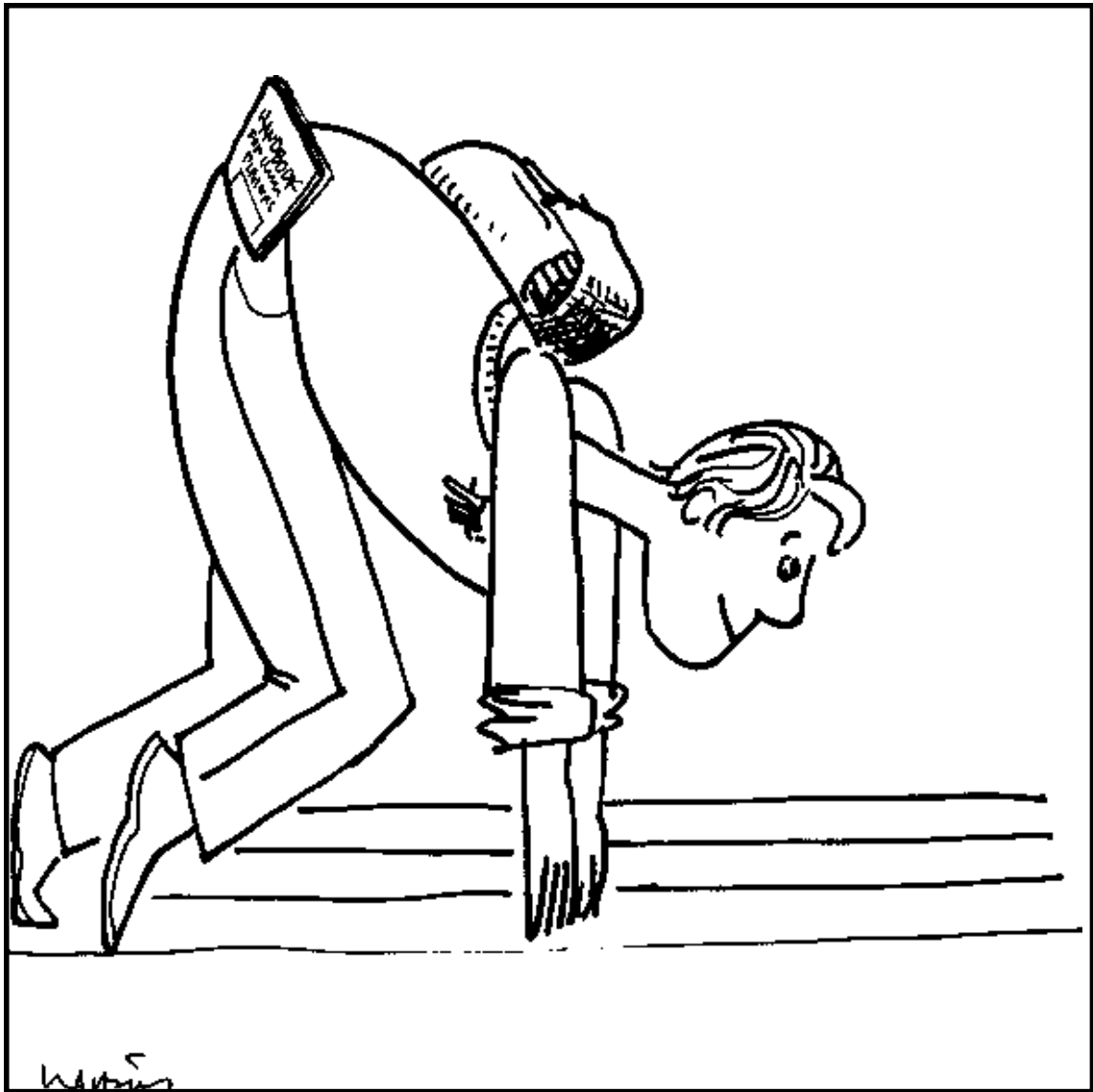


A Designing the Programme



Introduction

There is increasing consensus about the need for AIDS education for young people. Studies have shown that sex and AIDS education may lead to a delay in the onset of sexual activity, and to the use of safer sex practices among those students who are sexually active. However, curriculum planners often lack examples of curricula, classroom activities and learning materials. This resource package has been compiled to assist curriculum planners to design HIV/AIDS/STD education programmes for their own school systems, for students aged between 12 and 16. The programme presented in this package is based on participatory methods, as these have been shown to be particularly effective for the teaching of behavioural skills.

**This package uses two publications by WHO, UNESCO and UNICEF as primary sources. Curriculum planners should read them and have them available for quick reference:*

• **School Health Education to Prevent AIDS and STD (WHO AIDS Series No. 10), WHO/UNESCO, World Health Organization, Geneva, 1992**

• **Comprehensive School Health Education – Suggested Guidelines for Action, UNESCO/WHO/UNICEF, World Health Organization, Geneva, 1992**

These can be obtained from:

WHO/GPA
Documentation Centre
1211 Geneva 27
Switzerland
Fax: (41 22) 788 18 36
Email: hlt@who.ch (Internet)

The package* includes:

- **Handbook for curriculum planners**

Outlines the main steps in curriculum planning, and includes a series of appendices, mostly evaluation instruments.

- **Students' activities**

Includes fifty-three student activities that meet a wide range of objectives for teaching an HIV/AIDS/STD programme. Curriculum planners may choose those most relevant to their country, and adapt the text and the illustrations for language and content, according to the cultural context and the age of students targeted.

- **Teachers' guide**

Contains specific instruction on how to teach each activity, and background information for teaching a programme on HIV/AIDS/STD. This guide may also be adapted for language, content, and teaching methods.

Using the resource package

The package is not intended to be prescriptive either in terms of content and approach or in terms of identifying at what age students should commence the programme. Educational policy regarding the entry point of an HIV/AIDS/STD education programme will vary from country to country. Policy makers and planners will also be concerned about such issues as how to timetable such

a programme, what training teachers require, and what additional printed materials will have to be developed to ensure the success of the programme.

It is the responsibility of curriculum planners to design their programmes. Their choices will undoubtedly be influenced by prevailing cultural norms and social and ethical values. Cultural, religious and ethnic norms and values must be taken into account when designing and introducing an HIV/AIDS/STD education programme which deals with sensitive issues such as sexuality and safe sex practices.

However, it is also important not to lose sight of the fact that young people, for a variety of reasons, tend to adopt the norms, values and attitudes of their peers, which may be in conflict with those of their parents and traditional society.

Creating a collective responsibility

The Curriculum Planner has the task of designing convincing and effective programmes for students which will be acceptable not only to students but also to their parents and the wider community.

Students obtain all kinds of information outside the school and are often involved in experiences which may never be discussed or even acknowledged in a school setting. Care should be taken when designing an

AIDS programme, to avoid discrepancies between 'school knowledge' and 'outside knowledge', as these can become a source of mistrust and conflict.

In this respect, it is important that the knowledge and skills acquired by students at schools, are sufficiently detailed and explicit to enable students to cope successfully with the situations of risk they are likely to encounter inside and outside school, including peer pressure.

The purpose of HIV/AIDS/STD education programmes is to provide students with the knowledge and skills which will enable them to behave in a responsible way and thereby protect their own health and well-being. Methods which will assist them in this respect, therefore, form the major content of this resource package.

Because of the sensitivity of some of the subject matter, it is advisable to involve families, religious organizations and other social organizations in the initial planning sessions. In this way, content and activities considered suitable for general classroom use can be identified, as can those which are considered necessary, but too sensitive for ordinary classroom teaching. Alternative methods for ensuring that the students receive the latter kind of information can be discussed and developed with parental and community involvement.

Community involvement contributes to a sense of collective responsibility and provides support, both of which are necessary if school HIV/AIDS/STD education programmes are to be successful.

Student involvement in the curriculum design process

When designing educational programmes, curriculum planners frequently include students in the initial discussions in order to ensure that the material will be relevant and therefore effective. Students have often been involved in discussions about social, cultural, sporting and recreational or community-based programmes for schools.

These discussions usually take the form of focus group discussions dealing with specific issues. Certain of these require a creative brainstorming approach. Focus group discussions can be held with many

and varied groups of students from rural and urban centres and from various social groupings. In other instances planners prefer to work with a highly representative student group with whom they meet regularly and build up a strong and frank rapport.

Behaviour change and behaviour shaping are central to AIDS education. The behaviours concerned are highly individual and intimate and it is therefore crucial to seek the opinions and suggestions of students themselves about programme content.

Appropriate context for HIV/AIDS/STD education

The ideas and activities presented in the package focus specifically on activities related to AIDS. However, AIDS cannot be isolated from a whole range of problems such as use of alcohol and other drugs, early prostitution, teenage pregnancies, poor living conditions, violence, and unemployment. In fact, many of the skills and attitudes that young people need to prevent infection with HIV/STD, are life skills that will be useful in responding effectively to a variety of other problems that they may face as they grow up.

In particular, an educational programme dealing with STD, HIV and AIDS requires that students have an understanding of their own physical and emotional development during adolescence, so that they can gain insight into their own and others' sexuality. It is important to remember that the main mode of transmission of HIV/AIDS is through sexual intercourse, with the danger of infection greatly increased by the presence of an STD. Students should already have acquired basic knowledge about menstruation, sexual intercourse, conception, pregnancy and contraception.

HIV/AIDS/STD education is best taught as a component of health education, sex education or family life education programmes¹. In those countries where such programmes do not exist, basic information about sexuality will have to be part of the HIV/AIDS/STD education programme.

¹ **School Health Education to Prevent AIDS and STD, pages 23-24. Comprehensive School Health Education, pages 3-5 and 10-12.**

Programme model

¹ School Health Education to Prevent AIDS and STD, pages 11

² as above, page 10

Many programmes for the prevention of AIDS and other STD focus only on bio-medical information such as the virus that causes AIDS, the immune system, signs and symptoms of AIDS, treatment. It is now well known that this type of knowledge is not enough to convince young people to adopt positive, healthy behaviours that prevent HIV/AIDS/STD. They need the motivation to act and the skills to translate knowledge into practice.¹

Infection with HIV and STD occurs in specific risk situations or scenarios: a girl is pressured into having sex with her boyfriend or an older man; a syringe with drugs is offered to a friend; friends pressure a boy to join them for a night out with bar girls. Young people in these situations need to have knowledge and skills to make healthy responses... how to say “no”, how to propose alternatives, how to evaluate risks. If they receive only information on the immune system in their AIDS course, they will be poorly prepared to deal with real-life situations. Remember:

“The goal of AIDS/STD education is to promote behaviour that prevents the transmission of HIV/STD”² and not merely to increase knowledge about AIDS.

A programme on HIV/AIDS/STD should increase knowledge, develop skills, promote positive and responsible attitudes, and provide motivational supports.

• Knowledge

Information that will help students decide what behaviours are healthy and responsible includes: ways HIV/STD are transmitted and not transmitted; the long asymptomatic period of HIV; personal vulnerability to HIV/STD; means of protection from HIV/STD; sources of help, if needed; and how to care for people in the family who have AIDS.

• Skill development

The skills relevant to HIV/AIDS preventive behaviours are: self-awareness; decision making; assertiveness to resist pressure to use drugs or to have sex; negotiation skills to ensure safer sex; and practical skills for effective condom use. These skills are best taught through rehearsal or role-play of real-life situations that might put young people at risk for HIV/STD.

• Attitudes

Attitudes derive from beliefs, feelings and values. HIV/AIDS/STD education should promote: positive attitudes towards delaying sex; personal responsibility; condoms as a means of protection; confronting prejudice; being supportive, tolerant and compassionate towards people with HIV and AIDS; and sensible attitudes about drug use, multiple partners and violent and abusive relationships.

• Motivational supports

Even a well-informed and skilled person needs to be motivated to initiate and maintain safe practices. A realistic perception of the student’s own risk and of the benefits of adopting preventive behaviour is closely related to motivation. Peer reinforcement and support for healthy actions is crucial, as peer norms are powerful motivators of young people’s behaviour. Programmes that use peer leaders are effective because peers are likely to be more familiar with youth language and culture. Parents and family members can also motivate and reinforce the objectives of the programme and should be encouraged to play a part in their child’s sexuality education.

Remembering that responsible behaviour is the key to prevention, the following 11 objectives are considered as a minimal requirement for any effective programme on HIV/AIDS/STD.

At the end of the programme, students will be able to:

1. Differentiate between HIV, AIDS, STD
2. Identify ways in which HIV can be transmitted
3. Identify ways in which HIV/STD are not transmitted
4. Rank methods of HIV/STD prevention for effectiveness
5. Identify sources of help in the community
6. Discuss reasons for delaying sexual intercourse
7. Respond assertively to pressures for sexual intercourse
8. Discuss reasons and methods for having protected sex if/when sexually active
9. Respond assertively to pressures for unprotected sex
10. Identify ways of showing compassion and solidarity towards people with HIV/AIDS
11. Care for people with AIDS in the family and community.

The programme units

The programme proposed in this package consists of four units, for which a number of classroom activities (with related teacher guides for each activity) are offered. The units are designed for different levels of knowledge, attitude, skill and motivation development.

Unit 1 – Basic knowledge of HIV/AIDS/STD

The major emphasis in this unit is on: what are HIV, AIDS, and STD; transmission; protection; and sources of help. Approximately 25% of the total classroom time should be devoted to this unit. The unit covers objectives 1 to 5.

Unit 2 - Responsible behaviour: delaying sex

Students, particularly at early ages, should be encouraged not to have sexual intercourse. Delaying sex to an older age usually results in more mature decisions about contraception and protected sex. Students need to discuss the reasons for delaying sexual intercourse, and learn how to resist pressures for unwanted sex. Assertive communication skills should be learned through

role-play of real-life situations that young people may encounter. They may also learn that affection can be shown in ways other than sexual intercourse. Objectives 6 and 7 are covered in this unit.

Unit 3 - Responsible behaviour: protected sex

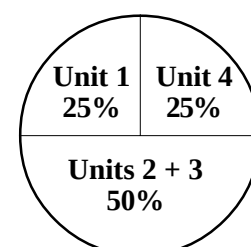
Some, perhaps many students may already be sexually active at the time they learn about AIDS in this programme. Others will need to know how to protect themselves in the future, when they will be sexually active. Using a condom every time one has sexual intercourse is a very effective way to avoid infection with HIV/STD. Teaching students about contraception and condoms does not mean encouraging them to have sex; young people are exposed to information about condoms through a variety of sources (friends, media, condoms displayed in shops, etc.), and need to have information and skills on how to use them correctly. Objectives 8 and 9 are covered in this unit.

Units 2 and 3 on responsible behaviour should take approximately 50% of the total classroom time given to the HIV/AIDS/STD programme. This is because these two units are mostly concerned with developing skills, and this takes up more classroom time than learning facts.

Unit 4 - Care and support for people with HIV/AIDS

Many young people will come in contact with people with HIV and AIDS, perhaps in their own family or community. They need to learn tolerance, compassion and ways to care for and support them. Planners need to remember that people with AIDS may spend time in the hospital for treatment of acute conditions, but they are likely to live at home most of the time. Unit 4 covers objectives 10 and 11 and should take approximately 25% of the total classroom time allotted for the programme.

For each unit, a number of student activities are proposed. Curriculum planners will select those most relevant, and adapt them to local requirements. Here is an overview of the activities proposed.



Unit 1 – Basic knowledge on HIV/AIDS/STD

Activity	Rationale	Description
1. HIV/AIDS/STD basic questions and answers	Basic information about HIV/AIDS/STD is essential to understand other concepts of the programme.	Informational (illustrated). A number of young people ask questions about HIV/AIDS/STD. The answers are given in “bubble” blocks.
2. Looking into AIDS	A pre-test to determine student knowledge is useful to both students and teachers.	Participatory. A short true-false test with a category rating scale at the end. Can stand independently or as a follow-up to Activity 1.
3. HIV/AIDS/STD What do they mean?	Students learn definitions best when they can relate personally to the situation. A personal story illustrating the definitions is an effective learning tool.	Participatory. Students take definitions from a “Grab Bag” and place them in the correct box. A story illustrates the definitions.
4. How a person gets HIV	Information on how the AIDS virus (HIV) is transmitted is essential to protection.	Informational. Three ways of acquiring HIV are described; the information is well illustrated.
5. You can’t get AIDS by...	As well as knowing how HIV is transmitted, it is important to know how it is not acquired. This reduces irrational fears about the disease.	Informational with some participation. Students are asked to identify pictures of how HIV is not transmitted.
6. What do you believe?	This short test is an effective way of learning about the spread and non-spread of HIV, and provides rapid feedback to the students.	Participatory. A true-false test of 20 questions allows students to test their knowledge on transmission.
7. What would you do?	Stories about people’s lifestyles, their risk of HIV and what they can do to prevent the spread, is an effective way to make risk situations realistic.	Participatory. Three stories followed by questions and a risk continuum encourage students to look at transmission from a realistic perspective.
8. What is your risk?	Students become more familiar with risk behaviours by classifying them as No Risk; Low Risk; High Risk. They also need to evaluate their personal level of susceptibility based on their own risk behaviours.	Participatory. Students evaluate 16 different behaviours and classify them as No Risk; Low Risk; High Risk. They also assess their own vulnerability on a scale of 1 to 10.
9. Are you at risk?	Similar to activity 8 but adds the element of multiple risk behaviours.	Participatory (small groups). Part 1 is similar to activity 8 but involves 36 different behaviours (6 per group). Part 2 portrays four different lifestyles each with multiple risk behaviours that are rated from highest risk to lowest risk. Part 3 asks students to assess their personal vulnerability to HIV/AIDS/STD.
10. Protect yourself against AIDS	Students need to learn about specific means of protection.	Informational. Outlines four methods of protection from HIV/AIDS/STD in a visual presentation.
11. Dear Doctor Sue	Doctors are effective agents for conveying information about protection because of their high credibility with young people. Dear Dr. Sue letters are motivational devices for conveying this information.	Participatory. Three letters involving protection are presented. Students use the “Doctor’s Bag” to get help in answering the letters.
12. Which is safer?	Students need to know the different ways of protecting themselves but they also need to know that some methods are better than others.	Participatory. Six patterns of sexual behaviour are presented and students are asked to rank them from most safe to least safe. They are to list problems with the methods that might cause a person to get HIV.
13. What happens with HIV infection?	Students learn: the window period; time from infection to AIDS; AIDS to death; signs and symptoms; and infectivity.	Informational (graphically with illustrations). Outlines signs and symptoms and progression of HIV to death.

Activity	Rationale	Description
14. How do you know if you have HIV/AIDS?	It is important to know that a person with HIV: – may have no signs or symptoms for a long time – can infect others during this time – gradually gets sicker and sicker and eventually dies.	Participatory. Involves three stories of people with HIV and/or AIDS. Asks specific questions about each story.
15. Testing for HIV	Basic information with regard to testing is needed by some students.	Informational. A student asks a doctor basic questions on testing. A “bubble” illustration is used to give the questions and receive the answers.
16. Test: what you know about testing	To recall information and understand concepts about testing, a “matching” test is provided.	Participatory. A matching test of 10 items and a category rating scale for correct answers help students understand concepts of testing.
17. AIDS help Who? Where?	Information on help sources for HIV/AIDS/STD is essential to this programme. Some students develop AFRAIDS (Acute Fear Regarding AIDS) and need help or counselling.	Participatory. Four different situations are presented through short case studies. Students are asked what type of help is needed and where they might find that in their community.
18. You be the doctor	Information about the following topics is important: – drug use and impairment of judgement – abstaining from drug needle use – clean needle use for injecting drugs – method of sterilizing unclean needles.	Participatory. Four situations involving drug or needle use are presented. Students are asked to give advice from the doctor’s kit and provide reasons for that advice.
19. Are you a responsible person?	As a summary to this unit, students are asked a number of behaviour and behavioural intent questions. Behavioural intent indications may be good indicators of behaviour.	Participatory. Twelve behaviour and behavioural intent questions are asked and students respond with “yes”, “no” and “not sure”. A score is provided at the end to determine their personal degree of responsibility.

Unit 2 – Responsible behaviour – delaying sex (abstinence)

Activity	Rationale	Description
1. Reasons to say NO	It is important to stress that there are a variety of reasons for delaying sex.	Informational (illustrated). 10 reasons for delaying sex are given. Students participate by providing the four most common reasons for young people to delay sex.
2. To delay or not to delay	Students need an opportunity to explore reasons for not having sex, and reasons why some people choose to have sex.	Participatory. An open-ended story is presented in which students explain the reasons given for having sex. Students then choose three reasons (from 10) for the male to say “no” and three for the female to say “no”.
3. “Lines” and more “lines”	Students need practice in responding to typical lines that are used to pressure individuals to have sex.	Participatory. Ten lines are given and students respond with the most appropriate response from a list of 14.
4. Guidelines: help to delay sex	Students need to know that they are not alone in delaying sex. They also need help in their decision to delay sex.	Informational (illustrated). 14 suggestions are given to help students maintain their decision to delay sex. Students are asked to indicate which ones would be easy or difficult for them.
5. What to do?	Students need practice in using “the guidelines” for delaying sex with real-life examples.	Participatory. Three case studies are provided and students are asked to give advice that would help each person to delay sex.
6. Affection without sex?	It is unreasonable to expect young people not to show affection during this stage of their lives. It is important to provide suggestions for alternative ways of showing affection for those who wish to delay sex.	Informational/participatory. Two hearts provide spaces for young people to explore additional ways (some are provided for them) to be affectionate without having sex.

Activity	Rationale	Description
7. What's next?	Physical affection can be very sexually arousing. The more sexually arousing the activity is, the more likely it will eventually lead to sex. Establishing limits and knowing when to express these limits is very important for young people.	Participatory. Students are asked to rank seven physical behaviours from least to most physical. Questions are asked about limits – who; where; when.
8. Am I assertive?	Definitions of assertive, passive and aggressive behaviours are necessary to understand the verbal and non-verbal aspects of being an assertive person.	Informational (illustrated). Three people display the verbal and non-verbal characteristics of being assertive, passive and aggressive.
9. Who's assertive?	Recognizing assertive, passive and aggressive behaviours in real-life is necessary for a person who wants to be assertive.	Participatory. Two stories provide opportunities for students to identify the different types of behaviour.
10. Assertive messages	Students must learn specific steps to being assertive and practise those through behavioural rehearsal with actual situations involving HIV/AIDS/STD.	Informational (illustrated). A four-step approach to being assertive is demonstrated by means of a short case study.
11. Your assertive message (class)	An example of an assertive message developed by the whole class, makes it easier for individual students to develop their own message.	Participatory. Another case study is used to encourage the class to suggest an assertive message using the four-step approach.
12. Your assertive message (individual)	Students must be provided with an opportunity to develop their own message.	Participatory. A choice of three case studies is provided for each student to develop a personal assertive message, using the four-step approach.
13. Responding to persuasion (demonstration)	It is extremely important that students learn to deal with people who try to distract or pressure them by persuasion to do something they think they should not do.	Informational. Ideas are given, first to deal with those who distract you from an assertive message and second, to handle those who pressure a person to do something they do not want to do.
14. Responding to persuasion (class activity)	An example of returning to your message following a distraction and dealing with persuasion makes it easier for students to learn to deal with these problems when they develop their own strategies.	Participatory. Students learn, as a class, to return to their message if distracted. They also learn to delay, bargain or refuse if another person tries to get them to do something they do not want to do.
15. Responding to persuasion (individual)	Students learn how to deal with distracting statements and how to be assertive when someone is pressuring them to do something they do not want to do.	Participatory. Students provide their own message for distracting and persuasive statements made by another person.
16. You decide	Young men and boys often have different ideas about delaying sex from young women and girls. Most of these ideas need to be explored and some of them need to be changed.	Participatory. Students are asked to respond with true or false to a number of statements dealing with gender differences. They are then asked whether these differences are right or wrong. Finally, they are asked to restate the differences in a positive way.
17. Dealing with threats and violence	Women need to be aware of situations that may lead to violent sex and of individuals who may put them in such situations. They also need to learn ways of avoiding or dealing with pressures and threats to have sex.	Participatory. A case study with questions allows students to explore the many problems that may arise, and some possible solutions, when a person insists on maintaining abstinence in the face of violence and threats.
18. Being assertive every day	Students need to practise assertive skills that have been developed in the classroom in everyday life.	Participatory. Students are asked to develop a plan for being assertive outside the classroom. The plan (life management skills) involves setting goals, time lines, benefits and rewards and contract signing. They are asked to make notes on their thoughts and feelings about the activity.

Unit 3 – Responsible behaviour – protected sex

Activity	Rationale	Description
1. The condom	Information about condoms is necessary for effective use.	Informational: (illustrated) Provides essential information about condoms and condom use.
2. Arguments people use against using condoms	Although one partner may have developed positive attitudes toward condom use, they may have to deal with a partner who has negative attitudes towards condoms.	Participatory: Three responses are offered to each of 10 negative arguments about condom use. Students must select the best response for each argument.
3. How to use a condom (explanation/ demonstration)	One of the most important factors in condom failure is inexperience with its proper use. Therefore, an understanding of effective use of a condom is essential.	Informational (illustrated): A humorous but informational illustration of the proper steps in condom use is presented to the students.
4. Condom practice	The use of a model penis or other types of models to practise using a condom properly is an important activity for young people. Those who feel confident about using a condom, without appearing foolish are more likely to buy and use a condom.	Participatory (in small groups): A model penis and enough condoms for each student in the group are distributed. Using a “task card”, students who wish to, follow the steps for proper condom use on the model.
5. No to unprotected sex (demonstration)	Using the skills learned in Unit 2 on assertive behaviour, students need to practise assertive messages to a partner who does not want to use a condom or doesn't have one to use.	Informational (illustrated): Students are shown the assertive steps of delay, bargain and refuse when a partner refuses to use a condom or persuades someone to have sex without one.
6. No to unprotected sex (class participation)	Same as Activity 5	Participation (class): the whole class participates in delay, bargain and refusal messages for a situation where a partner is embarrassed to use a condom.
7. No to unprotected sex (individual participation)	Same as Activity 5	Participation (individual): Each person develops an assertive message with delay, bargain and refusal messages for a situation where a partner does not have a condom but wants to have sex.

Unit 4 – Care and support

Activity	Rationale	Description
1. Who discriminates?	People who are HIV positive or are living with AIDS are in many cases subject to discrimination. Young people need to be aware of discrimination and how it is expressed.	Informational/Participatory. A definition of discrimination is provided and students must provide answers to unfinished statements about discriminatory actions toward people with AIDS.
2. The story of two communities	It is important to feel what it is like to be discriminated against. This can be accomplished partially by reflecting on comments made by a person living with AIDS.	Participatory. Presents the experience of a young person living with AIDS in a very prejudiced and discriminatory community, and in a very tolerant and helpful community. Students are asked to select comments that are most hurtful and those that are most helpful.
3. Why compassion?	People who have compassion towards themselves and others are very much needed in this society. Recognizing the value of compassion is an important beginning.	Participatory. Students are asked to add to three reasons for compassion. They are then asked to discuss questions on compassion.
4. What could you do?	Students need to know ways to be compassionate and when and how to intervene.	Participatory. Students are asked to choose from a list of ways to show compassion, those that they could use to show compassion to two people – a mother with AIDS and Dwari – a schoolmate.

Activity	Rationale	Description
5. How to's of care giving	Students may have a person with AIDS in the family or neighbourhood. It is important that they know the basic norms of hygiene and home care, and that they learn ways of helping the person to cope.	Informational (illustrated). Two concepts are developed on how to provide emotional and physical care for a person with AIDS.
6. How to keep yourself safe	If you are providing care for a person with AIDS, you need to know how to care for and protect yourself.	Informational. A number of ways to protect yourself, medically and emotionally, are demonstrated in this activity.
7. What do you know?	It is useful to review information that is received passively for recall and understanding.	Participatory. A matching and a true-false test provide students with an opportunity to review information from activity 5.
8. Support for responsible behaviour	It is important to encourage young people to support peers who value abstinence or those who have made the decision to use safer sex practices (i.e. condoms) or who have shown tolerance and compassion to a person living with AIDS.	Participatory. A number of scenarios provide opportunities to support those people who have made the decision to adopt responsible, tolerant and caring behaviours.
9. Compassion, tolerance, and support	Compassion, tolerance and support mean little to young people unless they are given the opportunity to practise these behaviours in everyday situations.	Participatory. Students select from a list they have made, a situation where they can show compassion, tolerance or support. They write an action plan and journal on what happened and how they felt about the experience.

The following are the main steps in developing a curriculum for HIV/AIDS/STD education:

1. Making a situation assessment
2. Defining the type of programme
3. Selecting objectives
4. Making a curriculum plan
5. Planning for material production
6. Developing students' activities
7. Developing the teachers' guide
8. Validating the curriculum
9. Planning for teacher training
10. Designing the programme's evaluation.

Participation of parents and families in a HIV/AIDS/STD school programme, and involving peer leaders, are issues to be considered in the design of a curriculum.

Making a Situation assessment

In order to make a wise selection of objectives and classroom activities, it is important to gather information about your target audiences – those for whom the programme is intended, and those who influence the programme or whose informed involvement is necessary. The information gathered will enable planners to develop learning materials that are relevant to the students and acceptable to most sections of the community. It will provide powerful support to advocacy about the need for AIDS education at meetings with parents and community leaders.

Students

Information that is needed about young people includes:

- Age at first intercourse, age at marriage, for boys and girls
- Age at which most leave school
- Prevalence of STD and early pregnancy
- Sources of information about sexuality
- Common beliefs about STD, contraception, marriage
- Scenarios/situations that may lead to sexual intercourse, e.g. accepting lifts from school, going to visit family members in town, boy/girlfriends proposing sex after a party or on the way to/from the market/school, older family friends visiting, etc.
- Young people's relationships: girls' and boys' expectations, attitudes to sex, gifts for sex; forced sex; male domination
- Patterns of relationships: amongst same age; older man-young woman; young man-older woman, "sugar daddies", multiple partners
- Type of sexual practices: masturbation, petting, kissing, vaginal penetration, oral sex, anal intercourse among boys and among boys and girls
- Knowledge of HIV/AIDS/STD
- Knowledge and attitudes towards condoms
- Prevalence of injecting drug use

- Extent of circumcision, tattooing, and other scarification practices
- Use of traditional healers and unqualified doctors
- Attitudes to people with HIV/AIDS.

Teachers

Information that is needed about teachers includes:

- Teaching methods most commonly used
- Reading level
- Blackboard/audio-visual equipment available
- Comfort with, and experience of teaching sexuality
- Attitudes to people with HIV/AIDS
- Familiarity with other subjects within which HIV/AIDS/STD programme could be taught
- Methods of evaluating students
- Average class size
- Attitudes to parent involvement
- Knowledge of HIV/AIDS/STD
- Willingness to teach about HIV, AIDS and STD.

Parents

Information that is needed about parents includes:

- Reading level
- Ability to understand information
- Participation in school activities
- Experience in other parent programmes
- Attitudes to people with HIV/AIDS
- Attitudes to delaying sex and providing information to young people on condoms
- Knowledge about HIV/AIDS/STD
- Acceptance of parent involvement.

Ministry of Education

Information that is needed about the Ministry of Education includes:

- Policies on HIV/AIDS/STD education
- Allotment of time for HIV/AIDS/STD programme
- Type of programme preferred: curricular or extracurricular, over one year or spread over several years
- Preferred subjects where programme can be integrated
- Method of validating new curriculum
- Willingness to evaluate the curriculum
- Expertise available in sex education, population education, family life education
- Attitudes to teacher training and time off for teacher training
- Financial resources: availability and/or constraints
- HIV/AIDS/STD education already in place.

Community

Information that is needed about the community includes:

- Prevalence of HIV/AIDS/STD, teenage pregnancy
- Availability and acceptance of condoms
- Attitudes to delaying sex

- Availability of local health and social services for people with HIV/AIDS/STD
- Ministry of Health's policies on prevention and control of HIV/AIDS
- Availability of HIV/STD testing and counselling
- Attitudes to people with HIV/AIDS
- Primary methods of transmission of HIV
- Acceptance of sexual behaviour in young people
- Attitudes and laws about injecting drug use.

How to gather information for the assessment

The following are useful sources of information for the initial assessment. ¹

- National AIDS Programme
- Earlier studies and reports. Check NGOs and university departments
- Individual interviews with members of key target audiences and community workers
- Rapid assessment by means of a small survey
- Focus groups. These discussions take place with 6-12 people who represent the target audience (e.g. students). A prepared list of topics is used, but facilitators encourage participants to speak freely. The record of the discussions (notes or tape recording) provides information about the group – see section B-1 for a sample checklist

- Interviews with key people in the community, such as: youth leaders, youth counsellors, community health doctors, religious leaders, public health nurses, parent/teacher association representatives, social scientists.

¹ Please refer to WHO, AIDS SERIES No. 5, Guide to Planning Health Promotion

Defining the Type of programme

Context of HIV/AIDS/STD education

The first decision that needs to be made is where to integrate the programme.¹ The programme could be taught: as a separate subject or topic, as part of an established subject (e.g. population education, family life education, health education, social studies), as an extra-curricular activity, or “infused” in different subjects.

If an infusion strategy is used, maths teachers may present the statistical trends of HIV and AIDS, teachers of social studies will address the social dimensions of AIDS in the community, teachers of biology will present the biomedical aspects of HIV, AIDS, STD, teachers of religious studies will debate family values, health education teachers will address prevention, and art/drama teachers will propose AIDS as a theme for the production of plays or posters. Materials for teachers of different subjects, and students, will have to be developed.

Having a common element running through different subjects creates an opportunity for communication and coordination among school staff; however, an infusion strategy is only recommended for mature school systems with well-trained teachers, and an efficient monitoring system that ensures implementation of the programme.

In general, science or biology are not the best carrier subjects, as they tend to place too much emphasis on biomedical aspects of HIV/AIDS/STD, at the expense of preventive, behavioural aspects.

The question of where to integrate HIV/AIDS/STD education may require policy decisions at the higher levels of the Ministry of Education. It may be a difficult decision but it must be made early in the development of your curriculum.

Type and length of programme

The programme can be offered during one school year or divided over two to three years or more (sequential curriculum). A sequential programme is preferable, because learning can be reinforced at regular intervals; it is not as time-consuming as a one-year programme; and students are able to relate knowledge and skills to specific situations encountered at different ages.

Programmes on sexuality and HIV/AIDS/STD education are more effective if given **before** the onset of sexual activity. For some countries, this may mean starting the programme in early grades. Information on age at first intercourse will greatly help planners in defining the age at which HIV/AIDS/STD preventive education should start.

The belief that sex and AIDS education may encourage sexual activity in young people is a powerful barrier to the introduction of prevention programmes for adolescents. Yet, evidence from evaluation studies that compared groups of young people who received such education with others who did not, shows that sex and AIDS education **do not** promote earlier or increased sexual activity; on the contrary, sex education may lead to a delay in the onset of sexual activity, and to the use of safer sex practices among those students who are sexually active. Studies have also shown that education programmes that promoted both postponement of sexual activity and protected sex when sexually active, were more effective than those promoting abstinence alone.

Young people today are increasingly exposed to sexually explicit messages, and some are victims of sexual abuse. Parents should be the first educators, because they can grade the information according to the

¹ Please refer to **School Health Education to Prevent AIDS and STD**, pages 23-24)

age and development of their children, and link it to the values they want to instil. Unfortunately, few parents talk to their children about sexual health and development. The HIV/AIDS epidemic has forced many school systems to reconsider the issue of sex education in schools, given that a large proportion of infections occur during adolescence, and that AIDS is a fatal disease.

School-leaving age is also an important factor to consider. Certainly, by the time most students leave school, they should all have received the minimum HIV/AIDS/STD programme (see core objectives in the next section). In countries where girls tend to leave school at a younger age than boys, every effort should be made to provide AIDS-related education while they are still at school, as this might be their only chance to learn vital information for their protection.

Time allotment

Here are four aspects to be considered in making decisions about the amount of time for the programme:

- Participatory teaching methods (e.g. role playing) require more time than teacher-directed methods;
- Teacher abilities and experience in AIDS or sex education;
- The amount of time the Ministry of Education and schools are willing to give to teaching the programme;
- The extent to which some topics are taught in other subjects or in the carrier subject.

The following tables show examples of programmes, ranging from 8 to 20 hours in one year to 40 hours over 3 years. Numbers indicate hours or teaching periods.

4 examples of 1-year programmes

Programme	prog. A	prog. B	prog. C	prog. D
Unit 1 Basic knowledge	2	3	4	5
Unit 2 Responsible behaviour: delaying sex	3	3	4	4
Unit 3 Responsible behaviour: protected sex	1	2	4	6
Unit 4 Care and support	2	2	4	5
Total number of hours of instruction	8	10	16	20

2 examples of 2-year programmes

Programme	first year	second year	total for each unit
Unit 1	3	1	4
Unit 2	3	2	5
Unit 3	1	2	3
Unit 4	1	3	4
Total number of hours of instruction	8	8	16

Programme	first year	second year	total for each unit
Unit 1	4	2	6
Unit 2	3	4	7
Unit 3	1	4	5
Unit 4	2	2	4
Total number of hours of instruction	10	12	22

Example of a 3-year programme

Programme	first year	second year	third year	total for each unit
Unit 1	4	2	2	8
Unit 2	3	7	4	14
Unit 3	1	2	6	9
Unit 4	2	3	4	9
Total number of hours of instruction	10	14	16	40

Selecting Objectives

Learning objectives need to be defined to guide the selection of the topics to include in the curriculum.

You will have to review the conclusions of your situation assessment study: for example, if injecting drug use is common, students will have to learn how to respond to pressures to use drugs and the importance for drug users of cleaning injecting equipment.

Objectives should be identified bearing in mind the following:

- The behaviours that put young people at risk of infection with HIV/STD that are most prevalent in your country;
- The amount of time available;
- Unit percentages of time (25%; 50%; 25%) recommended;

- Whether some topics have been taught in other subjects (e.g. Family Life Education may have a unit on delaying sex);

- Ability of students and teachers.

Examine the objectives listed below and decide whether they are realistic and adequate. In particular, consider the 11 core objectives that are proposed as a minimum requirement. Other objectives are optional. They should only be considered once the core objectives are completed. Note the student activities that cover each objective.

Core objectives

At the end of the programme, students will be able to:

Objectives	Student activity numbers
1. Differentiate between HIV, AIDS, STD	1.1, 1.2, 1.3
2. Identify ways of transmission of HIV	1.4, 1.6, 1.7
3. Identify ways in which HIV/STD are not transmitted	1.5, 1.8, 1.9
4. Rank methods of HIV/STD prevention for effectiveness	1.10, 1.11, 1.12
5. Identify sources of help in the community	1.17
6. Discuss reasons for delaying sexual intercourse	2.1, 2.2, 2.3, 2.4, 2.5
7. Respond assertively to pressures for sexual intercourse	2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.15
8. Discuss reasons and methods for having protected sex if/when sexually active	3.1, 3.2, 3.3, 3.4
9. Respond assertively to pressures for unprotected sex	3.5, 3.6, 3.7
10. Identify ways of showing compassion and solidarity towards people with HIV/AIDS	4.1, 4.2, 4.3, 4.4, 4.9
11. Care for people with AIDS in the family and community	4.5, 4.6, 4.7

Optional objectives

Objectives	Student activity numbers
12. Recognize and avoid situations that may lead to sexual abuse (accepting gifts, walking the streets, accepting car lifts, frequenting certain bars, etc.)	2.17
13. Know ways of avoiding injecting drug use and ways of preventing HIV transmission if injection drugs are used (for communities where this is a problem and there is no health education on the topic)	1.18
14. Know the progression of HIV to AIDS (signs and symptoms)	1.13, 1.14
15. Know about the procedure and counselling for testing for HIV	1.15, 1.16
16. Know alternative ways of being affectionate without having sexual intercourse	2.6, 2.7
17. Be aware of gender differences in sexual expectations	2.16
18. Be able to be assertive in everyday life situations	1.19, 2.18
19. Be able to support peers who behave in a responsible way	4.8

(No students' activities for the following objectives are included in the package)

Objectives
20. Respond assertively to pressures for sharing injecting drugs
21. Provide arguments for convincing family and friends not to go to unqualified doctors, but to use only health centres and hospitals for treatment
22. Identify the clinics and shops where condoms may be obtained or purchased
23. Seek appropriate treatment for STD
24. Discuss reasons for and against early marriage
25. Respond assertively to pressures for drinking at parties
26. Provide arguments to counteract the widespread conviction that mosquitoes spread HIV
27. Provide arguments to counteract the belief that traditional herbs can cure AIDS.

Making a Curriculum plan

Now that you have selected objectives that are relevant to your country, it is important to make a curriculum plan.

The following points may help you with that task:

- Objectives can be repeated at other grades if you use a sequential programme, but student activities may be different.
- Unit 1 – Basic Knowledge of HIV/AIDS/STD – should be taught mainly in the early grades and emphasis on this should gradually decrease in later years, when a recap will be enough.
- Remember the time distribution: Unit 1 = 25%; Unit 2+3 = 50%; Unit 4 = 25% over the whole programme.
- Assess degree of difficulty of each activity – some are easier than others.
- On average, each activity takes 3/4 to 1 hour (depending on the ability of teachers and students).
- Generally, there will be greater acceptance of a unit on condoms, if there is a strong unit on delaying sex.
- The curriculum should include some information on condoms. Classroom activities on condoms and on saying no to unprotected sex are also strongly recommended. A graduated programme is often effective (if you use a sequential approach) – start slowly in the early grades and increase awareness in the later grades. The section on condoms will be useful in the future to those young people who are not yet sexually active, and will be useful immediately to those who already are.
- The degree of involvement of young people in Unit 4 will depend on the HIV/AIDS situation in your country. Where there are a large number of HIV/AIDS cases, and young people or their parents are expected to care for these people, an extensive unit would be advised. Take into consideration the projections for the next 5 years, and not only the present situation.
- Review the conclusions of your initial assessment study, and make sure that the activities reflect the most common situations of risk for young people in your country, both in rural and urban areas. For example, boys may be pressured by peers to have sexual intercourse to prove their maturity, or girls to prove their attachment or because they are not in a position to refuse. Activities on how to respond to these pressures will have to be part of unit 2.

A sample curriculum is illustrated below. It is a sequential curriculum for grades 6, 7, 8.

Grade level	Objectives	Activities
6 Approximate Age: 12 - 14	Unit 1 (4 hours) Basic information on HIV/AIDS/STD 1. Differentiate between HIV, AIDS, and STD 2. Identify ways of transmission of HIV 3. Identify ways in which HIV/STD are not transmitted 4. Rank methods of HIV/STD prevention for effectiveness	1.1, 1.2 1.4, 1.6 1.5 1.10
	Unit 2 (4 hours) Responsible behaviour: delaying sex 1. Discuss reasons for delaying sexual intercourse 2. Describe the types of assertive behaviour and the steps to a simple assertive message	2.1, 2.2 2.8, 2.9, 2.10, 2.11, 2.12
	Unit 3 (1 hour) Responsible behaviour: protected sex 1. Know basic information about condoms	3.1
	Unit 4 (1 hour) Care and support for people with HIV/AIDS 1. Know the meaning of discrimination and how people discriminate against people with HIV/AIDS	4.1, 4.2
	Total programme time = 10 hours	
7 Approximate Age: 13 - 15	Unit 1 (2 hours) Basic information on HIV/AIDS/STD 1. Identify ways in which HIV/STD are not transmitted (review) 2. Identify methods of HIV/STD prevention (review) 3. Identify sources of help in the community	1.8 1.11 1.17
	Unit 2 (3 hours) Responsible behaviour: delaying sex 1. Discuss help for delaying sex 2. Review assertive message and learn refuse, delay, and bargain assertive messages	2.5 2.13, 2.14, 2.15
	Unit 3 (1 hour) Responsible behaviour: protected sex 1. Respond to arguments against condom use	3.2
	Unit 4 (2 hours) Care and support for people with HIV/AIDS 1. Identify why it is important to be compassionate and ways of being compassionate	4.3, 4.4
	Total programme time = 8 hours	
8 Approximate Age: 14 - 16	Unit 1 (2 hours) Basic information on HIV/AIDS/STD 1. Identify ways in which HIV/STD are not transmitted (review) 2. Rank methods of HIV/STD prevention for effectiveness 3. Know the progression of HIV/AIDS (signs and symptoms)	1.9 1.12 1.13
	Unit 2 (2 hours) Responsible behaviour: delaying sex 1. Alternative ways of being affectionate without having sexual intercourse 2. Recognize and avoid situations that lead to sexual abuse	2.6 2.17
	Unit 3 (2 hours) Responsible behaviour: protected sex 1. Know the steps in using a condom correctly 2. Respond to pressures for unprotected sex	3.3, 3.4 3.5, 3.6
	Unit 4 (2 hours) Care and support for people with HIV/AIDS 1. Care for people with AIDS in the family and community	4.5, 4.6, 4.7
	Total programme time = 8 hours	

Total time for sequential curriculum = 26 hours

Time by unit: Unit 1 = 8 hours (30%)
 Units 2+3 = 13 hours (50%)
 Unit 4 = 5 hours (20%)

Planning for Material production

¹ Please refer to School Health Education to Prevent AIDS and STD, pages 40-44 and Annex 3, and Comprehensive School Health Education, page 11

The learning objectives and the teaching methods used in the programme will influence the type of materials needed. ¹ The programme presented in this package is largely based on participatory methods, as these are known to facilitate the learning process. The type of materials will depend on finances, and on the availability of duplicating equipment. Costs will have to be calculated carefully: it is important that in countries where information materials are scarce in the community, print materials are given to students to take home, so that they can be shared with peers and family.

The following alternatives may help you in your decision-making:

Materials for students

- One set of Students’ Activities for each student, to be taken home to share with parents/siblings
- A set of Students’ Activities (one for each student in a class) to be kept at school and used by more than one class. Students will write answers on a piece of paper rather than in the booklet
- A set of Students’ Activities, one for each group of students (4 to 6) to be used in small groups
- A set of Students’ Activities for each teacher or school
- A booklet for each student with essential information, to take home

Materials for teachers

- A Teachers’ Guide with background information and instructions on students’ activities is provided for each teacher or for each school
- Flip charts (one for each student activity) are provided for each teacher or group of teachers
- A transparency of each student activity is provided for teachers where overhead projectors are available

Materials for parents/ family members

- Please see section “Participation of parents/family members”

Developing the Students' activities

One of the most important tasks at this point in your curriculum development, is to develop the student activities which best suit your culture and country. Remember that core activities should be undertaken and completed before starting on optional activities.

It is at this point that the results of your initial situation assessment will be most useful. Review the conclusions, and try to integrate the views of the young people interviewed during the initial assessment in the student activities, the words they use, and the situations in which they most often find themselves.

Most, if not all, student activities you may select from this package will have to be re-written to make them culturally relevant to the day-to-day life of young people in their community, and in particular the stories or scenarios must correspond to real risk situations.

The following checklist will help you in analysing each chosen activity and in making the necessary adaptations.

Language

- Are words understandable for the reading level of the students?
- Are sentences short with only one major thought?
- Are words used that young people are not familiar with? (it is better to use popular expressions rather than medical or scientific terms)
- Could the idea be expressed in simpler terms?
- Are medical terms limited to those that young people need to know?

Scenarios (stories, case studies)

- Are the most common risk scenarios represented, and are they appropriate to the risk situations young people experience in your country (e.g. drinking at parties, sugar daddies, anal sex with girls to avoid pregnancy, sex in exchange for small gifts, sex just to please the partner, sex to prove virility)?
- Will parents and Ministry officials approve of the scenarios you have selected?
- Should sex among males be a part of your scenarios (e.g. in some countries, boys are sought by homosexual tourists)?
- Can you include scenarios where condoms are discussed or used?
- Is sexual abuse (unwanted or forced sex) a situation that needs to be presented?
- Is it better to put names or just initials of story characters?
- Is there an equal number of boys and girls in your scenarios?
- Are the young people likely to identify themselves with the characters in the scenarios?
- Is there urban and rural representation in your scenarios? (if applicable)

Try to integrate the views of the young people interviewed.

Relevance to local needs

- Is there a need to consider circumcision, tattooing, scarification, and traditional healers in your educational activities?
- What sources of help for people with HIV/AIDS/STD are available? Do they include testing and counselling? Should this information be represented in the student activities?
- What are the lines/words/body language that best express assertive, passive and aggressive behaviours in the cultural groups of your country?
- Make sure local brands of condoms and lubricants are mentioned in the appropriate activities

Adaptations to meet time allotments

- Do activities need to be adapted to meet the time allotted to a specific grade? Which parts can be deleted?
- Are there aspects that you would like to add to the activities? Can you combine activities?

Illustrations

- Do you wish to use illustrations in your activities?
- Should the people be drawn as cartoons or like real people? Which would young people, parents and Ministry officials best accept?
- Which illustrations of the package can be reproduced with no or minor modifications?
- What type of clothing should people wear? What expressions should they present?
- Is there an equal number of males and females? Are different religions and ethnic groups fairly represented?
- Should affection between two males or two females be represented in the illustrations?
- Are the young people likely to identify with the illustrations presented?
- Are there urban and rural scenes represented in the illustrations?

Drawings need to be done by a professional illustrator and pre-tested with a sample of students before the final version of materials is printed.

Participation of Parents and family members

The involvement of parents and other family members in programmes relating to human sexuality has a beneficial effect on both students and parents.¹

A school-based programme needs the support of the community and family if it is to be effective. Young people are only in school for a short period of time. If the school programme is to make a difference, it needs to receive support from the home.

Parents and families who are involved in a school programme on HIV/AIDS/STD provide valuable support and motivation for the programme objectives. They may also serve as valuable resources for information and reinforcement of healthy attitudes and behaviours.

¹ Please refer to School Health Education to Prevent AIDS and STD, pages 17-19, and 53-57

A programme that involves parents and families in an HIV/AIDS/STD programme:

- Offsets possible resistance in the community
- Increases knowledge of parents, relatives, and other children in the family, some of whom may not attend school, about AIDS.
- Ensures greater acceptance of the programme in the community
- Acknowledges the role of parents and relatives in their child's education and in the development of his or her values
- Provides support for the teacher of the programme
- Leads to closer ties between home and school on other issues
- Facilitates communication between adults and children in the family.

Although extra effort is required to produce and ensure participation of parents and families, many countries have reported that

the advantages are well worth the effort in terms of achieving the programme objectives.

Although many planners fear opposition by parents, most of them are favourable to programmes for the prevention of HIV/STD, once they realize the threat that AIDS poses to their children. The need for preventive education before children become sexually active has to be explained to them; they need reassurance that sex education does not encourage sexual experimentation in adolescents, but rather, makes them aware of the risks involved.

How to involve parents and other family members

- Parents attend a parent-teacher meeting to discuss the programme, look at the materials, and ask questions (see section B-2 for a sample agenda for a parent meeting).
- Parents attend religious or political gatherings, or other community events, where the school head/principal is present, to discuss the best way to protect their children from AIDS.

Schools may organize training sessions in counselling techniques for volunteer parents, teachers and other interested community members.

- Parents might be invited to the school for a show of projects, a short play, role-play sessions, puppets, etc.
- A parents' guide can be prepared and distributed. This would provide: basic information about HIV/AIDS and about the extent of the problem in their country, particularly amongst young people; an outline of the curriculum that has been designed; and advice on how they can best help their children to learn responsible behaviours and ways to protect themselves.
- Parents are informed in writing or in a meeting, about the programme. (See section B-3 for a sample letter.)
- A leaflet is sent home to the parents explaining the programme and how they can become involved in their child's education (see section B-4 for an example).
- Students take home their completed student activity booklets to share certain activities with parents and other family members. The booklet would include an introduction to the programme and instructions to the parents (see section B-5 for an example).

- Children can ask parents questions about dating and other experiences that happened when they were young (see section B-6 for an example of these questions).

If parents are to be involved in the education programme, planners have to decide which method(s) are most suitable, and consider their cost.

One of the issues which is frequently raised in meetings with young people is their need for opportunities to discuss problems with concerned adults, since they cannot or do not want to discuss with parents or family members. Schools may organize training sessions in counselling techniques for volunteer parents, teachers and other interested community members, drawing on the expertise of health professionals, religious organizations, NGOs, and social workers. Training should cover HIV/AIDS/STD, pregnancy, sexual abuse, drug use. After training, the volunteers are available for 2-3 hours per week, on a roster basis. Students can visit these counsellors with the complete assurance of confidentiality.

Involvement of Peer leaders

A peer leader is a student who is selected for his/her leadership potential in helping in the education process. He/she is trained to help other students learn through demonstrations, listening, role playing, encouraging, giving feedback and supporting healthy decisions and behaviours. Note that in the Teachers' Guide, ways to use peer leaders are explained only for some activities. However, curriculum planners and teachers should bear in mind that peer leaders may be used for almost any of the activities – whenever the teacher feels this would be useful and appropriate.

Many successful programmes have involved peer leaders. Studies have shown that:

- Young people are likely to imitate or model well-liked or respected peers
- Young people are more likely to listen to what respected peers say
- Peer leaders who exhibit healthy, responsible behaviours can influence in a positive way the behaviour of other peers
- Peer leaders can support, encourage and help their peers both inside and outside the classroom
- They can help the teacher in the classroom
- They can help manage and solve problems when students are working in small groups, particularly when the class size is large.

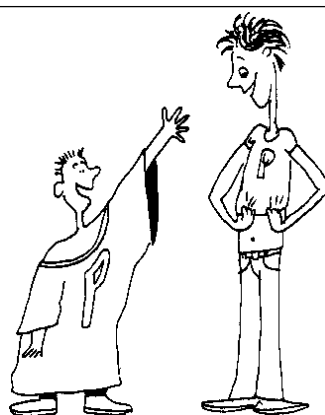
Peer leader training

Peer leaders need to be trained and supported in the many roles and responsibilities they will be expected to fulfill in the programme on HIV/AIDS/STD. Although it may take four or five hours to complete this training, the rewards in terms of programme success for teachers and students are well worth the effort.

Training will ensure that the peer leader will:

1. Understand the purpose of the HIV/AIDS/STD programme and the importance of the peer leader's role within it
2. Be skilled in helping the teacher and students with the more difficult activities
3. Be able to help small groups of students operate effectively
4. Be a good listener, provide feedback, and be able to understand the feelings of their peers
5. Know the sources of information and counselling so that students can be referred to appropriate help.

Peer leaders may be selected by their peers, or by the teacher, but they should not be forced into the role. They must be well-liked by other students – not seen by the classmates as the teacher's "pet". They might also be older students, who are considered opinion-leaders, are self-confident and able to listen to others. A mix of boys and girls is desirable.



If you decide to involve peer leaders, you may consider giving them some reward for their effort, such as a certificate, a partial school credit, recognition at a school or community gathering, or a T-shirt.

Section B-7 gives an example of a peer leader training guide. The workshop materials presented may be helpful in developing your own training materials.

Developing the Teachers' guide

The Teachers' Guide should be composed of the background information for teachers, and teacher instructions for each student activity selected for your curriculum.

The Teachers' Guide will need extensive re-writing to suit the curriculum which has been designed. In the example provided in the package, many items are left blank for national planners/writers to fill in. The Teachers' Guide is the document that will be used in teacher training, so it must contain all the information teachers need to implement the programme.

If you take the example provided in the package as a guide, it should be modified under the following criteria:

- Language difficulty
- Type of teachers expected to use the programme
- Teaching methods decided on the basis of facilities available (blackboard, duplicating), teacher training in participatory methods, and desire to increase teacher's variety of teaching methods
- Type of materials that will be provided to students
- Sensitive issues within a country of which teachers should be aware
- Additions that would help teachers administer the programme; for example, those that result from questions that teachers asked during the initial assessment, not included in the chapter "Possible questions about HIV/AIDS/STD".

If parents and families are involved in the programme:

- Write a section on "Participation of parents and families in HIV/AIDS/STD education", with clear instructions on how to ensure participation of parents.
- Adapt the example(s) in sections B-2 to B-6, for each method that you decide to use. Reading level, school policy, cultural appropriateness, and ease of administration should be considered in your adaptation.
- Adapt the instructions to teachers for each activity involving parents.

If peer leaders are involved in the programme:

- Write a section on "Peer leaders", according to the suggested use of peer leaders
- Adapt the student activities: select those activities where peer leaders are involved,

and make sure that the instructions are clear, for both the peer leaders and the teachers.

Test items for the evaluation of students

There are a number of reasons to evaluate students during and/or at the conclusion of the programme: ¹

- To motivate students during the learning process
- To produce a grade or mark for each student
- To inform students on their progress
- To provide students with an opportunity to apply information to life situations
- To monitor learning and adjust the programme.

Section B-8 provides a wide range of questions and answers relative to each of the four units of the programme. ²

From these test items, you may choose those that correspond with the objectives and content of the programme. Changes in wording of the questions may be necessary, to make questions more relevant to local situations and the reading level of the students.

In particular, skills questions and life situation questions need to be carefully adapted, to provide scenarios that match real day-to-day situations as experienced by the students.

Make sure you select questions from each of the four types, and from all four units of the programme. Once the test items have been selected, they should be included in the teachers' guide.

¹ See also School Health Education to Prevent AIDS and STD, Annex 1

² 73 true-false questions, 30 short answer questions, 4 skill questions, 5 life situation questions

Validating the Curriculum

Once your curriculum has been designed, it is important to pre-test and validate it. For the pre-test, try out the activities with students and teachers in some schools. Note the reactions of students, the skills needed by the teachers, the time needed to give the instructions and complete the activities, and the kind of class management that is most appropriate. Try the activities using different methods, e.g. group work and black-board, group work and discussion. This exercise will make sure that the instructions you give to teachers in the teachers' guide are realistic, and take into account the availability of materials in the classroom. After the field test, revise the students' activities and teachers' guide.

A pilot programme in some 6 to 10 schools, that includes the testing at the end, is highly recommended. This is best done in collaboration with researchers from the education department of a university, or from the teacher training college.

Community acceptance is also necessary for the success of a new programme. Have the programme reviewed by:

- Students
- Parents
- Health professionals
- Representatives from various religious groups
- Teachers
- Education officials
- Social workers
- Ministry of Health officials
- People with HIV or AIDS
- Care givers to people with AIDS.

In addition to the list above, there may be others that you can identify. Decisions must be made on how many validators should be used. Too many can be unmanageable, and too few will reduce credibility of the programme. The usual procedure is to provide the selected individuals with copies of the curriculum to be reviewed and either:

a) collect their comments for consideration; or

b) meet as a committee to review recommendations.¹

This review process minimizes public opposition to the programme and provides advance publicity and support for the curriculum.

¹ See School Health Education to Prevent AIDS and STD, pages 13-16

Planning for Teacher training

Teacher training is a crucial component of curricular innovation, particularly in the case of AIDS education, as the issues involved are extremely sensitive.¹

¹For a discussion on teacher training issues, please see **School Health Education to Prevent AIDS and STD, pages 40-44, 48-52.**

Teachers need to understand what is known about HIV/AIDS/STD so that they can give reliable information about them to students and communities; they also have to confront their own feelings, especially of fear of the disease, and about people with AIDS; they have to feel comfortable with the issues raised in the programme, particularly those related to human sexuality and sexual behaviour; and finally, they have to try out the classroom activities described in the programme.

the classroom. Presentations should be reduced to a minimum, and participants should be encouraged to share thoughts and feelings as much as possible.²

An example of a 3-day teacher training agenda is included in section B-10. When possible, longer training is advisable, particularly in countries where the teachers do not have previous experience in discussing sexuality-related topics. The example will have to be adapted depending on:

²The publication **Methods in AIDS Education** is a useful manual for trainers, with 84 pages of exercises for teacher training workshops. It can be requested from:
UNICEF,
P.O. Box 1250,
Harare, Zimbabwe
Fax no.: (263 4) 721-692

It is strongly advised to assess the accuracy of teachers' knowledge, their attitudes and levels of comfort with sensitive topics, before designing a training programme. An instrument has to be developed to carry out the needs assessment, and section B-9 gives an example (Needs Analysis for the Teacher Training Programme) that, like others in this package, will have to be adapted to the country's needs.

Methods used in the training should reflect those expected to be used by teachers in

- Results from the Teachers' Needs Analysis
- Length of the workshop
- Length and complexity of the curriculum
- Numbers of workshop leaders
- Current levels of teacher training and experience.

Section B-11 gives an example of an evaluation instrument to assess teachers' satisfaction with the training workshop.

Designing the Programme evaluation

Impact evaluation

By carrying out an impact evaluation study of the programme about HIV/AIDS/STD, the education system will be able to:

- Determine whether there have been measurable effects on the students' knowledge, attitudes, skills and behavioural intent as a result of the programme.
- Demonstrate to education officials, general public and teachers that effective programmes can be carried out.
- Make a case for obtaining additional staff or funds.
- Increase the support to the programme of teachers, parents and communities.

To measure the impact of the programme, the same test is administered to classes that do not receive the programme (control group) and to those that are taking the programme (experimental group), before the programme starts and after it is completed. A comparison between the experimental and control group will help evaluators decide whether learning is in fact associated with the programme or with other outside factors (media, parents, etc.). The control group must be similar to the experimental group and close to the numbers participating in the programme. Students in the control group will receive the programme at a later stage. There should be a central collection of the results of the tests and reassessment of the programme in light of the results.

The evaluation should be conducted by a trained evaluator experienced in sampling and the collection and analysis of data. A clear distinction between the programme developers and the evaluation research

person or team should be considered: programme planners should only have responsibility for programme design, preparation and delivery; developing programme evaluation criteria and instruments; and making revisions in response to the evaluation process.

Evaluation instruments will have to be developed. An example of a Pre-Post Test Evaluation, to be given to the students in both the experimental and control groups before and immediately after the programme, is presented in this package. The model test and the scoring procedure are in **Programme evaluation instrument 1**; additional questions are listed in **Programme evaluation instrument 2**. Results from the pre-test will give useful indications to the teacher about the most common misconceptions or incorrect attitudes, and enable her/him to ensure that these issues are properly covered and given appropriate emphasis.

The model test consists of:

- 19 knowledge items, representing the eleven core objectives.
- 11 attitude statements, covering the following subjects: awareness of risks, peer pressure, abstinence, condoms, drugs, tolerance and support of people with AIDS.
- 3 skill questions on confidence to refuse sex, refuse sex without a condom, and condom use.
- 3 statements of behavioural intent.

For a discussion on evaluation issues, please refer to School Health Education to Prevent AIDS and STD, pages 28-33.

Process evaluation

By carrying out a process evaluation study, the education system will be able to:

- Determine which programme components are most successful
- Assess the acceptability of the programme to teachers and incorporate their suggestions where appropriate
- Determine the level of difficulty of the materials and revise accordingly
- Assess the receptivity of students, peer leaders (if used), parents and administrators to the programme
- Determine the appropriateness of the teaching methods.

To measure whether the programme is effective in meeting its objectives, evaluators have to gather the opinion of teachers, parents, peer leaders (focus groups), students and school administrators, in the areas where the programme was conducted. Perceptions of the programme should be used to revise, modify and update the curriculum.

The following instruments are included in the package, that may be useful in developing your own instruments:

Teacher feedback form Programme evaluation instrument 3

- To have teachers' opinions on the student activities and corresponding teacher guide they have been using; this is an extremely important tool in the revision of the materials.

Teacher interview Programme evaluation instrument 4

- For an in-depth evaluation of the experience of teaching the HIV/AIDS/STD programme; it should be administered by trained interviewers as soon as possible after the completion of the programme.

Checklist for student focus group Programme evaluation instrument 5

- About ten students from each grade level are invited for a discussion and taped (if possible) as a group. The facilitator should not be one of their teachers; students should be allowed a great deal of freedom to explore a number of topics.

Parent interview (if parent materials were used) Programme evaluation instrument 6

- A random sample of approximately 25-30 parents per school are interviewed; make sure to get a representative sample of parents. The continuation or revision of a parent programme is dependent on the results of this evaluation.

Peer leader form and checklist for focus group (if used) Programme evaluation instrument 7

- Three or four peer leaders at each grade level are interviewed as a group to determine the effects of the peer leader programme.

School director's interview Programme evaluation instrument 8

- Often, the success or failure of a new curriculum can be influenced by the perceptions and support (or lack of support) of the school administrator.
- The director usually has perceptions about the total effect of the programme and, because of his/her experience, can often make excellent suggestions for revisions.