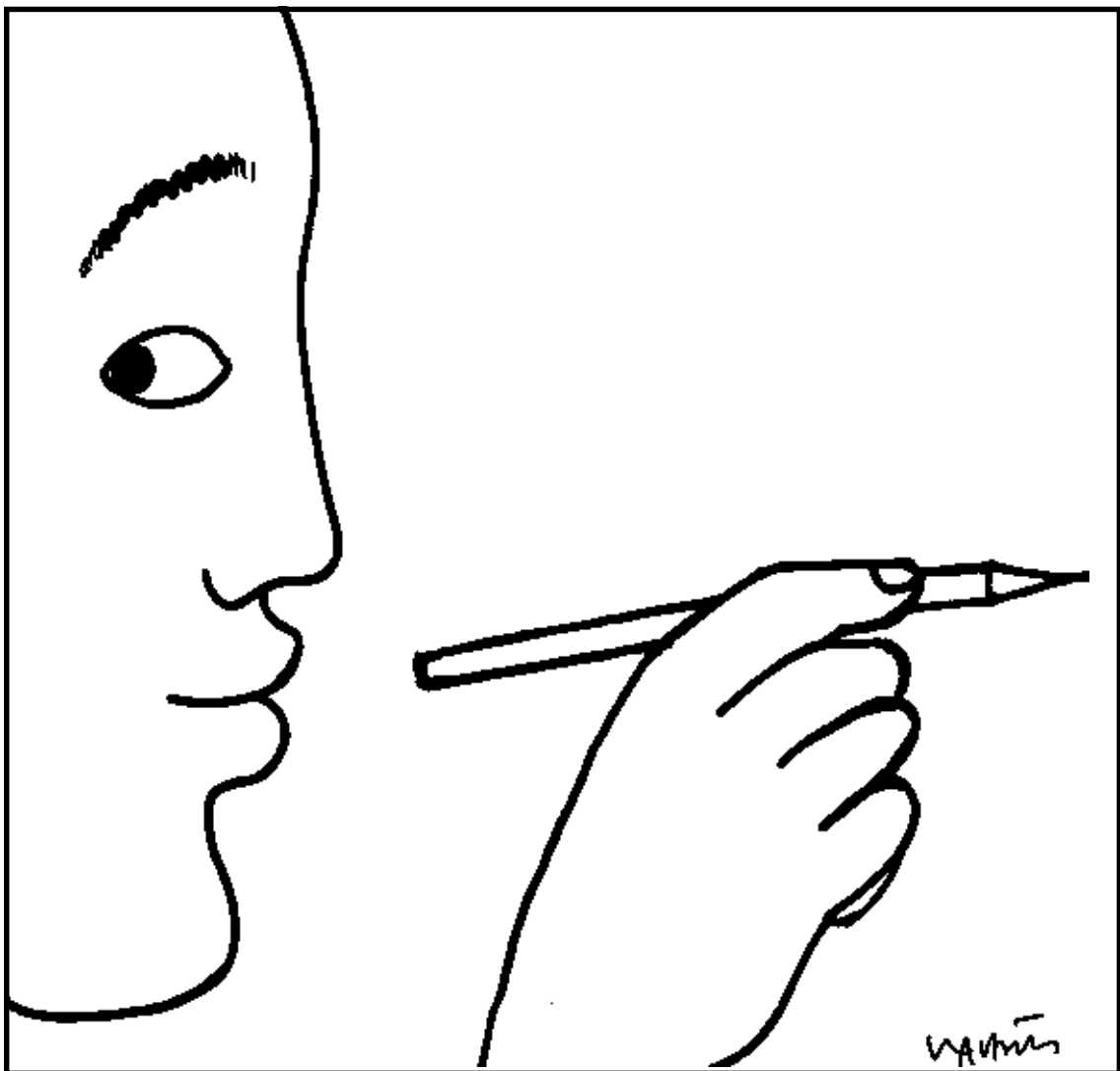


B

**Sample materials for
introducing the curriculum
and for teacher training**



1

Checklist for focus group with students (situation assessment)

A focus group is a group discussion that gathers together people from similar backgrounds and experiences to discuss a specific topic. The participants are guided by a moderator (or facilitator) who introduces the topics in the checklist and helps the group to participate in a lively and natural discussion amongst themselves. The discussion will allow the researcher to obtain a range of understandings, views, opinions and attitudes from the group. A focus group is not an interview where participants provide individual answers. Focus groups should be conducted by facilitators trained in this method of ethnographic research. The proceedings will be tape recorded (the preferred option), or detailed notes will be taken as the discussion progresses.

Topics for discussion with students:

Background information

- Age, sex, ethnic/language group
- With whom do they live (e.g. with family, in boarding school)?
- Do they earn any money and, if so, how?

Lifestyle and social networks

- With whom do they spend time?
- What are their leisure time activities?
- What is a typical week in their life? Is it typical of their age in their community? If not, how does it vary?
- What do they enjoy doing the most and the least?
- Do they drink? If so, how much, and in what situations?

Sexual norms and dominant values

- At what age do boys and girls start to “go out” together? What does it mean to have a boy/girl-friend? Her/his average age?
- What do they do when they go out with a boy/girl-friend? How may this change over time? What does “being friends” vs. “being one’s boy/girl-friend” mean?
- At what stage in the relationship does the issue of having sexual relations arise?
- Why do young people have sex?
- Do young people get sexual experience in ways other than having a boy/girl-friend? If so, how and with whom?

- Are relationships between adolescents and older men (sugar daddies)/women common?
- What are the scenarios/situations that may lead to having sex?
- What do young people mean by “having sex” (intercourse, petting, kissing)?
- What do young people do to avoid early pregnancy (for example, anal sex)?
- Do young people experience any forms of pressure to have sex? If so, from whom? Are girls forced to have sex? Do they know of cases of physical violence?
- Is having sex rewarded by gifts by the partner?
- What do people (young and older) think about having sex before marriage? What do young people think of their peers who do not have sexual relations before marriage?
- How do young people learn about sex? What advice do they receive, and from whom?
- When a girl gets pregnant, what is the reaction of young people and other members of the community towards the girl and the boy? To whom can the girl turn for support?
- How is someone with many boy/girl-friends considered (as successful, as a model)?
- How are sexual relations among the same sex considered?
- Common beliefs about STD
- Is HIV/AIDS discussed among young people? What do people say – how are people with HIV/AIDS considered?
- Common beliefs about condoms, contraceptives – are they easy to get?
- Are young people using drugs; injecting drugs?

Sample agenda for parent meeting

2

1. Introduction of school personnel (teachers, director)

2. The need for a school programme on HIV/AIDS and STD

Examples of arguments to use for point 2:

- AIDS is a problem in our country
- Young people are at risk of getting infected with HIV/STD
- Clinics report that many young people have STD
- Young people have sexual intercourse despite the recommendations of adults to the contrary
- We do not see many young people sick with AIDS because many years pass between infection and disease – young adults with AIDS were often infected during adolescence
- Young people need information and skills to avoid infection
- Education about sex and AIDS does not encourage young people to have sex; rather, it makes them realize the risks involved;
- Parents should talk about sex with their children, and the school programme may make this easier;
- Parents are sometimes worried that their children are too young for education on sex, HIV/AIDS and STD, but times have changed, and nowadays children are exposed to this information whether parents like it or not. It is better that they have the correct information;
- Sex education for delaying sex and protecting oneself from HIV/AIDS and STD is more effective if given before young people become sexually active.

Note:

- A nurse, a community leader, or a person with HIV may be invited to present point 2

3. Description of the programme

- The units and objectives
- The activities
- The parent programme (if used)

4. Questions

5. If appropriate, try one student activity with parents

6. If appropriate, show how parents/family members can interact with their children by doing an activity together

7. Final questions and farewells

3

Sample letter to parents

Dear parent/guardian,

Our school is starting a new programme on AIDS education. Your child will learn about AIDS and how to protect him or herself from getting this terrible disease, and other sexually transmitted diseases.

AIDS is a problem in our country, and young people are at risk of getting infected. They need information and skills in order to avoid getting infected. Education about sex and AIDS does not encourage young people to have sex; rather it makes them realize the risks involved and enables them to make responsible decisions about delaying sex or protecting themselves. Studies have shown that this kind of education is most effective if given before young people become sexually active.

Your interest and support in these activities will be most valuable. If you have any questions about the programme do not hesitate to contact me.

Yours sincerely,

(Name of school director, teacher, or secretary of school board)

Sample introduction to parent activities

4

Dear parent/guardian,

Your son/daughter will be part of a new programme at school about AIDS and other sexually transmitted diseases. He/she will learn important information and skills to help prevent him/her from becoming sick with these serious diseases. For example,

[add here a brief description of the programme]

It is important for you to help your son/daughter with his/her learning. You can do this by:

- *Asking your child what he/she learned at school about AIDS and other sexually transmitted diseases.*
- *Reviewing activities that have been done at school with your child (or activities that will be sent home with your child).*
- *Discussing how you feel about these serious diseases.*
- *Listening carefully and calmly when he/she wants to talk about the subject.*

Thank you for your help.

Yours sincerely,

(Name of school director, teacher, or secretary of school board)

5

Sample instructions to parents

Your son/daughter has been part of a new programme at school about HIV/AIDS and other sexually transmitted diseases. He/she has completed a number of activities which are contained in the booklet your child has brought home. We advise you to review the booklet with him/her. This will provide you with the opportunity to play a part in your child's education and the development of his/her values. Included in this letter is a list of questions that you may want to ask your son/daughter about HIV/AIDS/STD and the programme he/she is taking at school.

How to talk to your child about HIV/AIDS and STD

- Read the booklet on your own
- Select a quiet time when you and your son or daughter have time to talk
- Start with one easy activity example page
- Have your child read the information to you
- Listen carefully and calmly. Ask for and listen to your child's feelings and opinions
- Try to avoid "preaching" to your child but be sure to express your feelings and opinions
- If you or your child feel uncomfortable, stop and try again at another time.

Questions to ask regarding HIV/AIDS/STD

General questions

1. What did you learn about AIDS today/this week/during the course?
2. What was the most interesting part of the lesson/course?
3. What was the most important information that you learned?
4. What did you think about the lesson?
5. What did the other students think, say, feel, about these topics?
6. Were you able to understand the activity? What did you find easy or difficult?

7. Would you read the activity to me and explain the information?

8. Maybe we can do the activity together and you can help me with the questions and answers.

9. What do you think is important for me to know?

10. How does the information apply to you?

Specific questions:

1. What is AIDS; sexually transmitted diseases?

2. How does one get HIV or AIDS?

3. How can you avoid getting infected?

4. How is one tested for HIV?

5. How do you know if someone has AIDS?

6. What happens if you live close to someone with AIDS?

7. Is there a cure for AIDS?

Other questions:

1. How do you think a person would feel if he/she had HIV/AIDS?

2. What things could you do to help a person with AIDS?

3. How would you feel if there was someone in your class with HIV?

4. Why are people with AIDS sometimes treated unkindly?

5. Are you frightened about the AIDS situation? If yes, why?

Note:
Your involvement in these activities with your son/daughter is completely voluntary. There is no penalty to your child for not doing these activities. However, if you take an interest in the programme he/she is taking at school, it will make the learning easier for your child.

Sample questions

Student to Parent

6

We can always learn from past experiences. What your parents experienced when they were younger can be a valuable lesson for you.

- 1. If they are willing, interview your parents, or another adult relative, with the questions listed below.**
- 2. Interview them separately.**
- 3. You may only want to select certain questions to ask them.**
- 4. Write their responses on a piece of paper.**

Possible questions:

- | | |
|---|---|
| 1. Who in your family/community talked to you about sex when you were young? | 8. What did you do when you spent time with him/her? |
| 2. How old were you? | 9. Did you think about birth control when you were young? Why or why not? |
| 3. What did they tell you? | 10. Did girls ask boys out? Do you think this would be all right today? |
| 4. If nobody talked to you about sex, would you have liked them to? Why? | 11. Did boys give presents to girls? Why? |
| 5. Do you think it was accurate / useful information? | 12. What STDs were a concern during your youth? |
| 6. How would you have liked to have received your sex education? | 13. How did your friends protect themselves from them? |
| 7. How old were you when you had your first boy/girlfriend? | 14. If you could change things, would you do things differently? Which things? |

7

Peer leader training guide

This guide is written for you to follow during your training session. You have been selected to be a peer leader for a health education programme on HIV/AIDS and STD, and asked to help in a variety of class activities. The skills you will learn during this training will help you in many future situations in your life.

Who is a peer leader?

A peer leader is a person who is selected for his/her leadership potential in helping others. A peer leader is trained to help other students learn through demonstrations, lis-

tening, role playing, encouraging, giving feedback and supporting healthy decisions and behaviours.

Why are peer leaders important?

In recognition of the time and energy you devote to the programme, you will receive [state here kind of a reward, e.g. a certificate, recognition at parent-teacher meeting, a T-shirt]

Because:

- Young people are likely to listen to, and imitate, peers that are well-liked and respected
- Peer leaders who give examples of healthy behaviours can influence behaviours of other peers and help them to avoid taking risks

- Peer leaders can support, encourage and help their peers both inside and outside the classroom
- Peer leaders can help the teacher in presenting the lesson, allowing more time for other activities and more individual attention
- Peer leaders can help manage and solve problems when students are working in small groups.

Training programme objectives

As a result of this training programme, you, as a peer leader, will:

- Understand the purpose of the HIV/AIDS/STD education programme, and the importance of the peer leader's role within it
- Be able to help the teacher and students with some activities
- Be able to help small groups of students work together effectively

- Be a good listener, provide feedback, and be able to understand the feelings of your peers
- Know other sources of information and counselling so that you can refer your peers to appropriate help.

Each of the next sections will provide information and activities to help you achieve the objectives of this peer leader training session.

Purpose of the HIV/AIDS/STD education programme

¹ Add information on the programme that peer leaders need to know

In this programme you will learn about STD, HIV and AIDS, examine attitudes about delaying sex and using condoms, feelings about people who have HIV/AIDS, and reasons that young people take risks with their health and their lives. You

will also learn skills: (1) how to be assertive so that you say "no" to things you do not wish to do, especially to say "no" to sex or "no" to sex without a condom; and (2) to use a condom effectively. ¹

Activities where you can help

The following is a small selection of activities with which you can help¹. Read them and your teacher will explain to you how you will help in the classroom.²

Unit	Activity No.	Name of activity	Explanation/demonstration
1	1.9	Are you at risk? Part 1 Part 2 Part 3	Demonstration Explanation Explanation
2	2.10-2.12 2.13-2.15	Assertive messages Responding to persuasion	Demonstration Explanation
3	3.3-3.4	Condom practice	Demonstration
4	4.4	What could you do?	Explanation

¹ Adapt as needed

² Attach here a copy of selected activities where peer leaders are used

Helping small groups

Basic group rules

When helping small groups, use the following group rules to encourage discussion and participation:

- No put-downs (negative comments)
- Only one person talks at a time; no interrupting of others
- Everyone has a right to “pass” (to decline to discuss a personal issue)
- Everyone is given an opportunity to talk
- Keep on the topic; no side discussions on other topics; and
- “What you hear stays here” (information is confidential).

Dealing with problem situations in groups

In small groups, not every group member may be willing to complete the activity. You should be prepared to help solve minor communication problems that might arise in small groups, e.g. when a member of the group:

- Dominates the conversation (the dominator)
- Is critical of others; puts other people down, usually to make himself/herself feel superior
- Tells others what to do all the time
- Often interrupts other people

- Does not participate in the group activity
- Chats about things not related to the activity.

Ways of dealing with problems in groups

- If there are disruptions, politely remind the group that there is a problem or task to solve as well as a time limit
- Talk privately to the person causing the problem. Review the basic group rules and how the person's behaviour is negatively affecting the group. Request his/her support and cooperation for the next time the group meets
- Respond to those who interrupt by saying, “Excuse me. Just a reminder that everyone in the group has the right to speak without being interrupted”
- If the behaviour is so disturbing that it cannot be ignored, deal with it in the group. Criticize **what** is being said or done (**not the person** responsible for the disruption or making disruptive statements). Point out how the behaviour blocks the group from functioning well
- At the end of a group session, lead a discussion of how the group is doing. Try to do this in such a way that feelings are not hurt.

Now, in a small group, complete the activity “Dealing with problems in groups”.

Group exercise – Dealing with problems in groups

1. On your own, read each of the situations below
2. Brainstorm in your group a number of solutions to each situation. If you need help, review “Helping small groups”
3. Decide as a group on the best solutions, and write them in the spaces provided
4. Answer the Follow-up questions. Discuss answers in your group.

Follow-up questions

1. Which 2 of the 5 situations would be most difficult to deal with? Why?

2. Do you think you could deal with these 2 situations? Why or why not? If not, what would you work on to deal with them better?

3. Discuss ways of reinforcing or supporting someone who is trying to change problem behaviour in a group working on a task.

Situation	Solution
Situation 1 The small group has been together for a few days now and it is quite clear that Dominico dominates the others. He talks most of the time and when others say something, he does not pay attention.	
Situation 2 Laura had been very quiet during the first group meeting. However, suddenly she becomes very critical of the other group members. She made rude remarks to one person in particular but also objected to opinions expressed by the rest of the group.	
Situation 3 Jaloni is a little older than the others in the group because he failed an earlier grade. He tells people in his group what to do and how to do it. No one has objected to what he is doing but you can tell they are not happy about the situation.	
Situation 4 Helena often interrupts others in the group. She also puts others down by calling their ideas “stupid”, or “dumb”. The rest of the group is getting angry with her because of her behaviour in the group.	
Situation 5 Bonois is not really interested in the class. When he is in his group he acts “bored” and seldom makes any suggestions to the group. At other times he tries to talk to someone in the group about something completely off topic. If others do not join him he becomes loud and disruptive.	

Communication skills

Since you will be working with other students, it is important that you ensure that you have good communication skills. You probably already have many of these skills to some extent because you have been selected as a peer leader; however, three skills which most people need to continue to improve are listening actively, giving feedback, and showing empathy (showing you understand how the other person feels or what his/her point of view is).

Listening well

To listen well so that you really hear and

understand what another person is saying means that you:

- Focus on the person with direct eye contact (looking into people's eyes)
- Do not interrupt
- Do not cut in to describe your experience
- Do not give your attention to outside disruptions (other people or events)
- Are comfortable with silence.

After reviewing these points, complete the activity "Communication check".

Communication check

1. Rate each of the following skills using the key below:

1 = **Never**; 2 = **Sometimes**; 3 = **Often**; 4 = **Always**

1. I do not interrupt others in my group
2. My voice is appropriately pitched (not squeaky, loud or too soft)
3. I do not dominate the conversation (giving others a chance to speak)
4. I talk an equal amount compared to others
5. I look people in the face
6. I do not criticize (put down) others
7. When listening, I show my reaction to the speaker (e.g. by nodding)
8. I express what I feel, not only what I think
9. I face the speaker and avoid crossing my arms or turning away from him/her
10. I ask (encourage) others to speak
11. I respond to the speaker, showing interest
12. I do not interrupt others to make my point
13. I pay attention to the speaker the whole time he/she is talking
14. I ask questions to show interest in what the speaker is saying
15. I criticize what a speaker says and how he/she says it rather than judging the speaker himself/herself
Total score

2. Add your scores for the items and identify where you stand on the summary score below.

Communication skills: summary score

15-27 points = Poor; 28-39 points = Fair; 40-47 points = Good; 48-60 points = Excellent

Follow-up questions

1. Share some of your communication strengths and weaknesses with a group member

2. Discuss what each of you could do to help work on the weaker communication skills.

3. List your communication strengths:

4. List the communication skills you need to work on:

Giving feedback

To give feedback to another person means you comment on the person's statements, behaviour or performance. When you do this, you show the other person that you are listening and care about what he/she has said or done.

Do

- Ask questions to show you are interested in the person (e.g. "How do you feel about that?")
- Be sincere, caring and understanding
- Use verbal encouragement (such as "What happened then?")
- Use nonverbal encouragement (such as nodding your head)
- Ask questions to make the situation clearer (if necessary)
- Summarize the person's points and feelings

Do not

- Judge the person
- Comment on things that cannot be changed
- Interrupt too early to give feedback

Sources of support

You may have the opportunity to talk privately with students who need information or counselling that you cannot give them. Therefore, it is important for you to know where you can get help in your community. With your teacher, your group of peer leaders should identify a number of sources and how to reach them. These sources will enable students to get information about HIV/AIDS/STD; to obtain medical help; to go for counselling; and to be tested for HIV.

Suggestions for your list are as follows:

- | | |
|---|-----------------|
| • Doctors | • Nurses |
| • Clergy | • AIDS hotline |
| • Medical centre | • Hospital |
| • Health clinic | • STD clinic |
| • Counsellor | • Social worker |
| • Church groups | • Youth groups |
| • Places where you can get or buy condoms | • Teacher |

With your teacher, also discuss when to refer a person and specifically who the best source(s) would be for a particular situation.

Test items for student evaluation (with correct answers)

8

True-False questions

Please note that those marked with (*) are particularly recommended for inclusion in short tests.

Unit 1

T = True
F = False

1. A person can “pass” an HIV test, that is, be negative, but still be infected with HIV.	T
2. Men may pass HIV on to others through their semen.	T
3. You may get HIV by sitting on a toilet seat that a person with AIDS has used.	F
4. You may get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.	F
5. HIV is found in semen, vaginal fluids, and blood.	T
6. A person may get HIV by sharing drug needles.	T
7. People infected with HIV are usually very thin and sickly.	F *
8. Once you are infected with HIV, you are infected for life.	T *
9. Some people have been infected with HIV by swimming in the same water as someone with AIDS.	F
10. You may get HIV from a mosquito bite.	F *
11. Someone with AIDS can spread HIV by coughing and spitting.	F
12. There is no way to kill HIV on a drug needle.	F
13. Women may pass HIV on to others through their vaginal fluids.	T
14. There is no way you can find out if you are infected with HIV.	F
15. You may get infected with HIV by having sex with someone who shares drug needles.	T
16. It is not dangerous to hug a person with AIDS.	T *
17. People infected with HIV do not necessarily look sick.	T
18. You can be cured of AIDS if you are careful to take medicine the doctor gives you.	F
19. You can't get HIV from sharing needles for tattoos or ear/nose piercing.	F
20. People with AIDS die from serious diseases.	T
21. It is difficult for women to get HIV/AIDS.	F
22. HIV may be passed from a mother to her unborn or newborn baby.	T *

Unit 1**T = True
F = False**

23. HIV may be spread by wearing clothes from a person with AIDS.	F *
24. A person may get HIV by donating blood.	F *
25. Having sex during the menstrual cycle increases the risk of getting HIV.	T
26. You may get HIV by cutting the skin with a knife or razor blade used by someone with HIV.	T
27. The time from getting HIV until a person becomes sick with AIDS can be as short as 6 months to as long as 10 years or more.	T *
28. A person who has AIDS usually will die in 6 months to 2 years.	T *
29. A person is infectious (able to pass HIV on to others) only when she/he has AIDS.	F
30. The reason that you see so few teenagers with AIDS is that it takes years for AIDS to develop after a person has been infected.	T
31. The test for HIV (ELISA test) is looking for the HIV virus.	F
32. A vaccine is available to protect people from HIV infection.	F *
33. If a person has an STD, his or her chances of being infected with HIV are increased.	T
34. AIDS is caused by HIV.	T
35. There have been reported cases in which HIV was spread by kissing.	F
36. A person who has tested positive for HIV is said to have AIDS.	F *
37. HIV is not spread from one person to another through daily activities.	T
38. There is evidence that some insects can actually spread AIDS.	F
39. Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.	T
40. HIV can be spread by contact such as hugging, kissing or holding hands.	F
41. A person may pass on HIV even though he/she has no signs or symptoms of AIDS.	T
42. The more partners a person has, the greater the chances of being infected with HIV.	T
43. Everyone infected with HIV, whether they have symptoms of AIDS or not, can spread HIV to others.	T
44. A person can have HIV for years without getting AIDS.	T
45. You can tell if a person has HIV by how they look.	F *
46. A negative HIV test means there are no antibodies to HIV in the blood.	T
47. You may get HIV from toilet seats.	F
48. Married people don't become infected with HIV.	F *
49. If you only have sex with people who look healthy, you won't become infected by HIV.	F *

Unit 2

T = True
F = False

1. Delaying sex and not using injecting drugs are very good ways for teenagers to avoid getting HIV.	T *
2. One way to avoid getting HIV is by not having sex.	T
3. There is no way to protect yourself from HIV/AIDS.	F *
4. Not having sexual intercourse is the most effective way to avoid being infected with HIV.	T *
5. An example of showing affection without sex is cuddling and caressing.	T
6. Assertive people get their way by overpowering others.	F
7. Aggressive people get what they want without any thought about the feelings of the other person.	T
8. A passive person often gives in to what others want.	T
9. If a person tries to get you to do something you don't want to do, you should refuse, or bargain safer alternatives, or delay the decision.	T
10. If you stick to one partner you won't become infected with HIV.	F *

Unit 3

1. You can't get HIV if you only have sex once or twice without a condom.	F *
2. Condoms offer complete protection against HIV.	F
3. Vaseline is a very good lubricant to use with a condom.	F
4. Condoms used correctly and every time one has sexual intercourse, protect from HIV and STD and prevent pregnancy.	T *
5. Lubricated condoms break more often than those that are not lubricated.	F
6. If a condom slips off in the female vagina she will become sick.	F
7. A condom can be safely reused.	F *
8. It is important to keep condoms in a warm, moist place.	F

Unit 4

1. You can get HIV by eating food prepared by an HIV-infected person.	F *
2. A person with AIDS who has sweating, vomiting and diarrhoea needs extra fluids.	T *
3. People with AIDS should stay in hospitals all the time, not at home.	F *
4. People who are ill with AIDS should be encouraged to do what they can for themselves.	T
5. There have been no cases of HIV from living with a person who has HIV or AIDS.	T
6. A person with HIV who is not allowed to attend school is an example of discrimination.	T *

Short answer questions

Acceptable answers are in italics

Unit 1

1. Name three body fluids that are known to spread the AIDS virus, HIV.

– *Male semen; vaginal secretions; blood*

2. Name two ways in which blood-to-blood transmission of the AIDS virus, HIV, can occur.

– *Sharing injection needles and syringes; sharing other instruments – knives, razor blades, tattooing and ear-piercing instruments and possibly toothbrushes; blood transfusions*

3. What are three ways HIV is spread?

– *Sexual intercourse; sharing injection needles and syringes and other cutting instruments (e.g. knives); mother to baby; blood transfusion*

4. Give two reasons why AIDS is so serious.

– <i>No cure for AIDS</i>	– <i>No vaccine to prevent HIV</i>
– <i>Causes death</i>	– <i>Happens to young people</i>
– <i>Discrimination and intolerance</i>	

5. List five ways by which HIV is *not* spread.

– *Insects, hugging or touching, towels, spitting, coughing, sneezing; kissing; sharing a bus, house, room; animals; wearing old clothes; cigarettes; swimming pools (hot tubs); telephones; shaking hands; food, dishes; toilet seats; giving blood; water fountains*

6. List four ways that you can protect yourself from HIV and other infections.

– *Not have sexual intercourse*
– *Delay sex*
– *Use a condom properly*
– *Do not use dirty injection needles or syringes*
– *Get injections only at hospitals or health centres*
– *Have only one sexual partner who is not infected with HIV/STD and has no other sexual partners*

7. Describe what happens from the time a person is infected with HIV to the time he/she dies from AIDS.

– *Infected with HIV; 2 to 12 weeks: antibodies develop; about 6 months to 10 years or more: symptoms start to appear, AIDS; about 6 months to 2 years or more: death*

8. What is meant by the “window period?” Why is this period so important?

– *“Window period” is the period of time from when a person is infected until antibodies (germ fighters) develop in the blood. This is usually 2 to 12 weeks. It is important because if one is tested during this period, the test will be negative since the test looks for antibodies against HIV, which have not formed yet. However, the person can infect others.*

9. How do people look and feel from the time they are infected with HIV to the time they die from AIDS?

- The person may look healthy and feel fine for a long time after she/he gets infected
- Then, she/he starts having swollen glands, fever, night sweats, fatigue, cough
- Then serious diseases may occur – T.B., cancer, lung disease, brain illnesses, fungal infections. These result, eventually, in death.

10. Give three reasons why a person might want to get tested.

- Not to infect others
- To get treatment which may help to prevent opportunistic infections such as pneumonia
- Not to pass HIV on to her baby
- Not to give infected blood
- To tell her/his sexual partners

11. What two pieces of advice could you give to a person who injects drugs?

- Never share needles or syringes with anyone else
- Clean used needles with bleach (1 part bleach to 10 parts water)
- Stop using injecting drugs
- Turn used needles in for clean ones
- Seek help from professionals

12. List three sources of help that a person could use if they were worried about HIV/AIDS.

- Parents; doctor; teachers; counsellor; social worker; STD clinic; nurse; religious leaders; health centre; AIDS hotline

Unit 2

13. Give four reasons for saying “no” to sex or for delaying sex.

- Pregnancy
- Risk of STD or AIDS
- Parents don’t want you to have sex
- Not with the right person
- Fear of violence
- You have drunk too much
- Your religion says “no”
- You’re not ready
- Want to wait until marriage
- Time for friendship to develop

14. List three things that could help a person to delay sex.

- Go out with a group of friends
- Decide early how far you want to go
- Decide on your alcohol/drug limits
- Don’t fall for romantic words and arguments
- Be very clear about your limits
- When feeling uncomfortable – leave
- Get involved in activities (sports, clubs)
- Don’t go around with people who pressure you to have sex
- Be honest from the beginning about your sexual limits
- Don’t go out with people you cannot trust
- Avoid lonely spots where you couldn’t get help
- Don’t accept rides from those you can’t trust
- Don’t accept money and presents from people you don’t know very well
- Avoid going to someone’s room when there is no one else at home
- Express affection without having sexual intercourse

15. Give three ways a person could be affectionate to a partner without having sexual intercourse.

- *Hold hands*
 - *Kiss*
 - *Hug*
 - *Touch*
 - *Massage*
 - *Say “I like (love) you”*
 - *Masturbate*
 - *Write a letter*
 - *Body rub*
-

16. How does “the mountain climbing” idea help you to make decisions about your sexual limits?

- *The farther you go the more difficult it is to stop.*
 - *It is difficult to go back to a safer point.*
 - *Decisions about sexual limits should be made at a point where you know it will not lead to sexual intercourse.*
-

17. Describe the characteristics of passive, assertive and aggressive persons.

Passive persons

- *Do not stand up for their own rights*
- *Put others first at their own expense*
- *Give in to others*
- *Always apologize*
- *Remain silent when something bothers them*

Assertive persons

- *Respect self and other people*
- *Listen and talk*
- *Express positive and negative feelings*
- *Are confident but not “pushy”*
- *Stand up for own rights without putting others down*
- *Use “I feel” statements*

Aggressive persons

- *Have no thought for other people*
 - *Put self first at expense of others*
 - *Overpower others*
 - *Argue*
 - *Get what they want at the expense of others*
-

18. What are the advantages of being assertive?

- *Can say “no” without feeling guilty*
 - *Ask for help when needed*
 - *Avoid arguing*
 - *Have better relationships*
 - *Others will respect you*
 - *Disagree without becoming angry*
 - *Feel better about yourself*
 - *Have more friends*
 - *Have respect for yourself*
-

19. List three things a person could do to prevent sexual threats and violence.

- *Be assertive*
 - *Avoid secluded (lonely) spots*
 - *Do not go to person’s room if no one else is at home*
 - *Set sexual limits early*
 - *Do not accept money or presents*
 - *Do not take rides with strangers*
-

Unit 3

20. Give three reasons why a sexually active person would not use a condom to protect against HIV and/or pregnancy.

- no money or no place to get them
- use of alcohol or drugs – unable to make wise decisions
- didn't have one at the time
- “nothing can happen to me” – takes risks
- embarrassed to buy or use condoms

21. What three things would you look for in a good condom?

- lubricated
- tip to catch semen
- package easy to open
- diagrams on how to use a condom
- no light goes through package
- expiry date or date of manufacture
- made of latex
- instructions with package
- spermicide added

22. What is the most important step in using a condom to prevent it from being left in the female vagina?

- hold rim of condom when withdrawing the penis from the vagina
- remove penis from vagina before erection is lost

23. Name two things that could be done to reduce the chance of a condom breaking.

- use water-based lubricant
- pinch air from tip of condom
- never reuse a condom
- put condom on properly
- be careful in taking condom off
- don't use past expiry date
- smooth condom out after it is on
- be careful when opening the package
- store condoms in cool, dark spot

24. What could a person do if a condom did break?

- withdraw penis immediately
- the woman should not douche – she should wash and urinate as soon as possible
- have another condom available
- use spermicide if possible

Unit 4

25. Give an example of discrimination

- a person is not given a job because she/he comes from another religion or culture
- women aren't paid as much as men even when they do the same job
- a person with HIV is not allowed to swim with others

26. Give two reasons why it is important to be compassionate to a person with HIV or AIDS.

- they are often young
- they are no threat
- they suffer more if isolated
- it is important to think of someone other than yourself
- they will likely die
- it is a painful, long-term disease
- they are often abandoned by family and friends

27. What are four ways to be compassionate to a person with HIV or AIDS?

- Write a letter (note)
 - Share a meal
 - Clean the house
 - Give them a hug
 - Just listen
 - Make a “fun” present
 - Help other family members
 - Find others to give support
 - Celebrate special days
 - Get medicines
 - Share emotions – laugh, cry
 - Do not let them blame themselves
 - Be friendly
 - Play games
 - Hold their hand
 - Talk about the future
-

28. What could a person do to give support to a person who has AIDS and:

a) has loss of appetite?

- Ask what they would like to eat, when and how much
- Eat with the person when possible

b) is vomiting?

- Prepare small meals with little fat
- Encourage them to drink liquids
- Advise them to avoid food when feeling nauseated

c) has body sores from being in bed?

- Change sleeping position often
 - Encourage short walks and sitting in chair
 - Wash sores
-

29. Give three ways you can protect yourself if you are looking after a person with AIDS.

- Use bleach and soap and use gloves to clean soiled clothes or bedding
- Wash hands with warm, soapy water after contact with infected person
- Put used needles and syringes in hard plastic or metal box
- Wash thermometers with soap and water
- Keep cuts, sores or rashes covered at all times
- Clean bathroom with bleach
- Clean dishes with hot, soapy water

NOTE: You should wear a mask if you are ill so as not to infect the person with AIDS.

30. Provide three ways that you can give emotional support to people with AIDS.

- Find out about their needs and what they can do for themselves each day
 - Share feelings – be honest and open
 - Encourage them to do as much as possible for themselves
 - Give support and praise when deserved
 - Ask them how they want things done – wash, food, cleaning
 - Encourage anger and crying
 - Look after yourself – take breaks, ask for help
-

Skill questions

The steps on the left side of the box are already filled in; the right side of the box is left blank. There are example statements in *italics*, but answers will vary from student to student.

1. For the situation described, write an assertive script in the empty part of the “Script box”.

Situation: Your boyfriend/girlfriend becomes jealous when you are with other friends, including those of the other sex, and wants you to spend less time with them. You do not want to lose your friends and decide to tell your boyfriend/girlfriend how you feel and that you are not ready to give up your friends.

Script box:

1. Explain your feelings and the problem.	<i>I feel upset when I'm pressured not to see my friends.</i>
2. Make a request.	<i>My friends are important to me and I'd like it better if you would make them your friends too.</i>
3. Ask how the other person feels about your request.	<i>Do you think you could do that for me?</i>

Response: *I guess I'm a little jealous, so I'll try to make them my friends too.*

4. Accept with thanks.	<i>Thanks for understanding. Let's go for a walk.</i>
------------------------	---

2. For the situation described, write an assertive refuse, delay and bargain message in the empty part of the “Script box”.

Situation: You are at a party with friends. They are drinking beer and offer you one. You really don't want the beer and tell them so. They continue to pressure you to drink and finally you respond with a refusal, bargain and delay response.

Script box:

1. Explain your feelings and the problem.	<i>I feel angry when I say I don't want a beer and I'm still pressured to have one.</i>
---	---

They make a distracting statement: *You really get red when you're angry.*

2. You get back on topic	<i>Please let me finish what I was saying.</i>
3. Make a request.	<i>Could you please just accept that I don't want a beer tonight?</i>
4. Ask how the other person feels about your request.	<i>Is that OK with you?</i>

They make a persuasive statement: *Well, what are you here for if you don't want to drink?*

5. You refuse	<i>Look, I'm not going to drink and I am having a good time.</i>
6. Delay	<i>Look, I'll think about it, we'll see later.</i>
7. Bargain	<i>Look, let's have a dance instead of arguing about the beer.</i>

3. For the situation described, write an assertive refuse, delay and bargain message in the empty “Script Box” for a person who does not want to wear a condom.

Situation: You are going out with a person you really like. She/he wants to have sexual intercourse with you but does not want to use a condom. You will only have sex if a condom is used and you have a condom with you.

Script box:

1. Explain your feelings and the problem.

I feel upset when you say you don't want to use a condom, especially when I have one with me.

He/she makes a distracting statement: *Look, don't try to tell me what to do.*

2. You get back on topic

Please let me finish what I was saying.

3. Make a request.

I'm not trying to tell you what to do. I'm saying that I won't have sex with you without using a condom.

4. Ask how the other person feels about your request.

Is that all right with you?

He/she makes a persuasive statement: *They just don't feel good and it would probably break anyway.*

5. You refuse

No sex without a condom and I mean it.

6. Delay

Well, I guess we'll have to talk about this more.

7. Bargain

What could we do that would make us both happy?

4. Arrange the following list of steps to use a condom in the correct order, by placing the number (1, 2, 3, etc.) from the column “Condom steps” beside the number in the right-hand column “Correct order of steps.”

Condom steps	Correct order of steps
a) Squeeze air from tip	3 or 4
b) Unroll condom – slide it off	8
c) Open package	1
d) Roll condom on penis	5
e) Point condom the right way	2
f) Hold rim of condom and withdraw	7
g) Dispose of condom	9
h) Position the condom on the glans of the penis	3 or 4
i) Smooth out and add lubricant	6

Life situation questions

1. Dacobi and Kandu are close friends but live in different towns. They often visit each other and on one visit, Kandu asks Dacobi how AIDS is prevented. Dacobi has had a few classes about AIDS in school but can't remember everything he was taught. However, he does tell Kandu what he knows about prevention. Some of what he says is not true. Mark an "F" for these statements. Mark "T" for those statements that are true.

- | | |
|---|---|
| a) It is easy to tell who has HIV and who hasn't, so you don't need to worry about using a condom to avoid infection. | F |
| b) HIV is only present in certain body fluids, mainly male semen, vaginal secretions and the blood. Therefore, don't have sex without a condom and don't use needles or other sharp instruments that might have someone else's blood on them. | T |
| c) Be careful of mosquitoes and other insects that bite as that is a way HIV is spread. | F |
| d) The only really safe way to protect yourself is to delay sex until you are ready to take the responsibility of using a condom. | T |
| e) A blood test for HIV is the only way to tell if you have been infected with HIV. | T |

2. Aaren and Mayada have decided to have sexual intercourse. Both have had sexual intercourse before without using a condom but are confident that none of their previous partners had a disease. Mark "T" for any statements that are true/correct and "F" for any statements that are not true/false.

- | | |
|---|---|
| a) If they have sex, it will be all right because HIV cannot be spread until a person has AIDS. | F |
| b) If they have sex, Aaren should wear a condom every time they have sexual contact. | T |
| c) They would know if their previous partners had HIV. | F |
| d) They would be safe if they had oral or anal sex without a condom. | F |
| e) They would be safer if they delayed sex until they were both properly tested. | T |

3. You are talking with three of your same-sex friends about "lines" young people use to get "sex." The group decides to try to come up with good responses to these "lines". What would you say in response to the following lines:

Line:

"Everyone does it."
 "I'll buy you something nice if you let me do it."
 "We don't have to worry about AIDS, I haven't got it."
 "This is the first time I've had sex. I can't have a disease."
 "Either we do it, or we're through."

Response:

The teacher should use her/his judgement as to correct responses.
 (see Unit 2 / Student activity 3)

4. Ranjki is a person who will be going to your school next year and everyone knows that he has HIV. He is not sick now and he is really looking forward to entering his new school. List four things you could do to show compassion and support for Ranjki when he arrives at your school.

- Stay with him during breaks.
- Go to his place and welcome him to your school.
- Walk to school or from school with him.
- Ask him to sit near you.
- Be in the same group when possible.
- Get other students to help support Ranjki.

5. Your best friend has really negative feelings about condoms. Every time you talk about condoms, this person has something negative to say about them. You decide that you will make a positive comment about condoms for every negative one that is made. What do you reply to each of the following:

Negative comment:

“Condoms cost too much.”
“It’s too hard to get condoms.”
“Condoms break. So why use them?”
“Condoms don’t feel good.”
“Condoms spoil the mood.”

Positive reply:

The teacher should use her/his judgement as to correct responses.
(see Unit 3 / Student activity 2 for positive condom comments)

Needs analysis for the teacher training programme

9

You will be taking part in a teacher training programme on HIV/AIDS/STD. The results of this survey will be used in designing the training programme. Thank you for your collaboration.

Read each item and tick one of the three boxes.

Knowledge of HIV and AIDS

	True	Don't know	False
1. Many people who are infected with HIV can look and feel healthy.			
2. AIDS can be cured.			
3. Males who are infected with HIV can give it to another person through their semen.			
4. People who are infected with HIV can give it to another person through their blood.			
5. A mother can pass HIV to her unborn child.			
6. People can reduce their chances of becoming infected with HIV by using a latex condom during sexual intercourse.			
7. A person can become infected with HIV by being bitten by an insect such as a mosquito.			
8. A person can become infected with HIV by donating (giving) blood.			
9. People who are careful to have sexual intercourse only with healthy-looking partners won't become infected with HIV.			
10. People can be infected with HIV and not know they have it.			

Directions:
Please respond honestly.
Your name should not appear on this survey.

Scoring procedure – knowledge:

One point is given for each correct answer, and 0 points for “don't know” and an incorrect response.

Scoring key

True: 1, 3, 4, 5, 6, 10.

False: 2, 7, 8, 9.

An item-by-item analysis of responses can help identify those content areas that may require special instruction.

Attitudes towards people with HIV or AIDS

	Agree	Not sure	Disagree
1. I wouldn't mind having a student with HIV in my class-room.			
2. A student who is infected with HIV should be able to eat lunch with other students.			
3. I would avoid a student whose family member had AIDS.			
4. I would work with another teacher who was infected with HIV.			
5. Students infected with HIV should be separated from other students.			
6. Students who are infected with HIV should not play sports with other students.			
7. I would feel uncomfortable about giving individual help to a student infected with HIV.			
8. People who have AIDS should not be allowed to work in places that handle food.			
9. If I thought a teacher was infected with HIV, I would be afraid to shake hands with that teacher.			
10. I would feel comfortable hugging a friend who has AIDS.			

Scoring procedures – attitudes

To obtain a total score for each educator, add the point values of the responses. The higher the total score, the higher the acceptance of persons with HIV or AIDS. The lower the total score, the lower the acceptance of persons with HIV or AIDS (the minimum score is 10, the maximum score is 50).

The following scale should be used to score the items.

For items: 1, 2, 4, 10

Agree = 5

Not Sure = 3

Disagree = 1

For items: 3, 5, 6, 7, 8, 9

Agree = 1

Not Sure = 3

Disagree = 5

Comfort with sensitive topics

How comfortable are you in discussing the following topics with students?

	Very comfortable	Somewhat comfortable	Not at all comfortable
1. How HIV is transmitted			
2. Sexual intercourse			
3. AIDS			
4. Condom use			
5. Delaying sex			
6. Male sexual organs			
7. Female sexual organs			
8. Injecting drug use			
9. Varieties of sexual behaviour			
10. Tolerance towards people with AIDS			

Scoring procedures – comfort

A high score on each item indicates a high degree of comfort and a low score indicates a low degree of comfort. The following scale should be used to score items (the minimum score is 10, the maximum score is 50).

Very comfortable: 5 points

Somewhat comfortable: 3 points

Not at all comfortable: 1 point

Three-day teacher training agenda

Three-day training agenda for teachers of the HIV/AIDS/STD education workshop

Day 1	A. Opening B. Overview of the AIDS/STD situation in country • Prevalence of HIV/AIDS, by age/sex • Prevalence of STD, by age/sex • Prevention programmes C. Transmission and prevention of HIV/STD • Presentation • Questions/Answers D. Young people and sexuality • Ages at first intercourse • Changing patterns of marriage and sexual relations • STD and early pregnancy in young people	E. Adults and young people's sexuality • Parents' attitudes • Teachers' attitudes • Education about sex-related issues in school (contraception, prevention of STD) F. Teachers' perceptions on HIV/AIDS • Attitudes towards people with HIV/AIDS • Teachers and students with HIV in the school G. Presentation of results of the Needs Analysis for Teachers H. Teaching methods in HIV/AIDS/STD Education
Day 2	A. Introduction • Warm-up activities B. Overview of programme • Objectives • Conceptual framework • The four units C. The teacher's guide • Explanation of part 1/Introductory information • Explanation of part 2/Guides to the student activities D. Basic knowledge of HIV/AIDS/STD Unit 1 • Overview of unit	• Explanation and demonstration of activities from Unit 1 E. Responsible behaviour: delaying sex Unit 2 • Overview of unit • Explanation and demonstration of activities from Unit 2 F. The peer leader programme • Function and selection of peer leaders • Objectives of the training programme for peer leaders • Explanation of the peer leader guide
Day 3	A. Review of day 2 • Overview of day 2 • Questions B. Responsible behaviour – protected sex Unit 3 • Overview of the unit • Explanation and demonstration of activities from Unit 3 C. Participation of parents and families • Why involve parents and family members • Introduction to the parent materials • Dealing with parent questions	D. Care and support for people with HIV/AIDS – Unit 4 • Overview of the unit • Explanation and demonstration of activities from Unit 4 E. Evaluation of students • Purposes of evaluating students • The test(s) for assessing students F. How to deal with students who disclose personal problems with HIV/AIDS/STD

Teacher satisfaction with training workshop

11

1. Please rate the following workshop topics on the quality of their presentation in the workshop.

	QUALITY		
	Excellent	Satisfactory	Poor
a. Discussion of sensitive topics.			
b. Activities in the knowledge of HIV/AIDS/STD unit.			
c. Activities in the delaying sex unit			
d. Activities in the protected sex unit			
e. Activities in the care and support unit			
f. Description of the Teachers' guide			
g. Explanation of the use of peer leaders			
h. Explanation of parents' participation			
i. Explanation of the student evaluation component			

Directions:
Please evaluate this training workshop so that future training programmes can be made more effective. Do not put your name on this form.

Thank you for completing this survey.

2. Please rate the quality of the following:

	QUALITY		
	Excellent	Satisfactory	Poor
a. Participant sessions			
b. Role-plays			
c. Demonstrations			
d. Quality of facilitators			

3. Which aspect of the training workshop was the most useful to you?

4. Which aspect of the training workshop was the least useful to you?

5. What additional topics should have been included in the training workshop?

6. What topics should have been treated in more depth in the training workshop?

7. What other comments do you have about the training workshop, and what changes need to be made?