HIV/AIDS AND EDUCATION

COPING SKILLS:
A Facilitator's Manual

"The Future Belongs To
Those Who Believe In Their Dreams."

UNESCO

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"The Future Belongs

To Those Who Believe In Their Dreams."

Harare Cluster Office

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Foreword

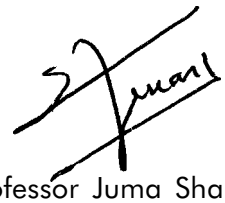
There are approximately 2.5 million teachers currently working in primary and secondary schools in sub-Saharan Africa. Teachers are clearly the most important resource for ensuring that the Millennium Development Goal of Education for All by 2015 will be achieved. Ensuring good quality, relevant education will depend on the availability of sufficient numbers of properly trained teachers.

With the advent of HIV/AIDS, many countries in this region are loosing this valuable resource that is teachers. In most of these countries teachers are dying faster than they can be replaced. In spite of this there have not been enough interventions targeting teachers as a high-risk group.

Most interventions have been primarily concerned with issues of HIV prevention through curriculum reform. However, it is important to realize that an activity such as curriculum reform is secondary to sustaining the capacity of the sector. If the capacity to teach is not maintained then a few years down the line there might not be enough personnel to deliver the curriculum. Teachers should be targeted because they are a vulnerable group themselves and because they need to be prepared for 'teaching in a world with AIDS'. The preparation of teachers is vital for the success of all HIV/AIDS Life Skills programmes.

This manual was prepared in response to the identified need to prepare teachers to cope with HIV/AIDS at an individual level and thereafter to support the school community in coping with the burden posed by HIV/AIDS. In addition to addressing their own risk, the manual seeks to help teachers to acquire skills to deal with the further and new role that HIV/AIDS places on the teaching profession, i.e. as being educators, deliverers of preventive education, care-givers, and guardians of children's rights.

This manual is the outcome of a series of consultations and participatory processes among various stakeholders from the Ministry of Higher and Tertiary Education, the Ministry of Education, Sport, and Culture, NGOs and civil society. It is only through partnership and collaboration that we can begin to overcome the effects of the HIV/AIDS pandemic.



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Introduction

Background

With near universal awareness of the major aspects of HIV/AIDS, the current challenges in the fight against the disease are seen as preventing new infections by fostering behaviour change, caring for and supporting the large numbers of infected people, coping with the impact of the pandemic as individuals and institutions, and addressing the plight of the increasing number of orphans. Zimbabwe is one of the hardest hit countries in sub-Saharan Africa. Its education sector has also been affected and HIV/AIDS poses a significant threat to the attainment of gender equality by 2005, the achievement of Education for All by 2015, and the enhancement of the quality of education in Zimbabwe. Maintaining gains in education has been increasingly challenging due to economic pressures on the Ministry of Education, Sport, and Culture, as well as communities and households.

In 1995, the Government of Zimbabwe initiated the compulsory teaching of HIV/AIDS and Life Skills Education in primary and secondary schools. The project had four major activities. First were compulsory classes for pupils, who were expected to have one HIV/AIDS and Life Skills Education lesson per week from Grade Four in primary school to Form Six in high school. Second, the Ministry of Education, Sport, and Culture embarked on an extensive training programme for teachers who were expected to teach the subject. Third, with technical support from UNICEF and the Curriculum Development Unit, books for both teachers and pupils were produced. The fourth and last aspect of the programme was the introduction of HIV/AIDS into the curriculum for teachers undergoing training in teacher training colleges.

The 1995 evaluation of the Life Skills programme revealed that the focus of the project had been on the pupils and that little emphasis had been put on the teacher. The teacher was viewed solely as someone who delivers the curriculum. The following assumptions were also made: that teachers are knowledgeable about HIV and its transmission; that they are willing to talk about it with their students; and that all teachers will make acceptable counsellors and mentors.

Lessons from across the region point to the fact that the teacher should be a priority target for prevention activity. Firstly, this is because they themselves are a vulnerable group and secondly, because they too are a possible source of infection. This points to the focus being on the teacher in the first instance, which will help to make the classroom a safe place for children.

The preparation of pre-service teachers is therefore vital to the success of this HIV/AIDS and Life Skills programme. Teachers not only have to be prepared as individuals who are affected by the disease but also as professionals who will be confronted by the disease once they are out in the community. Today's schools are finding themselves in a situation where they have to play a role in addressing the needs of orphans and vulnerable children even though teachers' skills in handling children with special needs are limited.

Why a Coping Manual?

This manual comes in response to the identified need to prepare teachers to cope at individual level and thereafter support their school community to cope with the burden caused by the HIV/AIDS pandemic. Several studies have shown that behaviour change is key to preventing the spread of HIV/AIDS. Behaviour change is not a superficial concept; it is one that is ingrained. Thus, for teachers to convince their students to adopt a more positive behaviour, they have to themselves be in a position to understand and represent what they are trying to preach. The manual has been designed to help teachers cope with their multiple roles arising from the new challenges that HIV/AIDS is putting on the teaching profession. It also aims to provide skills for teachers so that they can support the huge numbers of schoolchildren affected by the pandemic.

Target Group

The manual has been prepared specifically for lecturers in teacher training colleges, and pre- and in-service teachers. Although the background material and some of the examples have been drawn from Zimbabwe and Zambia, any group can adapt the same material for their own environment.

Aim

The aim of this manual is to help teachers as:

- People affected by HIV/AIDS
- People who may themselves be infected by HIV
- People who are at risk of HIV infection
- Educators and deliverers of preventative education
- Care-givers and guardians of children's rights

The exercises and techniques in this manual will help teachers come to terms with their own situations and to cope with the situation on the ground.

How to use the Manual

The manual is aimed at enhancing the personality and skills of the student teacher for coping with the HIV/AIDS pandemic. It is recommended that topics be incorporated within the existing HIV/AIDS training sessions in Teacher Training Colleges. We further recommend that each session be implemented one at a time so as to generate discussion, particularly of real-life experiences. It is estimated that each session should last a total of one (1) hour.

Each session has a '**personal**' and '**community**' section. The users should make use of the first part of the manual to build their personal skills and the second part to support their community. Reading one section only may not be very helpful as it will be incomplete.

Glossary of key-terms used in the Manual

Coping This is a process of adjusting to the new life situation and getting back to normal as far as possible; regaining self-esteem; planning and going on with life; making appropriate behaviour changes, and regaining hope.

Depression Deep sadness, withdrawal, and helplessness, coupled with low self-esteem and loss of hope. Depression may be linked to the recognition of many areas of loss and fear, e.g. loss of hope for a long-term future or a job; of having loving relationships; of having children; of losing control; fear of stigma, rejection, loneliness, blame, suffering and death, or of leaving dependents without support.

HIV Human Immuno-deficiency Virus:

- **Human** – pertaining to human beings or people
- **Immuno-deficiency** – when one's natural ability to protect oneself from illness does not function well
- **Virus** – disease-causing organism

HIV is therefore an illness-causing germ that affects human beings by weakening their ability to protect themselves from other illnesses.

AIDS Acquired Immune Deficiency Syndrome

- **Acquired** – obtained from somebody or something
- **Immune** – when the body can defend itself against disease
- **Deficiency** – when there is not enough of something or it is not working properly
- **Syndrome** – a group of signs and symptoms

AIDS is a condition caused when the HIV virus has destroyed all the white blood cells in the body, leaving the body unprotected from any viruses.

Opportunistic Infection An infection that attacks people with a weak immune system, e.g. TB, herpes.

Stress Having competing issues with limited time or space to accomplish them – you may need to do everything but are not able to, which leads to physical, mental, and spiritual tiredness. As a result, you may get discouraged, and feel threatened and frustrated. Prolonged stress can lead to depression.

VCT Voluntary Counselling and Testing, i.e. taking the HIV test so as to determine one's HIV status. Testing should be done by choice – it should not be forced. The main aim of VCT services are: to promote HIV prevention, e.g. from parents to children; to help reduce the stigma, fear and anxiety surrounding HIV/AIDS and increase openness in the community; giving an early knowledge of HIV status to enable people to seek help and adjust their lives accordingly.

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Chapter One: HIV/AIDS and Me

'Breaking the silence'. Which way?

Session 1:
The Impact of HIV/AIDS in the School Environment

Aim: To contextualize the pandemic for the trainee teacher

Activity: As an introduction to the sessions, and using background information on HIV/AIDS, give trainee teachers time to reflect on the overall impact of the pandemic.

Move the focus of discussion to the school environment. This discussion could be started off by having trainee teachers sharing their knowledge on the impact of the HIV/AIDS pandemic in schools, or by having them read the following passage in groups and identify the manifestations of the HIV/AIDS pandemic in schools.

Lecturer: As a whole, receive a report back from the class groups.

Hints for the lecturer:

Low enrollment of children in schools

Affected households are unable to pay school fees, acquire material goods, and the children, mostly girls, often have to do domestic work and care for sick relatives. When there are few resources available, providing food and medicines for a sick relative often takes priority over a child's education - especially a girl's education.

Poor school attendance and performance

This may be due to increased domestic responsibility, poverty and the need to earn survival money, poor health and nutrition, difficulties in concentrating in class, and/or stigma and discrimination from teachers and other pupils.

Poor educational achievement

Many factors contribute to the poor educational achievement of orphans and vulnerable children. These include:

- Family disintegration
- Bereavement (loss of parent(s))
- Poverty and the need to work
- Domestic responsibilities
- Psychological stress
- Stigma and discrimination
- Lack of adult support
- Ill-health and malnutrition
- Poor quality education

Student sleeping in the classroom

Conclusion: The impact of HIV/AIDS in the school is a reality; trainee teachers have no choice but to learn to deal with the problems of students not being 100% physically and/or emotionally present.

Session 2:
HIV/AIDS in College

Aim: Helping the trainee teachers understand and appreciate their college environment.

The statistics on the loss of teachers in the education sector are horrifying. In 1999, primary school children who lost a teacher to AIDS number 86,000 in Zimbabwe and 100,000 in South Africa (UNICEF, 2000). The high number of teachers with HIV has resulted in teacher absenteeism, irregular classes, and fewer teachers in schools. This subsequently increases the teacher-pupil ratio, reduces the quality of teaching/learning that support teachers and schools can provide to vulnerable children. Some children may drop out of school altogether because they are afraid of getting HIV from their teachers. This is particularly common in areas where people are still misinformed about HIV transmission.

1. What do you understand when it is said that teachers are a high-risk group?
2. Why do you think that colleges are considered high-risk environments?

Activity: Read the following passage in groups and answer the questions below.

Mom visits her son, Mxolisi, who lives with a girl roommate Zodwa, and they have dinner. During the course of the meal, his mother couldn't help but notice how pretty Mxolisi's roommate was. She had long been suspicious of a relationship between the two, and this had only made her more curious. Over the course of the evening, while watching the two interact, she started to wonder if there was more between Mxolisi and his roommate than met the eye.

Reading his mom's thoughts, Mxolisi volunteered, "I know what you must be thinking, but I assure you, Zodwa and I are just roommates." About a week later, Zodwa comes to Mxolisi saying: "Ever since your mother came to dinner, I've been unable to find the silver peanut butter jar. You don't suppose she took it, do you?" Mxolisi replied, "Well, I doubt it, but I'll send a letter to her just to be sure." So he sat down and wrote:

Dear Mother,

I'm not saying that you did take the peanut butter jar from my house; I'm not saying that you did not take the peanut butter jar. But the fact remains that it has been missing ever since you were here for dinner. Love, Mxolisi.

Several days later, Mxolisi received a letter from his mother, which reads as follows:

Dear Son,

I'm not saying that you do sleep with Zodwa, and I'm not saying that you do not sleep with Zodwa. But the fact remains that if she were sleeping in her OWN bed, she would have found the peanut butter jar by now.

Love, Mom.

Questions: Is this a common story in our student communities of today?

What are the risks in the above relationship?

Can you identify other risky behaviour that take places within the college environment?

What is the impact of the different relationships on the academic performance of trainee teachers?

Activity: Do you know how fast the HIV virus is transmitted?

*Please note that this is only an exercise and **everyone** is only pretending.*

To demonstrate how fast the virus can be spread, carry out the following exercise. It is only a demonstration and does not follow that if you pick a positive (+) sign you are infected with the virus. The handshake represents a sexual contact.

Step 1: Depending on the number of people in the group, cut out pieces of paper and for every 4 papers mark one with a positive sign (+) and the other three with negative sign (-).

Step 2: Fold the papers and let each member pick one. At this stage the papers should not be opened.

Step 3: For two (2) minutes, members should spend time freely meeting and greeting the different members of the group and finding out how their family is doing and generally catching up on issues. Meet as many members as possible.

Step 4: Stop the exercise and members should open their papers. Ask all those who have a positive sign (+) to identify themselves.

Step 5: Ask anyone who greeted the identified group to identify themselves.

Step 6: Those who had contact with those with a positive (+) sign are now considered as being infected. Look to see if there is anyone left.

Step 7: How many were originally infected?

How many have been infected through contact with the original group?

How many have been infected through the second contact with a person who had greeted the original group?

How many members are left uninfected?

What does the above exercise tell us about the spread of the HIV virus?

Lecturer: As a self-reflection exercise, get the student teacher to consider the following questions:

- Have you ever had unprotected sex?
- Do you know the status of your sex partner?
- How many sex partners do you have?
- Have you ever experienced any sexual abuse?

Depending on the answers to the above questions, you may need to seek help. There are Voluntary Counselling and Testing Centres available that can help you deal with your situation. At the Centers, you will find qualified counselors who will be ready to help you with your sexual challenges.

Conclusion: It is only when the teacher understands and appreciates the real situation that they can make a difference. It is important that trainee teachers realize that within their lecture rooms there will be students who are living in fear, feeling lonely, are in the denial phases, are depressed, and living with HIV/AIDS. Thus, it is important that trainee teachers learn to be responsible.

Session 3:
The Role of the Teacher

Aim: To make teachers understand and appreciate their critical and multiple roles in the fight against HIV.

Activity: The following passage has been specifically chosen, since it is that of a teacher's experience. Please read it and reflect on the questions below

A volunteer's experience

I am an international volunteer teaching in Matabeleland. We are each paired with a Zimbabwean student. My partner and I teach 21 lessons a week in our secondary school and 4 in a local primary school under the guidance and counselling rubric, but the main focus is on AIDS awareness.

There are 350 pupils in the remote Zimbabwe secondary school in which I have been teaching for the last six months. School surveys show that the vast majority of older pupils are having sexual relations. Not one has access to condoms, even though Zimbabwe has one of the highest HIV/AIDS rates in the world.

The nearest clinic is 15 km away. It provides free condoms but the pupils cannot afford the bus fare -- and would not want to be seen going to an adult clinic. There is, however, a secret store of condoms right on the school doorstep. Using a broom handle, we show the children how condoms should be put on. I asked whether I could distribute my supply, but was told the community would be outraged. It would be seen to be too permissive in a culture that still frowns on sex before marriage.

The funerals are grim and frequent: every week and sometimes twice a week in a relatively small community. In another school in the project, the head teacher and his wife have recently died from AIDS - and their orphaned baby is seriously ill. The deputy head has also died from the disease. Yet HIV/AIDS is still barely acknowledged. The community refers to people having been 'sick for a long time'. None of the village deaths since I arrived have been attributed to AIDS.

The pupils are different. They want to know. My colleague and I deliberately did not begin our lessons by talking about AIDS awareness. The children were not used to discussing such issues. We realized we had to win their trust first. Once we had, we were inundated with questions about the disease. Organizing sports, setting up lunchtime Frisbee clubs and holding an Easter holiday residential camp at the school all helped to break down barriers.

Six months on we are getting there. The school library now has an HIV/AIDS resource centre, with posters, pamphlets, and cleverly written schoolbooks supplied by UNICEF and the Matabeleland AIDS Council. We've started a lunchtime AIDS action club where we use drama, role-play, songs, poetry, and dance to get the messages across.

We've selected and trained eight really bright and intelligent peer leaders who are eager to keep things going when we move on. We've just had two successive residential training weekends with them. And we've got real discussions going in our timetabled lessons.

We've helped to dispel a lot of myths. Our pupils now know that everyone can catch AIDS, but that with care they can avoid infection. To achieve that, they are going to need access to condoms. The good news is that there is a family planning nurse in the vicinity. The head teacher has agreed to go and talk to her with the aim of holding a regular school clinic. We're keeping our fingers crossed.

Lecturer: In groups, ask the trainee teachers to discuss the following questions, and analyse and comment on the strategies used by the teachers in the above case study.

What are the strengths and weaknesses of the strategies used?

If you were in a similar position, what strategies would you use?

Why is the teacher critical in the fight and management of the HIV/AIDS?

Hints for the lecturer:

- Teachers are the largest workforce spread throughout the country. Thus networking is an advantage, as the message can reach a wider audience.
- Children have been identified as the window of hope; the teacher is not only responsible for delivering the curriculum, but is also the first counsellor and role model of the student.
- Those in the teaching profession are very vulnerable to HIV/AIDS because of their socio-economic status, especially in the rural areas. In most cases, teachers in these areas will be viewed as a high-income group with more disposable income and this puts them at the risk of having multiple sex partners.
- The teacher is in the middle position, they are an important link between:
    1. Parents and students.
    2. The school curriculum and the realities of the community.

Conclusion: The student teacher should realize that the future of the country depends on how they dispense their duty as the counsellor of and role model for their students.

Chapter Two: Coping at the Individual Level

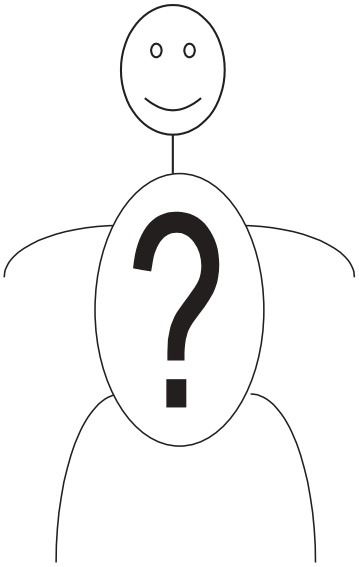
'Today's class/lecture rooms have learners who are living with fear, feeling lonely, in denial phases, depressed, or living with HIV/AIDS.'

TODII, SENZENI, WHAT SHALL WE DO ?

Song: Todii, Oliver Mtukudzi, Tuku Music, 1999

Session1:
Knowing Thyself

Aim: To help the teacher(s) discover and become fully aware of themselves.



Activity: Who are you?

Briefly describe yourself in writing or verbally to someone else. Your description should cover the physical, psychological, social, cultural, emotional, and moral self, and your personal history.

Please note the positive aspects of yourself in **bold**.

Activity: Read the characteristics of each animal and identify the animal that best describes your negative aspects?

The Mouse: *Too timid to speak up on any subject... Why do you find it difficult to contribute during group discussions? Is it because of low self-esteem, lack of confidence, or fear?*

The Hippo: *Sleeps all the time, and never puts up its head except to yawn… Do you sleep because of tiredness, too many pressures, lack of interest in a subject, or health-related problems?*

The Owl: *Looks very solemn and pretends to be very wise, always talking in long words and complicated sentences... Is it your aim to communicate or to show off? Are you seeking attention? Is it a defence mechanism? Are you trying to hide something?*

The Frog: *Croaks on and on about the same subject in a monotonous voice… Are you doing this to irritate others? Or you are happy to know and be aware that you are boring others?*

The Peacock: *Always showing off, competing for attention, thinking, 'See what a fine fellow I am!' Do you feel the same inside, i.e. that you too are a fine fellow? Or are you competing with your colleagues because you feel inadequate or insecure?*

The Lion: *Gets in and fights whenever others disagree with its plans or interfere with its desires… Are you a self-centred person? A good listener? Do you ever stop to think of the message the other person is giving before you respond or attack them?*

The Elephant: *Simply blocks the way, and stubbornly prevents the groups from continuing along the road to its desired goal… Identify the reason for your behaviour. Why are you blocking progress? Is it because you are against the programme or you are hiding your weaknesses?*

The Tortoise: *Withdraws from the group, refusing to give its ideas or opinions… Is it a feeling of inferiority that is affecting you? Did you grow up in a hostile environment where you were not given a chance to express your own opinion? Are you now making up for the lost chances?*

The Ostrich: *Buries its head in the sand and refuses to face reality or admit there is any problem at all… Are you in the denial stage pertaining to a type of a loss you have suffered in life? Why else are you refusing to face the situation? How is this affecting your life now?*

The Rabbit: *Runs away as soon as it senses tension, conflict or any unpleasant situation… (This may mean quickly switching to another topic, i.e. adopting flight behaviour). When do you adopt flight behaviour? How do you feel afterwards? (For example, defeated or having surrendered).*

The Giraffe: *Looks down on others and the programme in general, thinking, 'I am above all this childish nonsense…' Are you suffering from a superiority complex? What causes the complex? Are you always comparing yourself with others and usually conclude that you are better off?*

The Monkey: *Fools around, chatters a lot and prevents the group from concentrating on any serious business… Are you a chatterbox? Is it the realization that the lesson is too difficult for you? Do you feel that you lack in everything?*

The Donkey: *Is very stubborn, will not change its point of view... Are you a rigid person who does not accept situations that are unfavourable to you? How do you interact with fellow students/colleagues when you are in a group? Do you accept No for an answer?*

The Cat: *Is always looking for sympathy, saying, 'It is so difficult for me… meow…' Are you an attention seeker? How do you feel when people sympathize with you?*

The Fish: *Sits there with a cold glassy stare, not responding to anyone or anything … overwhelmed by pressures of the lesson. Do you feel like giving up? Are you frustrated by a topic you feel is not challenging enough?*

The Snake: *Hides in the grass and strikes unexpectedly… Do you enjoy embarrassing your superiors/subordinates, fellow students/family members, lecturers /heads, etc.? How do you feel afterwards?*

Activity: In groups of two (2), identify the potential risky behaviour that may result from the negative aspects of the above animals.

Identify characteristics of the above animals that may lead to responsible behaviour.

Do you think there is a link between positive, negative, and risky behaviour?

Activity: The following exercise has been adopted from Pedler, Burgoyne and Boydell (1994:144-147). It is meant to support and focus more on our character. The questionnaire is comprised of 10 items, and the total number of points for each item is 10. You are expected to distribute the 10 points between the statements in a, b, and c. For example, if you think that you quite often have your rights violated, and quite often protect the rights of others, but rarely violate the rights of others, you might complete the three statements of item 1 and allocate points as shown in the brackets:

I am a person who:

1.	a.	Has my rights violated	(4)
	b.	Protects my own rights	(4)
	c.	Violates the rights of others	(2)
		Total	**10**

However, if you recognize that you protect your own rights at all costs, even if this quite often involves violating the rights of others, you might complete the same three statements as follows:

I am a person who:

1.	a.	Has my rights violated	(0)
	b.	Protects my own rights	(8)
	c.	Violates the rights of others	(2)
		Total	**10**

Now complete the questionnaire

I am a person who:

1.	a.	Has my rights violated	( )
	b.	Protects my own rights	( )
	c.	Violates the rights of others	( )

2.	a.	Does not achieve my goals	( )
	b.	Achieves goals without hurting other people	( )
	c.	Achieves my goals at the expense of others	( )
3.	a.	Feels frustrated and unhappy	( )
	b.	Feels good about myself	( )
	c.	Is defensive	( )
4.	a.	Is inhibited and withdrawn	( )
	b.	Is socially and emotionally expressive	( )
	c.	Is explosive, hostile, angry	( )
5.	a.	Feels hurt, anxious	( )
	b.	Is quietly self confident	( )
	c.	Is brashly confident, boastful	( )
6.	a.	Fails to achieve my goals	( )
	b.	Tries to find ways so that I can achieve my goals and others can achieve their goals	( )
	c.	Is not concerned about others and their goals	( )
7.	a	Is gullible, easily taken in	( )
	b.	Is open minded, questioning	( )
	c.	Is suspicious, cynical	( )
8.	a	Feels bad about my weaknesses	( )
	b.	Is aware of my weaknesses, but does not dislike myself because of them	( )
	c.	Is unaware of my weaknesses	( )
9.	a	Allows others to choose for me	( )
	b.	Chooses for myself	( )
	c.	Intrudes on other people's choices	( )
10.	a.	Is taken advantage of	( )
	b.	Protects my own rights	( )
	c.	Takes advantage of others	( )

How to score the questionnaire

Add the score from each line of questions, i.e. all the 'A's, 'B's, and 'C's

Interpretation:

Your score for all the 'A's represents how **passive** you are, i.e. your inability to act to influence or change a situation.

Your score for all the 'B's gives a rough estimate of your **assertiveness**, which refers to your tendency to claim your rights.

Finally, your score for all the 'C's gives an indication of your **aggressiveness**, which refers to your tendency to want to win or succeed in social situations.

Activity: Use the above scores to reflect on the following issues:

Do you like your results?

What experience/s in your life made you what you are today?

Do you see the need to change some of your habits?

Conclusion: It is only by coming to terms with yourself that you can confidently stand up for what you believe. It is important to know yourself and to minimize your potentially risky behaviour.

Further Reading and Project Work

Activity: The questions below will help the trainee teacher to learn more about the HIV/AIDS virus. Since the topic of HIV/AIDS is very wide, we recommend that, in groups of three (3), trainee teachers should research further on the different questions presented below. Two (2) weeks research is a good time frame, but this will depend on the period or workload in the curriculum. Time should be set aside for reporting back.

Lecturer: Please feel free to add more questions depending on the information needs of the trainee teachers.

1. What is the relationship of HIV/ Aids and STIs?
2. Which group or sector in the community is more vulnerable to HIV/AIDS infection, and why?
3. Do you know about the biological differences that exist between men and women that increase the chances of women getting infected faster than men with the HIV virus?
4. What about children and HIV/AIDS? Can you reflect and share information on the different ways that the HIV/AIDS virus affects children?
5. Do you know of any programmes that are in place to support children orphaned by HIV/AIDS?
6. What should we do as a community to stop the spread of the HIV/AIDS virus?

Session 2:
Are You Your Environment?

Aim: To help the student teacher realize that their background can have an impact on what they are today, and that they can change for the better.

The following is an exercise whose ideology has been developed from the systemic approach to counselling. This approach believes strongly that the environment in which one is brought up has an impact upon them.

Activity: Read the following passages, in groups of two (2), and then state why you think the children in the story are so different from each other. Secondly, reflect on your personal environment and state how it has had an impact on you. Do you agree that the environment shapes a person?

CHIPO…

Chipo was born after her parents migrated into the main city. The parents worked very hard during their early years of marriage and were rewarded with enormous wealth. Because of this, Chipo lead a comfortable youthful life and lacked nothing. In the process, she was oblivious of the challenges those not in her position were facing … and was too full of herself.However, Chipo's life changed drastically in her youth. Her father died in a car crash and her mother survived but was bed-ridden for a long time, and eventually passed away. As an orphan, Chipo was forced to take responsibility for herself overnight since she was the only child. In the first year after her mother's death Chipo left college to manage her parents business. Due to her limited skills, she started selling off some of the property. By the third year, she had sold and spent all the funds from her parent's estate. Her life was reduced to one of begging, and by the time we last met her, she was desperately looking for a job.

FARAI…

Farai grew up in humble surroundings - his parents being ordinary folks in a rural setting. They struggled to educate him from the profits from their small and low-productive farm.At the same time, Farai had to look after his father's goats. However, he managed to balance the two and finished school.He got a job with a construction company and divided his wages between himself and his parents. Luckily, he participated in the Lotto and won 10 million dollars, which he invested wisely in properties.He managed the properties well and used the profits to improve the standard of living of his now-old parents - he bought them a large farm and built them a modern house.He contributed generously and religiously to a local children's home in the village, for he remembered his humble beginnings.

Do you believe that you can change?

Hints for the lecturer:

- Trainees must understand that while their environment may have shaped them, they can change for the better, depending on how they decide to look at things.
- Trainees need to note that the environment keeps changing and that everyone can move from the negative to the positive.
- Trainees should note that in their future encounters with children from difficult environments, they should be in a position to make them appreciate that they are not doomed.

Conclusion: It is critical that trainee teachers learn to deal with their past, and both its good and bad aspects. Carrying emotional baggage can have a negative impact on their personality. Change is within their power.

Session 3:
Self-esteem

Aim: To help trainee teachers develop positive self-esteem.

Lecturer: In class, ask the trainee teachers to define self-esteem. (**Self-esteem** is the opinion you have of yourself.)

Activity: Reflect on the issues you identified as having had an impact on your life and talk in general about what issues affect or influence people's personalities?

Activity: Within ten (10) minutes, score against the following variables. The mode of scoring is on a scale of 1 to 5 (with 1 being the lowest and 5 the highest). Add the total scores to determine your level of self-esteem.

Self-esteem Variables	1	2	3	4	5
• Your value as a person • The job you do • Your achievements • How you think others see you • Your purpose in life • Your place in the world • Your potential for success • Your strengths • Your social status and how you relate to others • Your independence or ability to stand on your own feet					

Any score below 20 is not desirable. Those with low scores should work hard to raise their self-esteem.

Lecturer: As a whole class, please brainstorm on the importance of self-esteem. Below are some guidelines.

High self-esteem	Low self-esteem
High self-esteem is a very important aspect of your life. If you have a high level you will be: • Confident • Happy • Sure of yourself • Highly motivated • Respect yourself • Having the attitude to succeed • Able to improve your relationships	Low self-esteem results from you having a poor self-image caused by your attitude to one or more of the following facts. For example, you: • Do not value the job you do highly • Have no purpose in your life • Suffer from depression • Exhibit unhappiness • Have a sense of insecurity • Display low confidence

Lecturer: To ensure that the trainee teachers have understood the importance of self-esteem, ask them (in groups) to identify ways of improving their self-esteem. Below are some examples.

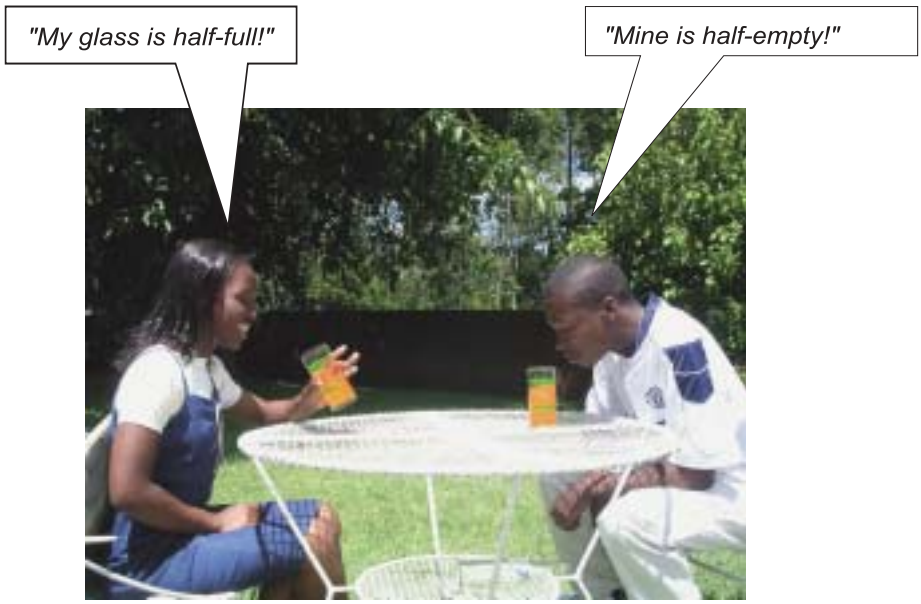
How to improve your self-confidence

1. **Face your fears** – they aren't as bad as you think they are. Facing your fears increases your confidence.
2. **Forget your failures** – learn from them. Avoid making the same mistakes but don't limit yourself by assuming you have failed If you fail, try again; you're wiser and stronger. Don't be trapped by the past!
3. **Know what you want and ask for it.** You deserve your dreams to come true. Self-worth, confidence, and assuredness will increase when you ***focus on your needs and desires.*** You deserve to live your life as you want. This is not selfish, as what you want doesn't hurt others or prevent them from living their lives on their own terms.
4. **Reward yourself when you succeed.** No one else will! Isn't everything easier when you take time to help yourself? ***Focus on your successes.*** Lack of confidence feeds on your feelings of failure and inadequacy. Remember the truly successful things you have done in your life. Reward yourself when you do succeed.
5. **Talk.** We often make assumptions about a situation or person that are not true. Your attitude and behaviour can be negatively affected, so if you have any doubts or questions, ask! Don't automatically assume you know why or how.
6. **Don't be defeated!** Try something else. You are not going to be defeated by one failed attempt, are you? Doesn't everyone fail at least once before they succeed? All you need is a different approach.

7. **Accept all compliments graciously.** Do not dismiss or ignore them. When you do, you give yourself the message that you do not deserve or are not worthy of praise, which reflects low self-esteem. It also means that others will become more reluctant to praise or acknowledge your abilities.
8. **Mix with positive and supportive people.** Who you associate with influences your thoughts, actions, and behaviour. This is another form of subliminal learning. Negative people can put you and your ideas down, which will lower your self-esteem.

Low Self-Esteem – Here's what NOT to do:

- Low self-esteem feeds on negative messages and thoughts, so ***do not indulge in self-criticism.*** Why are you joining the other side to wage war against yourself? Silence your inner judge.
- ***Do not always try to please others.*** It is considerate when you care about others' feelings but your needs are just as important. Don't neglect yourself!
- ***Do not try to be like someone else.*** This leads to lack of self-worth and confidence. You are unique and you cannot be someone else. Strive to be better, yes, but don't criticize yourself for not being as successful, as beautiful, as slim, or as popular as someone else. You deserve better. Stop comparing yourself to other people.
- ***Do not take life or yourself so seriously.*** Failure just means you are not successful YET. Everybody fails on their way to succeeding - don't look on it as failure but as a means of learning. Perhaps you just need a change of direction. Problems can make you stronger if you strive to overcome them.



'Optimism and pessimism.'

Make the most of each day

A bank credits your account each morning with $86,400. It carries over no balance to tomorrow. Every evening you lose the balance you failed to use during the day.

What would you do?

Draw out every cent, of course!

Each of us has such a bank. Its name is TIME. Every morning, it credits you with 86,400 seconds. Every night it writes off what you have failed to invest. If you fail to use the day's deposits, the loss is yours. There is no going back. Invest it so as to improve get from it the utmost in health, happiness, and success! The clock is running. Make the most of life today.

To realize the value of ONE YEAR, ask a student who failed a grade.

To realize the value of ONE MONTH, ask a mother who gave birth to a premature baby.

To realize the value of ONE WEEK, ask the editor of a weekly newspaper.

To realize the value of ONE HOUR, ask the lovers who are waiting to meet.

To realize the value of ONE MINUTE, ask a person who missed the train.

To realize the value of ONE SECOND, ask a person who just avoided an accident.

Treasure every moment! Yesterday is history.

Tomorrow is mystery.

Today is a gift. That's why it's called the present!

Lecturer: As a conclusion to the above session, remind the trainee teacher that practice makes perfect. To make life easier, they could select a close friend and practice the daily exercises mentioned below.

Daily affirmation exercises to boost self-esteem

Feed your mind with positive affirmations. They can overcome persistent negative thoughts and help to promote a healthy state of mind.

Affirmations combat negative baggage in your brain. Without realising it, we tell ourselves negative things constantly. The result is a destructive belief system, which holds you back and prevents you from succeeding. One very effective way to change this belief system so that it becomes helpful to you is to replace misguided negative messages with new positive ones.

- I deserve to be happy and successful
- I have the power to change myself
- I can forgive and understand others and their motives

- I can make my own choices and decisions
- I am free to choose to live as I wish and to give priority to my desires
- I can choose happiness whenever I wish, no matter what my circumstances
- I am flexible and open to change in every aspect of my life
- I act with confidence having a general plan and accept plans are open to alteration
- It is enough to have done my best
- I deserve to be loved

Always stand tall

Conclusion: Self-esteem is a crucial cornerstone to a positive attitude. Building self-esteem is a first step towards personal happiness and a better life. Inner criticism, that nagging voice of disapproval inside you, causes you to stumble at every challenge and make even small challenges seem impossible.

Session 4:
Relationships

"There are two ways of spreading light: to be the candle or the mirror that reflects it."

– Edith Wharton, 19th-century American author.

Aim: To help trainee teachers develop meaningful relationships.

Activity: Quality relationships are built on an understanding of oneself and others. Read the following passage and pick out any familiar behaviour.

Ever wonder why you don't have friends at college?

Hmm... Ok, they're/you're new to the area; they're noisy; I don't think I'd like them; they're of a different culture; they do this in their culture; I can't be bothered...

Say what? C'mon, it's time to break the ice.

If they are new, take time to welcome them to the college.

If they're noisy, strike up a friendly conversation as soon as you can, and ´just-happen-to-mention´ how some of the noise disturbs your rest that you need, adding that you bet they weren't even aware of the noise.

You say you don't like them… how'd you come to that conclusion if you don't really know them? Get to know them!

They're of a different culture... So? What better way to broaden your knowledge than to make friends with people of other cultures?

Don't say you're too old to learn... Oh no... Won't take that excuse; start now to build this relationship.

No one knows how loving and friendly you can be unless you make that first step. Just DO it! GO on!

Questions: What can we learn from the above passage about relationships? Pick out the positive and negative aspects.

How are relationships formed at college?

What kinds of issues draw you to other people at college?

Quality interpersonal relationships

A quality interpersonal relationship is a relationship that is built on an understanding of oneself and others. It goes beyond just being casually acquainted with others to sharing with, and gaining an understanding of, one another. You get a feeling for each other; you empathize with the other person and see things through their eyes. When a quality interpersonal relationship is present, there is a certain amount of synergy that takes place between the persons involved in the relationship.

Activity: a) Think about your best friend. Describe the journey of developing your friendship.

b) Draw the journey.

Activity: Below are important elements of a fruitful relationship. In groups of two (2), illustrate in the form of a story or cartoon how each element can be identified in a relationship.

- Individual respect
- Trust
- Open lines of communication
- Open mindedness
- Patience
- Empathy
- Love
- Lack of fear

The 10 Commandments for building good human relations with your fellow students/colleagues.

1. *Speak to people – There is nothing so nice as a cheerful word of greeting.*
2. *Smile at people – It takes 72 muscles to frown, only 14 to smile.*
3. *Call people by name – The sweetest music to anyone's ears is the sound of their own name.*
4. *Be friendly and helpful – If you would have friends, be a friend.*
5. *Be cordial – Speak and act as if everything you do is a genuine pleasure.*
6. *Be genuinely interested in people – You can like almost everybody if you try.*
7. *Be generous with praise and cautious with criticism.*
8. *Be considerate – There are usually three sides to a controversy: yours, the other fellow's; and the right side.*
9. *Be alert to give service – What counts most in life is what we do for others.*

Add to this a good sense of humour, a big dose of patience, and a dash of humility, and you will be rewarded manifold.

Achieving a quality interpersonal relationship takes a lot of time and effort time and a lot of effort. Unfortunately, in the world we live in today, broken relationships are a common feature. There is a lot of pain and disappointment among different parties. It is important that trainee teachers learn to develop fruitful relationships, since they are expected (and in the very shortest time) to relate to students and at the same time advise them on how to build fruitful relationships.

The key to fruitful relationships

Make sure there is a win-win outcome! There's something absolutely magical about being involved in win-win scenarios. The simple fact is, people like to deal with those that do not simply focus on the 'what's in it for me attitude', don't you agree?

Daily Survival Kit for good relationships

Toothpick

To remind you to pick out the good qualities in others.

Rubber band

To remind you to be flexible. Things might not always go the way you want, but it will work out.

Band-aid

To remind you to heal hurt feelings, yours or someone else's.

Pencil

To remind you to list your blessings everyday.

Eraser

To remind you that everyone makes mistakes, and that it is OK.

Chewing gum

To remind you to stick with it and that you can accomplish anything.

Mint

To remind you that you are worth a mint!

Candy kiss

To remind you that everyone needs a kiss or a hug everyday.

Tea bag

To remind you to relax daily and go over that list of blessings.

Conclusion: Life is about relationships and interactions. People need goodwill, acceptance, and recognition. How one relates to others says a lot about them.

Session 5:
Sexuality

Aim: To help trainee teachers understand, appreciate the risks of, and take responsibility for their sexuality.

There were two family friends; one had a three-year-old boy called Adam and the other a four-year-old girl called Amanda. They were such good friends that they normally spent a lot of time together. The only clear difference between the couples was that one was Catholic and the other Protestant. The children, just like their parents, had grown to like each other very much. One day they went out to the beach and, due to their age, their parents allowed them to swim naked, which they really enjoyed. Adam, on coming home told, his parents at the dinner table how he had enjoyed himself and above all how he had come to discover the big difference between Catholics and Protestants!

Questions: What is sexuality?

Why is it important to discuss sexuality?

What is risky behaviour?

What issues do young women and men aged between 18 and 30 face? Do they normally respond in the same way?

Activity: In mixed groups of not more than four people, read the passage below and share any similar challenges experienced.

Two suitors, one bride, and a low libido

By BEAUTTAH OMANGA

When she found herself with two marriage proposals, one from a wealthy but much older and allegedly impotent suitor, and the other from a younger but virile one, Chipo had no doubt about who she wanted. She wanted the latter.

It did not matter that the older man had already paid dowry to her parents, bought her a wedding dress, and arranged for their honeymoon in the United States. For when the 27-year-old primary school teacher discovered that her elder husband-to-be had a low libido, she immediately called off plans for the wedding.

The matter now threatens to split her family apart, with her parents threatening to curse her for refusing to marry a man whose dowry they had already accepted, and spent.

Chipo is, however, adamant. She has written to a church pastor and repeated her position to her parents, relatives, and even a District Officer. She wants instead to be allowed to marry David, a teacher who is four years younger than she is.

Chipo met the older man last year, after having heard about him from her aunt. He had just returned home from the United States, she was told, and was looking for a woman to marry. She had already heard rumours about his low libido from his relatives, and wanted to find out if this was true. She had initially planned to visit for two weeks but ended up staying longer.

'I extended my stay to see if he would make a move like any normal man would. When he tried, my fears were finally confirmed. I went back home and confided in my mother about the man's biological problem and my reluctance to go on with the wedding plans,' she said.

But if she had hoped for support from her mother, Chipo was in for a rude shock. Instead, her mother advised me to marry the man, 'even for three days and then go for a divorce'.

So she sought help from the pastor, who asked her to make a written statement, which he showed to her parents. She also cautioned her parents against accepting any more dowry.

Soon afterwards, Chipo heard that the man had gone to her parents' home and paid ZW$500,000 cash, two cows, and a goat for dowry, and promised another ZW$720,000. The church began to publish banns of marriage, and a pre-wedding party was planned for August 17.

When Chipo failed to attend the party, she was asked to go home and explain her position to her suitor. As she was suspicious that it was a plan to abduct her, she decided instead to seek help from the provincial administration, who summoned her parents. The parents accused her of being dishonest. 'How can you refuse to marry a man who has paid dowry and bought an air ticket for your honeymoon in the USA, and instead go for one who is the age of your younger brother?' her mother asked.

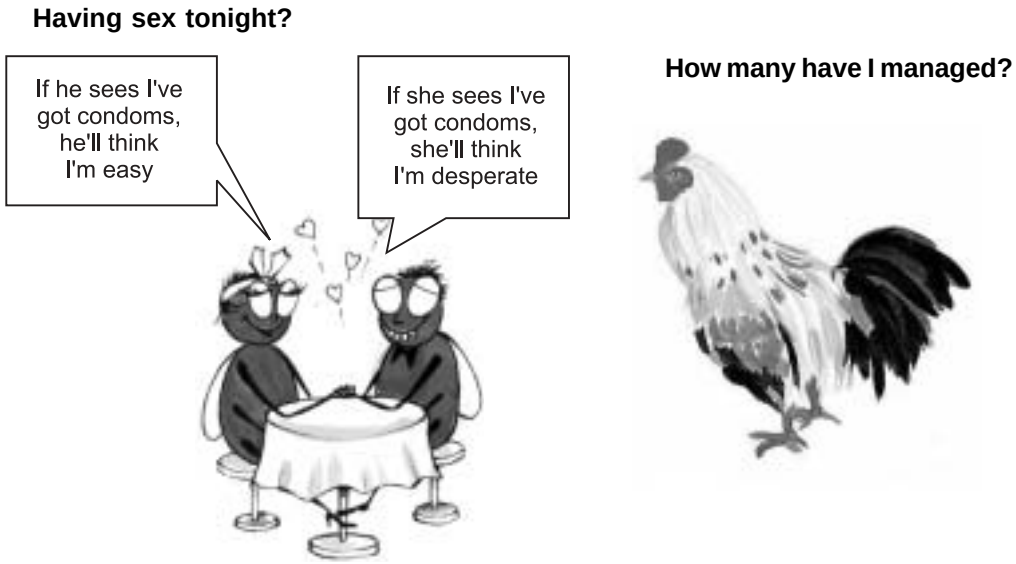
Her father was more concerned with moral issues. 'How could have our daughter known about the man's impotence yet she was not officially married?' he asked.

Questions: Can you identify with any of the issues in the story above?

What kind of pressures do young men and women face when they are about to get married?

If you were to change the above story from that of Chipo to Tendai, what kind of issues would you highlight?

Sex



Lecturer: The critical issue to discuss with trainee teachers is the fact that they have to take responsibility for their sexual activities. They have got to realize that sex is good when it is performed under a particular environment but can be very hurting in another environment.

Questions: Under what environment is sex good?

Under what environment is sex hurting?

What are the pressures that young people face when engaging in early sex?

Are you one of those people who pride themselves in being a Cockerel, crowing about a multitude of partners?

How can you deal with the pressures surrounding your sexuality?

Hints for the lecturer

Some of the pressures on young people to engage in sex:

- Alcohol or other drug consumption that reduces willpower, judgment, and inhibitions
- Natural sexual desires and curiosity about sex
- Peer pressure on boys to be 'real men', and on either sex to do 'what everyone else is doing'

- Girls pressured by boys who refuse to believe that 'No' means 'No', or who do not care anyway
- Sugar daddies, who may be teachers, relatives, friends of family, upstanding members of the community or church, or complete strangers, coercing girls into sex on the promise of gifts, money, marriage, and/or other benefits
- The urge to rebel against parental rules and to establish an independent identity
- Promiscuous role models from older generations and by idols such as musicians and sports stars; media images showing casual sex in glamorous, wealthy contexts
- Poverty and the pressure on girls to engage in sex to pay for school fees, food, or other needs
- Fear of seeking sexual release through masturbating
- Lack of knowledge about sex options

Activity: In groups of not more than four people, trainee teachers should read the experience below and think of advice for Tapiwa.

Tapiwa and Tendai relaxing in the garden

Tapiwa is a first-year student at a tertiary institution in the city. She has gone for counselling to one of the college counsellors. Tapiwa believes in chastity but has no courage to discuss her opinions with Tendai, her boyfriend. Tendai has asked Tapiwa for her hand in marriage. Tendai is a third-year student at the same institution; he has had two other female sexual partners and has no intention of going for an HIV test.

Tendai claims that he really loves Tapiwa and is ready to marry her during the coming vacation. Tapiwa does not understand the reason for her to get an HIV test because she has had no sexual contact with anyone. Besides, she believes everything Tendai tells her. Tendai has told Tapiwa that he used condoms in all sexual contacts with his previous sexual partners. Tapiwa is looking for help.

Lecturer: In class, and as a whole, discuss the importance of VCT as both a way of preventing the further spread of HIV/AIDS and an essential step in looking for support and care. (The section on the Annex on facts about HIV/AIDS will be useful for further reading.)

Conclusion: Young people who are not yet sexually active should delay sexual intercourse until they are in the right relationship, are emotionally and physically ready for sex, and can avoid the risks of unwanted pregnancy and infection. Those young people who are already sexually active should take all the necessary precautions.

Session 6:
Decision-making

Aim: To help trainee teachers make meaningful and well thought out decisions.

Activity: Read the story below and share what decision you would make – be honest with yourself.

You are the sole breadwinner in your family but have just been made unemployed. A job has been advertised and you have passed the first interview and been called back for a second one. Due to the nature of work required, you are expected to reveal your life history, including the different jobs that you have been performed. Before this recent job loss, you lost your last assignment due to excessive consumption of alcohol. However, this happened five years ago and you have since undergone rehabilitation. You have been faithful not to take any alcohol for the last four years and do not foresee yourself ever doing so. If you get the advertised job, you will be able to pay your rent, provide a decent meal for your family, send your children to school, and attend to your ailing mother. When asked about your working history in the second interview, will you reveal your past alcoholic tendencies?

Questions: Put trainee teachers in groups to reflect on the story and have them report back. It is important that they give a report on:

a) How they arrived at their decision.

b) The benefits of their decision

c) The justification for their decision, not forgetting to be professional.

Lecturer: Once they have reported back, the lecturer should revise their decision-making processes step by step, using the techniques mentioned below.

Decision-making techniques

1. Stop and Think

Just as we teach our children to look both ways before they cross the street, we can and should instil the habit of **looking ahead** before we make any decision.

2. Clarify Goals

Before you choose, clarify your short- and long-term aims. Determine which of your many wants and don't-wants affected by the decision are the most important.

3. Determine the Facts

Be sure you have adequate information to support an intelligent choice. You cannot make good decisions if you do not know the facts.

Here are some guidelines:

- Consider the reliability and credibility of the people providing the facts
- Consider the basis of the supposed facts. If the person giving you the information says they personally heard or saw something, evaluate that person in terms of their honesty, and accuracy of memory
- Remember that assumptions, gossip, and hearsay are not the same as facts
- Consider all perspectives, but be careful to consider whether the source of the information has values different from yours or has a personal interest that could affect their perception of the facts
- Where possible, seek out the opinions of people whose judgment and character you respect, but be careful to distinguish the well-grounded opinions of well-informed people from casual speculation, conjecture, and guesswork
- Finally, evaluate the information you have in terms of completeness and reliability so that you have a sense of the certainty and validity of your decisions

4. Develop Options

Now that you know what you want to achieve and have made your best judgment as to the relevant facts, make a list of options, a set of actions you can take to accomplish your goals.

5. Consider Consequences

Two techniques can help reveal the potential consequences. They are:

1. **'Pillar-ize' your options** by filtering your choices through each of the Six Pillars of Character: Trustworthiness; Respect; Responsibility; Fairness; Caring; and Citizenship. Will the action violate any of the core ethical principles?
2. **Identify the stakeholders** and how the decision is likely to affect them. Consider your choices from the point of view of the major stakeholders. Identify whom the decision will help and/or hurt.

6. Choose

It's time to make your decision. If the choice is not immediately clear, see if any of the following strategies help:

- Talk to people whose judgment you respect
- What would the most ethical person you know do?
- What would you do if you were sure everyone would know?

- ❖ Follow the Golden Rule: 'Do unto others, as you would have them do unto you'.

7. Monitor and modify

Since most hard decisions use imperfect information and 'best effort' predictions, some of them will inevitably be wrong. Ethical decision-makers monitor the effects of their choices. If their decisions are not producing the intended results or are causing additional unintended and undesirable results, they re-assess the situation and make new decisions.

Obstacles to decision-making

As a way of summarizing the decision-making process, it is important to point out to the trainee teachers that they will be faced with complex challenges that may make it very difficult for them to apply the above techniques in decision-making.

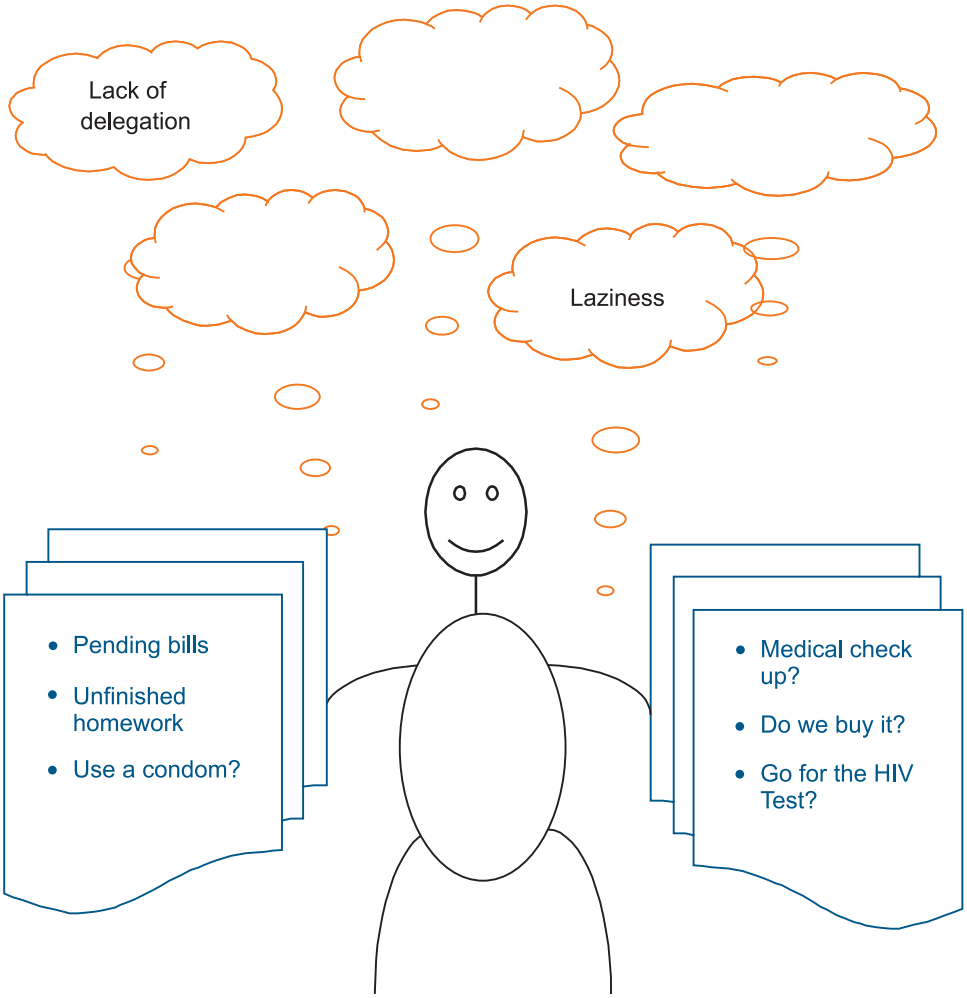
Activity: Divide the trainee teachers into groups. Each group should enact one of the following topics. Let the trainee teachers develop the story plot, which should be centered on decision-making, by themselves.

Mary is a college student and has fallen in love with Simon, who is working in the nearest town. He has asked her to marry him, and she has said yes, but feels they should go for a HIV/AIDS test...

Henry and Susan have been friends for a long time and everyone in the college knows that they will soon marry. During a holiday, Henry gets a part-time job with a computer firm. His boss, a woman, falls in love with him and makes sexual advances on him. Henry succumbs and is having sex with his part-time boss, who provides for all his needs. He will be returning to college in one week's time…

Maggie, a 22-year-old girl, was dating a married man and at the same time she had her boyfriend who was intending to marry her. It was unfortunate that the married man impregnated her and they agreed to abort…

Pick out some of the obstacles to decision-making from the above plays



Conclusion: 'Every moment of our lives we are making decisions. The decisions made today affect or determine our lives tomorrow. Thus it is critical that the art of decision-making is perfected.'

Session 7:
Human Reactions

Aim: To help the trainee teacher assess their reactions to various stimuli under different circumstances.

Activity: In groups of two (2), read the following stories and answer the following questions.

Released from prison

The colonial era was a tough time for everyone. Rimbai was the wife of Tendai, a well-known liberation veteran who had been captured and detained by the colonial regime. Kudakwashe, on the other hand, worked closely with the colonial regime and held a big post in the village. Kudakwashe always had an eye for Rimbai and was instrumental in her husband's captivity and detention. During Tendai's term in detention, life for Rimbai and the children was impossible. The children had to drop out of school and work on other people's farms to make a living. Kudakwashe repeatedly approached Rimbai asking her to denounce her husband and marry him instead. He told her how he would provide for her and her children, but she rejected his advances despite the problems she was facing. Five years down the line, the warring parties came to an agreement and all liberation detainees were released. Kudakwashe brought the news to Rimbai, who could hardly believe that her husband was finally going to be free after all these years. She was so excited and overjoyed that she lost control of her emotions. Kudakwashe, noticing the emotions in Rimbai, quickly had sex with her. By the time Rimbai came to her senses, the act was done. She was in deep sorrow and cried only to herself, as there was nobody she could tell her story to. Two months down the line, Rimbai discovered that she was pregnant with Kudakwashe's child.

Questions: What was your first reaction to the story?

If you were Rimbai what would you do?

If you were Tendai, would you still consider Rimbai as your *faithful* wife?

Have you come across a similar situation in your community? What did the victims do?

What are the possible consequences of what Rimbai did?

What advice would you give to Rimbai and/or Tendai?

Activity: Divide the trainee teachers into groups and let each group enact a story of a complex/challenging decision-making process. Below is a sample story.

Chiriseri at a crossroads

Chiriseri and Tanaka are happily married and very successful in life. Recently, Chiriseri's boss hired Lolo, a beautiful secretary. Lolo's childhood was no a bed of roses, for when she was living with one of her distant uncles, he raped and infected her with a venereal disease. Due to fear, she took time before seeking treatment, and in the process; her womb was so damaged that she is not able to bear children. As such, she views men with distaste, although she seems comfortable with Chiriseri, a fact she mentioned to him. By doing so, they became close workmates. Tanaka frequently hosts Chiriseri's workmates at the couple's home, where they party throughout the weekend - at times ending late in the evenings. Recently, Tanaka gave birth to Happiness, and so gifts have been flowing from relatives and friends. Lolo in particular, was so happy for them and at the same time sad, perhaps due to her unfulfilled dream. This could be the reason why she had a very strong affection for young Happiness - she frequently visits the Chiriseri family.

One day, Tanaka was driving late at night from seeing her rural folks when she was involved in a terrible road accident - she lost both eyes and broke her spine. As such, although they have sought the best medical care, nothing can be done to restore her sight or make her walk again. Due to her bed-ridden state, and the fact that she could no longer see, Chiriseri has to do everything and, as a man, it is really wearing him down. Meanwhile, Lolo continues to visit the couple and helps whenever she can, thereby spending more time with Chiriseri and Happiness. In the process, she has become very attracted to Chiriseri, and wishes they could become sexually involved, as Tanaka can no longer satisfy her husband's needs. Chiriseri finds himself between a rock and a hard place - here lying down and helpless is his lovely wife Tanaka is bed-ridden and helpless, and constantly near him is the beautiful Lolo, who is very fond of Happiness. What should he do?

Lecturer: Ask the class as a whole to discuss joy and pain at the general level. The following questions can be used to guide the discussion:

What are the different ways in which people experience and react to joy and pain?

What can we learn about human reactions from the two stories?

Stress/pressure

I am 23 years old. I remember the day I found out that I was HIV-positive. I was with my mother in the consulting room when the doctor broke the news. It was the saddest news I had ever heard in my life. I was confused. I could not believe it. I thought that maybe the laboratory technicians had made a mistake. I didn't know what to say or do. I felt like crying, but I had no tears.

The doctor started discussing antiretroviral drugs and other things with my mother, but I was too shocked to take anything in. I realized that someone might have infected me at the university where I was studying. I very much wanted to talk to anyone who would understand my situation, but I could think of no one. I succumbed to feelings of worthlessness and failure. Although my family supported me, I felt hopeless and scared like any other youth, and I had had so many dreams. I had only two years to go to finish my Bachelor of Science degree, but that hope was shattered.

Questions: What are the possible stress points in the above story?

What weaknesses can you identify in this individual?

What could be done to manage the above stress?

Symptoms of Stress:

These include: agitation; dull vision; mood changes; fatigue; poor health; irritation; amnesia; palpitations; dizziness; depression; nervousness.

Tips on how to deal with stress

1. It is important to identify your source of stress, e.g. at home, at work, at school, or in the environment.
2. Once you have identified the source of stress, plan to manage the situation.
3. Communicate effectively on the issue - you may find this helps.
4. Time management is critical, and in most cases limited time is a source of stress.
5. Relax, take a walk, or engage in an exercise. This will calm your nerves and help you to think straight again.

Conclusion: *Grant me the grace to accept with serenity the things that cannot be changed, courage to change the things that should be changed, and the wisdom to distinguish the one from the other…*

Session 8:
HIV/AIDS-Related Pain

Aim: To help trainee teachers understand pain and know how to deal with it.

Activity: In groups of two (2), fill in the tables below based on what we have learnt and witnessed in our communities. Please explore both the positive and negative reactions.

What do you think happens to an individual once they know that they are HIV-positive?

Individual reaction	Personal impact	Family impact	Community impact	Recommended course of action

What happens when an individual starts ailing due to an AIDS-related disease?

Individual reaction	Personal impact	Family impact	Community impact	Recommended course of action

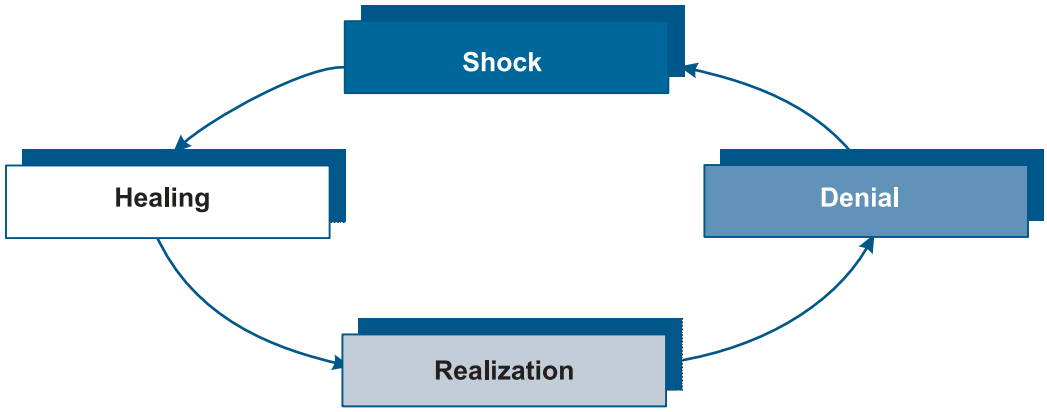
What happens when an individual dies of AIDS?

Individual reaction	Personal impact	Family impact	Community impact	Recommended course of action

From experience, you will notice that different families react differently. It is important to note the cultural influence on behaviour. One common feature in most communities is how often the children of the deceased are forgotten. (This issue of will be revisited further on in the manual.) What is important to note is the fact that children, just like adults, go through the same stages of pain as do adults, with their experience being more challenging due to anxiety, for they may have been dependents of the deceased.

Lecturer: Ask the class to focus on the pain caused by the death of a loved one. For ten (10) minutes let the trainee teachers think about a loss they have suffered. What feelings did they experience and how did they overcome it?

It may or may not be very clear from the discussion. Pain, just as joy, has different stages. The most common stages of this kind of pain are mentioned below. Discuss the stages with the trainee teachers.



Shock and anxiety: This is an intense emotional and bodily reaction to devastating news. These are the immediate moments of reaction and they are characterized by body numbness, confusion, and wailing.

Fear and denial: This is a deep-seated inability or refusal to take in the information. The individual may feel like they are dreaming and that they will wake up from the slumber to find that all is well.

Realization and its impact: You start coming to terms with the fact that the person is gone. This time is characterized by deep mourning with silent crying compared to the initial wails of distress.

Healing: This is when a person no longer feels overwhelmed, accepts the situation and focuses on life to come. In some instances, the good times with the deceased are remembered.

It is not always true that the above sequence is followed. In some instances, when death comes, people may have already anticipated it and do not go through shock but start instead at the realization stage. It is important to identify the stage of pain that the individual is experiencing and deal with it appropriately. It is common for people to not complete the entire cycle. Failing to do so is detrimental to their well-being.

Tips on Recovery

Feel and identify your emotions: If we bury emotions alive they **GROW**. Denying our feelings is very dangerous, as it delays the healing process. It is important to identify emotions like self-pity, anger, disappointment, then face up to and feel the pain. Writing a journal or talking to close friends can help.

Self-help: This includes looking after one's own physical health and well-being and seeking emotional support and practical ideas from others, such as joining an HIV support group.

Fail meaningfully: Learn from a mistake, but first know and see the mistake for what it is - only a mistake. Label it as such, and ask yourself the following questions: How can I do better next time? What will I need to do? What support and help do I need?

Practical Issues: Make a list of things that need to be done and plan on how they are going to be done, who is going to do what, and who can help in doing what.

Seek support: Learn to ask for the assistance of others. Everyone needs help, and often help comes when it is called for. Being able to ask for it is a skill worth developing.

Conclusion: Death is a reality; trainee teachers have to realize that it is a process that everyone will experience at different times in their life. The important issue is being able to manage the process.

Chapter Three: How to Support your School Community

"What we have done for ourselves alone dies with us; what we have done for others and the world remains and is immortal."

- Albert Pike, 19th-century Scottish Rite Freemason

Aim: To enhance the skills of trainee teachers to enable effective interpretation and implementation of the life skills module.

In their line of work, trainee teachers will meet and interact with a range of people on a daily basis. The most immediate of these are the students, other fellow teachers, the head master and parents. Community leaders will also play a key role teachers' lives.

Session 1:
Getting Prepared for the Assignment

Lecturer: It is important that time be set aside for trainee teachers to reflect on the first three chapters that they have gone through. At this point, any areas requiring factual clarifications should be dealt with, and trainee teachers should be encouraged to share any new insights they may have had in the course of the study. The following questions could set the pace for the discussion.

Having taken some time to reflect on what you have said about yourself, are there any things you might want to change?

How prepared are you to stand in front of a class?

You will be dealing with the whole community, but through its children. Does this frighten you?

How will you manage your time so that you are able to balance your new academic and other social responsibilities?

Who are the important people and networks in the community that you need to get know to be able to perform your role better?

Reflect back on the identified roles of the teacher. Which role(s) do you find most challenging?

Conclusion: Teachers need to note that it is impossible for them to take children to a secure parking place on a bus driven by anxiety and fearful feelings.

Session 2:
Indicators

Aim: To give trainee teachers tips on what to look out for in children facing problems.

Children are very sensitive to things going on around them, especially in the three most important contexts of their lives namely the family, the school, and their peer group.

The HIV/AIDS problem in the context of the family or school adds to the list of challenges for children. The stigma and discomfort surrounding talking about this pandemic has made their situation even worse. Other problems - such as family conflict, divorce, step-parenting abuse of all forms, and poverty that children experience in the family - often reveal themselves at school.

Children show that all is not well in their lives through their bodies, behaviour, expression of emotions, and cognitive work. The teacher is in a vantage position to identify children in need of help.

Activity: In groups, please identify how the above situations manifest themselves at student level. One example has been provided; please add four others.

Physical indicators	Behavioural indicators	Emotional/ psychological indicators	Cognitive indicators
Bruises	Bullying	Anxiety	Poor concentration

Session 3:
Critical Skills

Aim: To introduce the student teacher to the life skills materials used in schools that are the official Ministry of Education, Sport, and Culture's strategy of addressing HIV/AIDS in the school environment.

The pillars of life skills

Communication and inter-personal skills

Decision-making skills

Coping and stress management skills

Self-awareness

You will have notice that these pillars formed a major section of Chapter Two, which focused on knowing yourself as an individual.

SKILL	DESCRIPTION
Communication	Being able to talk freely with others and expressing oneself clearly
Problem-solving	Being able to identify and cope with difficult situations and find solutions to such problems
Critical thinking	Applying well thought out analysis, reasoning, and judgments when assessing different situations and people's actions and situations
Conflict resolution	A conscious structured process of identifying needs and interests and working towards mutually-agreed solutions to a problem
Interpersonal skills	Being able to get along with people of all ages and genders
Peer pressure resistance	Being able to resist and avoid the temptation of being lured into going along with a peer group
Stress/anxiety management	Being able to deal with anxious moments, disappointing situations, or stressful situations without resorting to harmful actions
Social adjustment	Being able to fit in with the different community around you, or with group of individuals or in similar circumstances to yours
Self-awareness	Being able to recognize and accept your own strengths and weaknesses
Self-discipline	Being able to control yourself and discipline yourself to achieve the goals you set yourself
Self-esteem	Also referred to as self-confidence, this is being sure of oneself, and having a positive attitude

Session 3A:
Communication and Inter-personal Skills

Aim: To expose the student to alternative techniques of communication.

Communication:

Activity: Read the following story by Michael Josephson, which is called 'Taking my granddaddy's quarter'.

> *I was only five, all dressed up in a white dress with a crinoline and new gloves. My granddaddy told me I could go into the kitchen and get a cookie. Next to the cookie jar was a stack of one hundred dollar notes and I took one. When I returned my granddaddy looked at me funny and asked me to show him my white gloves. I had the one hundred dollars in my right hand so I only held out my left. 'Show me the other hand', he said. When he saw the note he looked at me real sadly. He 'hugged me up' and said, 'Darling, you can have anything in the world that I have, but it breaks my heart that you would ever steal it.' I never stole anything ever again.*

Questions: How could you describe the way the message 'One should not steal' was communicated?

What would you have done if you were in the granddaddy's position?

What are the most common reactions of most educators?

Please note, granddaddy wasn't so worried about the child's self-esteem, nor was he so casual about the significance of theft that he made light of the incident. He didn't hammer his granddaughter with harsh words or punishment either. Instead, he conveyed his disappointment in the context of his love and through the moral judgment that stealing is wrong. He was more concerned with her becoming good than feeling good and as a result, when the woman relived the incident 50 years later, it still evoked tears of shame.

Important skills in communication:

Listening: Listen to the child, pay attention to their tone of voice, their movements, and the way they walk. Each of these aspects of behaviour will tell you something. For example, a child with lowered shoulders or dragging feet may reflect an individual who feels so burdened that they are not able to walk tall or lift their feet.

Focus: Pay attention and show the child that you are listening to them. You may need to repeat their words just to make sure you have heard correctly and that the child really means what they have said.

Clarification: Do not assume that you understand the child's story and concerns; seek clarification by asking appropriate questions.

Summarize: Show that you are listening and are interested in the child's story by summarizing what they have told you.

Participate: Smile and nod appropriately, react only to ideas and not to the child; do not allow your personal reactions to influence your interpretation of the child's story.

Interpersonal skills: The teacher-pupil relationship is very important for children; for ten months of every year, they spend approximately 5 to 7 hours a day with the same teacher. A significant body of research indicates that, 'academic achievement and student behaviour are influenced by the quality of the teacher and student relationship' (Jones, 95). The more the teacher connects or communicates with their students, the more likely they will be able to help them learn at a high level and accomplish things quickly.

Put yourself in the child's shoes: 'in a quality interpersonal relationship, you will start to feel some of the things that I feel which allows you to better understand me and communicate with me'

Questions: Reflect on the story of the granddaddy's quarter. What can you say about the relationship between the two characters?

Do you see the possibility of using the above-mentioned communication techniques in your classroom?

Important skills in interpersonal skills:

The child needs to feel confident that you will keep their secret, and not use the information against them.

You have to be sensitive and empathize with their situation, which involves knowing what to say and when.

Show genuine concern and interest in the child's life. Unless you do this, it will not be easy to win the child's trust and get the full story.

Conclusion: *Communication is critical for any support you intend to provide for the children and their community. Teachers should find creative, loving, and long-lasting ways to send the right message to their pupils.*

Session 3B:
Teaching Decision-making Skills

As we mentioned in Chapter Two, decisions are made on a daily basis. In the wake of the HIV/AIDS pandemic, children now find themselves having to make decisions that would otherwise be made by adults. This is particular true for those who are AIDS orphans.

Activity: Read the following short story and decide what you would do to help the child to make the right decision.

> *Lillian was the most intelligent girl in her class. Unfortunately for Lillian, her life at school was under threat as her parents had passed away and she was living with her uncle. Her aunt was kind to them, but she was not the breadwinner in the home and thus had to depend on her husband for everything. Lillian had an older brother and younger sister, who both attended school. All three were very lucky to have been taken in by their uncle, as it is known that people are not ready to take responsibility for orphans. Unfortunately, Lillian's uncle was sexually abusing Lillian in return for maintaining the whole family. Lillian reported the case to her aunt, who was not empowered to do anything, since she was fully dependant on her husband. The sexual abuse started affecting Lillian's performance at school. She complained to her elder brother, and he is now contemplating leaving school in search for a job in order to be able to look after his sisters. We all know the importance of education. If Lillian's brother leaves school, his life opportunities will be greatly reduced. He has come to you for advice.*

Questions: What would you say to him?

What should he do?

Why do you think he should take the identified solutions?

What steps did you follow in reaching the decision?

What gender issues are brought up in the above story?

Do you remember the seven guides to decision-making? If not, please turn back to Chapter Two and refresh your memory.

Lecturer: In class, ask each group to justify their decision-making by having them answer the following questions:

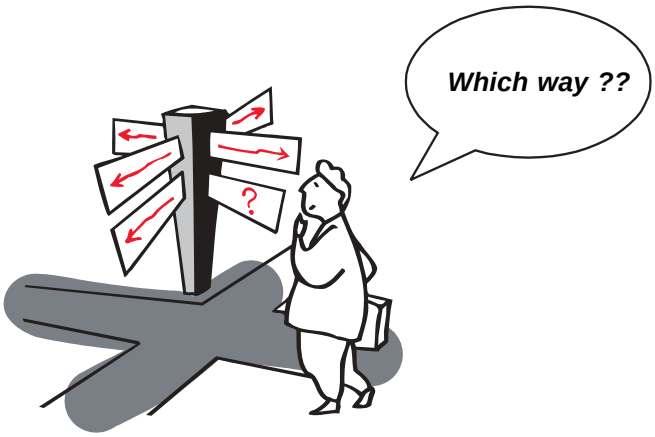
In the above case:

a. What goals did your decision address?

b. What strategies did you use to determine the facts?

c. What options did you identify?

Our decisions always have consequences. What consequences will your decision have?



It is important that trainee teachers remember that decision-making is not easy and that circumstances sometimes make it very difficult to reach the right decision. What is critical is that the best decision for the child is made, as they have their whole life in front of them. According to the United Nations Convention on the Rights of the Child, any decisions made for children should their best interests.

Session 3C:
Coping and Stress Management Skills

As we mentioned in the introduction, children in schools today are experiencing pain in different ways. Some are orphaned, others are looking after ailing parents, and many more are in abusive homes. This means that half the time the children are often not able to fully concentrate on what is going on in the classroom.

Activity: The key question is how the teacher is to deal with these different challenges. Below are some circumstances that a teacher will come across. One possible action is already suggested for each, please provide two others.

In the case of ailing parents	1. Allow the child the opportunity to talk about their concerns and vent any emotions associated with the situation at home. 2. 3.
When a child loses a parent	1. Support the child by being physically and emotionally available. 2. 3.
In the face of stigmatization	1. As a teacher, it is your responsibility to ensure that the other children know the truth about HIV/AIDS. You must also protect the children concerned from discrimination at school. 2. 3.
When children are not concentrating	1. Consider this as only a symptom of other underlying causes /problems and work towards establishing what they are. 2. 3.
When a colleague is abusive to a child	1. Talk to the colleague concerned, highlighting the effects of the abuse on the child but without blaming anyone. 2. 3.
When children fall asleep due to exhaustion	1. Be creative and establish a feeding scheme at the school through the support of an identified donor. 2. 3.
When children are frequently missing classes	1. Establish the causes by counselling the children and take corrective measures. 2. 3.
When a child discloses sexual abuse	1. Ensure the child is safe from further abuse by discussing an inclusion of significant adults to the child in counselling. 2. 3.

Lecturer: Feel free to add other scenarios based on the trainee teachers' experience.

Teaching Self-awareness

Lecturer: Reflect on the issues raised about individual self-esteem in Chapter Two. The techniques used are for children and adults are identical.

Activity: In groups, let the trainee teachers identify ways in which they can help children to have more self-esteem.

Hints for the trainee teacher:

- Encourage children
- Suggest new challenges
- Treat them as independent, developing adults
- Encourage them to make decisions
- Discuss problems with them and encourage them to solve them with your help
- Never put down children; remember the example of the granddaddy!
- Don't pressure them by demanding high standards
- Trust them
- Encourage them to express their opinions and respect them
- Respect the child's views
- Make it clear you are ready to help them whenever they need you to

Remember that the ideas presented in the section on self-esteem can be applied to children. Below are some ideas about positive and negative thinking.

Negative Thoughts	Positive Thoughts
I am not worth anything	I am a valuable person
I have never accomplished anything	I have accomplished many things
I always make mistakes	I do many things well
I am a jerk	I am a great person
I don't deserve a good life	I deserve to be happy and healthy
I am stupid	I am smart

Daily tips on maintaining student high self-esteem for use in schools

- Educate the whole person by focusing on student knowledge, behaviour, and feeling
- Choose content that honours and rewards virtue in exemplars, and encourage reflection on values content
- Use quotes, pledges, codes, and guidelines
- Communicate clearly, consistently, and sincerely
- Develop the students' skills in resisting peer pressure, maintaining self-respect, and resolving conflicts in non-violent ways
- Be a good role model and set a positive, personal example
- Use and require respectful language
- Use the creation and even-handed enforcement of fair classroom rules to teach core values (compassion, courage, courtesy, fairness, honesty, kindness, loyalty, perseverance, respect, and responsibility)
- Reinforce diligent work and virtuous behaviour with praise and appreciation
- Correct unethical, immoral, and disrespectful behaviour; become an enabler
- Have students work together and cooperatively in heterogeneous groups
- Involve peers, parents, and community
- Encourage student involvement in community service
- Teach, don't preach

Please hang this on a wall as reminder

If we live with criticism, we learn to condemn.

If we live with hostility, we learn to fight.

If we live with fear, we learn to be apprehensive.

If we live with pity, we learn to feel sorry for ourselves.

If we live with ridicule, we learn to be shy.

If we live with jealousy, we learn to feel guilty.

If we live with encouragement, we learn to be confident.

If we live with tolerance, we learn to be patient.

If we live with praise, we learn to be appreciative.

If we live with approval, we learn to be real.

If we live with acceptance, we learn to love.

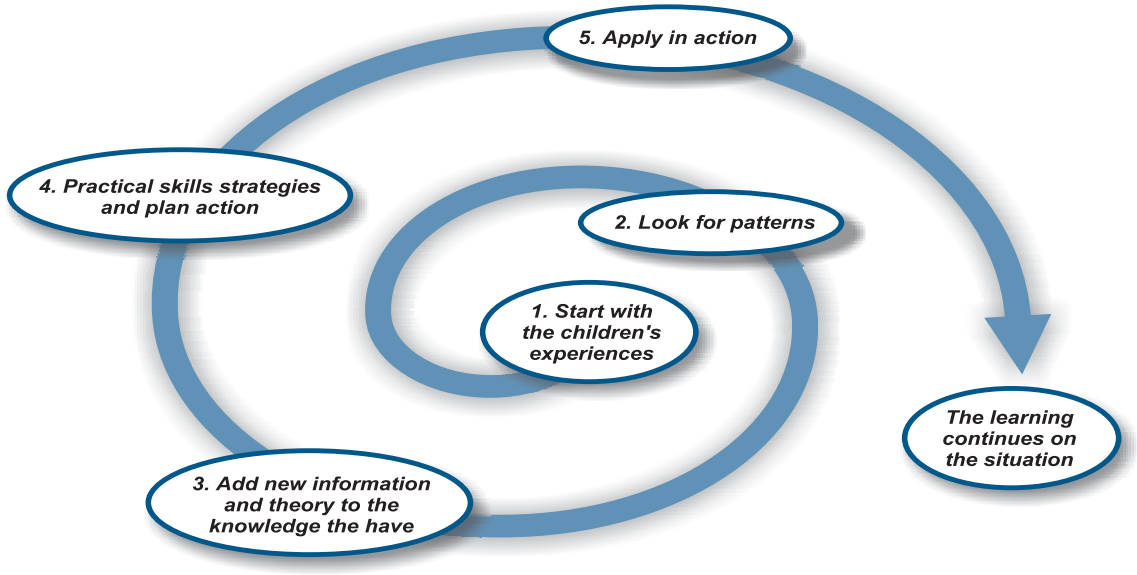
If we live with recognition, we learn that it is good to have a goal.

Chapter Four: How to Teach Life Skills

Life skills are best taught to children through participatory methods that:

1. Value children's experiences and knowledge.
2. Value and acknowledge children's ideas about overcoming life's challenges.
3. Use a variety of activities.

The spiral model associated with experiential learning is valuable in teaching life skills.



Reflect on the model presented below.

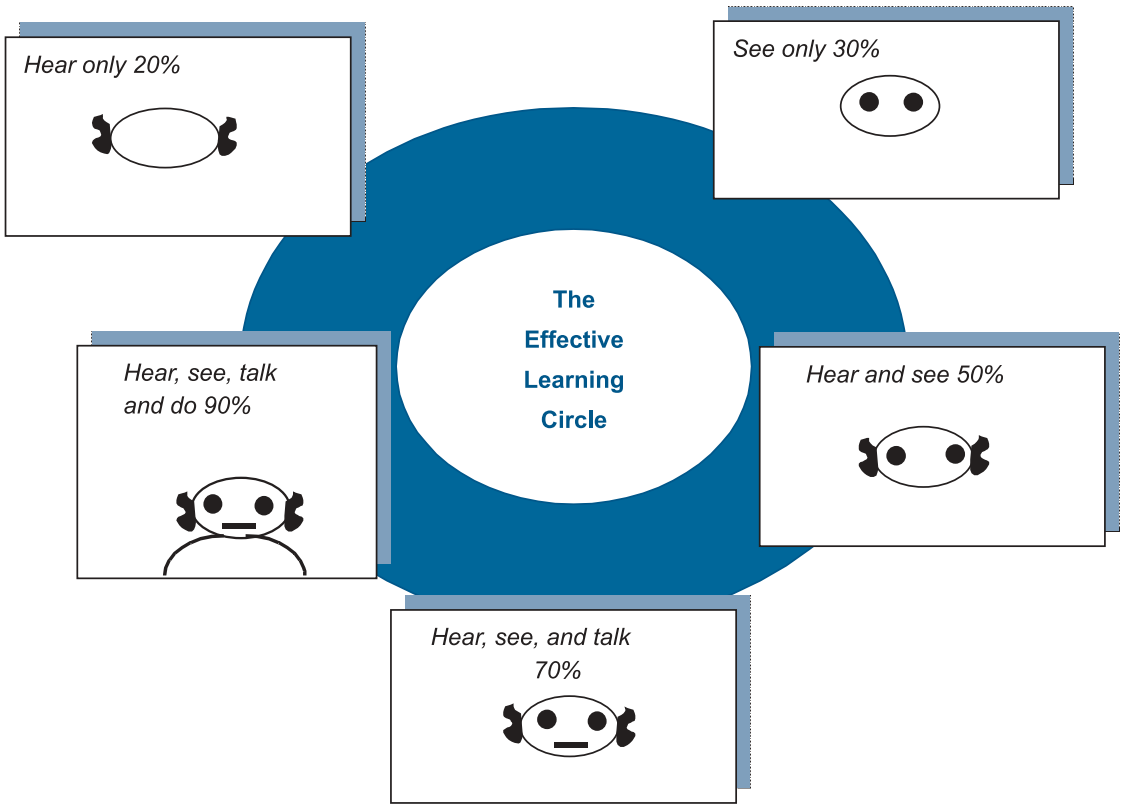
1. Learning begins with establishing children's knowledge. Let the children share what they know.
2. After children have shared their experiences, look for patterns to analyse these experiences. This is where you as a teacher give confidence to pupils, making sure that they no longer feel alone, and that the problems they are facing are not a result of any personal inadequacy.
3. To avoid having to deal with your class' limited knowledge and experience, collectively add or create new information or theories. As a teacher, this is an opportunity to provide facts, hence the reason that the earlier sections

of this manual recommended that you continually research and gather new information.

4. Children need to 'try on' what they have learnt, i.e. to practise the new skills for developing strategies. This is where, as a teacher, you will ask the students to develop stories or role-plays that reflect the learning that has taken place.
5. Afterwards, they apply these new skills in external environments - in the case of their school, this will be in the playground.

The importance of participatory methodologies

Below is a demonstration of how learning takes place



Learning heads...

From the above illustration, one can see that effective learning only really takes place when learners are fully involved in the process. It is for this reason that participatory methodologies are advocated.

Review

Lecturer: Please take trainee teachers through a review of the manual and identify the methods used in the various exercises and activities. The following questions should be answered:

- What learning methods can you identify in the manual?
- Were the methods suitable in the place they were used?
- What other methods could have been used to illustrate the same point?
- Do you feel comfortable with participatory methodologies?

We hope this manual has been useful in getting you started on discussing issues related to teachers' coping strategies.

We also hope that you will be able to use the skills gained in your day-to-day activities appropriately.

Chapter Five: Enrichment and Networking Facts about HIV/AIDS

Facts about HIV/AIDS

These are just common signs, it does not follow that if you have any of the following symptoms you have the HIV virus. The presence of HIV virus has to be confirmed through a medical blood test.

1-2 years

Early HIV infection, i.e. when a person gets the infection. During this period, their blood tests change from being HIV-negative to HIV-positive.

3-4 years

This is often called the 'silent stage', i.e. when an infected person shows no external signs of the virus. The person may be able to go about their day-to-day work without any difficulty.

5-6 years

At this stage only minor signs and symptoms show, including:

- Weight loss
- Occasional fevers or hot body (often at night)
- Chronic swelling of glands or lymph nodes (usually felt in the armpit, neck, and below the jaw
- Chronic skin rashes
- Repeated throat infections and coughs

7-8 years

This stage is referred to as the AIDS related complex, and is when the infected person may have the following medical problems:

- Oral or vaginal thrush-shown by vaginal itchiness and white plaques of discharge in mouth or vagina
- Repeated blisters and sores on the corners of the mouth
- Herpes Zoster
- Infection on the face showing as pimples with pus that leave black marks on healing
- Diarrhoea, or a runny stomach that comes and goes
- Weight loss
- Re-occurrence of old infections that could have affected that person before getting HIV or even in their early childhood

9-10 years

This is the AIDS stage, which is when the infected person has severe infections and illnesses occurring at the same time. Some of these illnesses can include:

- Infection of the organs responsible for breathing, indicated by coughing, chest pain, fever, etc.
- Infection of the bowels, indicated by ongoing diarrhoea
- Infection of the brain, indicated by headaches, fits, dizziness etc.
- Cancers such as kaposi sarcoma
- Tiredness that cannot be explained by common reasons
- Poor memory and loss of concentration

Facts about the nature of the virus

1. There is a difference between HIV and AIDS. People can carry the HIV virus for many years without knowing that they have it. They can look and feel entirely healthy before they develop any signs of AIDS. HIV is the first stage of infection and AIDS the second stage, by which time the body's natural protection is low due to the loss of the white blood cells that have been destroyed by the HIV virus.
2. People with HIV look like just like anyone else in a community.
3. On average, about half the people with HIV around the world still show no signs of AIDS after ten years. So, even though someone is infected, provided they avoid other infections, they can still live full, healthy, and productive lives.
4. Most of us do not know whether we are infected with the HIV virus or not, thus it should be our responsibility to protect others and ourselves from the virus. It is not only the responsibility of those who know they are HIV-positive.
5. HIV/AIDS affects people of all races and colours, and people of different ages, from children and youths to adults.

Facts about the immune system

1. The immune system is the body's natural means of protection. A healthy diet strengthens the immune system. It is therefore important for everyone to have a balanced diet.
2. When we visit a medical doctor, the medication we get is a support to the natural protection system. The vaccines that are given to children are common immune boosters.
3. Even when we do not have the HIV virus, there are times when the body can have low immunity e.g. during pregnancy.

Facts about infection

1. There is a period of up to three (3) months between the date of infection and the date when a test result would normally show positive. So unless we have a negative test twice, spaced three months apart and we are certain that we have not been at risk since before the first test, we cannot safely say that we are HIV-negative. This period is known as the 'window period'.
2. To remain negative we need to ensure that we adopt safer sexual behaviour, e.g.:
    - Abstinence if unmarried
    - Being faithful to one un-infected partner
    - Using protection during sex, e.g. the condom
3. It is also important to ensure that when looking after the sick, one takes extra care and uses protective material.

4. Infection only occurs through body fluids (blood, semen, breast milk, and saliva) that have the virus. Thus we need to ensure that all forms of contact with another person's body fluids are reduced.
5. Overall, 92% of HIV/AIDS infections occur through heterosexual sex. About 7% are through mother-to-child transmission.

Facts about the relationship between HIV and STIs

1. Early treatment of sexually transmitted diseases can drastically reduce the risk of infection with HIV.
2. Sexually transmitted infections (STIs) can affect anyone, but they can be treated successfully at your local clinic.
3. The spread of STIs can be reduced by the use of condoms.

Facts about HIV and gender

1. Some traditional practices that govern the behaviour of different members of the community based on whether they are male or female increases the chances of contracting the HIV virus. Such practices include: early marriage, practicing of dry sex, and circumcision.
2. More females than males are infected by the virus. This is because of biological reasons and also the fact that girls are prone to early sex through rape or older men.
3. There is a strong connection between gender violence, poverty, and the spread of HIV.

Facts about prevention

1. Remember that anyone can be carrying the HIV virus. Thus it is important to take precautions across the board and not be selective based on the outside appearance of any individual.
2. Whenever you are come into contact with any of the four fluids, you must create a barrier by either using latex gloves or plastic barriers. Blood and semen are the main carriers of the virus.
3. Cleaning up any of the above-mentioned fluids should be carried out while wearing gloves or plastic barriers
4. Do not re-use or share needles or other skin-piercing equipment; these should be disposed of immediately after use.
5. If you are in a situation where you find yourself having to deal with bleeding persons, please use protective plastics.
6. As mentioned earlier, sexual transmission accounts for over 92% of HIV transmission. Thus, it is important that individuals make the decision to adopt safer sexual practices in an effort to minimize their chances of contracting the virus.

Facts about the treatment of and cure for HIV/AIDS

1. There is no known cure for the HIV virus.
2. People infected with the virus can live normal and healthy lives. However, they must maintain their health by ensuring they have a good diet and seek early treatment for any diseases.
3. There are some traditional herbs and modern drugs that can be used to boost the immune system.
4. Provided that sensible household hygiene measures are taken, there is no risk attached to caring for a person with AIDS at home.

Facts on your individual responsibility

1. No one can change the behaviour of another person; it is a person's individual decision and responsibility to change or not to change.
2. New information is always being generated about the HIV virus, and people should make efforts to find out more about the virus for themselves and share this information with others.
3. It is important to go for Voluntary Counselling and Testing (VCT). The information is important as it lets you adjust your life according to your status. If their status is HIV-negative, people may be motivated to stay that way, and if they are HIV-positive, people are counselled on how to avoid further exposure to the virus or contracting other sexually transmitted infections.

Writing a Will

A will is a legal document that states what should happen to your possessions in the event that you die. The person who writes the will is known as the testator, and what they write about is known as the estate. It is important that everybody above the age of majority writes a will. There is a misconception that wills are only written when people have HIV/AIDS. The details that need to be included in the will are shown below.

Full Name: ..... ID Number: ..... Residential Address .....

Marital status: Type of marriage to guide sharing your property; if you were married, your spouse's name and ID number.

Family: If you have children, their names, ages, sex, whether they are single or married; include details of any relatives that you may wish to inherit from your estate.

Management: Provide details of who you want to manage your will. The executor will wind up and close your estate.

Property: Provide details of your property, e.g. your personal financial position (what you own, what do your owe, any policies); your employment details, including any benefits and pension funds; your income tax number and employment code numbers. If you were in business, please include all the above details.

Confirmation: Have witnesses to confirm your signature and that the document they are counter-signing document is your will. Please note, you do not have to consult them when writing your will, nor do you have to make them read your will.

Support: Lawyers, banks, and building societies can help or advise on how you can draw up your will.

Home-based Care

(For further reading, please refer to the Island Hospice handbook on Home-based Care.)

Caring for patients at home has become a reality for most people. The number of HIV patients continues to increase daily and hospitals are not able to take care of them. Thus, the only alternative is for the patient to be cared for at home.

In the past, the role of caring for family members was carried out by the mother. With the coming of HIV/AIDS, it has become critical that ALL members of the family start taking the role of care seriously, as anyone in the home could be called upon to respond to a situation.

This session briefly discusses six (6) critical areas regarding the care of patients, and allows time for those who are already caring for patients to share their experiences.

1. **Health for the caregiver**: It is important to focus on the physical and emotional health of the caregiver. This is because, in most circumstances, the caregiver is looking after a relative, and so is already hurt by the illness. The emotional stability of the caregiver is very important. In some circumstances, caregivers have been known to withdraw from society.

   The caregiver needs to:

   - Accept and express their feelings
   - Deal with personal problems as they arise
   - Accept feedback or criticism from others
   - Know that there may be times when they cannot help and feel useless
   - Cope with the strong feelings of the patient without taking it personally

2. **Universal precautions**: As stated earlier, it is not possible to tell by just looking at a person what kind of infection they may be carrying. Thus, the rules at all times are to take precautions and protect yourself when dealing with anyone and everyone. Be careful when handling blood or other body fluids (urine, faeces, vomit, drainage from wounds or sores, vaginal secretions, semen, sputum) and always wear gloves. In order to build trust with the ill person and their family, explain that the reason you are taking these precautions is for their protection as well as yours.

3. **General Hygiene**: As the saying goes, cleanliness is next to godliness. Ensure that the patient, their clothes, and their room are kept clean. Ensuring that the environment and our daily activities follow habits of cleanliness at all times is very important. The environment includes areas within and outside the house. Such practices, such as the proper handling of food, are critical in ensuring that food poisoning is avoided. A clean environment also ensures that no unnecessary pests such flies and rats are harboured, as these are carriers of many infections.

4. **The emotional needs of the patient**: When a patient has a terminal illness, it is important for those providing the care to realize that the patient has needs, the most important being LOVE. Whatever we do for the patient, if they suspect that we do not love them, then they will not be at peace and can live a very miserable life. It is important that we give time for the patient

to express their needs, and to talk about their hopes and fears. Some of the important things that will ensure that the patient feels important and loved include:

- Having and maintaining good communication
- Being polite but truthful with the patient
- Listening to the patient
- Treating the patient with respect

5. **Some common opportunistic infections associated with HIV**: As mentioned earlier, when someone has AIDS, there are common diseases that they tend to suffer from. These are known as opportunistic infections and it is important that immediate attention is paid to them so as to reduce the patient's suffering. Below are some of the common diseases and some suggestions of what should be done to treat them. Please note that the suggestions on what should be done are only a guide, and that the caregiver must also seek advice from a health worker.

   a) **Skin problems**: This could be a rash, small spots, raised lumps, or wounds. It is important to ensure that the skin is clean and dry, that scratching is avoided, that the skin is kept cool, that Vaseline is applied to prevent dryness, and that sour milk is applied to soothe the skin. In the case of wounds, wash the areas with clean salt-water solution and apply sugar paste, honey, or paw paw skin. If there is no improvement, please seek advice from the nearest health clinic.

   b) **Swollen legs and feet**: Infected wounds, low protein levels, or kidney/heart problems can cause such conditions. It is important to treat the cause as well as the symptom, i.e. attend to the patient's protein intake, infected wounds, and/or kidney or heart problems. In order to reduce swelling, gently massage from the toes upwards, using Vaseline to keep the skin soft. Raise the feet of the patient and reduce their periods of standing. Lemon water has been known to reduce swelling; the caregiver might want to try getting their patient to do the same.

   c) **Mouth problems**: During a long illness, it is common for the patient to have mouth sores. This condition may cause them to avoid food due to the pain. In such situations it is important that the patient avoids sweet and/or spicy foods and cleans their mouth with salt water or bicarbonate. If the sores are big, gentian violet can be applied. The patient should be given soft food in small amounts. Eating raw tomatoes, home-made yoghurt, crushed garlic, and bean sprouts have been known to help.

   d) **Fever**: This is when the patient's body temperature changes. At such times, the patient may feel very hot and it is important to reduce heavy clothing and wipe their body with a damp cloth. The caregiver should also try to find some paracetamol, aspirin, or cafenol to help reduce the patient's temperature.

   e) **General pain**: Due to the nature of AIDS, the patient will have different forms of pain. As a caregiver, it is important to try and keep pain to a minimum. Extra care has to be taken to ensure that the patient gets enough rest and gets the emotional support that they need. The family

should be close to offer any support required. If the patient is bed ridden, they should be turned to reduce bedsores..

f) **Nausea and vomiting**: This is an uncomfortable feeling that can put the patient in a bad mood. Please try and find out what makes the patient feel nauseous. In general, it is important to reduce strong smells, avoid oily food, and give the patient plenty of liquids, especially lemon in hot water.

g) **Coughing and difficult breathing**: Difficulty in breathing is a condition experienced by many sick people. However, when the illness is terminal, this condition becomes even more frightening, both for the caregiver and the patient. They both may think the hour of death has come. It is important to keep calm and help the patient get into a position that makes breathing easier, e.g. sitting up, leaning forward on a table, massaging the back gently to get rid of any mucus.

h) **Loss of control of bodily functions**: As the illness of the AIDS patient progresses, the caregiver should expect the patient to slowly lose control over passing urine or stools. At this stage it is important to consult the local clinic on hygienic alternatives of managing this problem. There are simple and inexpensive alternatives that the caregiver be trained in. With the knowledge of how to manage the situation, both the caregiver and patient will be much more comfortable.

6. **The final stages**: As has been mentioned several times, there is no known cure for the HIV/AIDS virus. The only treatments at hand are those that will prolong the condition of the patient. As the virus overcomes the body's strength, the patient will slowly starts to deteriorate. Some of the signs of this include mental confusion, continuous sleep, and reduced food intake. Do not force the patient to engage in normal activities at this stage. Instead, keep the patient's mouth moist with small sips of water, apply Vaseline to their lips, talk to them, and keep them warm and as comfortable as possible.

   Bring all the family members around and prepare for the final departure of the patient. A counsellor from the local clinic or church can be called in to support the family at this critical stage.

Nutrition

(Suggested foods for people living with HIV/AIDS, by the Network of African People)

Nutrient	Food Sources	Use in the Body	Symptoms of Deficiency
Vitamin A	All yellow and orange fruit and vegetables; alfalfa; milk; garlic; green vegetables; egg yolk; liver	To make white blood cells; for vision; healthy skin; teeth and bone development; protection against infection; an antioxidant	Eye problems and night blindness; sensitivity to light; scaly and dry skin and hair; poor teeth and nails; colds
Vitamin B6	Sunflower seeds; wholegrains; seeds and nuts; cabbage; eggs; leafy green vegetables; alfalfa; banana; liver; fish; legumes; chicken; meat	Breakdown of protein and fats; production of antibodies and red blood cells; production of protein and nerve transmitters; an antioxidant	Tiredness; anaemia; irritability; depression; sore tongue; nausea; muscle twitching; dizziness; skin problems; nerve problems
Vitamin B12	Seafood; tuna; liver; kidney; heart; sardines wholegrains; eggs; meat; yoghurt; cheese; chicken	Formation of red blood cells; affects white blood cells; maintains nerve and gastrointestinal tissue	Tiredness; anaemia; confusion; numbness; nerve problems; ringing in ears; dementia; memory problems
Folic acid	Kidney; liver; nuts; legumes; eggs; green vegetables; wholegrains; Fish; avocado; oranges	Works together with vitamin B12 aids red blood cell formation; for cell division and growth	Diarrhoea; sore red tongue; anaemia; heart-burn; fatigue; confusion; depression; dementia
Vitamin C	Guavas; sweet peppers; alfalfa; leafy; fruits; green vegetables; oranges; potatoes; ; tomatoes	Builds healthy bones; teeth and gums; helps fight infection; helps iron absorption; an antioxidant	Bleeding gums; bruise easily; slow heal; anaemia; muscle and joint pain; frequent colds
Vitamin E	Vegetable oils; nuts and seeds; wholegrains; eggs; legumes; dark green vegetables; alfalfa	Increases disease resistance; protects fats and vitamins A and C from oxidation; prevents ageing; treats scar tissue; an antioxidant	Tiredness; dry hair; leg cramps; infertility; muscle weakness; impotence; nerve problems; heart disorders
Zinc - the mineral most deficient in people with HIV/AIDS	Leafy green vegetables; seafood; oysters; nuts; meat; pumpkin seeds; milk; fish; liver; wholegrains; egg yolk; garlic; chicken; legumes; popcorn	Protects the immune system needed for digestive and immune system enzymes; muscles; wound healing; vitamin A metabolism; an antioxidant	Slow growth; loss of smell and taste; loss of appetite; diarrhoea; prostrate gland problems; poor wound healing; skin problems; ringing in ears
Selenium	Brown rice; nuts; seafood; liver; egg yolk; onions; garlic; alfalfa; meat; milk; wholegrains	Prevents oxidation and breakdown of fat and other body cells; an antioxidant	Weakness; pancreas damage; impaired growth; hearing problems

Magnesium	Seafood; legumes; nuts; avocado; seeds; whole grains; dark; potato skins green vegetables;	For muscle; nerves and the release of energy from fats; protein and carbohydrates	Spasms; cramps; tremors; constipation (strained bowel movements)
Iron - Vitamin C helps the body to take up the iron in food	Meat; liver; eggs; kidneys green leafy vegetables; seeds; wholegrains; fish; legumes; potatoes; nuts; apricots; alfalfa; seafood	Needed for oxygen exchange in the blood; needed by enzymes	Headaches; tiredness; irritability; pale colour; dizziness

Important organizations in Zimbabwe working in the area of HIV/AIDS

Members should feel free to contact them for further information.

General information	
Local Clinic/Hospital	
National Aids Council (NAC)	(04) 791170/1/2/8
UNAIDS	(04) 792681
SAFAIDS	(04) 336193
PSI	(04) 334631
Zimbabwe Aids Network (ZAN)	(04) 703819
ZAPPA-Future Group	(04) 309855/9
Zimbabwe National Family Planning Council-HQ	(04) 620281
World vision International(Zimbabwe)	(04) 301715
Southern African Aids Training Programme (SAT)	(04) 782123
Southern African Network for People living with HIV/AIDS	(04) 778109
Jesuit AIDS Trust	(04) 300811
Actionaid	(04) 797039/40
School Without Walls	(04) 781123
Zimbabwe AIDS Prevention Project	(04) 770610/11
Silveria House	(04) 4910667
Voluntary Counselling and Testing	
PSI	(04) 334631
CONNECT	(04) 721873/78
THE CENTRE	(04) 732966
SHAPE Zimbabwe-Future Group	(04) 30955/9
AIDS Counselling Trust	(04) 797039/40
Musasa Project	(04) 734480/7
CADEC National	(04) 704086.
AFRICARE	(04) 496453

General information	
Home Based Care Programmes	
Zimbabwe Red Cross Society	(04) 724653
CARE International (Zimbabwe)	(04) 727986/8
Salvation Army	(04) 736666/8
Family AIDS Caring Trust	(025) 3491
Matabeleland AIDS Council	(09) 62370
Batsirai Group	(067) 22398
Mashonaland Central Network for People Living with AIDS	(023) 748861
Avilla Mission	
Care and Support Organisations	
The CENTRE	(04) 732966
FASO	(020) 61648
AIDS/Orphan Care -Archdiocese of Bulawayo	(09) 63590
Island Hospice And Bereavement Services	(04) 791605/6/7
CARE International	(04) 727986/8
Voluntary Services Overseas Zimbabwe(VSO Zimbabwe)	(04) 791959
Catholic Relief Services	(04) 736715
UN Theme Group on HIV/AIDS	(04) 708101
Mashambanzou Care Trust	(04) 610937
Family Support Trust	(04) 791371

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