulnerability, and extreme image distortion.
- The user may become violent, causing injury themselves or others.
- Although such extreme psychotic reactions are usually associated with repeated use of the drug, they have been known to occur in some cases after only one dose.
- As with LSD, people under the influence of PCP should be closely supervised so they do not harm themselves or others.
- PCP episodes, or flashbacks, may occur long after the drug has left the body.

Ecstasy

Ecstasy was first patented in Germany in 1912 as a potential appetite suppressant. In the late 1970s and early 1980s it started to be used as a psychotherapeutic drug.

Effects:

- Users can experience confusion, disorientation, anxiety, panic attacks, depression, insomnia, perceptual disorders and hallucinations, paranoia and psychosis.
- The physiological effect is similar to amphetamine and cocaine. Studies have concluded that even mild to moderate use may cause changes in the way the brain produces and distributes neuro-transmitters - the chemicals, like serotonin and dopamine, known to play a role in regulating mood, memory, appetite, sleep, aggression, sexual activity and sensitivity to pain - leading to long-term depression.

Heroin

On of the most dangerous and addictive drugs is heroin. While receiving less publicity today than newer, more popular drugs, it continues to be a major problem in many countries. Not only is heroin extremely addictive and dangerous, but addicts often resort to crimes such as burglary, grand theft, robbery, or prostitution to support their habits.

The most popular form of heroin is a dark tar-like substance called black tar, which is sold in small foil or cellophane packets or in small toy balloons.

The most common use of heroin is by injection but in its powder form it can be inhaled through the nose or smoked. Items for injecting heroin include hypodermic needles, small cotton balls used to strain the drug, and water and spoons or bottle caps used for "cooking" or liquefying the heroin. Items for inhaling or smoking heroin include razor blades, straws, rolled dollar bills, and pipes.

Effects:

- The high from the drug usually lasts from four to six hours.
- People under the influence of heroin may have constricted pupils, droopy eyelids, depression, apathy, decreased physical activity, and nausea. A frequent user may nod or appear sleepy, and repeatedly scratch or touch their face and nose.
- Larger doses of heroin may induce sleep, vomiting, and shallow breathing.
- An overdose can cause slow and shallow breathing, clammy skin, convulsions, coma, or death.

Inhalants

Anything that emits fumes or that is in an aerosol form [spray] can be inhaled to produce a high. There are many types of inhalants, including nitrous oxide [laughing gas], amyl nitrite [poppers, snappers], and butyl nitrite [rush, bolt, locker room, bullet, climax]. Also included in this group are aerosol sprays such as spray paint and cleaning fluid, and hydrocarbons such as gasoline, glue and paint thinner. The fumes from many household products can be inhaled to produce a high, such as lighter fluid, hair spray, whipped cream canisters, typewriter correction fluid, paint, and nail polish remover.

Effects - The effects depend on which type of inhalant has been used:

- Solvents and aerosol sprays decrease the heart and respiratory rates and impair judgment.
- Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine or feces.
- Other immediate effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite.
- Long-term use may result in weight loss, electrolyte imbalance, muscle fatigue, hepatitis or brain hemorrhage.
- Repeated sniffing of concentrated vapors over time can permanently damage the brain, nervous system, lungs, and nasal passages.
- Deeply inhaling vapors or using large amounts over a short period of time may result in disorientation, violent behavior, unconsciousness, or death.
- High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Depressants

Depressants are often medically prescribed by doctors to treat anxiety, tension, insomnia, muscle spasms, and irritability. However, depressants are also abused for their intoxicating effects. Depressants are produced in pill or capsule form.

Effects:

- People abuse depressants, they may appear to be in a state of intoxication much like that of alcohol, with impaired judgment, inebriation, slurred speech, and loss of motor coordination.
- Other symptoms include a weak and rapid pulse, slow or rapid but shallow breathing, and cold and clammy skin.
- The body acquires a need for increased doses of depressants in order to achieve the same high. If teenagers are unaware of this, they may increase their intake to dangerous, toxic levels in order to achieve the same intoxicating effects.
- Mixing depressants with alcohol is a particularly dangerous combination that can cause an overdose and death.
- Withdrawal from depressants can be extreme - after 24 hours without the drug, symptoms such as anxiety and agitation may develop - depending on the potency of the drug, withdrawal will peak between two and eight days, causing appetite loss, nausea, vomiting, abdominal cramps, increased heart rate, and excessive sweating.
- Some severe symptoms of withdrawal may be delirium, convulsions, and in some cases, death.

Nicotine/Tobacco

Tobacco is the only drug that is legally and readily available for older adolescents and adults throughout the region. The active ingredient and addictive substance in tobacco is nicotine. Tobacco is available in a number of forms including snuff, chewing tobacco, pipe tobacco, cigars and cigarettes. Tobacco is either chewed [snuff and chewing tobacco], or smoked in a pipe, cigar or cigarette.

Effects:

- Nicotine is a stimulant and smokers feel that tobacco helps relieve boredom and tiredness and also helps reduce stress and anxiety - the effects are almost
- Some people may experience nausea and dizziness when they inhale tobacco smoke for the first few times.
- Tobacco use has been conclusively linked to health problems, among others heart diseases, stroke, emphysema, blood clots, cancer, bronchitis, poor blood circulation and ulcers.
- Moderate to severe physical and physiological dependence.
- Tobacco use - because of the negative health effects outlined above - remains the leading preventable cause of death in many countries.
- The smoking or chewing of tobacco may lead to consumption of other drugs - ultimately to injecting drugs and therefore indirectly lead to possible high risk behavior and HIV infections.

Activity No. 5 - Information about different substances / drugs

To get information about the different drugs that are sold and consumed in our communities [especially among young consumers] the students should contact the nearest larger police authority. Many police stations, especially their drug departments have some drug samples available for visitors to see.

The students should be divided into groups of four or five and prepare an interview with the police officers in charge of drug prevention. They should, group after group, visit the police drug prevention unit, view their drug samples and interview them about the situation in schools and communities near their university.

The groups should write a report or an article about their visit and make a presentation in plenary [10 minutes for each group]. A police officer from the drug prevention unit should be present and select the most relevant and effective reports or article[s] for possible publication in the university newsletter or in the Enabling Education Network - EENET Asia Newsletter or their web page.

Learning outcome:

- The way different drugs look and how they are sold or consumed
- he different drugs that are sold and used in schools and among young people in the communities near their universities
- How schools can work together with police authorities to prevent young people from experimenting with and using drugs - information not punishment and expulsion immediate but fade quickly, which encourages continual use.

This is an activity can be used quite effectively in drug prevention efforts in schools.

3.3 Consequences of Using/Abusing Drugs

Drugs have different effects and consequences for the users - psychological, physical and social. The severity of the consequences will among others depend on the nature of the drug, frequency of use, nature of addiction, the individual constitution of the drug user, the availability of rehabilitation and health services and the social network of the drug user.

Here are some of the consequences many drug users have experienced - directly or indirectly resulting from their drug use:

- Psychological consequences:
  - Depression
  - Constant anxiety
  - Hallucinations
  - Phobias
  - Tiredness
  - Loss of attention and concentration
  - Paranoia
  - The need for stronger drugs or higher doses
  - Suicidal tendencies
  - Permanent craving for drugs even during phases of recovery

- Physical consequences:
  - High blood pressure
  - Irregular heart beat
  - High temperature
  - Visual problems
  - Loss of appetite
  - Damages to the nose membrane
  - Damages to the brain
  - Damages to the kidney
  - Damages to the liver
  - Rashes and skin infections
  - Premature aging
  - Blood transmitted infections
  - Sexually transmitted infections including HIV
  - Painful withdrawal symptoms
  - Breathing problems
  - Convulsion
  - Muscle cramps
  - Flu symptoms
  - Death

- Social consequences:
  - Loss of family relationships
  - Loss of friends
  - Expulsion from school
  - Crime
  - Prostitution
  - Incarceration / Imprisonment / Death penalty [in some countries in the region]

Some people may have experimented with and used drugs without any apparent consequences. Some drug users have been able to quit, but none of them knew that before they tried drugs the first time.

Fact is that the potential consequences of experimenting with and using drugs are enormous, both for the individual drug user and their families as well as for the community.

3.4 Why do children and young adults use drugs?[15]

Many children take drugs to escape sexual, physical and verbal abuse, homelessness, hunger as well as a feeling of failure that may have been caused by the school, their peers and/or their family. Young people use/abuse drugs for many of the same reasons. In addition the pressure from schools, society, parents and peers mixed with the insecurity of adolescence and puberty, lack of factual knowledge about drugs and the effects of drugs and insufficient life skills drive many children and young people to behave irresponsibly and experiment with drugs.

Children and young people take drugs for their immediate and short-term effects. Drugs may help them for a few moments to forget about their problems. Drug use and experimentation may also be influenced by a number of other factors such as:

The individual: Adolescence is a time of physical and emotional change. Young people often feel awkward and overly self-conscious. They may feel torn between the need to conform [especially to their peers] and the urge to be different [often from their parents]. Many young people do not have the necessary skills to deal with stress - experimenting with and using drugs may therefore be seen as a way to escape the pressures of life. They may also experiment with drugs because it is forbidden - testing boundaries - trying out something new and dangerous.

Family and friends: Children and young people may learn about drugs from family and friends. Living in families where excessive use of alcohol and other drugs are considered a part of life - they may believe that using drugs is an accepted and normal part of growing up. In many peer-groups using and experimenting with drugs is encouraged and young people are pressured to try drugs to fit in - peer pressure. The lack of love, care and support in many families as well as the break-up of family ties may lead a child or young adult to experiment with and/or use alcohol and drugs.

Society: Mixed messages from media, music, peers, parents, schools and work places create confusion among many young people - they will receive messages that both encourage as well as discourage drug use. In some youth cultures drugs are trendy and some forms of music are mostly enjoyed when combined with drugs [among others acid house]. Young people will therefore often start experimenting with drugs when they go to out and spend time with friends - without realizing the consequences and the dangers it involves.

Environmental factors: Even if many drugs are illegal they are available in most communities [and even in many schools].

It is therefore important that homes, schools and communities in close collaboration teach children and young people to resists these influences - wherever they may come from:[16]

- **Protective Factors -** Ways that a person might behave and characteristics of environment in which a person lives that promote health, safety, and/or well being.
- **Resistance Skills -** Skills that are used when a person wants to say no to an action and or leave a situation.
- **Resiliency -** The ability to prevent or to recover, “bounce back”, and learn from misfortune, change or pressure.

[15] UNESCAP, 2003, p. 6-5

Children and young people should therefore be encouraged to develop the inner strength to make informed and wise decisions about drugs [life skills].

Activity No. 6 - Community initiatives - Drug prevention

To get 'personal' information about the effect different drugs used in our communities [especially among young school aged drug users] the students should contact some of the many community initiatives working for drug prevention.

The students should be divided into groups of four or five and prepare an interview with drug activists about the reasons children and young people have for experimenting with drugs, the failing of the education system to intervene constructively, the effect of drugs and the permanent' struggle with addition.

The groups should write a report about their meeting with the drug activists and make a presentation in plenary [10 minutes for each group]. One of the drug activists should be present and select the most relevant and effective report for possible publication in the university newsletter or in the Enabling Education Network - EENET Asia Newsletter or their web page.

Learning outcomes:

- Why some children and young people experiment with and/or use drugs
- How the education system may create, rather than prevent irresponsible behaviour for example by not educating children and young people about drugs [prevention] and by expelling drug users from school rather than working with rehabilitation [response]
- The effect of drugs
- The process of detoxification the permanency of many drug addictions
- How schools together with former drug users and their community initiatives to prevent young people from experimenting with and using drugs

3.5 Developing Responsible Behaviour – Understanding the Consequences of Experimenting with or Using Drugs – Drug Prevention

It is not enough to tell young adults to "just say no" they need to understand the consequences of experimenting with and using drugs or why they should "say no", they need learn how to make educated and healthy decisions concerning their own lives.

The development of good self esteem in children and young adults is essential in order to build the ability and strength to resist peer pressure. Self esteem can be nurtured or destroyed by teachers and schools - unhealthy academic competition between students can destroy the self esteem of those who always seem to be the last, those who always "get it wrong".

"It is important that children dare to give an answer that may be wrong. A real professional teacher will not mock and ridicule this child and will prevent the peers from doing it".

[Miriam Skjørten, 2005]

[16] Page, 2004

School administrators and teachers [including school counsellors] should help their students develop good self esteem and a positive self-image. The development of self-improvement and independent decision-making skills as well as confidence and communication skills among children and young adults will enable them to better resist peer pressure [life skills].

Children and young adults need to learn when and how to say no. "No" can be said in different ways, but the most effective is an assertive "no". This needs to be practised in schools and at home.

The development of inclusive and child friendly schools is therefore essential to equip children and young adults to be able to resist peer pressure - schools where diversity is embraced and where important life skills is an integrated part of every subject matter.

3.5.1 Life skill approach

Life skills education is actually a part of any child-friendly and inclusive education; however, since it is a term that is widely known and used throughout the region - often associated with out-of-school or non-formal education programmes - we have decided to list it separately.

As part of an inclusive and child-friendly education, a life skill approach will contribute to reduce the effects of: HIV and AIDS; alcohol, tobacco and other drug abuse; war and political instability; unemployment; sexual, physical and other forms of abuse and exploitation; as well as racism, and other forms of discrimination.

A life skill approach is an interactive process of teaching and learning, focussing on developing knowledge, attitudes and skills that can support a positive change in habits and behaviour patterns.

"Life skills are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of every day life."[17]

Based on positive experiences in drug abuse prevention, life skills approaches are also promising in strengthening protective factors, in treatment and aftercare as well as in relapse prevention.

Life skills applied to drug abuse prevention are designed to facilitate the practice and reinforcement of psychosocial skills. These skills will contribute to personal and social development, such as self-awareness, empathy, communication skills, interpersonal skills, creative and critical thinking as well as coping with emotions and stress. In drug abuse prevention as well as treatment programmes, this means teaching skills and techniques in resisting and refusing drugs, critical thinking, social competence as well as communication skills.

As many people use alcohol and other drugs to cope with the stress of everyday life it is difficult to change their habits or behaviour. Counselling in schools should focus on teaching young people life skills that will help them cope with stress through other means so that they no longer feel the need for drugs. Life skills include: assertiveness, anger management, conflict resolution, time managements and stress management.

These skills [and techniques] should ideally be integrated into all mainstream pre-primary, primary and secondary education programmes.

[17] Meeks and Heit, 2004

Activity No. 7: Life skills subject integration

How can we include life skills in different subject matters in primary and secondary education? The students should be divided into groups of four to five. They should discuss how life skills, such as; assertiveness, self-awareness, creative and critical thinking, communication skills, inter-personal skills, anger management, conflict resolution, time managements and stress management can be integrated into different subject matters.

If Embracing Diversity UNESCO Toolkit for Creating Inclusive, Learning-Friendly Environments is available for your program you should use it as reference for this activity.

The students should present their ideas to the class. The ideas should be practical, simple and effective the best ideas could be uploaded to the interactive UNESCO/EENET Asia/ IDP Norway web page on good teacher education practices on HIV and AIDS www.idp-europe.org/hiv/si. School administrators, teachers, students and faculty members will log onto this page and comment on the different articles and ideas. The groups should therefore log on to this web page on a regular basis to receive input from their colleagues from throughout the region.

Remember that this exercise is not only useful for drug prevention and response but the general academic, emotional, social and physical development of children and young adults in schools.

Learning outcomes:

- How to include life skills into different subject matters such as mathematics, language, social studies, natural science, religious studies, etc.
- How to link life skills with other inclusive and child-friendly practices

3.5.2 How to create child friendly and inclusive environments that prevents drug use and respond constructively to drug abuse

At school level, young people who have a positive relationship with their teachers, who attend school regularly, and who do well in school are less likely to use drugs[18].

Child-friendly and inclusive kindergartens and schools should be academically successful and at the same time focus on the emotional, social and physical development of children. This combination will equip children in their fight against negative peer pressure and high risk behaviours related to sex and drugs - during their schooling years as well as later in life. Inclusive and child-friendly schools embrace the diversity of abilities, disabilities, health status - including HIV, as well as ethnic, religious, economic and social backgrounds we find among the children in our communities - inclusive schools create winners instead of “losers”.

[18] Global Youth Network [2002]; WHO, [2001]

"One of the things that have struck me is how much attention is given to repetition and how little attention is given to children's creativity, independent thinking and their emotional and social wellbeing - or short children's self-esteem. A child with good self-esteem, a child who can think and reason, a child who can be innovative and share with others will after all be the future grown-up who will be a good contributor in a democratic society."

[Miriam Skjørten, 2005]

3.6 How to Know if a Student is Using Drugs?

Some factors may predispose teenagers to drug abuse. These include a family history of substance abuse, a history of depression and low self-esteem, feelings of not fitting in, not having friends, and being outside the mainstream.

A smoking habit has at times been correlated with drug abuse. In some countries statistics have shown that adolescents and teenagers who smoke are eight times more likely to use marijuana, and twenty-two times more likely to use cocaine than other teenagers.

By knowing the specific warning signs and monitoring a teenager's behavior, we can intervene earlier if problems develop.

Here are some areas to look at that may help you to determine if a student in your school have a drug problem:

- Possible Physical Warning Signs
  - Frequent fatigue
  - Repeated health complaints
  - Change in appearance
  - Loss of weight
  - Red, bloodshot and glazed eyes
  - Frequent coughs

- Possible Emotional Warning Signs
  - Change in personality
  - Sudden mode swings and being irritable
  - Behaving irresponsibly, careless and showing poor judgment
  - Showing a general disinterest

- Interaction with friends and family – Possible Warning Signs:
  - Being negative
  - Being unfriendly
  - Starting arguments
  - Lying
  - Being evasive
  - Being secretive
  - Requesting more money
  - Stealing
  - Problems with commitments
  - Withdrawal from old friends
  - Changing appearance - dress, hair and make-up
  - Changing taste in music
  - Changing friends - making new friends with similar characteristics and appearance
  - Problems with discipline
  - Problems with the law

- Behaviour at School – Possible Warning Signs:
  - Less interested than before
  - Showing negative attitude
  - Academic performance drops [poorer grades]
  - Being more absent than before
  - Problems with discipline

None of these symptoms prove that a student in your school has a drug abuse or addition problem - they can have many other causes. However they strongly indicate that an intervention is necessary and that the situation should be further observed and monitored.

3.7 Responding to Drug Abuse - How Can Headmasters, Teachers and School Administrators Intervene

3.7.1 Talk and discuss about drugs and drug prevention

When talking with the student concerned, headmasters, teachers and school administrators should:

- Be accessible
- Be open minded
- Create an open dialogue
- Listen to what the student has to say
- Ask questions and do not judge
- Be clear in your message “Don't use drugs”
- Create a relaxed and friendly atmosphere - this will help the student to be more open and honest
- Seize the moment - if there has been a reportage about drugs on TV, radio or in the print media use this to create a dialogue and the discussion will come up more naturally
- Discuss peer pressure the pressure to conform and fit in
- Talk about ways to say no to drugs
- Talk about different forms rehabilitation available if your student already has a drug addiction
- Try to find out what some of the reasons are for using drugs and try to find a solution together with the student
- Most importantly we should not expel students using drugs from school! As long as they remain in school the problem is more manageable

3.7.2 Seek help

Headmasters or teachers [including guidance counsellors] should ideally seek expert help and advice before counselling a student using drugs - Here are some suggestions:

- Contact the school counsellor
- Contact the nearest health centre which are available in all rural and municipal areas - they may know where you can get help.
- Contact a drug counsellor - there are government and non-government initiatives in most towns and cities.
- Contact organisations initiated/run by recovering drug addicts - young people who used to be on drugs would be a great helps in talking with your students.

- Contact organisations initiated/run by parents of drug addicts for information about how to talk and communicate with other teachers, parents, children and young people about drug prevention and response.
- Contact faith based organisations working with drug prevention and response programmes.
- Parent Teacher Associations [PTAs] can also be of help
- Do not contact the police about a specific student unless the student has committed theft or a violent crime - punishment and incarceration/imprisonment is not an effective form of rehabilitation.

Activity No. 8: Interviewing former drug users

Many of us have a misconception of how and who drug addicts are. Combating our own fears and attitudes is essential if we want to communicate effectively with children and young adults about drugs. Collaborating with young recovering drug addicts is therefore very important if we want to work successfully in our schools on drug prevention and response.

The students should be divided into groups of four or five. Each group should if possible seek out a different initiative, or different individuals within one initiate if there are limited number of initiatives. The groups should visit and interview the drug activists. Together with the activists they should write a report about drug abuse, the relation between drug abuse and HIV infections and how the education sector could improve their drug prevention and response. These reports could be published on an interactive UNESCO/EENET Asia/IDP Norway web page for good teacher education practices on HIV and AIDS www.idp-europe.org/hiv-aids-eduwiki/en.

Learning outcomes:

- Realise that people using drugs are not different from anyone else
- Realise that it can happen to us all we, our brothers, sisters, friends, colleagues and our students can become victims of a drug addition
- Understand the connection between drug use and HIV infections
- Understand the short and long term effects drugs have on a persons physical and mental health

3.7.3 Continue to observe and monitor the situation

We must trust children and young adults. BUT we must also remember that one of the consequences or effects of drug use/abuse is a change of behavior patterns - lies, deception and secrecy are part of that pattern. It is therefore important to continue to observe and monitor the situation without being overly suspicious. Mandatory, random medical tests [if these are available] may be part of a more objective monitoring process. Drug use can be detected in simple urine tests - consult a doctor or a community health clinic/centre.

Chapter 4:
Reproductive Health, Sex and Sexuality

4.1 Introduction - Why should We Teach about Reproductive Health, Sex and Sexuality in Schools?

Many adults find it difficult to discuss these issues openly with children and young people. As a result, friends, peers, pornography, television, films, music, magazines and their own imagination become their main sources of information - often leading to unnecessary fears and possible situations of risk and vulnerability for HIV or other sexually transmitted infections [STIs]. Even if parents have the main responsibility to teach their children about reproductive health and sex, schools must complement their efforts with comprehensive information and education in this regard. Schools should encourage parents to be open with their children about this important topic and if needed assist with quality education material.

It is important to realise that students can get infected with HIV as well as other sexually transmitted infections and that some young girls get pregnant while still in school. Being pregnant, young and unmarried is difficult in most countries and cultures - the girls are often expelled from school and shunned by their families and friends. Some of these girls decide to give birth while others opt for an abortion - which is forbidden as well as socially unacceptable in most countries in Asia and some will even commit suicide. Since abortion is illegal the girls often depend on the services of underground abortion "clinics". Many of these "clinics" operate without proper medical knowledge and in unhygienic conditions. Thousands of girls from throughout Asia are physically and mentally damaged for life as a result of these procedures. Some girls even die during the abortion or get infected with HIV as well as other infections because contaminated equipment was used during the procedure [not sterilized properly]. In some cases the embryo survives and is born with severe multiple impairments.

In spite of these harsh realities teaching about reproductive health and sex is a sensitive issue for many. It raises questions and scepticism among many parents, teachers and community leaders. The perception is often that religious, cultural and moral values are challenged when we teach our children and youth about reproductive health and sex. It is therefore important to understand that teaching about sex and sexuality is not the same as condoning irresponsible sexual behaviour.

As a result of teaching about reproductive health and sex *"… in eight of eleven sub-Saharan countries studied, the percentage of young people having sex before age 15 declined and condom use increased."*[19] This strongly indicates that giving children and youth more objective and quality information about reproductive health and sex will help them to make educated choices about their own sexual behaviour. In these eight African countries provision of appropriate sex education led young people to wait longer than previous generations to debut sexually and when they become active they were more likely to protect themselves and their partners.

Therefore to combat the AIDS epidemic and reduce HIV infections we have to co-ordinate our education efforts in schools, among peer groups, families and communities.

[19] UNAIDS [2006a], pp 3-6

4.2 Puberty and Adolescence

4.2.1 Physical changes

The Appearance of Sexual Characteristics in Boys

The following table summarizes the events at each stage of development. The changes associated with puberty generally occur [gradually] between the ages of 10 and 16 years. The age and effect of puberty can vary considerably from one boy to another.

Features	Changes	Average Age
Body Configuration	Broader shoulders than hips. The body takes on a new more muscular and angular shape under the influence of testosterone. The greatest effect can usually be seen in the upper chest and shoulder muscles. Testosterone also causes bones to lengthen, giving young adolescents a heavier bone structure and longer arms and legs.	**10 - 12**
Hair	Initial appearance of pubic hair	**10 - 12**
	Initial appearance of hair in the arm pit [axillary hair]	**12 - 14**
	Initial appearance of facial and body hair. The amount and distribution of hair will vary considerably from one man to the next - this is entirely normal and may have genetic tendencies.	**13 - 15**
Penis	Initial enlargement	**9 - 13**
	Rapid increase in size	**11 - 13**
	Males have spontaneous penis erections throughout their lives [even when they are infants]. During puberty boys tend to get erections more frequently. Erections can occur with or without any physical or sexual stimulation. While this can be very embarrassing for teenage boys, especially when it happens in public, like school, it's important to understand that it is entirely normal for this to happen and that it is not necessarily connected to thoughts about sex.	
Scrotum & testicles	Start of testicular enlargement	**9 - 11**
	Sagging of sac, wrinkling and corrugation	**11 - 13**
Breast	Hypertrophy [temporary breast growth]	**12 - 14**
	Disappearance of Hypertrophy	**14 - 16**
Voice Changes	Deepening. As a result of increased testosterone, vocal cords become longer and thicker and the voice becomes lower. While these changes are occurring the voice would at times change pitch abruptly or 'crack' which can often be very embarrassing.	**12 - 14**
Acne / Pimples	Appearance. Oil glands in the skin become more active - This can cause acne/pimples. Many people will have problems with acne/pimples into adulthood	**13 -15**

The Appearance of Sexual Characteristics in Girls
[Adapted from Del Mundo, Fe; Estrada, Felix A.; Ocampop, P.D. Santos; Navarro, Xerxes R., 1992]

The following table summarizes the events at each stage of development during puberty. The average age listed here can vary widely with about two years either side of the ones listed will usually be considered normal.

Features	Changes	Average Age
Body Configuration	Broader shoulders and broad pelvis	**8 - 10**
	Fat deposition	**9 - 11**
Hair	Initial appearance of downy pubic hair	**8 - 10**
	Pubic hair becomes darker and coarser	**11 - 13**
	Initial appearance of hair in the arm pit [axillary hair]	**11 - 13**
Breasts	Initial budding	**9 - 11**
	Pigmentation of areola [pigmented area around the nipple]	**10 - 12**
	Enlargement of breasts	**12 - 14**
Menarche	Menarche [first menstrual period] appears	**11 - 13**
Acne / Pimples	Appearance. Oil glands in the skin become more active - This can cause acne/pimples. Many people will have problems with acne/pimples into adulthood	**12 - 14**
Vaginal Canal	Appearance of thin whitish secretion	**10 - 12**

Activity No. 9: Remember puberty?

Remember puberty? Just a few years ago our bodies and minds went through the changes of puberty. Going back, mapping the changes that took place in our bodies may help us to better understand and communicate with young people who are in puberty in schools.

The students should be divided into groups of five or six. The groups should ideally have both male and female members [mixed groups], however in some cultures this will not be possible and the students can be grouped based on gender. They should draw life size body maps [without clothes] of males and females to show the physical changes that occur in bodies from the onset of puberty. Technical names and exact drawings are not necessary. It is better to use the language and terms normally used when talking with each other.

Each group should put up their respective charts on a wall. The body maps should be presented while the rest of the participants go on gallery walk.

Activity No. 10 - Changes during puberty

Changes! Changes! Changes!
Having the same grouping, the students will select one facilitator, reporter and a secretary. The facilitator will manage the flow of the discussion while the secretary takes down important details that the reporter will share with the rest of the participants later on. Specifically, the discussion of the group will revolve on the following guide questions:

- ⇨ When did you first notice a physical change in your body?
- ⇨ How did you feel?
- ⇨ How did you feel about your body and your sexuality? Why?
- ⇨ Did you discuss your body and sexuality with your friends?
- ⇨ When you grew up did you ever discussed these issues with any adult? Why or why not?
- ⇨ During puberty, what questions came to your mind? Were you able to get the answers? Who did you talk to? Or how did you find out?
- ⇨ Were you curious about the changes to the body of the opposite sex? What questions came to your mind? Who did you speak with about it?
- ⇨ Did you know of any beliefs or taboos associated with these body parts? If yes, what are they? And why would there be beliefs and taboos associated with sexual body parts and sexuality?
- ⇨ How did you feel about the opposite sex? Why?

Learning outcomes:
- The human reproductive system
- The physical and biological changes that take place during puberty and adolescence

It is important that children learn about puberty and the changes their bodies will go through before the changes [puberty] starts. This should be taught throughout primary and lower secondary school.

4.2.2 Emotional and psychological changes

As children and young people grow up, they experience many changes, both physical and emotional. Changes to the body, in the way they behave, the way others expect them to be as well as to their interests and preoccupations. All of this is normal and part of growing up; but growing up is not easy. This is a time when there are many questions and few answers.

It is often difficult for young people to talk about what's on their mind: Why is my body changing? Why do I get an erection? Why do I feel attracted to the opposite sex or to the same sex? It is important to realise that sexuality is important for the development of a young person into a mature adult.

Much of the confusion and anxiety experienced during adolescence and puberty is on account of ignorance and/or misinformation about sexual issues. The failure to communicate on these issues with parents and other adults results in further anxiety. Parents often leave the crucial task of talking to their children about sexuality to schools and teachers. However, not only parents but also teachers often feel uncomfortable and embarrassed discussing these issues with their students. Parents and teachers need to encourage young people to voice their opinions on moral issues and values by providing them with positive environments for such discussions. Adults must strive to appreciate and understand their views.

Some young people [boys and girls] have a different gender identity to their biological sex. This is called transgender. Transgender is when a persons "gender identity" or the self-identification as male, female, both or neither is not the same as their "assigned gender" or the identification by others as male or female based on their physical or biological sex. This does not imply any specific sexual orientation as people who are transgender may identify as heterosexual, homosexual or bisexual. Children and young people who are transgender often suffer from discrimination, marginalisation and exclusion from schools and communities as well as their families. Some people who are transgender feel comfortanble with their transgender or "third-gender" identity while others may seek to take male or female hormons or a sex-change operations to change their physical appearance. Because young people who are transgender often look and behave differently from most of their peers they are vulnerable to harassment, sexual violence and emploitation, and therefore also to HIV and AIDS.

To deal with these often quite personal and sensitive issues, we need to know the facts of growing up and distinguish between myths and realities.

4.2.3 Development of human sexuality

Parents, teachers and others who work with or take care of children need to have a basic understanding of the development of a child's sexuality from infancy to childhood and to adolescence. This will help determine when and how to start with sex education to prevent the possible development of risk behaviour - this is particularly important to prevent the spread of HIV and other sexually transmitted infections.

While the vast majority of children do not become sexually active until they are adolescents or adults and may not think of themselves in sexual terms, many of the building blocks of sexual development and sexual health start developing in early childhood - these building blocks are of a physical, social as well as emotional nature.

One of the key developmental tasks faced by all children is learning how to interact with others and engage in socially appropriate behaviours.

"From birth children are considered to be social beings by nature and have an inborn potential to develop social interaction"

[Henning Rye, 2001]

These are abilities that we are not born with. Young children are developing gender identities [the realisation that they are either a boy or a girl] and gender roles [adopting social characteristics typical for girls or boys]. Children are also developing their understanding of relationships and values. We generally do not think of this as sexually related but these important achievements in early child development lay the foundation for how our sexuality will develop and evolve as children become teenagers and teenagers become adults.

Parents or guardians are the first and primary sexual health educators of children. For example, infants and toddlers will typically develop their capacity to trust, their initial concepts of gender and gender relations, and their sense of basic autonomy through interaction and learning with primary caregivers.

Before and during puberty young people will experience their first crushes and sexual attractions, romantic and sexual fantasies and dreams are frequent. Sexuality is about more than sex, it is also about emotions, beliefs, platonic relationships, intimacy and self-image. All of us have a sexuality which has been developed and influenced among others by social, cultural, religious, biological, economic and educational factors. Sexuality is a multi-faceted and a sensitive issue. It is therefore often difficult to know when and how best to address these issues. However, youth is a time for experimentation - it would therefore be wise to include some aspects of education of sex both before and during adolescence and puberty.

Sex drive emerges in both boys and girls. Sex drive is an impulse related to sexual needs. It is a natural biological instinct and need. The immediate outcomes of the sex drive for the adolescent are:

- Attraction towards members of the opposite sex [for heterosexuals and bisexuals] or same sex [for homosexuals and bisexuals]
- Crushes or infatuations [can be with persons of the opposite sex or same sex]
- Desire for sexual experimentation [this is critical in the context of HIV and other sexually transmitted infections]
- Need for physical contact and intense emotional relationships with peers/friends of the same or the opposite sex
- The need for love and touch should not be confused with sex

4.3 Developing Responsible Sexual Behavior - Understanding the Responsibilities and Consequences of Becoming Sexual Active

In addition to the religious, traditional and moral values that often place restriction on our sexual behaviour there are also some practical consequences that should be considered.

People might agree or disagree about values but in order to develop responsible sexual behaviours the following practical consequences should be considered when interacting sexually with others.

4.3.1 Protection against Sexually Transmitted Infections [STIs]

The safest form of sex is within a monogamous [mutually faithful] relationship where both partners are HIV negative, free from sexually transmitted infections and not using drugs [sharing needles and syringes].

Safer sex includes practices that reduce the risk for contracting sexually transmitted infections, including HIV as well as pregnancies. These practices reduce contact with the partner's body fluids, including ejaculation from a man's penis [semen], vaginal fluids, blood, and other types of discharge from open sores. Safer sex reduces, but does not totally eliminate, risk.

Unprotected anal and vaginal sex with an infected person carries a high risk for a transmission of the infection. Unprotected oral sex carries a lower risk, but is not risk-free. Here are some of the protections that can be used to make sex safer:

Male Latex Condoms are worn during vaginal, oral and anal sex. Male condoms comes in different colours and sizes, some have flavours and are especially suitable for oral sex, while others glow in the dark or have nubs or other features to make sex more pleasurable and condom usage more attractive. Male condoms are the most promoted means of protection against HIV.

How it works: The condom fits over an erect penis and collects semen after the ejaculation. This way, sperm never enter the vagina, mouth or anus. A condom protects against HIV and some other sexually transmitted infections but not all.

Female Latex Condoms is a sheath or pouch about 17 to 18 cm in length. It is worn by a woman during sex. It entirely lines the vagina and it helps to prevent pregnancy and sexually transmitted infections, including HIV.

How it works: At each end of the condom there is a flexible ring. At the closed end of the sheath, the flexible ring is inserted into the vagina to hold the female condom in place. At the other open end of the sheath, the ring stays outside the vulva at the entrance to the vagina. This ring acts as a guide during penetration and it also stops the sheath bunching up inside the vagina. There is silicone-based lubricant on the inside of the condom, but additional lubrication can be used. The female condom should not be used at the same time as a latex male condom because the friction between the two condoms may cause the condoms to break.

Lubricants - To make anal sex with condom possible, water-based lubricants should be used. These are often difficult to find or they are expensive. Some men use oil-based fluids as lubricants, like Vaseline or other creams, which damages the condom and can lead to breakage. Lubricants are also used for vaginal intercourse in cases of vaginal dryness, especially after menopause.

4.3.2 Unplanned pregnancies

Implications of unplanned pregnancies during adolescence

Babies born to teenage mothers often have lower birth weights than those born to older mothers. If the mother has a sexually transmitted infection the child may be born with an impairment or develop an impairment soon after birth unless this is treated. If the mother is infected with HIV as a result of unsafe sex the child might also become infected with HIV or may become an orphan soon after birth.

Sometimes young unmarried girls are frightened of the social stigma and discrimination resulting from pregnancies, and attempt unsafe abortions - using pressure massage, coat hangers, wooden sticks or chemical substances. This can damage their uterus, resulting in problems with future pregnancies or sterility.

If a pregnant teenager or woman is unmarried, she may experience mental anguish and trauma. The society and her family may look down upon her, send her away to distant relatives or to a home for unwed mothers, throw her out of the house and cut contact with her or pressure her to have an abortion - in severe cases she and her partner may be killed.

Her friends may ostracize and ridicule her. She may have to discontinue her education as many pregnant girls are excluded from formal education - in some cases they are allowed to continue their education after the birth of their child often in another school.

Parents may try to force her to marry the father of the expected child or someone else to avoid shame and ridicule. The marriage may lead to problems, as both the girl and the boy are ill-prepared for the responsibilities of parenthood and unwilling to enter marriage. They may not be able to get a job or earn a living, and may not be able or willing to care for the child. The consequences of a teenage pregnancy are extreme for the girl. Before two people [teenagers or adults] decide to have sex, they should discuss birth control and protection. To prevent pregnancy as well as sexually transmitted infections, including HIV, they should use a male latex condom, a female latex condom in addition to other forms of protection.

Activity No. 11 - Empathy: Unplanned pregnancies

The students should be divided into two groups.

Group 1 should discuss the emotional, physical and social implications [for the girl and the boy and their families] of teenage pregnancies and prepare to act it out in a 10 minute role play.

Group 2 should discuss the education [school] response to teenage pregnancies both the response by most schools today as well as the ideal response - and prepare to act it out in a 10 minute role play the role plays should focus both on a constructive/positive as well as negative/destructive response to the pregnancy by the school:

- ⇨ Ideas for a constructive/positive response: How the pregnancy and the birth - with permission of the pregnant girl and her partner - can be used in biology and social science lessons. How the nurturing, feeding and taking care of the baby can help young people in the class/school realise the enormous responsibility it is to have a child.
- ⇨ Ideas for a negative/destructive response: How the pregnant girl is expelled from school and how her partner is left without punishment by the school and maybe even envied' or praised' by his peers for having had sex and making a girl pregnant.

Practical information and data can be sought from clinics, health centres and community initiatives where young women and men seek guidance and help in case of unplanned teen pregnancies.

Learning outcomes:

- The impact that pregnancies during adolescence can have on the lives of the girl, the boy, the child and their families
- The gender dimension of teenage pregnancies The impact for the girl and her family versus the impact for the boy and his family
- The flaws in the current education sector response to teenage pregnancies and how the response could be made better, for the girl, the boy, the baby, their families and the school

4.3.3 How to talk to children about reproductive health, sex and sexuality - Some guiding principals[20]

- **Affirmative Approach to Sexuality:** Sexuality is part of everyone's life. Sexuality is complex. It can be a pleasurable, satisfying, and enriching part of life. An affirmative [means 'not denying'] approach improves sexual wellbeing. It is also important to emphasize the need all people have for physical and emotional closeness.

- **Diversity:** Different people [men and women, boys and girls] have different needs, identities, choices, and life circumstances. Therefore, not all people have similar sexual desires and concerns.

- **Autonomy and Self-Determination:** Everyone [men and women, boys and girls] have the right to make their own free and informed choices about all aspects of their lives, including their sexual lives and preferences, as long as they do not harm others. It is important that men respect a "no" from a woman.

- **Gender Equity:** Programmes that are based on gender equity recognize and provide for women and men, girls and boys to have equitable access to information, services and education that promote sexual well-being.

- **Responsiveness to Changing Needs:** Women's and men's needs for information and services on sexuality change over time and throughout the life cycle.

- **Prevent Violence, Exploitation and Abuse:** Violence, exploitation and abuse are often the conditions under which people, especially women and girls, experience their sexuality or initiated into sexual activity.

- **Comprehensive Understanding of Sexuality:** Programmes and services must address and integrate emotional, psychosocial and cultural factors in planning and service delivery.

- **Non-Judgmental Services and Programmes:** People have differing value systems and make different choices about sexuality. Providers must respect these values and refrain from judging others or imposing their own values on them.

- **Confidentiality and Privacy:** Sexuality touches upon intimate aspects of people's lives. Individuals have a right to privacy and confidentiality.

- **Cultural Sensitivity:** Cultural perceptions about issues of sexuality differ among different groups and communities. This should be recognized and respected.

- **Accessible Programmes and Services:** Accessibility entails more than availability of services. It includes quality, confidentiality, staffing, and catering to a range of needs.

- **Core Values:** The basic values of choice, dignity, diversity, equality and respect underlie the concept of Human Rights. These values affirm the worth of all people. In the context of sexuality, these words have meaning as well:

  - **Choice:** Making choices about one's sexuality freely, without coercion, and with access to comprehensive information and services, while respecting the rights of others.

[20] UNESCAP [2003b], p. 4-4 - 4-5

- **Dignity:** All individuals have worth, regardless of their age, caste, class, gender, orientation, preference, religion and other determinants of status
- **Equality:** All women and men are equally deserving of respect and dignity, and should have access to information, services, and support to attain sexual well being.
- **Respect:** All women and men are entitled to respect and consideration despite their sexual choices and identities.

- **Religious Approach:** Inform children and young people about different religious views on sexuality. We should keep in mind that most countries throughout Asia enjoy religious freedom and this should be respected in schools.

4.4 Sex and Sexuality

4.4.1 Sex and reproductive organs as well as sexual/reproductive processes:

For Boys [Listed alphabetically][21]:

Ejaculation:	The release of semen from the penis caused by sexual excitement. This can occur in situations other than intercourse [oral, vaginal and anal] and masturbation or other sexual activities. It may occur at night and is commonly known as a "wet dream". However, ejaculation does not occur only because of sexual dreams, a "wet dream" is more accurately referred to as an "nocturnal emission" and is a natural and normal [non-sexual] occurrence.
Erection:	The process by which the penis fills with blood in response to thoughts, fantasies, temperature, touch or stimulation and grows taut.
Orgasm:	The "peak" of sexual sensation during self stimulation [masturbation] and/or sexual interaction with a sex partner. Orgasm – mostly in form of an ejaculation - can also be reached without masturbation or vaginal, oral and anal penetration.
Penis:	The male reproductive organ and a point of sexual stimulation.
Prostate glad:	A gland located in the male pelvis that secretes a thick, milky fluid that forms part of the semen. Semen is a milky white fluid passed out of the penis at the time of ejaculation. Semen contains sperm, secretions of prostate glands and seminal fluid.
Rectum / Anus:	Point of entry during anal intercourse and a point of sexual stimulation for many men [not only for men who have sex with men].
Scrotum:	The pouch located behind the penis that contains the testicles provides protection to the testicles, and controls the temperature necessary for sperm production and survival.

[21] [UNESCAP, 2003a, p. 3-12]

Seminal vesicle:	A sac-like structure lying behind the bladder; secretes a thick, milky fluid called seminal fluid that forms part of the semen.
Testes:	Two round glands which descend into the scrotum following birth [or for some boys much later], produce and store sperm starting in puberty, and produce the male sex hormone testosterone.

For girls [Listed alphabetically][22]:

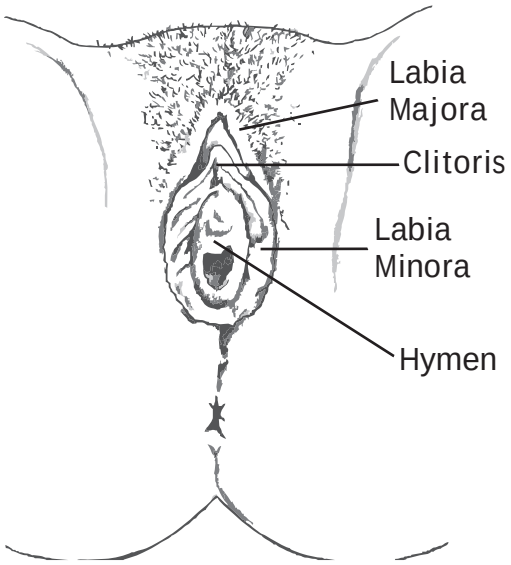
Cervix:	The mouth or opening into the uterus; protrudes into uppermost part of the vagina.
Clitoris:	A small organ located where the labia minora meet; one of the main points of sexual stimulation for the female.
Fallopian tubes:	Passageways for the egg from the ovaries to the uterus, place where fertilization occurs.
Fertilisation:	The union of the sperm with the ovum that takes place in the fallopian tubes.
Hymen:	A membrane that stretched across and partially closes the vagina. Though it can tear during physical activity or sexual intercourse, in its intact state, it is closely associated with virginity. Different societies have many myths about the hymen.
Labia majora:	Two larger sets of folds on either side of the labia minora that provide protection to the clitoris, the urethral and vaginal openings.
Labia minora:	Two smaller sets of folds on either side of the vaginal opening.
Orgasm:	The peak of sexual sensation during self stimulation [masturbation] or sexual interaction with a sex partner. Orgasm can be reached without penetration.
Ovaries:	Two oval-shaped organs in the pelvic region. Produce female sex hormones, oestrogen and progesterone; release of eggs starts at the time of puberty.
Ovulation:	During ovulation, an ovary releases a mature egg which then is available for fertilisation; occurs approximately 14 days before a menstrual period begins, but is frequently irregular in young girls. The first ovulation may or may not coincide with the first menstrual period; usually one egg is released every month.
Ovum or egg:	Roughly the size of a pinhead. If the egg meets sperm, then conception occurs. If the egg is not fertilised i.e. does not encounter the sperm, then it dissolves and is discharged during menstruation.
Pelvis:	The basin shaped bone structure provides support and protection to the internal reproductive and other organs.

[22] UNESCAP, 2003a, p. 3-13

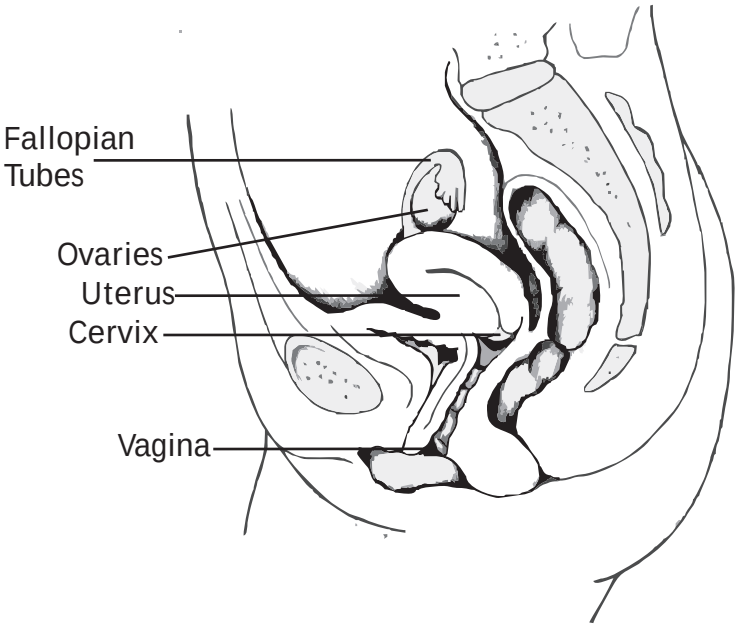
Uterus:	A pear shaped muscular organ located in the pelvic region; beginning at puberty, the lining sheds periodically [usually monthly] during menstruation; fertilised egg develops into baby here during pregnancy.
Vagina:	Passageway extending from the uterus to the outside of the body; babies pass during delivery and menstrual fluid flows. Capable of expanding during intercourse and childbirth, it lubricates during sexual arousal.
Vaginal opening:	Located between the urethral opening and the anus; Point of entry during sexual intercourse and point of outlet during menstruation and childbirth.

IIllustrations of the Male and Female Reproductive System

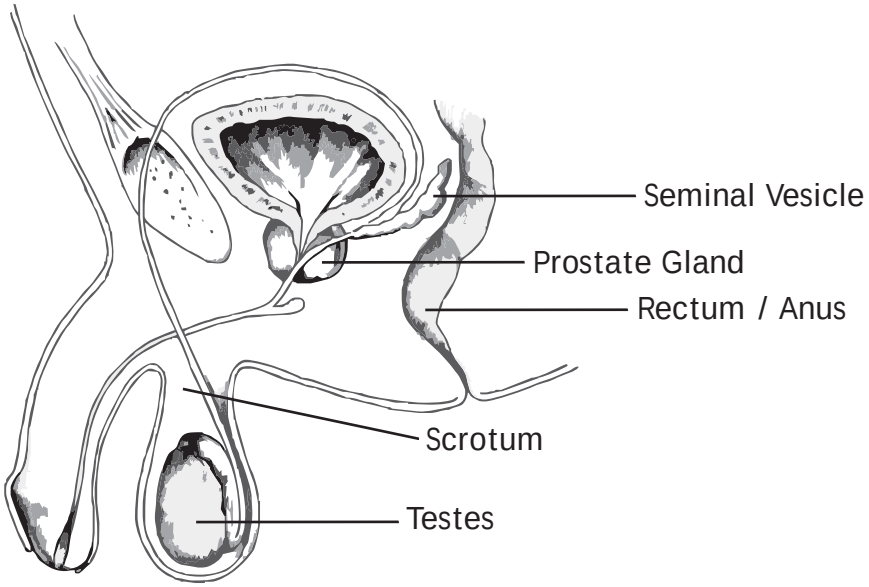
External Female Genitalia



Internal Female Genitalia



Male Reproductive Anatomy



Activity No. 12 - Talking confident about Sex and Reproductive Organs

Terms like Ovum, Scrotum and Labia Minora may not be very effective in teaching children and young people about sex and reproductive health. If we want to create open lines of communication in the classroom we need to use words and terms that are more in tune with what children and young people use when they talk about sex. Some of the words or terms might challenge our language sensitivities - But it is important that we familiarise ourselves with the vocabulary of children and young people.

- The students should be divided into groups of four or five - the groups can be all male and female or mixed - there are advanced and disadvantages for both. How the groups are composed should therefore be decided based on:
- What would secure optimal participation from all the students
- How the teacher would best develop courage and self confidence in talking openly about sex to others

The groups should find alternative expressions or terms for the lists of "Sex and Reproductive Organs for Boys and Girls" that would more accessible and understandable for children and young people.

There are words or terms frequently used by children and young people that are sexist or homophobic or rude - these should be used as examples in lessons on stigma and discrimination.

Other words or terms used by children and young people should be incorporated into a Glossary to be used when talking about sex and reproductive health in schools.

Learning outcomes:

- Reduce the sensitivity often felt when talking about sex
- Help develop communication skills and vocabulary discussing sex and reproductive health with children and young people

4.4.2 Sexual orientation:

The term describes the direction of a person's sexuality. The following terms are often used to describe sexual orientation;

Heterosexual [straight]: A male or a female who is sexually and emotionally attracted to another person of the opposite sex [gender].

Homosexual [gay and lesbian]: A male or female who is sexually and emotionally attracted to another person of the same sex [gender]. Male homosexual are also called gays, while female homosexuals are also called lesbians.

Bisexual [bi]: A male or female who is sexually and emotionally attracted to both sexes [genders].

Activity No. 13 - Community initiatives: Homosexuals

Homosexuals are being discriminated against in most countries. Homosexual practices are illegal in many countries throughout Asia. In spite of the current climate of discrimination and legal persecution you may have homosexual colleagues, friends and family members.

Divide the students into groups of five to six. They should search for organisations and self help groups of gays and lesbians and invite these to small group discussions about how it is to grow up as a homosexual. Each of the student groups should write a report about their discussion.

The gay and lesbian activists involved should select the best and most effective report for possible publication in the university newsletter or in the Enabling Education Network - EENET Asia Newsletter or their web page. If any of the articles showed discriminatory attitudes by the students towards homosexuals people these should be addressed with the student group[s] concerned.

Remember Privacy and Confidentiality!
We do not have the right to 'out' [name, refer to by name or publish a photograph of] a gay, lesbian or a person of any other sexual orientation without their explicit [written] consent – this is especially important in countries where homosexuality is against the law.

Learning outcomes:
- That homosexuals are not different from anyone else
- That if we are not homosexual ourselves, we will probably have a gay or lesbian relative, friend, colleague, neighbour or student

4.4.3 Sexual preference:

The term has a similar meaning to sexual orientation. It is often used by people who believe that sexuality is fluid and incorporates an element of choice. However, it is often used as a synonym for sexual orientation.

4.4.4 Sexual acts/practices:

Cultures and religions have different moral [and legal] points of views of the sexual acts described below - some are allowed while others are considered forbidden or taboo – many of these are considered to be gender bias [different/double standards for men and women]. Without approving or disapproving particular practices it is important that principals, head-masters, teachers as well as students have knowledge about these and realise that all practices described below are common in our communities.

Heterosexual Sex: Sex with a person of the opposite sex. Heterosexual sex can consist of kissing, mutual masturbation, oral and vaginal as well as anal intercourse. This often ends with the male partner discharging semen onto the female body [mouth, vagina or anus] - The highest risk of sexually transmitted infections, including HIV is when semen is discharged into the female's body without the protection of a condom.

Homosexual Sex: Sex with a person of the same sex [gender]. Homosexual sex can consist of kissing, mutual masturbation, oral and anal intercourse or vaginal play.

For male homosexuals this often ends with discharge of semen onto or into [mouth or anus] the partner's body – The highest risk of sexually transmitted infections, including HIV is when semen is discharged into the male's body [mouth or anus] without the protection of a condom. For female homosexuals this often ends with orgasm, however with much less risk of sexual transmitted infections than during heterosexual or male homosexual sex.

Vaginal Intercourse is when the erect penis of the male enters into the vagina of the female.

Anal Intercourse is when the erect penis enters into the anus of the male or female partner.

Oral Sex is when one person's genital or anus is in contact with the mouth of the other person.

Masturbation / Mutual Masturbation: Stimulation of the sexual organs/genitals of another person to achieve sexual pleasure – Most forms of masturbation/mutual masturbation are considered relatively safe.

Sexual Self Stimulation / Masturbation: Stimulation of the sexual organs/genitals of oneself [or another person] to achieve sexual pleasure. The use of the word masturbation usually suggests that the person is manipulating his or her own genitals [self stimulation] to the point of intense pleasure or orgasm.

According to experts, masturbation allows a healthy way to express and explore sexuality and to release sexual tension without all the associated risks of sexual intercourse:

- Masturbation or sexual self-stimulation can help relieve stress
- Reduce embarrassing spontaneous erections for teen males
- Reduce the number of wet dreams for young men

Phone Sex is sexually explicit conversations between two or more persons via telephone - especially when at least one of the participants masturbates or engages in sexual fantasies.

SMS and MMS Sex is increasingly common among young people. SMS and MMS are used to exchange nude pictures, porn videos, sexual/sex related jokes as well as to create contacts for [casual] sex dates.

Cyber Sex is sexually explicit chat - including the use of web cams [cameras] - between two or more persons via the internet [chat rooms] especially when at least one of the participants masturbates or engages in sexual fantasies/activities.

Touch: Stimulating sensual and sexual pleasure without intercourse, masturbation or oral sex. Touch also enhances sensuality by stimulating the release of endorphins, the body's mood-elevating chemicals. Caresses can reduce blood pressure and make people feel calmer and happier. The largest sexual "organ" of a human being is the skin.

Female erogenous zones - areas that are sensitive to sensual and sexual stimulation - are [in addition to the genital areas] among others: Neck, ears, lips, scalp, breast, fingers, toes, buttocks, lower back, back of the knees, inside the arms and perineum [area between the anus and the vagina].

Male erogenous zones are [in addition to the genital areas] among others: Neck, ears, lips, scalp, chest, inner thighs, buttocks, perineum [area between the anus and the scrotum], scrotum and anus.

4.4.5 Sexual behaviour / practices

Monogamy/Monogamous Sexual Behaviour is the custom or condition of having only one mate during a period of time. The word monogamy comes from the Greek word "monos", which means one or alone, and the Greek word "gamos", which means marriage or union. It literally means being married to or in a committed partnership with one person - we usually apply the term monogamy to both married and unmarried heterosexual and homosexual couples where no other sex partners are involved.

Polygamy/Polygamous Sexual Behaviour is the custom in some religions [including Islam] and cultures for men to have more than one wife within a mutually faithful relationship. We only apply the term polygamy to married or committed heterosexual couples [one husband and multiple wives] where no other sex partners are involved.

Polyandry/Polyandrous Sexual Behaviour is the custom in some cultures for women to have more than one husband within a mutually faithful relationship. We only apply the term polyandry to married or committed heterosexual couples [one wife and multiple husbands] where no other sex partners are involved.

Promiscuity/Promiscuous Sexual Behaviour: Having many sex partners. It refers to sexual contacts with multiple partners. Some people who are sexually promiscuous may actually be quite selective in their choice of sexual partners, while others are indiscriminate and casual in their choice of partners. Sexual promiscuity carries with it a higher risk of contracting sexually transmitted infections including HIV. Promiscuity is generally discouraged by most modern day religions.

Abstinence: Most people are sexually abstinent for parts of their adult lives - in their youth from sexual maturity to their sexual debut [through self-stimulation/masturbation or with a partner], during physical and emotionally stressful parts of life [often work or relationship related], if people live in a in a non-sexual marriage or relationship, after a divorce, during separation, due to lack of suitable sexual partner or the death of a spouse or partner. Some choose to be abstinent their entire adult lives. This does not mean that people who are sexually abstinent do not have sexual desires - they merely choose to be sexually inactive. The fact that a person does not have a sex partner does not mean that s/he is abstinent.

Celibacy: A vow of celibacy is a promise not to enter into marriage and not to engage in sexual activities [including self-stimulation/masturbation] or intercourse - often related to a faith based commitment. Celibacy is common in the Buddhism, Catholicism as well as in monastic orders of other religions.

Men having Sex with Men [MSM] are sexually active homosexuals, bisexual men who are sexually active with other men as well as heterosexual men who have sex with other men often due to a strict separation of genders. This can be due to culture, tradition and religion or due to being in physically isolated from female sex partners over longer periods of time [school, institution, work place, military service station, prison, etc.].

Sex workers: Females and males who sell or exchange sexual services. Some people choose to become sex workers while others are forced into the sex industry – it is therefore important to distinguish between these two groups. However, both groups deserve our respect and support according their individual needs and situations.

4.4.6 Sexual violence, harassment and abuse

Many children, adolescents and adults become victim of sexual violence and abuse – this can happen in homes, schools, special schools, boarding houses, on the way to/from school, at the work place and in other public areas. In addition to the physical injuries, sexual harassment, violence and abuse lead to mental trauma and in many cases to social marginalisation and exclusion.

The abuse can also lead to the sexually transmitted infections, including HIV and to unwanted pregnancies. This can lead to additional persecution for "becoming pregnant before marriage" or "becoming pregnant with another man during marriage" even if it was the result of abuse or rape. For male rape victims [of a male rapist] admitting to the rape can lead to persecution for having "engaged in same sex acts" even if it was forced.

In extreme cases the victims of abuse, harassment and rape, both female and male can be physically and/or legally punished [from beatings, whippings to incarceration and death] by vigilantes or a grossly unjust legal system.

Victims of rape, harassment and abuse should report this to the police [ideally together with someone they trust] for legal action and should seek counselling and help. Women [and child] shelters are available throughout Malaysia, while shelters for male victims are not yet available.

4.4.7 Sexually Transmitted Infections [STIs]

Sexually transmitted infections are common - up to 75 percent of sexually active women and men will have a sexually transmitted infection of some kind during their life. Unfortunately, many consider having sexually transmitted infections to be a moral issue. The stigma and shame people feel because of this may lead them to neglect taking good care of their sexual health.

People with sexually transmitted infections are at an increased risk for HIV infections - they dramatically increase the chances of transmission of HIV. People can protect themselves from HIV and other sexually transmitted infections with relevant knowledge, positive attitudes, rational decisions and responsible actions, provided there are enabling and supporting environments.

Common sexually transmitted infections [STIs] and their symptoms:

Causatice Agent: Bacteria

Chancroid
- Ulcers – painful, multiple, soft
- Painful swelling of lymph nodes [one side]

[curable bacterial infection]

Chlamydia
- Abnormal discharge from the penis/vagina
- Infertility
- Bleeding/pain during intercourse
- Pain while urinating

[curable bacterial infection]

Gonorrhoea
- Thick yellow discharge from penis/vagina
- Pain in urination and or during sex

[curable bacterial infection]

Proctisis
- Itching/burning around anus
- Pus/mucous discharge in stools
- Mild/severe pain during bowel movement
- Occasional diarrhoea or fever
- 3 out of 10 men show no symptoms

[curable bacterial infection]

Syphilis
- Hard, painless, clean, ulcer/lesion on the penis/vaginal area, inside rectum or mouth
- Persistent fever and sore throat
- Patches of hair loss
- Rashes on palms, soles, chest and back

[curable bacterial infection]

Urethritis
- Mild/sever pain while urinating
- Pus/mucous discharge from penis/vagina

[curable bacterial infection]

Causatice Agent: Virus

Genital warts
- External warts around anus or penis/vagina

[curable viral infection]

Hepatitis B/C

Severe infection shows:
- Loss of appetite
- Nausea/vomiting
- Fever
- Joint pains
- Jaundice symptoms
- Dark urine
- Pain in abdomen

[partly curable viral infection – some physical damage will remain – vaccine available]
[is not exclusively sexually transmitted]

Herpes Genitalis	-	Multiple ulcers and shallow erosions - Fever - Difficulty in urinating [incurable but partly treatable]
HIV	-	Damages immune system [incurable but partly treatable] More information about HIV are found in chapter 5

Causatice Agent: Parasites

Crabs	-	Lice in the hairy parts of the body - Itching mainly at night [treatable parasitic]
Scabies	-	Itchy red spots or rash on wrists, ankles, hands, penis/vagina, chest and back [treatable parasitic]

Chapter 5:
HIV and AIDS - Prevention and Response

5.1 Introduction - Why Teach about HIV and AIDS

Children, young people and adults need to understand why and how HIV and AIDS can affect them. HIV and AIDS affect all levels of societies - anyone can be infected and/or affected by HIV and AIDS regardless of their age, gender, sexual orientation, abilities, disability, ethnic and religious background as well as social and economic status. It is also important to realise that we can protect ourselves against an HIV infection.

We therefore need to discuss how we can best educate our children and youth about HIV and AIDS since many children and young people form their sex and drug habits during their years in school. "*Schools are critical for preparing the young to live in a world with AIDS and for stopping the spread of HIV.*"[23]

Education is one of our main weapons in the fight against HIV and AIDS - "*Education has a documented impact on the pandemic … Schools can play an active role in mitigating the spread of the disease by providing reliable information…*"[24] Without an increased focus on HIV prevention education and response to HIV and AIDS in schools young people will continue to get their information from friends, the internet, music, TV and pornographic literature and movies. These sources might at times offer interesting information but not always accurate - sometimes even contraire to what we know are the facts. Inaccurate information can help spread HIV and AIDS while accurate information will help stop and reverse the pandemic. *"Educators play an important role as a source of accurate information and skills, as adults with whom young people can discuss issues, as role models and mentors, and as advocates for healthy school environments. The HIV epidemic makes this role more critical. Educators need to be equipped to cope with the impact of HIV and AIDS in the classroom, including managing larger classes of mixed ages, providing support to infected and affected learners, as well as delivering HIV education"*[25].

It is important for all children and young people to understand that the only way to prevent HIV infection is to avoid behaviours that put you at risk of infection, such as experimenting with and using drugs, sharing needles and having unprotected sex. However, we must not forget that poor management of blood and poor [hygiene] practices - sterilization of equipment - in hospitals and other health facilities remain another major cause for new infections in many countries.

Education [formal and non-formal programmes] is a crucial factor in preventing the spread of HIV, and, given the huge numbers of deaths that may be prevented, the importance of effective education cannot be overestimated - the question is when to start and how to do it most effectively.

[23] UNESCO [2005], p. 5
[24] UNESCO [2005a], p. 8
[25] UNESCO [2006b], p. 12

5.2 What is HIV? What is AIDS?

5.2.1 HIV – Human Immunodeficiency Virus

Human means that it is transmitted from one human to another.
Immunodeficiency means that it breaks down the immune system, or makes it "deficient" as a result the body cannot fight against or protect itself from diseases.
Virus means that it is a microscopic organism that causes disease in the bodies of those infected.

The virus weakens our immune system, the body's natural defences against disease-causing organisms. A person infected with HIV can still feel and look healthy for a long period of time. He or she can continue to carry on with their education, work and other daily activities. Like other viruses, HIV is very small - too small to be seen with an ordinary microscope. It may live in the human body for years and can be transmitted to others before any symptoms appear.

As the virus slowly affects the body's defence mechanisms, the body becomes unable to fight disease and infections. To reproduce or multiply, HIV must enter a body cell, which in this case is an immune cell. The virus interferes with the cells that protect us against infections. This way HIV leaves the body poorly protected against particular types of diseases - which these immune cells normally would be able to fight off easily. Infections that develop due to the weakening of the immune system through HIV are called "opportunistic infections" - some examples are respiratory [among others Tuberculosis], gastro-intestinal [among others Isosporiasis which causes diarrhoea and consequent weight loss], skin infections [Herpes among others] as well as fungus infections.

People living with HIV may not exhibit symptoms for many years and can therefore infect others without knowing it.

A person living with HIV is also referred to as HIV-positive. HIV is the virus that causes AIDS. There is currently no vaccine against HIV and no cure against AIDS.

5.2.2 AIDS - Acquired Immune Deficiency Syndrome

Acquired means that it is not hereditary [transmitted genetically from one generation to another], but the result of contact with an external source - human to human infection.
Immune means that it affects the ability to fight against diseases through attaching the immune system - the body's natural defence system which provides protection from disease-causing organisms.
Deficiency means a loss in ability to fight against diseases due to the breakdown of the immune system. It describes the lack of response by the immune system to organisms that impair the body's ability to protect it self against diseases.
Syndrome means a group of signs or symptoms which result from a common cause or appear in combination and present as a clinical picture of a disease.

In other words: Acquired Immune Deficiency Syndrome = **AIDS**

AIDS is caused by HIV. The virus called HIV attacks and over time, destroys the body's immune system. A person is considered to have AIDS when the virus has done enough damage to the immune system to allow infections and other diseases to develop. These infections will make the person ill and will eventually lead to his or her death.

Several factors, among others such as nutrition, health status, physical and emotional exhaustion, drug use and as the availability of antiretroviral drugs will influence the development of AIDS in those who are infected with HIV.

At present, THERE IS NO VACCINE FOR HIV AND NO CURE FOR AIDS, although vaccine materials and several drugs are being tested.

5.2.3 How is HIV detected? How is HIV spread? How is HIV not spread?

- **Tests**[26]

  The first type of test is the **HIV antibody test**. This test shows whether a person has been infected with HIV, the virus that causes AIDS. The Rapid tests are often used as an initial test. The result is known within minutes. It is relatively inexpensive but also considered to be less reliable than many other tests available on the market. The ELISA Test [Enzyme-Linked Immunosorbent Assay] can be used as an initial test or to confirm the results of the Rapid test. If the result is positive [which indicates an HIV infection] it is important to confirm the test result immediately. Should the test be negative the test should be repeated to confirm the negative test result – this is often done after three months.

  The second type of test is an **antigen test**. Antigens are the substances found on a foreign body or germ that trigger the production of antibodies in the body. The antigen on HIV that most commonly provokes an antibody response is the protein P24. Early in the infection, P24 is produced in excess and can be detected in the blood serum by a commercial test [although as HIV becomes fully established in the body it will fade to undetectable levels]. P24 antigen tests are sometimes used to screen donated blood, but they can also be used for testing for HIV in individuals, as they can detect HIV earlier than standard antibody tests.

  The third type of test is a **PCR Test** [Polymerase Chain Reaction test]. The whole process of extracting genetic material and testing it with a PCR Test is referred to as Nucleic Acid-amplification Testing. PCR Tests detect the genetic material of HIV itself, and can identify HIV in the blood within two or three weeks of infection.

  The standard HIV test looks for antibodies in a person's blood. When HIV enters a person's body, special proteins are produced. These are called antibodies - they are the body's response to an infection. If a person has antibodies to HIV in their blood, it means they are infected with HIV. The only exception might be an HIV negative baby born to a positive mother. Babies retain their mother's antibodies for up to 18 months, so may test positive on an HIV antibody test, even if they are actually HIV negative. This is why babies born to positive mothers may receive a PCR test after birth.

- **Window Period**

  This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually 2 - 12 weeks. In rare instances it may be longer. It is important to remember that if a person is tested for an HIV infection it is the presence of antibodies that will determine if a person is infected [HIV positive] or not [HIV negative].

  If an HIV test is taken during the "window" period it will be negative since antibodies are not yet present at a detectable level. However, the infected person may still transmit HIV to others during that period.

[26] http://www.avert.org/testing.htm

Most people will develop detectable antibodies by 30 days after infection with HIV and nearly everyone who is infected with HIV [99%] will have a sufficient number of antibodies to be detected by 3 months after infection.

People taking the test are advised, even if the result is negative, to return for follow-up in three months. They are also encouraged to avoid unsafe sex even if they are in a monogamous relationship during these three months to avoid any possible risk for infecting their partner.

- **Why take a test?**
  Many people who take an HIV test have been worrying unnecessarily about their HIV status. To get a negative result [which means they are not infected with HIV] will put their mind at rest. Should the test result be positive [which means they are infected with HIV], there are many things can be done to help them dealing with the consequences an HIV infection will have on their health [physical and mental]. A doctor can help to keep an eye on their health. Many people who test positive stay healthy for several years. However, should they fall ill, there are many drugs [among others antiretroviral drugs] that can help to slow down the virus and maintain their immune system. They will also get access to medicines to prevent and treat some of the illnesses that people living with HIV may get. They will also have access to better information as well as to trials of new drugs and treatments.

- **How HIV is not spread**
  HIV is not spread through everyday play, school, work and social activities. It is not spread through casual contact with persons, or through air or water. It is also not spread by being around and making friends with a person who is HIV positive.

  You can not get HIV by[27]:
  - Shaking hands
  - Hugging
  - Drinking from the same fountain
  - Being a friend
  - Playing together
  - Learning together and going to the same school

  "*Although researchers have found HIV in the saliva of infected people, there is no evidence that the virus is spread by contact with saliva. Laboratory studies reveal that saliva has natural properties that limit the power of HIV to infect, and the amount of virus in saliva appears to be very low. Research studies of people infected with HIV have found no evidence that the virus is spread to others through saliva by kissing. The lining of the mouth, however, can be infected by HIV, and instances of HIV transmission through oral intercourse have been reported.*"[28]

  Studies of families of people living with HIV have shown that HIV is not spread through casual contact such as the sharing of food utensils, towels and bedding, swimming pools, telephones or toilets.

  HIV is <u>not</u> spread through mosquito bites
  Probably the most common question about HIV is whether the virus spreads through mosquitoes or other blood-sucking insects. Fortunately, the answer is NO.

[27] UNESCO [2006a]
[28] US National Institute of Allergy and Infectious Diseases / 2005

Here is why: Malarial parasites require certain species of mosquitoes to complete their life cycle. The parasites are sucked into the mosquito's body through the blood meal, develop and multiply in gut cells, and migrate to the salivary glands to be injected into the next person's blood stream. HIV multiplies only in human immune cells and infection is therefore only acquired through contact with human body fluids [mainly semen, blood, vaginal fluids and sometimes breast milk].

Studies show that even with the presence of an AIDS patient in a household where insects/mosquitoes abound, no infection occurs except where there are sexual partners or transmission between mother and child.

- **How is HIV spread**

HIV is spread through:

- Unsafe sex - People get infected with HIV by having unprotected sexual intercourse, vaginal or anal sex without a condom. HIV may also be transmitted through unprotected oral sex or sharing sex toys with others.
- Sharing needles and/or syringes and other unsafe practises when injecting drugs - Many people get infected with HIV by using needles or syringes used by someone who is infected.
- Transfusion of infected blood Many people have been infected when blood supply has not been managed and tested properly by hospitals, other health institutions, blood banks and laboratories.
- Sharing instruments used on someone with HIV for ear-piercing, tattoos, circumcision and other medical procedures if these instruments have not been cleaned and sterilized properly before reuse.
- Mother to child infections - A baby born to a mother infected with HIV may become infected in the womb before birth, during birth and sometimes through breastfeeding.

If a person has a sexually transmitted infection such as Syphilis, Genital Herpes, Chlamydia, Gonorrhoea, or Bacterial Vaginosis appears, they may be more susceptible to getting HIV infection during sex with infected partners.

5.2.4 Treatment for HIV - Antiretroviral drugs[29]

Antiretroviral drugs are the main type of treatment for HIV. It is not a cure, but it can stop people from becoming ill for many years. The treatment consists of drugs that have to be taken every day for the rest of someone's life. HIV is a virus and when it is in a cell in the body it produces new copies of itself. With these new copies or replicates, HIV can infect other previously healthy cells. This way HIV spreads quickly through the billions of cells in the body. Antiretroviral treatment for HIV infection consists of drugs which work by slowing down but not stopping the replication of HIV in the body.

Antiretroviral drugs are a combination of different drugs. Drug combinations often cause side-effects. A side-effect is when a drug has different affects on the body than those that are intended. Some people only experience mild and easily manageable side-effects. But for others the side-effects are so severe that they have to consider alternative drugs or drug combinations. There is no currently vaccine or cure for HIV.

[29] Adapted from information received from Avert an organisation working on HIV and AIDS awareness

Activity No. 14 - Causes for HIV infection

HIV spread differently in different communities much depending on traditional cultures, behaviours and practices.

Divide the students into groups of five to six. The groups should search for data and information related to HIV and AIDS as well as interview community initiatives by people living with and/or affected by HIV in their areas. The main topic for the interviews should be the main causes for HIV infections in their areas.

Each of the student groups should present their findings in plenary and discuss it with their student colleagues. Following their discussion they should invite officials from the government health and education authorities in their areas [districts and/or provinces] to a dialogue on their policies and initiatives regarding these matters.

This activity could be one in a series of activities in co-operation with community initiatives and HIV and AIDS activists - it can therefore be coordinated with some of the other activities involving people living with and/or affected by HIV.

Remember Privacy and Confidentiality!
We do not have the right to ask a person living with HIV how they were infected, about "moral" and religious issues or about life expectancy.

Learning outcomes:
- How HIV spreads in their areas
- Availability of antiretroviral drugs in their areas - Is it available for free or at an affordable price?
- The response of the local government [municipal, district or provincial] to the real issues related to the spread of HIV and AIDS

Activity No. 15: Test - HIV and AIDS risk behaviour

This test is on high-, low and no risk behaviour related to HIV and AIDS. For each of the behaviours and practices listed below, indicate level of risk associated with it by crossing out the right answer. The three risk levels are:

NR - No Risk LR - Low Risk HR - High Risk

1.	Using public toilets and washroom	NR LR HR
2.	Touching or comforting someone with HIV and AIDS	NR LR HR
3.	Having unprotected intercourse without using a condom	NR LR HR
4.	Kissing[30]	NR LR HR
5.	Sharing needles and syringes for intravenous drug use	NR LR HR
6.	Swimming in a pool with a person living with HIV	NR LR HR
7.	Sharing sterile needles for ear piercing and tattooing	NR LR HR
8.	Going to school with a child living with HIV	NR LR HR
9.	Being bitten by a mosquito	NR LR HR
10.	Having casual sex using a condom properly	NR LR HR
11.	Eating food prepared by a person living with HIV	NR LR HR
12.	Having unprotected anal sex with a female or male	NR LR HR
13.	Unprotected sex between mutually faithful uninfected partners	NR LR HR
14.	Mutual masturbation without using a condom	NR LR HR
15.	Living with a person living with HIV	NR LR HR

The correct answers would be:

1 = NR	4 = LR	7 = NR	10 = LR	13 = NR
2 = NR	5 = HR	8 = NR	11 = NR	14 = LR
3 = HR	6 = NR	9 = NR	12 = HR	15 = NR

5.3 How to Include HIV and AIDS Related Issues in Different Subject Matters

HIV and AIDS should ideally be included in most subject matters in primary, secondary or tertiary education. How to include HIV and AIDS related issues in different subject matters will vary according to the education, health, social conditions as well as HIV and AIDS prevalence in schools and communities. It is important to consider at what age it will be natural to start talking about HIV and AIDS in school and what language and concepts will be suitable for different age groups. See also in the Attachments.

"… The inclusive and child friendly approach makes the integration of HIV prevention and AIDS response in different subject matters more effective. Including facts, concepts, problems and other relevant issues facing students, schools and communities in connection with HIV and AIDS into the new Curriculum is part of a wider national strategy to reduce the risks of HIV infections among students in schools …

[30] There is a certain risk when kissing if exchange of blood is involved – i.e. sores or cracks on the lips and sores in the gum or if biting when kissing

How to Integrate Issues Related to HIV and AIDS into the Curriculum?

1. *Search for facts, concepts and other information on AIDS, HIV and other sexually transmitted infections [STIs] especially focusing on:*
   - *The connection between drugs and other forms of substance abuse with HIV and AIDS.*
   - *The impact of drug abuse and HIV and AIDS on the life of the children and young adults who are infected or affected.*
2. *Select the content related to drugs, HIV prevention and AIDS response that can be integrated into regular lessons in different subject matters.*
3. *Set the objective of teaching according to the target for each subject matter without reducing the content and message on HIV prevention and AIDS response.*
4. *Adjust the content to the abilities, age and maturity of the students.*
5. *Develop interesting teaching and learning activities without reducing the target for the subject matter as well as content and message on HIV prevention and AIDS response.*"

[A. Fachrany, N. Indrastuti, 2006]

Here are some ideas and suggestions for a number of subject matters:

- **First and/or national language education**
  - HIV and AIDS-related issues as topics for essays and other forms of creative writing.
  - Story telling.
  - In the book lists for students [books they must or should read during their classes] books, stories and essays on HIV and AIDS related issues could be included.
  - Drama - School theatre plays can deal with HIV and AIDS, drugs and social exclusion together with other challenging issues facing children and youth in our communities.

- **English language education**
  - If the children have access to computers with internet connection HIV and AIDS can be included in English language education as many materials are available in English only.
  - Writing essays about HIV and AIDS related issues.
  - Writing slogans related to drug prevention, safer sex and non-discrimination of children and young adults living with HIV.
  - Reading books, essays or stories about HIV and AIDS related issues.
  - If English language films are part of language education programs, which it should - films like Philadelphia could be shown on video or DVD in the classroom and linked to social studies, history and even geography.

- **Second language education [other than English]**
  - Writing essays about HIV and AIDS related issues.
  - Reading books, essays or stories about HIV and AIDS related issues.
  - Search the internet for information on HIV and AIDS related issues.

- **Social studies**
  - The effect increased mobility of people in our modern society and how this contributes to the spread of HIV.
  - Visits to hospitals, police stations and community initiatives should be part of the social studies programs for all children. These visits should also incorporate issues related to HIV and AIDS, drugs and sexuality.
  - If the schools are unable to facilitate field visits, police, medical doctors, nurses, social workers, drug counsellors as well as HIV and AIDS activists should be invited to talk about their work and experiences in schools many of these institutions already have outreach programmes.

- It is important that the children prepare for these sessions for example by the teacher talking about the subject and the learner doing "project works" on HIV and AIDS related issues prior to these activities. These programs should be done in smaller groups of children and young adults - ideally separately for each class not just one visit to the school for the entire student body to facilitate a proper dialogue adapted to the needs, knowledge and concern of each class level.
- The legal situation related to HIV and AIDS could be part of "project works" - learning about how policies have been developed to ensure equal rights to education and health for all children, including children living with HIV or how it has not. How has the health system responded to challenges related to the HIV and AIDS? How have different countries responded to AIDS and what has been the effect?
- Follow-up with assignment discussions after visits and group works.

- **General Health, Reproductive Health and Sex Education**
  HIV prevention and response should be part of any general health, reproductive health and sex education programme.

- **Sciences**
  Information about HIV and AIDS should be taught alongside other viral infections in biology classes.

- **Physical Education and Sports**
  - 'HIV and AIDS Runs' could be organized as part of physical education, combined with other subject matters.
  - The children could run or walk on the sport field or in the streets, woods or fields surrounding the school. After every 500 to 1000 meter an HIV and AIDS Question "Stations" could be set up, if the questions were answered correctly, they could run to the next "Station". If they answered the questions wrong they would have to complete a small penalty round, before continuing to the next "Station". The children could run in teams or as single competitors. The child or team that could complete the Run with the shortest time would win.

- **Religion**
  When we discuss about HIV and AIDS in religious studies, it is important, not only, to focus on developing a faith based lifestyle - but equally important are empathy, compassion, love and tolerance.

- **Mathematics**
  - In mathematics classes children can estimate the prevalence of HIV and AIDS in different population and age groups when learning about percentages.
  - Data on HIV and AIDS can be used when teaching statistics or it can be graphically displayed when learning about curves.

- **History**
  - The spread and development of HIV and AIDS can be seen in a historical context. It can be compared to previous epidemics or pandemics and similarities and differences can be discussed.
  - An historic perspective on discrimination of minorities, including ethnic, religious, language and sexual minorities could be part of history classes for young adults.

- **Geography**
  Which areas or countries are the least or most affected?

Activity No. 16: Subject integration

The students should be divided into smaller groups. Each of group should prepare separate or combined lessons plans for the three topics listed below for a small series of lessons:

- How to integrate Drug Prevention Education into a subject matter - This must be directly linked to the curriculum for primary schools.
- How to integrate HIV Prevention Education into a subject matter - This must be directly linked to the curriculum for primary schools.
- How to integrate Reproductive Health and Sex Education into a subject matter - This must be directly linked to the curriculum for primary and/or lower secondary schools.

The lessons plans should be presented in plenary - 10 to 15 minutes for each group followed by a discussion. Practicing teachers for the age groups concerned should ideally be present during the presentations and evaluate how relevant and practical the lesson plans are. The best lesson plans could be published on an interactive UNESCO/EENET Asia/IDP Norway web page on good teacher education practices on HIV and AIDS www.idp-europe.org/hiv-aids-eduwiki/en.

Learning outcome:
How Drug Prevention Education, HIV Prevention Education and Reproductive Health and Sex Education can be integrated into different subject matters

5.4 If You Have a Child Living with HIV in Your School or in Your Class - What Do You Do?

Having a child with health issues in a school can be challenging for everyone. Many teachers and parents are understandably concerned if these health issues are infectious and can be transmitted to other children. The stigma attached to HIV and AIDS adds to the concerns of the school, teachers and parents. It is therefore important to ensure that everyone involved - local education officials, school committee members, headmasters, class and resource teachers, school administrators, parents and children - are properly informed about HIV and AIDS. They need to understand how it is to live with HIV and AIDS and how it is spread to prevent concerns among the stakeholders to lead to discrimination, marginalisation and exclusion of the child living with and/or affected by HIV from schools.

It is a fact that HIV and AIDS is NOT SPREAD through playing and learning together, being friends, sneezing, coughing and saliva, sitting next to each other in school, sharing cutlery and drinking glasses, drinking from the same water fountain, eating from the same plate or hugging and embracing each other. All involved need to know this and since parents and other caregivers are particularly concerned with the safety of their children these facts need to be reiterated and repeated again and again.

Why do we use the terms “Living with HIV” and “affected by HIV”? Living with HIV is certainly different from being affected. However the stigma, discrimination and fear experienced by both groups can be quite similar. These terms change constantly - we should always make sure that we use the latest and most correct terms to prevent added stigma and discrimination. The best source of information on terminology would be UN agencies [UNAIDS, WHO, UNESCO and UNICEF], and a number of international, national and local non-government organisations working with child-rights as well as HIV and AIDS related issues.

Here are some steps that can be taken if you have children in your class or school who are HIV-positive:

1) **Confidentiality -** Keep the HIV status of children confidential unless the parents and children want for the HIV status of the children to be known and keep written records properly stored and locked away with limited access only. Create an environment in the schools where children living with HIV can disclose their HIV status without fear of discrimination, marginalisation and exclusion.
2) **Information -** Make sure that everyone involved are properly informed about HIV and AIDS, how it is for a child to live with HIV, how an HIV infection can influence the child's leaning and behaviour as well as how HIV is spread and how it is not spread..
3) **Repeat and Update Information -** Make sure that everyone concerned have regular access to the latest information and development related to HIV and AIDS to ensure that potential worries do not re-emerge.
4) **Equal Treatment and Non-Discrimination -** Make sure that children who are HIV-positive are treated the same as all the other children, given the same opportunities and the same challenges [in consultation with health experts] we must not discriminate nor must we overprotect.
5) **Support System -** Seek help and support from government health and education officials specialising on HIV and AIDS as well as from non-government initiatives and support groups of persons infected or affected by HIV and AIDS. Work with other schools, principals, head-masters and teachers who also have children that are HIV-positive in their schools.
6) **Parents and Care Givers -** Make sure that parents and other caregivers who are worried about the safety of their children have someone to talk to and discuss this with.
7) **HIV positive Children -** Make sure that these and their parents are given all the support, guidance and information they need to minimize the affect of HIV on the children's academic, emotional, social and physical development.
8) **HIV Prevention and Response Education -** Include issues related to HIV and AIDS into different subject matters. Make sure that all children learn how to protect themselves and others for HIV and AIDS before they reach the age where they start experimenting with sex and drugs it should therefore start no later than in the second half of primary school and continued throughout lower and upper secondary school.
9) **Universal Precautions -** The skin protects us from most infectious agents, including HIV. Simple first-aid and routine cleaning suffice when treating a person with HIV or AIDS. We should always use a barrier such as a clean cloth, gauze, plastic wrap and latex gloves between you and someone else's blood, whether you know this person is infected or not. This is called universal precaution,' when treating someone who is infected with HIV. Always wash your hands with soap and water after giving first-aid and always wear gloves.

Most of the same steps could be followed if you have children affected by HIV in your schools and classrooms.

HIV Prevention and AIDS Response

Post-Programme HIV and AIDS Questionnaire

Part I – Facts

Please put an **X** on the letter of your answer after each number

A = Agree **D** = Disagree **N** = Not sure

Example:

0.	AIDS means acquired immune deficiency syndrome	A	D	N

1	HIV means human immune deficiency virus.	A	D	N
2	Sharing of needles and syringes among intravenous drug users is a risk factor for HIV.	A	D	N
3	A person can be infected with HIV through transfusion of unscreened blood.	A	D	N
4	An HIV infected [positive] person should be separated from their family to prevent HIV infection to other family members.	A	D	N
5	Sex with multiple partners can be a risk factor for HIV.	A	D	N
6	HIV weakens the body's natural defence against infections.	A	D	N
7	It's possible to get infected with HIV by drinking from the same fountain or eating from the same plate as a HIV positive person.	A	D	N
8	If you are strong and healthy, you can not get infected with HIV.	A	D	N
9	If you have tested negative for HIV once, you can never be infected with HIV.	A	D	N
10	HIV is spread by mosquito and other insect bites.	A	D	N
11	A person with HIV looks sick and weak.	A	D	N
12	At present, there is no cure for an HIV infection.	A	D	N
13	Young people are not at risk of getting infected with HIV.	A	D	N
14	HIV is preventable.	A	D	N
15	HIV and AIDS is the same.	A	D	N
16	HIV can be passed from mother to foetus via the placenta.	A	D	N
17	Drug addiction contributes to a person's vulnerability to HIV infections.	A	D	N
18	Responsible sexual behaviour is one way to stop the spread of HIV infections.	A	D	N
19	"Window" period is when the body shows no signs of the HIV infection.	A	D	N
20	Drug abuse may contribute to an HIV infection developing into AIDS faster than it otherwise would.	A	D	N
21	Many doctors and nurses caring for AIDS patients eventually get infected.	A	D	N
22	One can get infected with HIV by hugging or shaking the hands of the HIV positive person.	A	D	N
23	Consistent use of condoms is one of the best ways of preventing HIV infections.	A	D	N
24	HIV is not spread through oral sex.	A	D	N

Correct answers for Part I would be:

1 = A	7 = D	13 = D	19 = D
2 = A	8 = D	14 = A	20 = A
3 = A	9 = D	15 = D	21 = D
4 = D	10 = D	16 = A	22 = D
5 = A	11 = D	17 = A	23 = A
6 = A	12 = A	18 = A	24 = D

HIV Prevention and AIDS Response

Post-Programme HIV and AIDS Questionnaire

Part II – Attitudes

Please put an X on the number of your correct answer using the following continuum:

A = Agree **D** = Disagree

1	Education on HIV prevention should not be given in a school setting.	A	D
2	We should stay away from homosexuals because they are all HIV positive.	A	D
3	Persons diagnosed with HIV cannot live a normal life.	A	D
4	We should have empathy for persons with AIDS .	A	D
5	We should NOT allow HIV positive students to go to our schools.	A	D
6	Persons living with HIV should not be allowed to continue working in their jobs.	A	D
7	Persons living with HIV should have the right to remain anonymous should they choose to.	A	D
8	The government should not be burdened by caring for AIDS patients – Their families should care for them.	A	D
9	We should support activities for the benefit of persons with AIDS.	A	D
10	Members of the police and armed forces who are infected with HIV should not be allowed to continue in their position.	A	D
11	We want for the government to provide free medication to lessen the effect of the HIV infection [anti-retroviral drugs] to those who are HIV positive even if they are expensive.	A	D
12	If the parents of a child have AIDS the child should be expelled from school.	A	D
13	We should discuss HIV prevention and AIDS response with our families and friends.	A	D
14	Persons with AIDS should not be allowed to attend public gatherings.	A	D
15	We should help care for a HIV positive family member.	A	D
16	Government funds should be used for the treatment and care of AIDS patients in Malaysia.	A	D
17	Our communities are affected by problems related to HIV and AIDS.	A	D
18	Heath authorities should distribute needles and syringes for free to intravenous drug users [needles and syringes exchange programme] to prevent HIV infections.	A	D
19	HIV positive persons should be protected by law against discrimination in schools and at the workplace.	A	D
20	We can predict the trends of HIV and AIDS epidemic in the coming years.	A	D
21	We should not shake hands or hug people who care for persons with AIDS.	A	D
22	The government should encourage people to use condoms to prevent people from having unsafe sex.	A	D
23	HIV positive teachers should not be allowed to teach children anymore.	A	D
24	We should not discriminate against students because of their HIV status.	A	D
25	We will not allow our children to play with HIV positive children.	A	D
26	Persons with HIV should be encouraged to serve as peer educators for HIV prevention and AIDS response programmes.	A	D
27	The government should not spend our tax money on information campaigns on drugs, safer sex and HIV and AIDS.	A	D
28	HIV positive children should be isolated to prevent spread of the virus.	A	D

According to the Convention on the Rights of the Child [CRC] the correct answers - showing a positive and non-discriminatory attitude for Part II - would be:

1 = D	8 = D	15 = A	22 = A
2 = D	9 = A	16 = A	23 = D
3 = D	10 = D	17 = A	24 = A
4 = A	11 = A	18 = A	25 = D
5 = D	12 = D	19 = A	26 = A
6 = D	13 = A	20 = A	27 = D
7 = A	14 = D	21 = D	28 = D

Attachments: Ideas for Lesson Plans

Lesson Plan No. 1 - HIV and Human/Child Rights

Subject Matter: Social Studies and/or Language Education
Level: Upper Secondary Schools
Topic: HIV and Human/Child Rights
Time: 5 hours within a three to four weeks period

Objectives:
- The students should be able to explain the concept of human rights with their own words.
- The students should be able to explain the concept of child rights with their own words.
- The students should be able to see how human as well as child rights influence their lives they should understand some of their basic rights and obligations as citizens.
- The students should be able to explain the link between the right of person living with HIV to education, care and protection, and human and child rights.

Resources:
- Universal Declaration of Human Rights.
- Convention on the Rights of the Child.
- National Laws on Human Rights and Child Protection.
- National Policies on HIV and AIDS.
- UNGASS Declaration of Commitment on HIV/AIDS [2001] and Political Declaration on HIV/AIDS [2006].
- Teaching and information material on HIV and AIDS [ideally published by the Ministry of Education and/or UN agencies].
- Newspapers.

Lesson No. 1 [45 to 60 minutes]:
- Introduction to Human Rights by the teacher.
- Introduction to Child Rights by the teacher.
- Introduction to HIV and AIDS [If this is culturally "unacceptable" to talk about HIV and AIDS for the teacher the students could be asked to split into groups and study and discuss the material].
- The teacher should divide the students into groups of four to six [this would depends on how many students you have in your class] and give assignments for "theme" or "project work". These "themes" or "project works" could be about the rights of children and young people living with HIV to; Education, and; Health Care, and; Non-Discrimination, and; Protection; etc.
- Homework; find articles in newspapers and magazines as well as write notes on radio and TV reports related to human and child rights as well as HIV.

Lesson No. 2 [45 to 60 minutes]:
- Work in groups with the collected material as well as discuss the content of the UN conventions and national laws.
- Divide tasks and homework among the group members.

Lesson No. 3 [45 to 60 minutes]:
- Re-write and illustrate the UN conventions using their own word [modern and simplified] with focus on relevance to their own lives and their own communities.

Lesson No. 4 [45 to 60 minutes]:
- Continue to re-write and illustrate the UN conventions.
- Prepare the plenary presentation.

Lesson No. 5 [45 to 60 minutes]:
- Plenary presentations and Discussions.

Lesson Plan No. 2 - Living with HIV

Subject Matter: Social Studies and/or English Language Education
Level: Lower and Upper Secondary Schools
Topic: Living with HIV
Time: 4 hours in two sessions + homework [essay in English]

Objectives:
- The students should be able to understanding how people living with HIV live, think and feel - develop empathy.
- The students should be able to realise that it can happen to us all, our brothers, sisters, friends, colleagues, our students and even to themselves if they do not develop responsible sexual behaviours [regardless of sexual orientation] and stay away from drugs.
- The student should be able to understand the consequences of irresponsible sexual behaviour or drug use and be better able to make wise and responsible decisions related to sex and drugs in their own lives.

Resources:
- One of the many English language movies made about people living with HIV [or dying of AIDS].

Lesson No. 1 [first 3 hours / 3 x 45 minutes]:
- Introduce the film.
- Many of these movies are about homosexuals who are HIV positive try therefore to encourage the students to see beyond their sexuality and identify with the situation they are in and the discrimination they experience.
- The teacher should divide the students into groups of four to six [this would depends on how many students you have in your class] and ask the students to discuss the film / this can also be done in plenary.
- Homework; ask the students to write an essay about how they would feel and respond if the film was about their brother or sister or best friend.

Lesson No. 2 [last hours or 45 minutes]:
- After evaluating the essays present some of the main points raised in the essays and discuss issues of discrimination and how students can develop empathy - which is different from condoning or promoting irresponsible [and/or culturally unacceptable] behaviour.

Lesson Plan No. 3 - Life Skills

Subject Matter: Social Studies and/or Language Education
Level: Lower and Upper Secondary Schools
Topic: Independent decision making - resisting peer pressure
Time: 2 hour in one session

Objectives:
- The students should learn techniques on how to make informed and independent decisions - resisting peer pressure.
- The students should learn how to be confident about his/her opinions - reduce the need to "fit in" at any cost.

Resources / Methods:
- Role play - The "no game"

This is an example on how the "no game" can be played:[31]
You can say "no" in many different ways - learn the way that works the best for you!

Scene: A group of teenagers are standing on the street

Teenager 1: Hi, do you want to come over and have a drink with us after school?

Teenager 2: The groups should try to find different effective ways to say "no" for Teenager No. 2. They should create further dialogue and act it out in front of the class and discuss which answers would be the most effective "no".

Here are some alternative ways to say "no" that can be shared with the students during the final discussion:

a. **No way, stupid. You guys are losers ……..** Comment by teacher: This is an aggressive answer and it is therefore NOT the most effective way to say "no". To be aggressive means to push people around, threatening or blaming them, putting them down and will therefore only result in an aggressive response and possible conflict.
b. **Um … sorry … I … uh … don't know … have something I need to do …** This is a weak and passive answer and is therefore also NOT the most effective way to say "no". To mumble, make lame excuses, be passive and act weak will not stop but merely encourage continued peer pressure.
c. **No, and you shouldn't either. It's really bad for you** … This is a know-it-all answer and therefore NOT the most effective way to say "no". To be a know-it-all means to act superior, judge people and telling them what they feel and should and should not do.
d. **Wow, did you see that? …** This is an avoiding answer, diverting attention and is therefore also NOT the most effective way to say "no". To avoid means to postpone making a decision, shows weakness and will not reduce peer pressure [and it may only work once, if at all].
e. **No thanks, I don't want to, but I'll see you in school tomorrow** … This is an assertive answer and is therefore the MOST effective way to say "no". To be assertive means to stand up straight, look people in the eyes, speak with a firm voice, say it quickly, polite and friendly.

Lesson [90 to 120 minutes]:
- The students should be divided into groups [boys and girls in separate groups] and play the "no game"
- They should present the "game" as a role play in front of their friends and discuss their ideas and the best way to say "no" and to resist peer pressure effectively.

[31] Adapted from http://www.thecoolspot.gov/knowYourNos2.asp [accessed 12/07/2007]

Lesson Plan No. 4 - Consequences of using Drugs / Drug Prevention

Subject Matter: Social Studies and/or Science
Level: Lower and Upper Secondary Schools
Topic: Consequences of using drugs
Time: 3 hours in three sessions each one week apart + homework

Objectives:
- The students should be able to understand the consequences of experimenting with and using [abusing] drugs.
- The students should be motivated [and equipped] to make informed and responsible decisions related to drugs.
- The students should be able to develop awareness material for drug prevention campaigns [school and community wide].

Resources:
- Teaching and information material on drugs / drug prevention published by the Ministry of Education and/or relevant UN agencies.
- Newspaper clipping on drugs, drug prevention and drug related crimes.
- Police officer working with drug related crimes and/or drug prevention programmes.

Lesson No. 1 [first 45 to 60 minutes]:
- The teacher should briefly introduce the material [15 minutes].
- The teacher should divide the students into groups of four to six [this would depends on how many students you have in your class] to discuss and study the material.
- Homework; ask the students to collect newspaper clippings on drugs, drug prevention and drug related crimes and prepare questions for the police officers based on these as well as on the teaching material from the Ministry of Education and/or UN agencies.

Lesson No. 2 [45 to 60 minutes]:
- Presentation by a police officer working with drug related crimes and/or drug prevention programmes + questions and answers session.

Lesson No. 3 [45 to 60 minutes]:
- The students in their groups - should prepare posters / collages of newspaper clippings, illustrations and slogans against drugs for a school wide drug prevention campaign. If possible these should be displayed in public areas in the school to raise awareness / prevent drug use among the student population.

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Web Sites

Alcohol, Peer Pressure and Underage Drinking Info for Young Teens:
http://www.thecoolspot.gov/

AVERT - A UK HIV and AIDS Charity: http://www.avert.org

Cool Nurse – Teen Health, Teen Advice: http://www.coolnurse.com

EENET: http://www.eenet.org.uk

EENET Asia Newsletter: http://www.idp-europe.org/eenet

Embracing Diversity - Toolkit for Creating Inclusive, Learning- Friendly Environments
English Version: http://www2.unescobkk.org/elib/publications/032revised/index.htm
Bahasa Indonesia Version: http://www.idp-europe.org/toolkit

FRESH School Health Toolkit: http://www.unesco.org/education/fresh

Good Teaching Practices - HIV Prevention and Response [UNESCO Bangkok, IDP Norway, EENET]: http://www.idp-europe.org/hiv-aids-eduwiki/en

IDP Norway: http://www.idp-europe.org

International Symposium on Inclusion and the Removal of Barriers to Learning, Participation and Development: http://www.idp-europe.org/symposium

sexualityandu.ca: http://www.sexualityandu.ca

StopDrugs.org: http://www.stopdrugs.org/

UNAIDS: http://www.unaids.org

UNESCO: http://www.unesco.org

UNESCO Bangkok: http://www.unescobkk.org

UNGASS: http://www.un.org/ga

UNODC: http://www.unodc.org

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Discussing about HIV and AIDS with students is challenging, as it touches on sensitive issues like sex and drugs which most people find difficult to talk about. However, facing a growing global HIV epidemic, it is important that we put our sensitivities and in some cases our moral objections aside and start to teach and talk about drugs, sex as well as HIV and AIDS.