

REPUBLIC OF ZAMBIA



MINISTRY OF EDUCATION

# *HIV AIDS GUIDELINES FOR EDUCATORS*



2003 Edition  
HIV/AIDS Programme

@Ministry of Education - Zambia

# Table of Contents

Foreword.....	3
Acknowledgements.....	4
Introduction.....	5
Guidelines for Educators.....	6
What is the MOE Stand on HIV/AIDS Education?.....	8
Implementation Plan.....	10
What is HIV and AIDS? .....	14
Key Messages about Preventing HIV/AIDS.....	19
Preventing HIV infection in Schools.....	22
Care and Support .....	27
Networking.....	29
A school Policy for HIV/AIDS.....	30
Creating an Enabling Environment for the Affected and Infected.....	32
Some Facts about HIV/AIDS and Culture.....	34
List of Organizations that work in HIV/AIDS.....	38

# Foreword

HIV/AIDS has had a devastating impact on Zambia's education system and all the other social sectors. The high costs of morbidity and mortality requires a concerted effort to educate and equip young learners and teachers alike on how to meaningfully respond to the challenges. Adopting an institutionalized response, the Ministry of Education has decided to make HIV/AIDS education an essential component of our education system.

Educators in Zambia today face many challenges in front of children everyday. They are asked to teach topics they often don't feel fully equipped or comfortable to talk about. And now they have to deal with a new curriculum. We are also aware that the HIV/AIDS crisis has a potential to undermine the effective and efficient delivery of education services. The key priorities are to ensure that quality basic education is provided to all the citizenry and that HIV/AIDS does not negate our efforts altogether. The approach that the ministry is taking is three pronged: to ensure that the window of hope is protected; to help those that are infected to lead a more protected life; and to make the teaching of HIV/AIDS and Life Skills an integral component of the curriculum at all levels.

AIDS is real, and should be everyone's concern and there is something educators can do about it. This guide is for educators who want creative ideas, information and support. We hope it helps you to teach more effectively, makes your teaching fun and rewarding and assists you to face the challenges of being an educator today.

This booklet will help equip you to play your part in the struggle against HIV and secure a shining future for this and the next generation. Please read it and talk about it at home, with your colleagues at school, in your PTA groups, with your learners, in your places of worship, in your sports clubs, and wherever you socialize. If you need to change your own sexual behaviour, please have the courage and good sense to do so.

Your life is at stake. So are the lives of the members of your families, your colleagues and your learners. For their sake and the sake of the nation, please read this booklet and act on it.

I urge all educators to use these guidelines to the advantage of our learners, teachers and communities.

Barbara Y. Chilangwa  
PERMANENT SECRETARY  
**MINISTRY OF EDUCATION**

# Acknowledgements

Our educators need reliable information and advice on a very wide range of issues related to HIV/AIDS and sexuality education and they need it to be accessible and concise. This booklet aims to fulfill that need and contains practical policy guidelines for all educators in Zambia. It is based on a similar guide for educators in South Africa and we are grateful to the Department of Education, South Africa through the HIV/AIDS Mobile Task Team of the University of Natal for allowing us to make some creative adaptations of their material to suit our local needs and Zambian context.

Several people gave their time and expertise to develop this guide. The Ministry of Education would like to acknowledge the special efforts and personal commitments of Mr Alfred Sikazwe, Acting Director, Standards and Curriculum Development and HIV/AIDS National Focal Point Person; Ms Irene Malambo, National Coordinator HIV/AIDS Education Programme and the team of writers from Curriculum Development Centre for mooting the idea of developing such a manual for educators and generating an initial draft.

Ms Chilumba Nalwamba, Materials Development Adviser, HIV/AIDS Unit also deserves a special mention for taking up the first draft of the manual and working with a small team of education staff, particularly Ms Nelly Phiri and Mr Foster Kayungwa, to edit and clean it up.

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To all these people we are ever so grateful.

# Introduction

HIV/AIDS has become a major development problem in Zambia. Current estimates by the Ministry of Health indicate that the HIV adult prevalence rate in Zambia is 19.9%. This means that one out of every five persons above the age of 15 is infected. There is however further evidence that about 83% of the Zambian population is below the age of 15 years with most of them, particularly those in the 5 - 14 years age range are not yet infected. This age group is referred to as the “window of hope” and therefore, HIV/AIDS interventions should be targeted at them as they have a bearing on future prevalence rates.

The exploding number of orphans due to AIDS poses further problems for the education system. In 1996 the number of school-aged orphans in Zambia was estimated at 400,000. By 1998 this number had doubled to 800,000 according to a study by the Zambian Central Board of Health. This figure is expected to rise to 1.2 million by the year 2010. This trend will result in low participation in education for some of the school-aged children especially orphans due to inability to pay school fees and prolonged stay at home to care for sick parents and guardians. Usually the death of parents results in the loss of household income. Consequently, children leave school and engage in income generation activities. This development has adverse implications for the enrolment, retention and achievement levels of children in school.

We are also aware that teachers are dying in numbers that challenge the capacity of the government’s training programme to replace them. Teachers are chronically absent from schools as they fall ill or attend funerals of colleagues or relatives. The latest statistics indicate that in the year 2000 alone, 1,400 teacher deaths were reported in Zambia - more than double the 1997 figure of 624 while about 2,001 teachers died in 2001. Obviously not all these deaths are directly attributable to AIDS. Furthermore teachers lack information on HIV/AIDS, psychosocial support, counseling services and adequate nutrition.

The focus for HIV/AIDS education plan is on the “Window of Hope” - the young people aged between 5-14 years, both in and out of school. Networking and collaboration with other government departments and NGOs will be an essential aspect of the education campaign. The Ministry of Education has developed a 5 Year Strategic Plan for HIV/AIDS and a comprehensive Programme Logical Framework to initiate and support an institutionalized approach to HIV/AIDS at the national, provincial, district and school levels by publicly acknowledging the seriousness of the epidemic; protecting and promoting the health of its work force and learners; minimizing the personal and social impact of HIV/AIDS; challenging discrimination and mobilizing and supporting community responses.

# GUIDELINES FOR EDUCATORS

There is good evidence that well over 1 million people in Zambia have HIV right now. The disease affects men and women of all ages, occupations and races living in all provinces. If the current rate of infection does not slow down, by the year 2010 one in every four people in the country will have HIV. In the next ten years the disease will have made orphans of 1.2 million Zambian children.

The HIV virus spreads from person to person in several ways, but the most common way is through sexual intercourse, when one partner is infected. The disease is spreading so fast mainly because many Zambians, especially men, are careless about their sexual behaviour. Most people who are infected do not know that they are carriers of the HIV virus, because it stays in the body a long time before it makes someone ill. Thus infected people infect others without being aware of what they are doing.

At present there is no medicine that can prevent us from being infected, and there is no cure for HIV/AIDS, which is a fatal disease. Some drugs seem to enable the body to defend itself against the various disease associated with HIV/AIDS, but these are expensive. They are not yet available to many people in our country. This means that the death rate from HIV/AIDS is still climbing rapidly among men and women of all ages, especially among sexually-active people.

## ***The impact of HIV/AIDS***

Many of us are scared by what is happening. Family members, relatives, friends and work-mates are falling ill and dying, often when they are quite young. Husbands, wives and infants are being struck down. People do not like to talk about the cause of death. It seems mysterious and shameful.

The idea of one in **five** Zambians becoming sick with a fatal illness is too awful for us to grasp. We cannot imagine what this rising wave of illness and death will do to our families, our schools and other workplaces, and our communities. While our country is struggling to create jobs and overcome poverty, the epidemic is destroying the most productive members of our society.

## ***HIV/AIDS in schools***

Many schools are already experiencing the effects of the epidemic, as teachers, learners, and members of their families fall ill. Before the epidemic is brought under control, such effects will become harsher and more widespread. Almost every educator will eventually be teaching some learners who have HIV. In most staff rooms, one or more teachers will be infected. Other school employees will not be exempt.

Illness disrupts learning and teaching. Strong and healthy teachers have to take on an extra load when sick teachers are absent. Learners who are ill lag behind with their studies. When family members get ill or die, teachers and learners carry the burden.

When teachers and learners die, schools suffer disruption, loss and sorrow. Many schools will be crippled by the impact of the disease on staff, learners and their families.

### ***What can Zambians do?***

The problem seems overwhelming, but we can take the initiative. Working together we can resist the epidemic and deal with its consequences. Other countries in Africa especially Uganda and Senegal, where the epidemic struck earlier, have harnessed the energies of all sectors of their society to fight the epidemic and prevent it from destroying their countries.

Here are some of the lessons we must learn from their experience:

- Unless we take the necessary precautions any one of us may contract HIV. Understanding HIV and being careful and sensible about our sexual behaviour can prevent us becoming infected, and infecting others.
- We must treat the epidemic as a national emergency and engage all organs of society in the struggle against it.
- We must speak openly about HIV/AIDS, attacking ignorance and prejudice and wrong ideas about the disease.
- We must enable infected and sick people to live with dignity and contribute to their communities for as long as they are able.
- We must find ways to care for the sick and the helpless within the community, especially when the family unit has become overburdened or has disintegrated.

### ***Educators can and must help curb the disease and deal with its effects***

- Educators must set an example of responsible sexual behaviour by being models. In so doing, they will protect their families, colleagues, learners and themselves.
- Because educators are well educated, they can grasp the facts about HIV/AIDS and help spread correct information about the disease and its effects.
- Almost every young person attends school, so educators have a great opportunity to discuss the disease, and help the young to protect themselves from becoming infected, getting sick and dying.
- Educators are in regular contact with parents, and can therefore spread the message about HIV/AIDS deeply into the community.
- Educators can help create an environment in the workplace where people can be open about their HIV status without fear of prejudice or discrimination.

- Educators can find creative ways to support their colleagues and learners, and make the school a centre of hope and care in the community.

## **WHAT IS THE MINISTRY OF EDUCATION STAND ON HIV/AIDS EDUCATION**

The Ministry of Education National Policy on Education “Educating Our Future” (1996) has recognized the importance of HIV/AIDS education and promotion and development of Life Skills and states that these include “decision making, problem solving, creative thinking, critical thinking, effective coping with pressure, self-esteem, and confidence” (MoE 1966, p 56).

Additionally, the Ministry of Education has issued a Policy Statement that spells out strategies for addressing HIV /AIDS in the Ministry. The Ministry has also developed a strategic plan and programme logical framework with clear outputs and activities at various levels for the learners, teachers and ministry of education staff.

### **INTERVENTIONS**

The Ministry of Education recognizes the fact that the major constituents of the education process are teachers and pupils and the tools they use in teaching and learning, i.e. the curriculum, textbooks and other educational materials. In order to provide an effective response to HIV/AIDS the Ministry has come up with interventions at all various constituents in addition to a monitoring and assessment procedures, educational, planning and management systems.

#### *Curriculum*

The Ministry has revised the curriculum to provide space for addressing the attitudes and behaviour of the youth through the inclusion of Life skills and Reproductive Health. This will enable young people to deal with situations of risk.

#### *Integration Approach*

HIV/AIDS is now regarded as a cross cutting issue to be addressed in all subject areas. The Ministry has adopted this option because it takes into account the multidimensional nature of HIV/AIDS and encompasses core subjects as well as optional subjects. In addition, HIV/AIDS content will be included in examination questions so that it continues to receive high priority from the teachers and pupils.

#### *Co-curriculum*

The Ministry of Education will encourage the formation of Anti-AIDS clubs, drama and cultural clubs in learning institutions. In addition, peer counseling is being intensified in all schools. The teachers serve as patrons in these clubs. Getting learners involved in the teaching – learning process is crucial to a successful education campaign. Anti-Aids



Clubs have proved to be an effective way of reaching many young people. The clubs should however go beyond the concept of a club and ensure that club activities go well beyond club members only so that activities permeate and reach the wider school population.

### ***Teacher Education and Support***

#### *Training*

Teachers are an important factor in HIV prevention and Health promotion programmes. The Ministry has developed comprehensive training programme for education managers, college lecturers, teachers, student teachers and Head teachers. The programmes include HIV/AIDS prevention information and education in other health related facts as well as stressing their role in attitude and behaviour formation and behaviour change. It targets serving teachers as well as trainee teachers and focuses on the use of interactive methodologies in teaching HIV/AIDS concepts, which will enable them deal confidently with HIV/AIDS issues and practices which foster self esteem and decision making skills. The Ministry of Education will ensure that learning and teaching materials used in teacher education institutions promote positive behaviour change in teachers.

#### *Teacher Support*

As a response to the HIV/AIDS situation, educators are being equipped with skills that are non-discriminatory to deal with the emotional and social impact of the epidemic at home and in the work place. To provide these skills MOE will include comprehensive HIV/AIDS education and counseling in teacher training programmes. The MOE will also support and work closely with NGOs that promote HIV/AIDS prevention to provide counseling services for teachers themselves. In particular MOE is encouraging the scaling up of efforts by Teachers Against HIV/AIDS Network (TAHAN) a teachers' NGO which promotes HIV/AIDS prevention and targets in and out-of-school youths, teachers and persons living with AIDS. The Ministry of Education is also working towards providing knowledge, fostering awareness and promoting life-asserting attitudes for staff in the system. It is anticipated that this will strengthen their determination to remain uninfected. The Ministry is also in the process of developing and implementing Aids in the Work Place Programmes (AIWP) to bring the reality of AIDS to all employees and provide counselling and support services to the infected and affected.

#### *Pupil Support*

In order to ensure that children orphaned by AIDS benefit fully from education provision the Ministry has put in place support measures and strategies. This is being done in recognition of the fact that the youth are a positive asset in the prevention of HIV/AIDS as they are still developing behaviour. To ensure that HIV/AIDS education reaches the children before many of them leave or dropout, interventions now begin at primary school level.

The Ministry in conjunction with the Programme for the Advancement of Girls Education (PAGE) has been working to strengthen the bursary scheme for orphans and other

vulnerable children by having more resources and establishing professional links with NGOs and line ministries e.g. Ministry of Community Development and Social Services. The Ministry has also intensified support for Community Schools where a large number of orphans and vulnerable children are found.

### *Information Education Communication (IEC)*

The Ministry has identified and continues to produce a wide range of communication campaigns to raise awareness about AIDS and to bring about HIV preventive practices amongst education staff and learners. The range of initiatives is multifaceted and includes small media approaches such as leaflets, posters and booklets, branded utility items like T shirts, calendars, pens and event based campaigns such as school-based essay writing and drama competitions.

Working through the Ministry's Educational Broadcasting Services, radio and television community education programmes on behaviour change attitudes, beliefs and taboos will also be developed. Some of the programmes will target teachers and pupils

To involve parents in the programmes, teacher education MOE has developed programmes for parent education and community mobilization. Existing School-Community linkages programmes like PAGE and School Health and Nutrition are being used.

### *Research and Data Collection*

The impact of HIV/AIDS on education, especially in a high prevalence country like ours, is multifaceted and very complex. In an attempt to establish the impact of HIV/AIDS on the education sector in Zambia, the Ministry has initiated a Ministry-wide HIV/AIDS Impact Assessment Study that will analyze all the key quantitative and qualitative impacts of the epidemic on the education sector. This study will provide an initial assessment of the current and likely future impacts of the epidemic and, on the basis of further analysis present a series of recommendations about what action should be taken by the Ministry of Education in the short and medium term.

## **Implementation Plan**

HIV/AIDS education programmes will be implemented through the Directorate for Planning within the Ministry of Education. The various Directorates will have stake in the HIV/AIDS programme to ensure that the HIV/AIDS is incorporated in their programmes. The programme will work closely with Teacher Development Deployment and Compensation, Curriculum Development to implement relevant participatory methodology in HIV/AIDS Education.

The Ministry is also working with development partners to improve capacity to gather and process timely HIV-related data, to conduct policy dialogue and use information for informed decision-making processes.

*Provincial level*

The Provincial HIV/AIDS Focal Point Person (PFPP) is a key resource person based at the provincial HQs of the MOE and shall perform the following duties and tasks at provincial level in enhancing the fight against HIV/AIDS within the Ministry;

1. Establishes clear communication channel with other organizations (line Ministries, NGOs, Churches) working in the field of HIV/AIDS for the purpose of effective collaboration.
2. Actively participates in the Provincial HIV/AIDS Committee (taskforce) put in place by the National HIV/AIDS Council for the better coordination and implementation of HIV/AIDS activities and programmes at provincial level.
3. Prepares provincial quarterly work plans with inputs from districts with copies to the HIV/AIDS unit MOE HQs at the beginning of each quarter.
4. Ensure that HIV/AIDS related (IEC) materials are available at the Provincial Resource Centre and distributed to all the District Focal Point Persons and District Resource Centres in the Province.
5. Actively participates in the regular monitoring and evaluation of HIV/AIDS education activities and programmes at provincial level.
6. Maintains provincial HIV/AIDS data (DEMIS) and sends data to the HIV/AIDS unit and Planning unit at the MOE HQs on quarterly basis.
7. Participates and monitors TOT programmes, and ensures standard and quality of training programmes at provincial and district level.
8. Prepares and submits activity and financial report to the HIV/AIDS unit at the MOE HQs on quarterly basis.
9. Works closely with provincial teachers unions and other associations working closely with teachers in the fight against HIV/AIDS in identifying priority activities, proposals and projects for HIV prevention at provincial level.
10. Ensures the availability and accessibility of Voluntary Counselling Testing (VCT) to all provincial MOE staff including daily-classified employees.
11. Monitors the distribution and use of condoms in the province
12. Performs other duties as required by the HIV/AIDS unit MOE HQs

*District Level*

The District HIV/AIDS Focal Point Person is a key contact and resource based at the District education Office and shall perform the following functions:

1. Overall coordination of HIV/AIDS education programme at district level.
2. Ensures existence of systematic and practical peer education and counselling services at the district education office for all Staff including classified daily employees.
3. Ensures that HIV/AIDS education takes place in all schools through different activities and programmes at district level.
4. Ensures and monitors the integration of HIV/AIDS education into classroom teaching.
5. Actively participates in District HIV/AIDS committees (taskforces) jointly with other stakeholders for better coordination of HIV/AIDS activities and programmes at district level.
6. Collaborates with other organizations (Line departments, Teachers Unions, NGOs, DHMTS, Churches, clinics) working in the field of HIV/AIDS.
7. Participates in regular Monitoring and evaluation of the HIV/AIDS education programme at district level.
8. Ensures the availability and utilization of HIV/AIDS related materials at district teacher resource centres and distribution to all schools in the district.
9. Monitors the availability, distribution and use of condoms at the district.
10. Arranges meetings with teachers from different Schools for exchange of ideas, views and problems in implementing HIV/AIDS education programme in schools.
11. Collects, maintains and sends data (DEMIS) about HIV/AIDS or related activities taking place in the district to the Provincial FPP at the end of each term.
12. Ensure the presence of youth friendly health and counselling services at all schools in the district in collaboration with DHMT office.
13. Prepares and submits activity and financial report on HIV/AIDS on quarterly basis to the Provincial FPP.

*School Level*

The HIV/AIDS school focal point person is responsible for overall implementation of HIV/AIDS programme based at the school. He/she will perform the following specific duties:

1. Ensures that HIV/AIDS prevention and mitigation activities and programmes take place at the school.
2. Monitors the integration of HIV/AIDS education into classroom teaching at the School.

3. Ensures that the school provides HIV/AIDS related resources including moral support, allocation of counseling room and time for HIV/AIDS activities.
4. Ensures that IEC materials are available for all teachers, pupils and parents/PTA, for example, organizing a school based resource centre.
5. Ensure that all teachers and all pupils have access to HIV/AIDS resources and information.
6. Arranges regular meetings with fellow teachers for exchange of ideas, views and problems in integrating HIV/AIDS education in classroom teaching.
7. Organizes meetings with fellow teachers and PTAs key members where HIV/AIDS is the focus of discussions.
8. Identifies and participates in the training of peer counsellors /educators at the school.
9. Works closely with other extra curricula groupings like drama club, Family Life Education club, Red Cross, Anti-drug club, debate club etc in disseminating HIV/AIDS related information to pupils.
10. Monitors the availability, distribution and use of condoms.
11. Collects, maintains and sends data (DEMIS) about HIV/AIDS or related activities taking place at the school to the District FPP at the end of each term.
12. Prepares and submits a work plan at the beginning of each term to the District Focal Point Person.
13. Prepares and submits an activity and financial report at the end of each term to the district Focal Point Person.

#### *Roles of School Managers*

1. Sensitize the community through pupils
2. Form Anti-Aids Clubs
3. Integrate HIV/AIDS education in formal school subjects
4. Counsel pupils who are in need of care and counseling
5. Talk to pupils about HIV/AIDS during assembly and other extra-curricula events
6. Facilitate Anti-HIV/AIDS activities in the school
7. Mobilize resources to be used in HIV/AIDS education

#### *Roles of School / College/ Departmental Focal Point Persons*

1. Coordinate HIV/AIDS activities in the school / college department
2. Provide counseling to pupils and staff affected or infected by HIV/AIDS
3. Ensure that Anti-AIDS clubs are in place and functional in the school or college

4. Keep a record of people in the department / school / college or office
5. Receive and keep HIV/AIDS Materials for the department/ office/ school /college
6. Bring the HIV/AIDS related issues or concerns to the attention of the National Focal Point Person or Coordinator.
7. Keep record of hours lost due to illness, funerals or care of the sick.

#### *Roles of Resource Centres*

1. Demonstrate how to integrate HIV/AIDS education in various subjects
2. Help produce teaching materials on HIV/AIDS
3. Advisory services
4. Distribution points for the HIV/AIDS materials

## WHAT IS HIV AND AIDS?

It is now an accepted fact that knowledge about transmission has not proven sufficient to allow young people to protect themselves from the virus. There is need to go beyond giving facts about HIV/AIDS: factual information is not enough.

The following observation<sup>1</sup> should be taken seriously:

“Fears are sometimes expressed that integrating reproductive health and HIV/AIDS education into the curriculum will increase sexual activity among youth, thereby potentially aggravating rather than alleviating the problem. The evidence from research studies in Africa confirms what has been found in other parts of the world: there is no need to fear. Young people who participate in sexual or reproductive health programmes do not become more promiscuous. They do not engage in sex earlier or seek more frequent sexual intercourse. In some cases, the information and skills acquired in the programmes have helped participants delay the initiation of sexual activity.”

#### *What is HIV?*

- HIV is a very small germ or organism, called a virus, which people become infected with. It cannot be seen with the naked eye, but only under a microscope.
- HIV only survives and multiplies in body fluids such as semen, vaginal fluids, breast milk, blood and saliva. We can only become infected through contact with infected body fluids.
- The body's natural ability to fight illness is called the immune system. It is the body's defense against infection.

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<sup>1</sup> HIV/AIDS and Education in Eastern and Southern Africa : The Leadership Challenge and the Way Forward, Synthesis Paper, Economic Commission for Africa, October 2000 p.8

- HIV attacks the immune system and reduces the body's resistance to all kinds of illness, including flu, diarrhoea, pneumonia, TB and certain cancers.
- That is why HIV is called the Human Immunodeficiency Virus.
- HIV eventually makes the body so weak that it cannot fight sickness and so causes death.
- Usually people die between five and ten years after becoming infected, but some HIV-infected people live longer.

#### *What is AIDS?*

- AIDS stands for Acquired Immune Deficiency Syndrome.
- AIDS is the final stage of infection with HIV, and this is what causes a person to die.
- People with AIDS usually have several different illnesses at the same time. These differ among different people.
- The word syndrome means that several symptoms occur at the same time. It is used to emphasize that people with AIDS have many signs and symptoms, because they suffer from several illnesses at once. AIDS is not actually one disease but a combination of several illnesses.

#### *How is HIV spread?*

- HIV is an infectious disease, but there are only certain situations in which people who have the virus can **pass** it to other people.
- Sexual intercourse is the most common way through which people become infected, because the virus survives in semen and vaginal fluids.
- Babies born to mothers with HIV can also become infected just before and during birth, or during breast-feeding.
- Infected blood can spread the virus, for example if it splashes on broken skin, or by friends or family members sharing blades, razors or toothbrushes and other sharp objects.
- Drug addicts who share needles can infect each other.
- Although blood used in transfusions is screened for the virus, errors sometimes happen and occasionally blood transfusions may be a cause of infection.

*Misconceptions about the spread of HIV/AIDS*

- You cannot be infected with HIV by sharing a house, desk, chair, office, car, taxi, locker, telephone, cup, fork, plate, mug, toilet, towel, sheets or clothes with someone who is infected.
- You cannot be infected with HIV by sharing food, sharing a bath, sharing a swimming pool, or shaking hands with someone who is infected.
- If you hug someone with HIV you cannot get infected.
- You cannot be infected with HIV by being bitten by a mosquito, bed bug, tick or flea that has bitten a person with HIV, assuming there are no accidents that involve blood contacts between an infected and a non-infected person.
- You cannot be infected with HIV in the course of any normal educational activities, which take place in a learning environment.

*How can we tell if someone has HIV?*

- The test does not show the virus itself, but it shows the presence of 'antibodies' in the blood. Antibodies indicate that the body is reacting to the presence of the HIV virus, and trying to defend the body against it.  
These antibodies only appear in the blood between three and six months after the infection.
- Before you have an HIV test you should speak with a counsellor about the test and what you will do when you hear the result.
- The result of the test usually takes two weeks, but sometimes it is available much sooner, even the same day. The result is private (confidential). You do not have a legal obligation to tell anyone if you are HIV negative or HIV positive.
- But, it is right and necessary to share this information with anyone you have had sex with. And it is best to tell a close family member or friend who can support you.

*Can a person pass on the infection when he or she is not sick?*

- A person can pass on the HIV infection to others at any time after he or she has become infected. This often happens before people realize they have HIV infection and even before an HIV test would show them to be 'positive'.
- HIV cannot be transmitted by casual contact. So there is no reason why a person should fear being infected by normal daily interactions with someone who has HIV.



- Many famous sportsmen and women, film actors, directors, academics and politicians have all worked effectively for a long time when they had HIV until they became ill. Many citizens who are not famous have done the same.

*How should we treat people with HIV/AIDS?*

- It is cruel and unnecessary to discriminate people with HIV/AIDS. It is hard enough facing premature death without being shunned by family, colleagues and friends.
- If we reject people who have HIV, they may be forced to try to hide it or pretend they do not have it. In doing so they put other people at risk. People who are infected must be encouraged to take the necessary precautions against passing on the infection, such as wearing condoms during sex or not breast-feeding their babies.
- Any of us could get the virus, especially if we are sexually active and act carelessly. We should not treat other people in ways we would not want to be treated ourselves.

*Is there a cure for HIV or AIDS?*

There is no cure for HIV or AIDS.

- Medical researchers in many countries are working urgently to develop vaccines to prevent HIV infection. But even when a vaccine is developed, it will take several years before it can be thoroughly tested, approved by the proper authorities, and made available on a large scale to the public.
- Medicines that delay the onset of AIDS-related illnesses can be given to people with HIV but these are not cures. Unfortunately they are very expensive. Drug companies are developing cheaper alternatives, but these are not yet generally available.
- When HIV weakens our immune systems, our bodies are unable to withstand infections like TB and pneumonia. TB can be cured provided the patient takes the right drugs for the right period of time. HIV positive people can take medication to prevent pneumonia. In such ways, people with HIV can be helped to live longer and fuller lives.
- Prevention is the only sure way to defeat HIV and AIDS.
- We can avoid becoming infected and infecting others by ensuring that we act carefully, considerately and responsibly at all times, especially in our sexual behaviour.
- The tragedy in our country is that so many people are dying needlessly and prematurely from a disease that is entirely preventable.

*Why don't we hear of many people dying from HIV/AIDS in our community?*

- Because of the time lapse between infection and death, some areas of the country are only now beginning to experience substantial numbers of adult deaths due to HIV.
- We may not know what is really going on around us.
- Because HIV-infected people often die of familiar diseases, like TB or pneumonia, people may not be sure whether a fatal illness was AIDS-related. Often family members may not know or may be unwilling to admit the truth.
- There is a lot of secrecy surrounding HIV/AIDS. Many people are ashamed or frightened to be HIV positive. They and their families will not talk about it.
- Because of ignorance and fear, people with HIV/AIDS have faced discrimination in their communities, and some have been killed. Such actions have scared people and prevented them from disclosing their HIV infection.
- Some people still deny that there is such a disease. Some claim that it is a plot against black people. In fact, HIV/AIDS is a world-wide epidemic that affects people of every race.

*How do we know this HIV epidemic isn't exaggerated?*

- Research has shown that certain social conditions make it more likely that high rates of HIV infection and death from HIV/AIDS will occur. These include poverty, malnutrition, poor sanitation and hygiene, violence, including violent and abusive behaviour against women and girls, subordination of women, high youth unemployment, migrant labour and breakdown of family life, sexual promiscuity especially by men, sexual activity among teenagers, and high rates of sexually transmitted infections (STIs). All these factors are present in Zambia.
- Research undertaken in Zambian institutions shows high rates of infection among women aged 20 – 39 years and men aged 25- 45 years.
- Having examined the available data, the **United Nations AIDS programme (UN AIDS)** estimates that one in every five adults in Zambia now has HIV.
- Available evidence also suggests that there is now a problem with HIV/AIDS in every community in the country.
- Even without research, most of us know that the disease is claiming many lives, young and old. Many of us have lost family members and neighbours. Many of us are caring for sick relatives or looking after AIDS orphans.

*Living with hope*

- Most people with HIV are well and will continue to feel well for some years after they have become infected.
- During this period, adults and children with HIV can live active and productive lives at school, work and home.
- People with HIV need support and advice. People who test HIV positive must be counseled to look forward to several years of normal life.
- The community around us and especially the school environment can be a source of love, care and support.
- The challenge for us as educators, with or without HIV, is to enable the school to realize this potential.

## KEY MESSAGES ABOUT PREVENTING HIV/AIDS

Educators have a unique opportunity to change the course of the epidemic

- Since almost every child in the country attends school, educators have a unique opportunity to influence children's ideas about sex and relationships, even before these start.
- By so doing educators can play a central role in changing the course of the HIV epidemic.
- With few exceptions, children starting their school careers do not have HIV infection.
- By the time they leave school, some children have acquired the virus especially those from colleges. Many will become infected after leaving school, unless they have been helped to adopt safe sexual behaviour.

*Leadership begins at home*

- Educators are expected to be role models and leaders in the community. By adopting safe and responsible sexual practices ourselves, we can protect ourselves from HIV and help countless others to do the same.

Here are key messages about preventing HIV.

*Abstinence*

- The safest sexual practice is to abstain from intercourse until marriage, and then to stay faithful to your partner.

*Have safer sex*

- The majority of HIV infections occur through sexual intercourse. To prevent HIV we must adopt safer sexual practices. There is no other way!
- If you decide to have sex, assume that you and your partner may carry the HIV infection. Use condoms.
- Have one sexual partner, and practice safe sex each time.
- When it is time to have children, both partners should have HIV tests and know your status.

*Love and trust*

- The man or woman who really loves you is the one who takes precautions to make sure you will not catch HIV from him or her by wearing a condom.
- Having a partner you trust now is not enough to protect you from HIV. Your partner, or you yourself, may have become infected during a previous sexual relationship, even one that ended some time ago.

*Saying 'Yes', saying 'No'*

- A man must ask a woman's permission before having sex with her.
- Any man who forces a woman to have sex when she has said 'No' is a rapist.
- Rape is a very serious crime. The victim must be taken immediately to the police and seek medical attention for examination and counseling. The rape must be reported to the police, and the victim will be asked to make a statement. The police must provide support and counselling for the victim, and investigate every reported case.

*Avoiding child sexual abuse: run and tell!*

- Teachers have a special responsibility to respect and protect the children in their care. Abuse of a child by a teacher is particularly horrible, because it betrays a trust given to teachers by the child's parents.
- It is untrue that if a man has sex with a virgin, especially a little girl, it will cure HIV. There is no cure for HIV. Instead, sex with a girl or boy child will cause that child untold pain and misery, and may infect them with the HIV virus and cut off their life.

- Children are taught to respect older people, but that does not mean that they must do everything older people tell them to do, especially if it is wrong and makes the child feel uncomfortable.
- Every child understands that there are kinds of physical touching, like a mother's caress or hug, or holding hands with a friend. There are other kinds of touching that make them feel uncomfortable.
- A child should never stay in a situation where they feel uncomfortable. They must be taught to shout for help, run away and ask an adult they trust for help.
- Children must be taught never to go to the home of a stranger, or walk in the street or the fields with a stranger, or get in the car of a stranger.
- They should not do any of these things with someone who makes them feel uncomfortable or is behaving strangely, even if that person is a relative or well known to them.

*Avoid multiple partners*

- People who have sex with many people are more likely to catch HIV, but HIV does not only affect people who have many partners.
- If only one partner was infected and did not use condoms, we could get infected.
- Many people have caught the virus after having sex just once with a person who was infected with HIV, and did not use a condom.
- People who are faithful to their wives or husbands can catch the virus if their spouse is not faithful to them.
- Each year, many children and women are infected with HIV when they are raped.
- Some children acquired HIV from their mothers. Some of these children have lived long enough to attend school.
- People also become infected through contact with infected blood, such as from contaminated needles, shared razors or blades.

*Using a Condom*

- Sexually transmitted diseases (STDs) cause a sore on the penis or vulva, or pus or pain when urinating. Untreated sexually transmitted diseases increase your chance of getting HIV. Do not have sex if you have an STD. Get treated!
- Condoms protect you against other sexually transmitted diseases as well as HIV.

- Sexually transmitted diseases are the most common cause of infertility.
- By using a condom you can avoid HIV and other STDs, and you can decide when you want to conceive a child.

*Avoid Drugs and alcohol*

- Drugs and alcohol use are also linked to many cases of HIV.
- Drunken people often forget about using condoms. Men often take advantage of drunk women to get sex, with or without using a condom. The same can also happen with drugs.
- Some addictive drugs like heroin are taken by injection. Many people have caught HIV from sharing injection needles and syringes.
- Never share a syringe and needle with another person.

*Availability of Anti-Retroviral Treatment*

Anti-retroviral treatment is treatment that is available for HI/AIDS positive people. The drugs are not a cure for AIDS. When they are taken, they transform a fatal condition into a manageable condition. These drugs are toxic because up to 4 types of drugs have to be taken under doctors strict instructions and he/she closely monitors the CD 4 count of T-Cells. Before starting anti-retroviral drugs the anti-retroviral load must be ascertained. Once you start taking drugs one cannot stop. The intake of these drugs has its own advantages such as:

- AIDS deaths have reduced with ARV treatment in CANADA and California
- Money is saved on hospital bills
- There is reduced mortality and morbidity

## **PREVENTING HIV INFECTION IN SCHOOLS**

If our schools have staff and learners with HIV, won't the rest of us catch it?

- Since HIV is spread mostly through sex and contact with blood, most of us are not at risk of catching HIV in the course of our normal teaching or learning activities.
- There are no known cases of HIV transmission in schools or institutions during educational activities.
- There is a possible risk of HIV transmission through contact with infected blood.

- This risk is negligible if good basic first aid is applied.

The golden rule here is to apply universal precautions. What are universal precautions?

- Universal precautions are named thus because they are applied to every person and every body fluid.
- Universal precautions are necessary because in a learning environment it is not possible to know who has HIV.
- Because of the long period between HIV infection and the start of illness, most of the people with HIV in a school will not know that they are infected.
- Because of the 'window period' during which the signs of infection do not show up in a test, even a negative HIV test does not mean that a person does not have HIV.
- If we apply the same precautions to every situation where there is blood, we will be safe from HIV and other diseases carried in the blood.

What does every school need for first aid?

- Two first-aid kits that are kept well stocked (see box).
- A bottle of household bleach.
- A stock of plastic shopping bags checked for holes.
- A container for pouring water.
- If your school has no running water, a 25 litre drum of clean water should be kept at all times for use in emergencies.

### **CONTENTS OF FIRST-AID KITS**

- Four pairs of latex gloves (two medium, two large)
- Four pairs of rubber household gloves (two medium, two large)
- Materials to cover wounds, cuts or grazes (e.g. lint or gauze), waterproof plasters, disinfectant (e.g. household bleach), scissors, cotton wool, tape for securing dressings, tissues
- A mouth piece, for mouth to mouth resuscitation

*How should we manage accidents and injuries at school?*

**1) No one should have direct contact with another person's blood or body fluids**

- Every first aid kit should contain rubber gloves and these should be worn at all times when attending a person who is bleeding from injury or a nosebleed.
- Anyone who cleans blood from a surface or floor or from cloths should also wear gloves.
- \*The same precautions should be taken with other body fluids, including vomit, faeces, pus and urine, although it is very unlikely that a person would catch HIV from these.
- If there are no gloves available, plastic shopping bags can be put on your hands, so long as they have no holes and care is taken not to get blood or cleaning water on the inside.
- All learners should be taught not to touch blood and wounds but to ask for help from a member of staff if there is an injury or nosebleed.

**2) Stop the bleeding as quickly as possible**

- If a colleague or learner is bleeding, the first action must be to try to stop the bleeding by applying pressure directly over the area with the nearest available cloth or towel.
- Unless the injured person is unconscious or very severely injured, they should be helped to do this themselves.
- If someone has a nosebleed he or she should be shown how to apply pressure to the bridge of his or her **nose** himself or herself.

**3) Cleaning wounds**

- Once the bleeding has been stopped, injured people should be helped to wash their grazes or wounds in clean water with antiseptic, if it is available. If not, use household bleach diluted in water (1 part bleach, 9 parts water).
- Wounds must then be covered with a waterproof dressing or plaster.
- Learners and educators must learn to keep all wounds, sores, grazes or lesions (where the skin is split) covered at all times.

**4) Managing accidental exposure to another person's blood, or exposure during injury**

- Skin that becomes exposed to blood must be cleaned promptly.



- Cleaning should be done with running water, if this is not available, clean water from a container should be poured over the area to be cleaned.
- If an antiseptic is available, the area should be cleaned with antiseptic. If not, use household bleach diluted in water (1 part bleach, 9 parts water).
- If blood has splashed on the face, particularly eyes or the mucous membranes of the nose and mouth, these should be flushed with running water for three minutes.

#### **5) Cleaning contaminated surfaces and materials**

- Contaminated surfaces or floors must be cleaned with bleach and water (1 part bleach, 9 parts water).
- Bandages and cloths that become bloody should be sealed in a plastic bag and incinerated (burnt to ashes) or sent to an appropriate disposal firm.
- Any contaminated instruments or equipment should be washed, soaked in bleach for an hour and dried.
- Ensure that bathrooms and toilets are clean, hygienic and free from blood spills. Every school must ensure that there are arrangements for the disposal of sanitary towels and tampons. All female staff and learners must know of these arrangements so that other persons has contact with these items.

#### ***What about very serious incidents, such as rape or stabbing when there is a known HIV risk?***

- The risk of HIV transmission is much higher in cases of rape, or stabbing with a needle or blade, especially if more than one person is involved.
- A woman who is raped should be given immediate support and comfort in her distress. She should be asked not to bathe or change her clothes (because evidence of the rape must be kept for the medical and police investigation). She must be taken at once to a district surgeon or medical facility for examination and emergency contraception, and to a police station so that she can make a statement and lay a charge. Arrangements must be made for her to be given professional counselling and help.
- With a stabbing or exposure of broken skin to HIV infected blood, give first aid immediately. A stabbing should be reported to the police.
- In all these situations the people should be taken to an appropriate medical facility for counselling about their risk of contracting HIV, and their parents or guardians should be contacted urgently.

- Drug treatment is available in the private sector that may reduce the risk of a person who does not have HIV from contracting the infection if raped or stabbed. The effectiveness of drugs in these circumstances is not proven. They are not available from public hospitals. Anyone who has a significant risk of contracting HIV and has the money for these drugs may choose to use them. Decisions about the use of these drugs must be taken quickly as it is considered that they are most effective the sooner they are taken after the exposure.

*How can we prevent HIV transmission during sport?*

The only possible risk of HIV transmission is during contact sports where injuries can occur. Even here the risk is extremely small if the following rules are applied:

- First-aid kits with rubber gloves should be available during every sports session or match.
- No one should play a sport with uncovered wounds or flesh injuries.
- If a graze or injury occurs during play the injured player should be called off the field, given first aid and only allowed back with their injury clean and covered.
- Blood-stained clothes should be changed.
- Educators and learners with HIV are advised first to discuss with a doctor any possible risks to their health and of transmission during the sport.

*Sexual relations in schools*

- In schools with hostels it is likely that some learners will have sexual relations on the premises, whether it is against the rules or not.
- Advice and counselling, including peer group discussions, are especially important in these situations.
- Condoms should be freely available to learners who are sexually active. Learners should be advised why and how they should be used and disposed of.

*Sexual relations between educators and learners are illegal*

- Educators must not have sexual relations with learners. It is against the law, even if the learner consents. Such action transgresses the code of conduct for educators, who are in a position of trust.
- Strict disciplinary action will be taken against any educator who has sex with a learner.
- Sex that is demanded by an educator without consent is rape, which is a serious crime, and the educator will be charged. If an educator has sex with a girl or boy who

is under 16 years, he or she will be charged with statutory rape and may face a penalty of 10 – 15 years imprisonment.

- If you are aware of a colleague who is having sexual relations with a learner you must report them to the principal or higher educational authorities, and if the boy or girl is under 16, to the police. If you do not do so you may be charged with being an accessory to a rape.

*What about other diseases? Can't we catch these from people with HIV?*

- Because their immune systems are damaged, most people with HIV are in greater danger of catching your illnesses than you are of catching theirs.
- The exception is TB. Anyone who may have TB should be advised to seek immediate medical treatment and return to the school or institution only after advice from their doctor.

Are there any other situations when people with HIV would be excluded from school?

- If a person with HIV develops uncontrollable bleeding or has unmanageable wounds it might be necessary to exclude him or her until these problems are brought under control.
- If a person displays physically or sexually aggressive behaviour, it will be necessary to take appropriate action in accordance with medical advice, the applicable code of conduct for learners, respect for the rights of all concerned, and the law.

## **CARE AND SUPPORT**

HIV/AIDS Care and Support are defined as interventions or sets of interventions whose purpose is to mitigate the impact of the HIV/AIDS epidemic on individuals, families, communities and national care and support activities. Therefore they are broad in nature and are critical to the continued efforts of communities, governments and donors to promote sustainable development in the face of HIV/AIDS epidemic.

**CARE:** Involves services to stabilize and/or improve the mental, physical health of individuals infected and affected by HIV/AIDS.

**SUPPORT:** Involves interventions to stabilize and or improve community and societal systems affected by the epidemic care continuum. These may include various interventions of behaviour change; programmes and messages to combat HIV/AIDS stigma and discrimination; programmes to manage and control STIs; baseline not behaviour studies e.g. sexual behaviour etc.; Voluntary HIV Counselling and testing; establish referral systems for infected persons; control and or manage opportunistic

infections; improve tuberculosis management; develop home based care for People Living With AIDS; develop support groups with various objectives; assist orphans and vulnerable children (OVC); reinforce integrated approaches to support service deliveries; programmatic recommendations such as human rights; palliative care; psychosocial care; socio economic care.

### *Counselling*

This is an important activity that should be done only by trained counselors. Every school should have a guidance and counselling educator.

### *Referral Systems*

Where schools are not sure how to handle a given case it is advisable to refer such a case to for example medical practitioners or the nearby clinic. Staff in clinics are trained to handle various forms and cases of infection, care and prevention.

### *Life Skills Education*

Young people need to learn and practice skills and values which will help them to avoid dangers and make responsible and healthy choices for themselves, this is why we need to teach Psychosocial Life Skills. Teenagers need to be given opportunities to talk about the information they are learning and to think about their own values. Life skills are more important in view of the HIV/AIDS epidemic. Young people need the skills of assertiveness, critical thinking, creative thinking, problem solving, decision making and so on, to make rational decisions and to be responsible for their own actions. The Ministry places a lot of emphasis on Life Skills education and training. Pupils and Teachers Life Skills Manuals for grades four and five are already available for use. Similar manuals for Grades One, Two and Three are also being developed. It is envisaged that most grades will have their own manuals and teacher's guides for use in schools. These will be available at Curriculum Development Centre

### *Stress Management*

Stress Management is a skill which many educators need to learn and apply in everyday situations. The epidemic has evoked various stress conditions on society, therefore the management of this stress is an important skills that we all need. A Stress Management Training manual is available from School Guidance Services.

### *Positive Living*

Infected and affected people ought to adopt positive living styles. People living with HIV/AIDS can live and continue to feel well for some time after they become infected. During this period children and adults can live active and productive lives at school, at work and home. The community around especially the school environment should be a source of love, care and support. The challenge for educators, with or without HIV, is to enable the school to realize this potential.

# NETWORKING

Teachers are well placed to network with as many organizations as possible. Do not be afraid to ask for help and clarification. Invite specialized people to help you teach certain topics. The pupils will love it.

- Consult with any Non-Governmental Organization and line ministries that have HIV/AIDS programmes near your school
- Conduct inter-school visits so that you can learn something. Consult service providers e.g. income-generating activities that are going on, get the information and participate.
- Consult the traditional and political leaders. Talk to the businessmen and women and encourage dialogue with the churches.

The HIV/AIDS epidemic will require concerted efforts such as community action so that we can complement our messages and help to reduce the infection and provide a supportive environment to the window of hope.

## *Partnerships*

The power to defeat the spread of HIV and AIDS lies in our Partnerships: as youth, as women and men, as business people, as workers, as religious people, as parents and teachers, as farmers and farm workers, as the unemployed and the professionals, as the rich and the poor - in fact, all of us.

Today, educators should join hands in this Partnership Against HIV/AIDS. Together we pledge to spread the message! 'Every day, every night - wherever we are - we shall let our families, friends and peers know that they can save themselves and save the nation, by changing the way we live - and how we love. We shall use every opportunity openly to discuss the issue of HIV/AIDS. As Partners Against AIDS, together we pledge to care!'

# A SCHOOL POLICY ON HIV/AIDS

- \* Schools or institutions should develop their own policy on HIV/AIDS, in order to give operational effect to these national guidelines. Such a policy must be consistent with the Constitution and the law. A school policy must not contradict national policy, or the guidelines in this booklet.
- \* The school has a responsibility to be a centre of information and support on HIV/AIDS in the community it serves. Major role players from the broader community, for example religious and traditional leaders, local health workers or traditional healers, should be invited to participate in developing the school's policy.
- If the resources are available, a school may want to establish a Health Advisory Committee. This would be a committee of the PTA. Its membership should include staff, parents, learners and health professionals. Someone with health knowledge should chair the Committee. The Committee should advise the PTA on the implementation of these guidelines. It should help develop the school's HIV policy and monitor its implementation, especially HIV prevention.
- The school policy should be reviewed as new scientific information becomes available, including advice from the national or provincial health or education authorities.

## Reducing the risk of transmitting illness to people with HIV/AIDS

- Illnesses that may be relatively unimportant for a well person can be serious for other people and life threatening if caught by a person with AIDS.
- Learners and educators with infectious diseases including measles, mumps, German measles, chicken **pox** and whooping cough should consult a doctor and stay away from school until they are better.
- Schools' should inform parents of this policy and strongly recommend that all children are fully vaccinated.

## Supporting sick learners

- Learners and students are expected to attend classes in accordance with legal requirements for as long as they are able to function effectively and pose no medically significant risk to others in the school or institution.
- Every school with sufficient facilities should have an area where learners and educators who are feeling unwell can lie down during the day for short periods. This will enable learners who are sick to stay in school for longer.

- If and when they become ill or pose a medically significant risk to others they should be allowed to study at home and academic work should be made available for this. Where possible, parents should be allowed to educate them at home.
- Some learners with HIV/AIDS may develop behavioural problems or suffer neurological damage. Such learners should be assessed and, where it is possible and appropriate, placed in specialised residential institutions for learners with special education needs.
- Some extra-curricular activities can be very stressful for learners with HIV. Educators need to be sensitive to this and excuse such learners from participation when necessary.
- Medicines often have to be taken at set times in order to be properly effective. Educators need to be aware of this and allow learners with HIV to slip out of class to take medication when necessary.
- Schools should help learners with HIV to form a support group or link with one in the community.

#### Supporting sick colleagues

- Educators and other staff who develop AIDS-related illnesses need understanding from their colleagues
- Increasingly they will need days off work or become exhausted during the day and need to lie down for some time.
- During these times, other members of staff will have to cover for them, and this will have an impact on their own work and well-being.
- The scale of the HIV epidemic is so great in the country that, until we all practice safer sex, these things will form part of a new reality with which we have to live.
- Educators often feel overburdened already and find it hard to see how they could do more work. Such feelings are very understandable. This emergency makes exceptional demands on all Zambians. Perhaps we should remember that one day our well colleagues might have to cover for us, unless we protect ourselves from infection.

# CREATING AN ENABLING ENVIRONMENT FOR THE INFECTED AND AFFECTED

HIV/AIDS will affect all of us.

- Even if we avoid catching HIV, very few of us will be unaffected by it.
- Most of us will lose family members and friends to HIV.
- We will all have more funerals to attend and need our colleagues to understand if we are placed under additional strain or have to take time off due to bereavement.
- Those of us who get HIV will find eventually that we become ill and need lengthy periods of sick leave. Our colleagues who are well will have to understand this and cover our teaching duties.
- Increasingly we will find we have learners with HIV/AIDS in our classes and they will need special help when they become ill. Their attendance at school will be affected, and they are likely to lose concentration and fall behind in their work. Special consideration must be given to them, including the chance to do school work at home. Wherever possible, home visits should be arranged by the school.

## *Living with HIV/AIDS*

- Educators and learners with HIV should be able to lead as full a life as possible.
- They should not be denied the opportunity to receive education or work as educators for as long **as** they **are** able to do so.
- Since their HIV infection does not pose a significant risk to others in schools or institutions so long as the necessary precautions are followed, there is no reason to deny infected educators and learners the same rights as others.

## *Dealing with prejudice*

- Any special measures taken in respect of a learner or educator with HIV should be fair and justifiable in the light of medical facts, school or institution conditions, and in the best interest of the person with HIV and those of others.
- Educators need to be vigilant about the possibility of discrimination in schools, take swift action to defuse any situations that occur, and deal effectively with perpetrators.
- Prejudice thrives on fear and ignorance. The most effective way to reduce such threats is by sharing the information contained in this document with learners so that



they understand the medical facts about HIV and how it is transmitted and know how they can protect themselves.

Refusal to study with a person with HIV/AIDS, or refusal to teach or be taught by a person infected with HIV or AIDS.

- Learners or educators who refuse to study with, teach or be taught by a person with HIV/AIDS should be counseled.
- The situation should be resolved by the Head Teacher, Principal, educators, and if necessary, school governing body or any other body in accordance with the National Policy on HIV/AIDS of the Ministry of Education.

### *Orphans*

- Many learners will become orphaned or lose close family members and will need emotional help and guidance from educators.
- Orphaned learners may face financial hardship and have difficulties with school fees, uniforms and books.
- Some orphans may in fact be left to look after younger siblings. They may have to act as the head of their households, however young and in need of help they may be.
- They may themselves be infected, or be caring for others who are infected and ill.
- Educators need to be aware that learners orphaned due to AIDS may face prejudice and be neglected by people who are supposed to look after them.
- Schools will need to develop policies to guide the actions of educators who suspect such neglect, as they do when other forms of child abuse are suspected.

### *Testing for HIV in schools and disclosure of HIV status*

- The law does not allow learners or educators (or any employee) to be forced to have HIV tests.
- Genuinely voluntary disclosure of a learner's or educator's HIV status should be welcomed.
- Educators who are given such information must be prepared to treat it as confidential and ensure that no unfair discrimination follows from it.
- Information on a learner's HIV status can only be disclosed by an educator to another person with the written permission of the learner (if over 14 years) or his or her parents.

## **SOME FACTS ABOUT HIV/AIDS AND CULTURE**

*Talking about sex? It's against our culture!*

- We all have sex, but many of us have been taught to think of it as immoral, dirty or embarrassing, unless it is practiced within the bonds of marriage.
- We are not used to talking openly about sex, hearing about sex or speaking words like penis or vagina or intercourse.
- We are not used to talking with children about sexual matters.
- These aspects of our culture, that have made us shy about sex, were developed in different times. We now have a completely new challenge with HIV. It is a new disease that was not there when our old customs were created.
- With HIV/AIDS means we have to make some changes to our culture because if we do not make these changes very large numbers of our young people will die and we may do so as well.
- Changing the rules about discussing sex does not mean that our culture will be threatened. There is much more to our culture than codes and practices relating to sex.
- In fact, culture changes all the time. That is how it survives. Think how many customs have changed in our lifetimes and our parents' and grandparents' lifetimes.
- If we don't control HIV/AIDS, it will destroy our society and our cultures will be history.
- We need to adapt our customary attitude toward sex and talking about sex, because the lives of our spouses and partners, our children, and those in our care, depend upon it.
- It shows maturity to talk about sexuality in a straightforward and responsible way. Young people will appreciate our concern for their problems. It won't encourage immorality!
- Parents have the first responsibility for teaching children what is right and what is wrong, what is acceptable and what is not acceptable.
- As educators, we have a very strong moral responsibility to help protect the health and lives of children we educate, and give the best possible advice to parents and learners alike.

- Some of our religious beliefs about sexual morality may make it difficult for us to discuss sex with children, but we cannot expose young people in our care to life-threatening situations when we have information that could save them.
- It is not true that teaching young people about sex and sexuality makes them promiscuous or immoral. In our society, and many other countries, young people are starting to have sex very early whether we like it or not. Sexuality education, that gives knowledge and teaches respect for themselves and others, will help them to make wiser decisions about whether or how to have sex, and keep safe.
- The threat of HIV does not mean that we have to discard our moral code. A strong and clear moral code **was** never more necessary. But it should include the obligation to practice sexual self-restraint and respect for the rights of others, especially our sexual partners. It should include the obligation to teach young people the importance of doing the same.
- A good starting point is to recognise that sexuality enhances life if it is properly directed. Good sexual relationships are not about power. They are not about demanding rights. They are about mutual enjoyment and respect.

Teaching in a country where human rights are protected.

- In Zambia human rights are protected and guaranteed by the Constitution.
- Human rights belong to all people, learners as well as educators.
- Rights come with responsibilities. For us all to enjoy our human rights we must all exercise our responsibilities.
- The Constitution guarantees the right to freedom of access to information and freedom of conscience, thought, religion, belief and opinion. The Constitution gives special protection to children's rights. It puts a duty on everyone to act always in the best interests of a child.
- Children have the right to information about sexual health and HIV prevention.
- We may discourage learners from having sex, but learners must be given accurate information on safer **sex as** they will make their own decisions.
- This is their constitutional right and our constitutional responsibility as educators. Shouldn't we just tell young people not to have sex?
- It is good to talk to young men and women about not having sex. We must also remember that many of them will ignore or not be able to follow this advice.

- It is easy to forget how important boyfriends and girlfriends were to us when we were teenagers. These relationships are just as important for young people now. They are a source of development and growth, even when they involve difficult choices.
- Research shows that if we give young people proper information about sex, about the risks associated with sexual activity, and how they can protect themselves, then they are more likely to decide for themselves to delay the start of sexual activity. If they have knowledge, and have discussed these questions openly and without fear, they are more likely to practice sex safely when they do begin a sexual relationship.
- Whenever we consider the question of life skills and sexuality education, let us remember that tens of thousands of our young people have already begun sexual activity and become infected by the HIV virus out of ignorance. Many young people believe that they are safe because they are young. They may think it is macho to take risks. Taking risks with HIV is not manly or cool, it is stupid, and it involves extreme danger to others.
- Some young men who know or suspect that they are infected, have made the cruel decision to infect others, by defiling minors or gang rape.
- We must face up to what is happening in our society. Just telling young people not to have sex is not the answer, or at best it is only a part of the answer. The HIV/AIDS epidemic shows us that we are dealing with a moral crisis in human relations in our country. We must teach our children and our young people to respect themselves, to respect their fellows, to show special understanding for the rights of girls and women, to join together in human solidarity to save ourselves and each other. That should be the basis of our morality.
- Discussion among young people themselves, facilitated by a knowledgeable young person, perhaps someone who is living with HIV, is a very effective form of education about the disease. NGOs doing this type of work should be welcomed in our schools and encouraged to help.

Aren't the children too young for this sort of information?

- From the time they first start school, learners need to have information about HIV/AIDS presented to them in a way which is appropriate to their age, in the context of life skills education.
- We often forget that most children become aware of sex and want to know about it at a very young age. It is a difficult fact that many children are already sexually active by the age of 12.
- Many children become aware of HIV/AIDS when they are quite young, since they know people, including parents or siblings, who are ill or have died. The media is full of stories about the epidemic. Children spread information about the epidemic among themselves, whether or not it is accurate or true. The best thing is for educators to be

prepared to start providing the correct information about sex and sexuality and HIV/AIDS before children learn incorrect information about these things from their peers.

**LIST OF ORGANISATIONS THAT WORK IN HIV/AIDS**