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MINISTRY OF EDUCATION

Community Health and Nutrition, Gender and Education Support-2 (CHANGES2) Program

Student -Teacher Handbook

HATEC: HIV/AIDS Teacher Education Course for Primary Colleges of Education

Draft
HATEC Student-Teacher Handbook
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INTRODUCTION

Recognizing the importance of teachers in stopping the spread of HIV/AIDS in Zambia, the Ministry of Education requires that HIV/AIDS be integrated into classroom teaching at all levels. MOE, along with many partners, are implementing in-service training for teachers to give them the skills to do this. However, in order to be sustainable, HIV/AIDS needs to be an integral part of the COE curriculum.

A survey of COE student-teachers and staff conducted by MOE and CHANGES2 in 2006 showed that student-teachers do not feel comfortable or well-prepared to teach HIV/AIDS prevention in the classroom. All those interviewed said that HIV/AIDS Education should be part of the COE curriculum. Based on this information, MOE has been working closely with college Tutors, student-teachers and Teacher Education and Specialized Services in MOE to develop an HIV/AIDS Teacher Education Course (HATEC).

This draft Handbook is for student-teachers to use as they move through the HATEC. It includes activities which your tutor may or may not do in your class. Regardless, you can use them in your classroom when you go to teach.

HATEC is designed to be activity based, with the Tutor acting as a facilitator. When student-teachers implement these activities in the classroom they should also be done in an interactive manner which involves young people and gets them to discuss openly and honestly. Studies have repeatedly shown that in addition to knowledge, people need skills in order to avoid HIV/AIDS infection. Most young people in Zambia are aware of how HIV is transmitted and how to protect themselves. Yet, every day more people are infected. Among young people, girls and young women are up to five times more likely to be infected than their male counterparts.

While bolstering knowledge and dispelling myths, young people must also have life skills for prevention and a supportive environment. These life skills include self-esteem, assertiveness, problem solving and decision making. It is hoped that through HATEC, student-teachers will be equipped with such skills and will be able to pass the skills on to pupils in the classroom. Furthermore, it must be remembered that people do not make decisions which put them at risk in a vacuum—there are cultural, economic and social factors which may cause people to engage in risky behaviour, such as unprotected sex, even when they are aware of the risk.

In order to begin to address the complex array of factors which lead to HIV infection and stigma and discrimination, HATEC is designed to be broad-based. The course is broken down into four general competencies:

1. Student-teachers will use accurate scientific information on HIV and AIDS to enhance development of positive values, attitudes and practices in learners and the community.

2. Student-teachers will demonstrate best practices of HIV/AIDS prevention.

3. Student-teachers will apply information, skills and strategies to bring about behaviour change and promote healthy living among the infected and affected.

4. Student-teachers will apply skills of research, teaching (including integration) and developing materials for schools and communities to HIV/AIDS education.
5. Student-teachers will demonstrate management and coordination skills through the development and implementation of HIV/AIDS programmes.

Teachers are in a unique position to influence young people in Zambia. Referred to as the Window of Hope, young people are largely uninfected. In order to stop the pandemic, they must remain HIV negative. However, due to cultural and other constraints, many young people are not receiving the information and skills they need to protect themselves, to care for those who are ill, to confront the misperceptions and stigma which surround HIV infection and to take the lead in battling the spread of the disease within their communities. Teachers can begin to change that by opening up dialogue with their students, openly discussing all the factors which put people at risk of infection and ensuring that students have the skills, support and confidence to avoid infection.
UNIT ONE – PREVENTION

1. INTRODUCTION TO THE COURSE

Your Tutor may show the movie *Education and HIV/AIDS: Window of Hope*.

Questions for discussion / reflection:

1. Why are young people called the “Window of Hope”?
2. What is the role of the teacher in keeping children free of HIV infection?
3. What is the role of the teacher in the community in terms of HIV/AIDS?

2. HISTORY OF HIV/AIDS

HIV/AIDS Interactive Timeline

Instructions: Please cut out the following dates and events and match them with each other:

|------|------|------|------|------|------|

The apartheid government in South Africa declares a state of emergency that lasts for five years, making it difficult to assess the extent of the disease; it also sets up the first AIDS Advisory Group.

The first recorded case of AIDS in South Africa is diagnosed; Acquired Immune Deficiency Syndrome (AIDS) is defined by the US Center for Disease Control and prevention (CDC).

AIDS becomes the leading cause of death in sub-Saharan Africa; Nkosi Johnson dies at age 12, probably the longest-surviving child AIDS sufferer.

Indian drug company Cipla vows to make cheap generics of AIDS medications, putting pressure on multinationals to cut prices further.
Scientists identify the virus that causes AIDS and name it HIV (Human Immunodeficiency Virus).

AZT is shown to lower the risk of mother-to-child transmission of HIV and the year before this, the first signs of AZT resistance in long-term users surfaces.

The red ribbon becomes the global symbol for AIDS awareness.

WHO declares 43,880 AIDS cases in 91 countries; the first anti-HIV drug, azidovudine (AZT), is approved after trials show that it slows the progress of the virus; Zambian president Kenneth Kaunda announces that his son has died from AIDS.

The International Conference for People Living with HIV and AIDS is held for the first time in Africa.

Evidence that heterosexuals can contract AIDS just as easily as homosexuals surfaces.

Botswana pioneers the provision of ARVs in Africa.

UNICEF estimates that 1 million children under the age of 15 are orphaned as a result of AIDS.

Yesterday is a finalist for the annual Best Foreign Language Picture Academy Award; it tells the story of a mother dealing with AIDS in rural KwaZulu-Natal.

ARVs show toxic side effects and globally, there have been 6.4 million AIDS casualties, and 22 million people are HIV positive. Eleven-year-old Nkosi Johnson becomes a national figure in South Africa after he is refused access to a primary school; due to this and the challenge of Nkosi’s foster mother, provincial education departments draw up policies enabling children with HIV and AIDS to attend School.

The first HIV vaccine to undergo a full trial proves to be a failure.

Nevirapine becomes the drug of choice for the prevention of mother-to-child transmission.

UNAIDS says more than 25 million people have died from AIDS. Close to 40 million people are living with HIV and AIDS worldwide.
3. HIV/AIDS DATA AND TRENDS

1. Global infection rates
The chart below shows the prevalence of HIV infection in different regions of the world.

<table>
<thead>
<tr>
<th>Region</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Africa and Middle East</td>
<td></td>
</tr>
<tr>
<td>South and South-East Asia</td>
<td></td>
</tr>
<tr>
<td>East Asia</td>
<td></td>
</tr>
<tr>
<td>Latin America</td>
<td></td>
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<tr>
<td>Eastern Europe and Central Asia</td>
<td></td>
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<tr>
<td>Western and Central Europe</td>
<td></td>
</tr>
<tr>
<td>North America</td>
<td></td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td></td>
</tr>
</tbody>
</table>


Questions for discussion:

1. Which area of the world has the highest number of people living with AIDS?
2. About what percent of HIV positive people live in Sub-Saharan Africa?
3. What percent of the world’s population live in Sub-Saharan Africa?
4. Why does Sub-Saharan Africa have a disproportionate percent of HIV infections?
2. Regional infection rates
Looking more closely at Sub-Saharan Africa, you can see that some regions are more severely affected than others.

![Adult Prevalence Rates in Africa](image)

**Questions for discussion:**

1. Which region of Sub-Saharan Africa is most affected by HIV/AIDS?

2. Why do you think this is?

3. Infection rates within Zambia

Look at *The HIV/AIDS Epidemic in Zambia* fact sheet, Appendix A. Use this to answer the following questions.

**Questions for discussion:**

1. How is HIV most commonly spread in Zambia?

2. Among HIV positive young people, aged 15 – 24, who is more likely to be infected, males or females?

3. a. Among HIV positive young people, aged 15 – 19, who is more likely to be infected, males or females?
b. Explain what this means.

4. Why do you think this is?

Worldwide, half of all new HIV infections today occur in people between the ages of 15 and 24.

-UNAIDS

4. VALUES CLARIFICATION

1. Background

Ninety percent of HIV/AIDS is transmitted through sexual contact. In talking to young people about HIV, we must talk about sexuality and many people feel very uncomfortable with this. There may be cultural taboos around open discussion of sexuality which are difficult for teachers to overcome.

Questions for discussion:

1. What are values?

2. Why do you think we are discussing values in an HIV/AIDS program?

3. Can you give an example of someone who expresses their values in the way they live?

2. Values Clarification exercise

- Preparation: Take two pieces of paper. On one, write “Agree”, on the other write “Disagree”. Put these up in different parts of the classroom.

In order to openly and honestly facilitate discussions around HIV/AIDS and sexuality, we need to examine our own feelings and values.

a. Explain that the purpose of this activity is to allow people to identify and express their values and to appreciate why they hold the values they do.

b. Point out the two signs, ‘Agree’ and ‘Disagree’ that you have put around the room. Tell them that you will read several statements aloud. After you read each statement, each participant should go and stand under the sign that reflects their feeling about the statement. (e.g. if you agree with the statement, you should go and stand under the ‘Agree’ sign.) Point out that there is no right or wrong answer and if you are the only person standing under a certain sign, that is okay.

c. Ask for assistance in moving any furniture out of the way so that group members can move freely.
d. Read the first statement out:

“When a girl gets pregnant, the boy is equally responsible.”

e. Allow the participants to think for a short time and then ensure each participant moves to one of the signs.

f. Start with the group that has the fewest people between the “Agree” and “Disagree” groups.

Ask an individual within the group why they agree or disagree. Elicit a few responses from within the same group. This will highlight that people may agree with the statement but may do so for different reasons that reflect different values.

Go to the other group and repeat the process.

g. Proceed to the next statements.

Belief Statements:

1. When a girl gets pregnant, the boy is equally responsible.
2. Boys have stronger sexual urges than girls.
3. If a girl asks her sexual partner to use a condom, it means that she is promiscuous.
4. Sometimes a man may need to beat his wife if she refuses to have sex.

After you have done the exercise, you can facilitate a group discussion.

Questions for discussion:

1. Why do you think values are important when we are discussing HIV/AIDS?
2. What was difficult about this exercise?
3. What was helpful about the activity?
4. Would this activity be good for the classroom when you are teaching?

Have the students discuss in pairs:

What “belief statements” can you think of to use in the classroom with your learners?
5. TEACHING HIV/AIDS EDUCATION IN THE CLASSROOM

Do you agree or disagree with the following statements:

- The Ministry of Education has a policy against talking about HIV/AIDS in primary school.
- Most parents do not want teachers to have main responsibility for educating young people about HIV/AIDS.
- Most students feel that they can get enough information about HIV/AIDS from the local health clinic.
- Talking about HIV/AIDS in primary schools is encouraging young people to have sex.

Refer to the documents in Appendix B.

6. THE ROLE OF TEACHERS IN HIV/AIDS EDUCATION

1. Case Studies

Imagine you are the teacher in the following scenarios. What will you do?

1. A 13 year old pupil is orphaned and staying with her uncle. She becomes depressed and quits speaking up in class. She is no longer interacting with her friends before class, but instead sits quietly. When you speak to her, she says that her uncle is “touching” her.
   What do you do?

2. You notice a group of boys are teasing a 15 year old boy in class, Josias. You find out that Josias has a girlfriend and the boys are pressuring Josias to have sex with her. They tell him that if she won’t have sex with him, he should leave her and find a new girlfriend.
   What do you do?

3. In your grade 2 class, the boys are bullying the girls. They make the girls do all of the schools chores, such as sweeping and call them “stupid” and other cruel names. In some cases, they grab the girls breasts and buttocks.
   What do you do?

4. You find out that a fellow teacher in your school is having a sexual relationship with a 14 year old student. You hear rumours that the same teacher was pushed from his previous school for impregnating a girl.
   What do you do?

5. A 17 year old girl who had a baby is returning to school under the re-entry policy. Pupils and even some teachers tease her and call her by her baby’s name.
   What do you do?
The risk of a 15 year old Zambian dying of AIDS sometime in her/his lifetime is 1 in 2.

-UNAIDS

2. Teaching Pyramid

Look at the pyramid pictured above and think about HIV/AIDS Education.

Questions for discussion:

1. What does the pyramid show?

2. What does this tell you about the importance of teachers in combating HIV/AIDS?

3. Do you think teachers can help to ensure that the next generation of young people is HIV free?

4. What do you think your role should be when you are teaching?
7. THE BASIC FACTS OF HIV/AIDS

HIV/AIDS Quiz

a. Ask for six or eight volunteers. Try to encourage quieter students to participate. Tell them the point is to have fun and learn. Also, try to get gender balance. Divide the students into two teams—with equal numbers of males and females on each team.

b. Tell them that they are going to participate in an HIV/AIDS quiz. Explain that you will read out various statements and each team will take turns to decide if it is true or false and why. If one team gets the wrong answer or cannot tell why something is true or false, the statement will go to the other team. If neither team can answer correctly, the statement will go to the whole class.

c. On the chalkboard write Team #1 and Team #2. Ask for a student who is not on either team to keep score. They should get one point for the correct answer (true/false) and one point for the correct explanation of the answer.

d. Start with one team, read the first statement, “ARVs cure AIDS”. Tell them they have 20 seconds to discuss and then one member must answer and explain why they responded in the way they did.

After each statement, it is important to clarify the correct answer and explain why that is correct.

Quiz Statements

1. Antiretrovirals or ARVs cure AIDS.
2. The most effective way for young people to avoid HIV/AIDS and STIs is to avoid having sex.
3. Teaching young people about HIV/AIDS and sexuality encourages them to have sex.
4. The virus that causes AIDS can pass through pores in condoms.
5. Masturbation can cause cancer and impotence.

Question for discussion:

1. Is this an exercise you can use when teaching?
8. OPENING UP DIALOGUE

Questions for discussion:

1. What do you think schools are currently doing in terms of HIV/AIDS?

2. What do you think are the main messages that pupils receive through these activities?

3. Do you think these kinds of activities and messages have led to significant behaviour change among young people?

4. What else can teachers do to help young people avoid HIV infection?

To have a meaningful impact on HIV/AIDS, we need to have open dialogue around the factors that put young people at risk of HIV/AIDS.

9. EFFECTIVE PLANNING AND TEACHING

As mentioned above, MOE expects teachers to integrate HIV/AIDS into their teaching. The easiest way to do this, and what is often seen in classrooms, is that teachers have pupils sing an HIV-related song or recite a slogan (“AIDS kills”) before or after the lecture. However, this is not really integration and it doesn’t lead to behaviour change.

Most people in Zambia know the facts around how HIV is transmitted and how to protect themselves. Yet, infection rates are not going down. We need to go deeper into HIV/AIDS education than simply giving factual information. We need to ensure that young people have the skills they need to remain HIV negative. These are called Life Skills. In this case, we do not mean income-generating skills, such as sewing or carpentry, which may also help people avoid HIV infection by making them economically independent. We mean skills such as problem-solving and assertion.

You can teach even young children these skills. For example, you do not need to talk about sexuality with a grade 1, but you can teach them about “good” and “bad” touch and tell them what to do if someone tries to touch them in a bad way. Also, we should begin to talk about gender with very young children. This can be done through fostering respect between boys and girls and letting them see that you treat them in the same way and expect the same from them.

Questions for discussion:

1. What Life Skills do young people need to avoid HIV infection?

2. Do boys need to be taught different skills from girls?

3. How do you think we can teach young people Life Skills?

4. What methodologies do you think might be effective?
10. PRINCIPLES OF HIV/AIDS PREVENTION

Your tutor may do the following activity with your class. Whether or not you do it in college, it is an activity that you can do with students in school, either in the classroom or as part of anti-AIDS club activities.

Further instructions are provided in Appendix C.

Wildfire Activity
This is an intensive training activity that may take 2 hours to complete. It should all be done at one time, so make sure that you have enough time. It is a participatory exercise that stimulates the spread of HIV infection. It will allow students to experience what it feels like to be exposed to HIV infection personally. This helps develop a sense of personal engagement and a fuller understanding of the disease and its implications. Also, it is an activity that the students can use in the classroom or with a school-based club when they are teaching.

Objectives:
• Explain the speed of HIV transmission
• Understand the importance of having multiple partners in the spread of HIV
• Explain factual information about HIV infection, its transmission mode and ways to stop sexual transmission
• Relate to what it may be like to be exposed to or be infected with HIV
• Identify and explore issues related to support for people living with HIV/AIDS

Resources needed:
• Wildfire instruction sheet
• Enough Wildfire envelopes for each student (half should contain positive results and half should contain negative results)
• If possible, a person who is openly living with HIV/AIDS (PLWHA) to act as resource person

Preparation:
Before the session be sure to:
• Review the Wildfire instruction sheet thoroughly and acquaint yourself with the steps before you carry out the exercise. The Wildfire exercise is both procedurally complex and laden with sensitive personal issues. It may be useful to write down important points for reference.
• If possible, invite a person living with HIV/AIDS (PLWHA) to attend the session as your “colleague”. At the end of the exercise, invite the PLWHA to give a testimony and answer student questions.
Steps:
1. Introduce the session by briefly explaining the Wildfire activity. Introduce the PLWHA as a resource person who you will invite to make a presentation at the appropriate time. Do NOT reveal her/his status now.
2. Facilitate the Wildfire activities according to the instruction sheet.
3. Introduce the PLWHA resource person as someone who is working with people infected with and affected by HIV/AIDS. Explain that the resource person will share her/his experiences with the class for about 10 minutes, particularly as they pertain to the Wildfire activity. Invite the students to ask relevant but not personal questions at the end of the testimony/presentation.

11. LIFE SKILLS FOR BEHAVIOUR CHANGE

Students need to be able to practice using Life Skills. Allow time in your classroom for students to do role plays, develop future wheels, debate and other participatory activities.

1. Role Plays

Group 1: Ask the group members to develop a role play which portrays a young girl in a situation in which she has to practice being assertive.

Group 2: Ask the group members to develop a role play in which a boy is under pressure from his peers to have sex. Show decision-making and communication skills.

Group 3: Ask the group members to develop a role play in which a teacher tries to convince an orphaned student to have sex with him.

Group 4: Ask the group members to develop a role play in which boys are bullying a girl, acting in a sexually aggressive way. A male teacher intervenes.

Group 5: Ask the group members to develop a role play in which two friends are talking. One is sexually active and the other is advising him/her on the ABC of prevention.

After they have had time to develop and practice their role plays, ask them to perform them for the class.
2. Future’s Wheel

If needed, refer to the directions and example for the Future’s Wheel on pages 13 – 14.

Divide the students into groups and have each group develop a Future’s Wheel. They can start with one of the following scenarios and events or you can develop your own as a class:

1. Scenario: a 16 year old boy is pressured into having sex by his friends. He has unprotected sex several times with a 20 year old woman. When his older brother finds out, he convinces him to go for VCT.

   Event: His test results come back positive.

2. Scenario: a 14 year old girl is told she will have to drop out of school because her family cannot afford the costs and she is needed at home. Her uncle says that she can come and stay with him and he will pay for her to go to school. She suspects that the uncle will expect her to have sex with him.

   Event: Her uncle approaches her parents and they agree to let her go. She must decide what to do.

3. See Page 21, “The 15 Year Old Girl”

After they have completed the activities, have the students come back together to report on how it went, what they learned and how they might implement these activities in a classroom with their pupils.

In Zambia, 57% of those infected with HIV are female.

-UNAIDS
FUTURE'S WHEEL INSTRUCTION SHEET

The Future's Wheel is a learning method that allows the learner to explore the consequences of past and present behaviours on future situations.

Procedure
1. State the specific major event or behaviour (e.g. effects of HIV/AIDS on the individual, family, or community).
2. Put the major event in a central wheel (refer to the Future's Wheel example for a demonstration).
3. Project and indicate a second level event emanating directly from the major event in the central wheel to form a second level wheel.
4. Project and indicate subsequent wheels to show all possible events.
5. Project other wheels from the already projected ones for possible consequences of each action.
6. Finally, use more wheels to project options to address the situations.

Processing Options
X Trainees may indicate which of the events has happened to them or to someone that they know. Afterwards, they can discuss possible actions to prevent their re-occurrence.
X Alternatively, trainees put themselves in a position where any of the events may have happened to them and suggest possible actions to prevent similar events from happening in their lives.

Advantages of Future's Wheel
X Allows group participation in brainstorming session and enable learners to focus attention on the issue being discussed.
X Emphasis the complex nature of the problem with visual impact
X Identifies areas on which to focus programme resources or strategies for targeting educational programmes
X Clarifies values, develop critical thinking skills and enables learning to take place at the effective level
X Enables participants to personalise issues - making issues real to them.
THE FIFTEEN-YEAR-OLD GIRL

Imagine a 15 year-old girl. She has been taken away from school to nurse her father. He is dying of AIDS. Her baby brother is already dead.

She knows her father has had many women and became infected this way. He has infected her mother and she is now always tired and often sick. They found out all this when her baby brother was sick after birth and was diagnosed as having AIDS.

Her father has chronic diarrhoea. She is constantly, nursing him, night and day, having to clean up after him, to change and wash his clothes, to deal with the sickening smell. She has no time to get the water herself so her next sister is always late for school because she has to queue for the top and often doesn’t get there at all because of the work that has to be done.

She has five young brothers and sisters. They do not have relatives in town. Their relatives live far away. The girl is very anxious because she does not know whether or not the children will be able to remain together and find food once their parents die. They are already suffering from hunger because their father can no longer work, and the mother is often too weak to cook and take care of the family shop near the road.

Future’s Wheel Mapping

Once you have finished reading the case study, draw a symbol to represent the girl. Starting from this symbol as the “centre of analysis”, map the effects of HIV/AIDS on other people and things. As you build your map, consider as many levels and types of impact as possible, including the following:

- Individual
- Family
- Community
- Workplace
- Village or town
- Country
- International
- Social, Political, Cultural
- Cultural, Legal, Emotional
- Economic, Strategic, Ethical
- Health, Education, Environmental, Spiritual
- Development, Psychological, Other
12. ADOLESCENCE AS A TIME OF TRANSITION

1. Background
Puberty brings physical changes that can be confusing to young people. Girls begin to develop breasts and hips and men and boys may start to notice this and comment or make sexual advances. Some people believe that when she has entered puberty, a girl is ready for sex. Of course, boys also experience physical changes. And puberty involves more than physical changes. Importantly, young people experience changes in their hormones which can affect their moods. They begin to feel sexual desire and to be sexually attracted to others. They need to be reassured that these are all normal changes of adolescence. They will need guidance to get through puberty safely.

2. Movie – Yellow Card
Questions for discussion:

1. Why does Tiyane have sex with Linda?
2. Had he planned to do this?
3. What does Linda want after they have sex? (What does she expect from him?)
4. Is this a realistic situation? Do you know of anyone who has been in such a situation?
5. Why does Linda try to abort the pregnancy?
6. What is Tiyane’s dream in life?
7. When Tiyane is confused, he turns to his teacher. Why does he trust her? Does she help him? What would you do if you were his teacher and he came to you for advice?
8. What would you have done if you were Tiyane?
9. What would you have done if you were Linda?
10. What options does Tiyane have?

3. Stories

Read the stories below and answer the questions that follow:

Story A
Mathias (a 16 year-old boy) and Ama (a 14 year-old girl) are friends. They are often seen together.

One day, Mathias asks Ama to have sex with him, but she refuses. Later, Mathias tells this to his friends who conclude that the girls is wrong to say no.
Ama tells this to a friend who assists her to talk to Mathias. When they talk, Ama convinces Mathias that it is good to delay sex until marriage.

Discuss:
✓ What do you think most boys look for in a relationship?
✓ What do you think most girls look for in a relationship?
✓ Do you think that there are big differences between what men and women want in their relationships?
✓ What skills do you think Ama used with Mathias to convince him to delay sex?

Story B
A young male teacher is posted to a village and finds a kind landlady. The landlady permits her daughter, who is a pupil at the school, to assist the teacher in errands and cooking.

The teacher convinces the young girl to have sex with him and she becomes pregnant. She gives birth to a baby that is sickly and diagnosed as HIV positive. Later the girl is counseled to go for VCT and she also tests HIV positive.
✓ Why does the landlady allow her daughter to spend so much time alone with the teacher?
✓ How would you describe the teacher's behaviour in this case?
✓ What could he have done differently?

As a follow-on the two stories, reflect on the following.

Questions for discussion or individual reflection and writing:

1. Rate the teacher-student relationship in your college: very positive, positive or not positive. Explain your answer.

2. Rate the student-student relationship in your college: very positive, positive or not positive. Explain your answer.

3. Will this discussion and the previous exercise affect your relationship with other students / tutors? If so, how?

4. How is this discussion and the previous exercise relevant to you as a classroom teacher?

5. Develop a comic on sexual harassment. Make it into a poster to put up in your college.
13. SOCIAL AND CULTURAL RISK FACTORS FOR HIV INFECTION

1. The Story of Ama, Kojo and Kwesi

Divide the students into two groups, with males in one group and females in the other.

- Ask the females to identify which factors in Zambia make boys and men vulnerable to HIV infection.
- Ask the males to identify which factors in Zambia make girls and women vulnerable to HIV infection.

Have each group present their findings. After each brief presentation, allow time for discussion.

The Story of Ama, Kojo and Kwesi

1. Ama is 20. She is a pretty girl who works in a bakery.

Kojo is 24. He is a friend to Ama’s brother and a teacher trainee at a basic College of Education. Kojo normally buys soft drinks from a ship nearby Ama’s house any time he travels home.

Kojo and Ama become friends and he now visits Ama at home. One day, when on holidays, Kojo invites Ama to a party. This party is important to Kojo because all of his friends will be there.

Kojo and his friends are having a discussion. Some of his friends are pushing him to have sex with Ama right after the party. His friends tell him if he loves Ama and wants to keep her as a girlfriend, then he should seal his love for her by making love.

- Is love for a girlfriend the same as sex? Explain.
- What do we need to avoid negative peer pressure?

2. Kojo returns to where Ama is sitting and walks her the dark side of the house and he starts kissing and touching her. Though Ama is trying to resist, Kojo tells her that he only wants to show that he loves her. Ama is not convinced that what Kojo is doing is what she wants, but she does not say anything.

One Saturday, Kojo invites Ama to his house. They drink beer together.

- How do alcohol and drugs influence you to have sex?
- What drugs do young people use?

3. They start kissing Kojo wants to have sex. He pushes Ama to agree to have sex. Kojo says that everybody at their age is having sex. He says Ama should agree to sex if she really loves him.
- Are things happening too fast for Ama?
If you are not ready to have sex, at what stage should you discuss it with your partner?

4. Ama is worried about what might happen. She goes to talk to her friend Afua.

Afua says that Ama should be very careful. Afua says Ama could become pregnant or get sexually transmitted diseases including AIDS.

Afua says that she and her boyfriend have been in a relationship for 2 years but have never had sex because of the possible consequences of sex and their religious beliefs. However, they use many other ways to prove their love without having sex, as they are not ready for it. She says they do not need to have sex to express their love for each other.

- Is Afua giving Ama good advice?
- What advice would you give Ama?
- What support do you need to abstain from sex if you do not want to have sex?

5. Joe is Kojo’s friend. He knows that Ama and Kojo have been going together. Joe tells Kojo to use a condom anytime he has sex, because it will not only prevent Ama from getting pregnant buy also prevent them from getting an STD. Joe reminds Koho of the STD he got last year and then gives him some condoms.

- Is Joe giving Kojo good advice?
- What advice would you give Kojo?

6. Kojo and Ama remain friends for some months. They sometimes have sex. They feel too shy to talk about using condoms, so they never use them.

- Why do people feel too shy to talk about condoms? Is this a good attitude?
- Would you be able to ask your partner to use a condom?

7. Kojo completes college. He is posted to another city. Ama is sad that he has gone so far from her. But she is happy when her period comes and she knows she is not pregnant.

After 2 years, Ama meets Kwesi, a newly posted teacher to their town. They start going out together and two years later they get married with having VCT to find out if either of them is HIV positive.

The following year, Ama has a baby boy. She and Kwesi are very happy. But the baby does not grow well. The doctor suggests they have the HIV test. They both test positive and are devastated. They do not know who infected the other because both of them had unprotected sex before they married. They are counseled on how to live positively with the disease.

Ama did not know that Kojo had casual partners before her and he did not use condoms with them. Kojo was HIV positive before he met Ama. He feels fine and does not suspect that he is HIV positive, so he continues to have other girlfriends even at his new station.
• Is Kojo an ethical teacher?
• Who is responsible for what happened? Kojo? Ama? Kojo’s first girlfriends? Kwesi?

Questions for discussion:
• Is this an activity that you can do with students in the classroom?
• If so, what age of students is this appropriate for?

2. Movie--Yesterday

Questions for discussion or individual reflection and writing:

1. When Yesterday finds out that she is HIV positive, what is her goal?
2. Is her husband’s initial reaction realistic?
3. How do her neighbor’s react when they learn that her husband is positive? Is this realistic? Does this happen in Zambia?
4. What role does the teacher play?
5. What do you think of the teacher?
6. What would you do if you were the teacher in this story?
UNIT TWO – CARE AND SUPPORT

1. USE OF BASIC COUNSELING SKILLS

Trained counselors can be found at many clinics and health centres. Some are trained to provide counseling before and after an individual is tested for HIV (known as pre- and post-test counseling). Some hospitals, clinics, NGOs and faith-based groups may have individuals who are trained in providing psychosocial support to those infected or affected by HIV/AIDS.

It is important to note that you will not be trained counselors after finishing this module. However, you will:

- gain a better understanding of what counseling is and what makes a person a good counselor;
- learn how to use some counseling skills to mobilize others to go for VCT or ART;
- learn how to use these skills when discussing sensitive issues with colleagues and pupils; and
- learn how to make referrals to trained counselors.

Refer to Appendix D for information on basic counseling.
How to’s of caregiving

Why?
To be a caregiver for someone who has AIDS, means giving extra amounts of warmth and gentleness. Most people with AIDS are young adults who were alert, full of energy, and excited about life. For many, life has become full of fear, anger and fatigue. Many have lost friends, family, support from their community and hope, and they need others to care for them. A caregiver may need to be: nurse, cook, food shopper, messenger, book reader, cleaner or listener. Overall, caregiving is being a friend and companion.

How?
Your teacher will give you instructions on how to do this activity.

A  How to give emotional support

1. Share feelings – be honest and open.
2. Ask the person who is ill to talk about how he or she feels. Ask what they would like to do for themselves.
3. Say what you expect of the person who is ill and allow them to do the same.
4. Encourage him or her to do as much as possible for themselves. Do not do for the ill person what they can do for themselves.
5. Give support and praise when deserved.
6. Ask the person how they prefer to have things done, e.g. food preparation, cleaning.
7. When feelings of anger and crying occur, encourage them.
8. When care-giving, you need to look after yourself. You should take breaks and ask for help when needed.
9. The most common feelings are fear, anger, hopelessness, sadness, loneliness. Sit with the person. Let them know you are there to listen and talk to them.

B  How to give physical support and care

1. Loss of appetite: Ask what they would like to eat and drink, when and how much. Eat with the ill person when possible.
2. Nausea and vomiting: Smaller meals with little fat may reduce vomiting. Encourage drinking liquids between meals if they can’t eat. Notice when nausea occurs and avoid foods at this time. Use gloves to clean up vomit.
3. Lack of fluids: If person has diarrhoea, vomiting and ‘sweats’, they lose a lot of water. This could be very serious. If this happens, extra fluids (water, tea) should be given.
5. Skin problems: Change sleeping positions to avoid sores. Encourage short walks or sitting in a chair. Wash sores but use gloves if sores are open. Apply soothing lotions to dry skin.
6. Confusion and forgetting: AIDS and depression may affect the brain, causing confusion. Keep clocks and calendars and remind the person of the day, time and where they are. Make sure all safety precautions are taken – for example, with loose rugs, stairs, medicines, sharp instruments etc.

Note
If you have difficulty or the condition looks serious, talk to a health worker or the health centre as soon as possible.
How to keep yourself safe

**Garbage**

Things for cleaning (gloves and other soiled things) should be burned or placed in a double plastic bag. Tie the bag well before throwing out.

**Laundry**

- If soiled with body fluids
  - wear gloves
  - use bleach and soap
  - keep separate from other laundry
- If not soiled, wash as normal

**Washing**

Wash your hands with warm, soapy water before and after contact with an ill person.

**Instruments**

If injections are given, sterilize needles and syringes by boiling them; store them in a plastic or metal box that won’t puncture. Used disposable needles and syringes should be placed in thick cardboard, glass, plastic or metal containers and thrown away. Wash thermometers with soap and water.

**Cleaning**

Cover open wounds with a bandage or cloth. Clean bathroom often, using gloves and bleach (1 part bleach to 10 parts water). Leave bleach 10 - 20 minutes before wiping up.

Also clean kitchen. Wash dishes with hot soapy water. Cloths used to clean the bathroom should not be used to clean the kitchen.

3. SUPPORTIVE AND CARING SKILLS FOR THE CLASSROOM

What are the characteristics of:

1. a caring and supportive teacher
2. a girl-friendly classroom
3. a girl-friendly school
4. a community which supports vulnerable young people

4. LEGAL RIGHTS

Using the National Policy for the Management and Mitigation of HIV/AIDS in the Education Sector, discuss the rights of teachers and pupils affected and infected.

Group One: 4.3.1 Non-discrimination

Discussion questions:
1. What should someone do if they feel they are being discriminated against because of HIV infection (or suspected HIV infection)?

2. Are the procedures which MOE has put in place adequate to deal with discrimination?
   a. If so, why?
   b. If not, what else can individuals and schools do to prevent or deal with discrimination?

Group Two: 4.3.2 Sexual abuse and harassment

Discussion questions:
1. What should a COE student-teacher do if s/he is being sexually harassed or abused by a Tutor?

2. How would you help such a person?

3. What should a primary school pupil do if s/he is being sexually harassed or abused by a teacher?

4. Why are these issues important in terms of HIV/AIDS?

Group Three: 4.3.3 HIV testing and confidentiality

Discussion questions:
1. If a teacher is ill, can the principal or other MOE official insist that they go for VCT?

2. Can Colleges insist that applicants for admission be tested for HIV?

3. Do you think that people obey the rules about non-disclosure? (For example, if a supervisor or colleague learns another teacher is positive, do they keep this information confidential?)
4. Why is it necessary to keep the status of another person confidential?
APPENDIX A

The HIV/AIDS Epidemic in Zambia

Zambia has almost one million people estimated to be living with HIV/AIDS (920,000 as of the end of 2003). The HIV prevalence rate (the percent of people living with the disease) is twice the rate in sub-Saharan Africa overall and the epidemic continues to pose one of the most significant development challenges to this low-income country. In 2000, the Government of Zambia established a National AIDS Prevention and Control Programme (NACP) and is currently implementing its National HIV/AIDS/S生存Implementation Plan for 2002-2005.

Figure 1: Percent of Adults Estimated to be Living with HIV/AIDS, 2003

Overview
- The first case of AIDS in Zambia was reported in 1984.
- Zambia had an estimated 920,000 people living with HIV/AIDS as of the end of 2003. The HIV/AIDS prevalence rate in Zambia is 16.5%, significantly higher than the prevalence rate of the sub-Saharan African region (7.5%) and the global rate (1.1%).
- In 2003, an estimated 89,000 Zambians died of HIV/AIDS, and life expectancy at birth in Zambia has fallen below 40 years in large part due to HIV/AIDS.
- HIV is spread primarily through heterosexual sex in Zambia.

Populations and Regions Affected
- Women account for more than half (57%) of adults estimated to be living with HIV/AIDS in Zambia, and HIV prevalence rates are estimated to be significantly higher among women compared to men in Zambia.
- Young women are especially hard hit by HIV/AIDS in Zambia. Among young people ages 15-24, the estimated number of young women living with HIV/AIDS in Zambia was more than twice that of young men. The HIV prevalence rate among young women ages 14-19 is six times that of young men in the same age group.
- In 2003, 85,000 children in Zambia were estimated to be living with HIV/AIDS and there were an estimated 630,000 AIDS orphans.
- There is significant variation in the epidemic’s impact, with much higher HIV prevalence rates occurring in urban, compared to rural, areas.

Other Key Data
- Knowledge of HIV/AIDS: Studies have found that general awareness of HIV/AIDS in Zambia is relatively high. For example, among young people ages 15-24, almost three fourths (74%) young women and 73% of young men know that a healthy looking person could be infected with HIV.
- Access to Antiretroviral Therapy (ART): Access to ART is limited in Zambia, but increasing rapidly. As of June 2005, an estimated 20,000-30,000 people were receiving ART in Zambia, or 14-18% of people estimated to be in need. The Government of Zambia continues to expand access, providing ART free of charge through public clinics since October 2004. However, with 150,000 people in need of ART as of June 2005, Zambia is among the 20 countries identified by the World Health Organization (WHO) as having the highest unmet need for ART.


Figure 2: Number of People Estimated to be Living with HIV/AIDS, 2003
International Support/Major Donors

- Several donor governments provide funding and other support to address Zambia’s HIV/AIDS epidemic, including the United States, the United Kingdom, Canada, Norway, Ireland, Japan and the European Union. Zambia is one of the 15 focus countries of the United States Government’s President’s Emergency Plan for AIDS Relief (PEPFAR), a U.S. bilateral aid for Zambia was $81.7 million in FY2004; this amount is expected to increase to $130.1 million in FY2005. The U.S. also provides support for HIV/AIDS efforts around the world through its contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund).
- The Global Fund has approved two HIV/AIDS grants in Zambia.
- UNAIDS and the UN Family support a variety of HIV/AIDS activities in Zambia. The World Bank has approved $42 million in funding to support the Zambia National Response to HIV/AIDS (ZANARA) project.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Zambia</th>
<th>Sub-Saharan Africa</th>
<th>Global</th>
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<tr>
<td>Estimated number of people living with HIV/AIDS, 2003</td>
<td>920,000</td>
<td>25 million</td>
<td>37.6 million</td>
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<td>Percent of adult population estimated to be living with HIV/AIDS, 2003</td>
<td>16.5%</td>
<td>7.5%</td>
<td>1.1%</td>
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<td>Estimated number of deaths due to HIV/AIDS, 2003</td>
<td>89,000</td>
<td>2.2 million</td>
<td>2.9 million</td>
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<td>Women as percent of adults estimated to be living with HIV/AIDS, 2003</td>
<td>57%</td>
<td>57%</td>
<td>48%</td>
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<td>Percent of young women, ages 15-24, estimated to be living with HIV/AIDS, 2001</td>
<td>16.6 - 25.2%</td>
<td>8.9%</td>
<td>1.4%</td>
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<td>Percent of young men, ages 15-24, estimated to be living with HIV/AIDS, 2001</td>
<td>6.5 - 9.7%</td>
<td>4.4%</td>
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<td>Estimated number of AIDS orphans, 2003</td>
<td>630,000</td>
<td>12.1 million</td>
<td>15 million</td>
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<td>Number of people estimated to be receiving antiretroviral therapy (ART), June 2005</td>
<td>26,000 - 33,000</td>
<td>500,000</td>
<td>970,000</td>
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<td>Number of people estimated to be in need of ART, June 2005</td>
<td>153,000</td>
<td>4.7 million</td>
<td>6.5 million</td>
</tr>
</tbody>
</table>

Key Sources/Websites


References

11 Among adults aged 15-49.
14 Under age 15.
15 Ages 0-17, living in 2003.
20 World Bank Portfolio for Zambia, as of August 2005.

Prepared by Jennifer Rates and Alyssa Wilson Leggo of the Kaiser Family Foundation (KFF). Additional copies of this publication (87398) are available on the Kaiser Family Foundation’s website at www.kff.org.

The Kaiser Family Foundation is a non-profit, private operating foundation dedicated to providing information and analysis on health care issues to policymakers, the media, the health care community, and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.
Myths and Facts about Sex Education

Although many myths abound about sex education, a large majority of parents and youth agree that young people need information about both condoms and other forms of contraception and also abstinence.[1,2]

**Myth 1: Abstinence-only-until-marriage programs work.**

The Facts: Researchers have identified no abstinence-only-until-marriage program that works to reduce sexually transmitted infections (STIs) or the incidence of pregnancy.[3,4] Evaluations from 13 states indicate that abstinence-only programs have no long term impact on teens' sexual behavior.[5,6] One program (virginity pledging) delayed the initiation of sex among pledge-takers by up to 18 months, so long as not more than 30 percent of students took the pledge. However, once pledge-takers initiated sex and more than 88 percent of pledge-takers broke their pledge and had sex before marriage, pledgetakers had more partners in a shorter period of time and were less likely to use contraception or condoms than their non-pledging peers. Despite later initiation of sex, pledge-takers' rates of STIs varied little from rates among their non-pledging peers.[7,8]

**Myth 2: Sex education encourages youth to become sexually active sooner than they otherwise would have.**

The Facts: Sex education does not encourage youth to become sexually active. Analyses by leading national and international organizations—including the American Medical Association, Institute of Medicine, Joint United Nations Programme on HIV/AIDS (UNAIDS), and World Health Organization, among others—found that comprehensive sex education programs do not encourage students to begin having sex. In fact, research shows that effective sex education programs help youth to delay the initiation of sex.[3,9,10,11,12,13]

**Myth 3: Teaching students about contraception and condoms encourages sexual activity and increases the chance that teens will experience pregnancy.**

The Facts: Teaching students about contraception and condoms does not encourage sexual activity. Instead, it increases young people's use of contraception and condoms when they do begin having sex.[3,10,11,13] Research shows that youth who use condoms at first sex are more than twice as likely to use condoms at most recent sex than are youth who did not use condoms at first sex.[14] Several effective programs have both increased youth's use of contraception and condoms and also reduced youth's frequency of sex, number of sex partners, and/or incidence of unprotected sex.[13]
**Myth 4: Contraceptives fail so frequently that we should only teach teens to abstain.**

**The Facts:** Modern contraceptives are *highly effective* in preventing pregnancy. In a year of using *no method*, 85 in 100 women will experience pregnancy. By contrast, in one year of consistent and correct use of:

- Oral contraceptives (combined or mini-pills), only three in 1,000 women will experience pregnancy;[15]
- Injected contraception (such as Depo-Provera or Lunelle), only one in 1,000 women will experience pregnancy;[15]
- Implants (such as Implanon), only five in 10,000 women will experience pregnancy.[15]

The pregnancy rates for non-prescription contraceptive methods (like condoms and spermicides) are also *much* lower than the rates for using no contraceptive method: two in 100 women using male condoms or five in 100 women using female condoms consistently and correctly for a year will experience pregnancy compared to 85 in 100 using *no method.[15]*

Even inconsistent and/or occasionally incorrect use of contraceptive methods protects women far better than using no method. Eight of 100 women using oral contraceptives incorrectly or inconsistently will experience pregnancy in a year; three in 100 women using injected contraception inconsistently will experience pregnancy in a year; and 15 of 100 women using the male condom or 21 of 100 using the female condom inconsistently or incorrectly will experience pregnancy in a year compared to 85 in 100 using *no method.[15]*

**Myth 6: We shouldn't teach youth about condoms because they have high failure rates.**

**The Facts:** Laboratory studies show that latex condoms provide an essentially impermeable barrier to particles the size of HIV and other STI pathogens.[16] Studies have shown that polyurethane condoms, including the female condom, also provide effective barriers against sperm, bacteria, and viruses, such as HIV.[16] In addition, studies clearly show that condom breakage rates in this country are less than two percent; experts say that most of the breakage and slippage is likely due to incorrect use rather than to condoms' quality.[17] Finally, only two of every 100 couples who use condoms correctly and consistently will experience pregnancy within one year—two pregnancies arising from an estimated 8,300 acts of sexual intercourse among the 100 couples, for a 0.02 percent per-condom failure rate.[15]

**Myth 7: We shouldn't teach youth about condoms because they are not effective in preventing HIV.**

**The Facts:** According to the Centers for Disease Control and Prevention (CDC), a number of carefully conducted studies, employing rigorous methods and measures, have demonstrated that consistent condom use is *highly effective* in preventing HIV
transmission.[16,17] Moreover, condoms are the only technology currently available that can effectively protect people against the sexual transmission of HIV.[18]

References

Written by Sue Alford, MLS
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APPENDIX C

Wildfire Instruction Sheet

Wildfire is a participatory simulation exercise. During the exercise, the spread of infection will be simulated among the students. Students will have the opportunity to discuss their feelings and responses throughout the exercise. Participation in the Wildfire exercise is designed to create:

- A sense of urgency and personal engagement in each student that will encourage her/him to take action at the school and classroom level.
- An understanding that the epidemic affects all of us, not just others, so that the students plan their responses to the epidemic from a perspective of personal involvement.

As Wildfire is both procedurally complex and laden with sensitive personal issues, the Tutor/facilitator should review these instructions thoroughly before beginning the exercise.

Prepare for the Exercise

Select a venue with a floor space large enough to allow all students to stand in a circle. Arrange enough chairs for all students in a circle.

Be sure to reserve enough time at the end of this exercise for discussion and debriefing. It is also essential to have a break following the closure of the exercise.

The exercise works best when the Tutor/facilitator can create a warm and supportive environment. Because of the nature of the exercise, it is critical that no observers are present and that no one joins the exercise after it has begun.

There will be differences in reactions between men and women, single and married persons, those who have children and those who do not, those currently sexually active and those not, those who are in younger age groups and those who are in older age groups. Be prepared to explore these differences with the students.

The amount of information to be shared will vary with the knowledge level of the students. Since College students are generally very knowledgeable about prevention, testing, etc. more emphasis can be placed on emotional responses and attitudes. If the students choose to use this exercise in their classrooms when they are teaching young people, they may also stress the aspects of prevention and testing information.

The exercise is designed to allow students to actually experience certain situations. Do not let the discussion wander far from what each person is

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feeling, thinking, deciding, or intending to do (i.e. do not allow the discussion to shift from first person pronouns such as “I think…”, “I feel…” to third person pronouns such as “people often feel…” or “you should…”). Allowing the discussion of research findings, an outsider’s situation or technical issues will dilute the exercise’s impact and relevance. In some cases, however, it may be helpful to briefly address any misconceptions, false beliefs, wrong information or inappropriate attitudes that may emerge before dismissing the class.

Strong emotional responses may be experienced while progressing through this exercise. It is appropriate to discuss the reactions students are having but do not explore the reactions too deeply. The point of the exercise is to clarify issues and increase understanding.

Exercise questions should explore not only the students’ feelings about their own sexual behaviour, but also their feelings about the behaviour’s impact on those close to them (including children, spouses and family) and on their community and professional lives.

**Explain the Objectives**
Briefly outline the objectives of the session to the students, and in particular, explain that the exercise is designed to make trainees experience the feelings associated with HIV infection.

Remind students that confidentiality in relation to all aspects of HIV infection is extremely important. Explain that the need for confidentiality extends to this exercise and that there must be a mutual trust within the class for people to feel that they can be open in the exercise. They must respect, as confidential, any personal information which becomes known during the exercise.

**Demonstrate the Exercise: Symbolic Handshake**
Ask the students to put down anything they are holding and to stand in a circle facing inward.

Approach one student and shake the person’s hand. Tell her or him and the rest of the group that, for this exercise, a handshake is equivalent to having unprotected sex.

While still holding the student’s hand, explain that we need some mechanism to indicate personal exposure to HIV and a light scratch on the palm of the hand during the handshake will be used. **Stress that a scratch on the palm indicates that the person has had unprotected penetrative intercourse with someone who has had intercourse with an infected person.** It does not necessarily mean that the person is infected since the virus is not transmitted during every act of unprotected intercourse.

Demonstrate the hand scratch to the person with whom you are shaking hands and display it to all the other students.

Stop your handshake. Tell everyone that this was only a demonstration and that no one, at this stage, has been exposed to HIV in the exercise.
Select a Student to be HIV-Infected
Tell the group that you will shortly ask them all to close their eyes and that you will then walk around the circle at which time you will touch one person on the shoulder. For the course of the exercise, the touched person will be HIV-infected. The person whose shoulder you touch is not to tell any other group member. However, he or she will scratch the palm of every person’s hand shaken during the exercise.

Tell the class that if, during the course of the exercise, any of them is scratched on the palm, that person must then scratch the palms of other people he or she shakes hands with. Remind people that every time they shake hands they are having unprotected sexual intercourse.

Walk around the group and lightly touch someone on the shoulder.

Demonstrate Invisibility of Infection: Try to Identify Infected Person
After touching a single person, ask the trainees to open their eyes and see if they can identify the person in the group who is HIV-infected. Bring out the point that one cannot tell if a person is infected by looking at her or him.

Briefly discuss with the group how they felt as you walked around the circle. Bring out the point that even in a game, people are fearful of being HIV-infected and do not want to be touched.

Demonstrate Sexual Networking: Trainees Shake Hands with One Another
Remind students that there is one person HIV-infected at the beginning of the exercise. Explain that when the exercise begins, the person will scratch the palms of those with whom she or he shakes hands. Those students whose palms are scratched then scratch the palms of all the hands they shake after they are scratched. Stipulate the maximum number of handshakes per student:

- 10 – 15 students: Up to 3 handshakes per person
- 15 + students: Up to 4 handshakes per person

Ask everyone to participate.

Step out of the circle and ask the students to begin shaking hands with whomever they wish up to the stipulated number.

Demonstrate the Randomness of HIV Exposure
When the handshaking stops, step back into the centre of the circle. Ask all those who had their palms scratched during the exercise and the person who had her or his shoulder touched at the beginning to step into the middle of the circle. Ask the other students to return to the outer circle seats. Seat the inner circle.
Starting with the outer circle ask each group to discuss what it is like to be in its position. You may choose to use the following guiding questions to generate thoughtful discussion:

- **Outer Circle**: How was your behaviour different from that of the people in the inner circle?
- **Outer Circle**: How did you end up in the outer circle while the others are in the inner circle?
- **Outer Circle**: How do you feel about the people in the inner circle?
- **Inner Circle**: What are you thinking now that you realize that it is possible that you are infected?
- **Inner Circle**: What are you feeling now that you realize that it is possible you are infected?
- **Inner Circle**: Would you tell anyone that you may be infected? If so, who?
- **Inner Circle**: Would you tell your sexual partner or partners you might be infected?
- **Inner Circle**: What support would you need at this stage? To whom will you turn? If to no one, why not?
- **Outer Circle**: Will you continue to have unprotected sex?
- **Inner Circle**: Will you continue to have unprotected sex?
- **Outer Circle**: Would you have intercourse again with a person in the inner circle?

If necessary, remind everyone in the inner circle that they have been exposed to the virus, but it is not yet known if transmission has taken place.

**Introduce Voluntary Counseling and Testing (VCT)**

Discuss the testing procedure and briefly explain the meaning of the window period. (For up to 3 months after infection, a person may test negative to the virus. This is because there are not yet antibodies in the blood.)

Offer the test to students in the inner circle. If a student says that she or he does not want to be tested, explain that the student is possibly infected and use the following guiding questions to explore this decision:

- Do you have all the information you require to decide what you are going to do?
Are you going to ensure that no one else is put at risk from your behaviour?
What support will you need to sustain your behaviour?

After the discussion, if the student still insists that she or he will not get tested, ask the person to move to the outer ring.

Provide VCT Results
Shuffle the test result envelopes and pass them out to those in the inner circle, asking students not to open their envelopes but to hold them. Explain that this symbolizes the waiting time between taking the test and getting the results. Refer to the usual waiting period for results at the local clinic and ask the group to discuss the issues involved. You may use the following guiding questions:

- What does it feel like to be waiting for your results?
- What support would you need during this period?

Introduce Testing without Consent
Before asking those in the inner circle to open their envelopes, give envelopes to a number of the women in the outer circle telling them that they are pregnant and have been tested without their knowledge or consent. Give envelopes to a smaller number of men telling them that they were tested without their knowledge or consent while being treated for TB or a sexually transmitted infection or when they joined the military.

Explore with each of these students how she or he feels about having been tested without consent.

Demonstrate Receiving Test Results
Ask students to open their envelopes.

Ask each person his or her test result.

Ask students whose test result is negative to join the outer circle, while asking those with positive results to remain in the inner circle.

Finally, ask those in the outer circle with positive test results to enter the inner circle.

Discuss Strategies to Live with Negative Test Results
Ask each person with a negative result what impact this has had on her or him. You may choose to use the following guiding question:

- How does it feel to get a negative result?
- Are you going to change your behaviour in order to remain uninfected?
- Do you have all the information you need about safe sexual practices?
Where would you get further information?

What support will you need to sustain your safe behaviour?

Explain the window period for HIV antibody testing and the need for a follow-up test if people have had unprotected sex during the previous 3 months.

Ask those with a negative result to replace their cards in their envelopes and to pass them back to you. Then ask them to join the outer circle.

**Discuss Strategies to Live with Positive Test Results**

Encourage each student with positive results to discuss her or his reactions. You may use the following guiding questions:

- What thoughts crossed your mind when you received your result?
- What is your immediate reaction to the result?
- What support do you need?
- Will you tell people your result? If so, who will you tell?
- How do you think they will react?
- Will you tell your spouse/partner/sexual partners?
- Will you tell your children?
- Will you tell your work colleagues? Will you tell your employer?
- What support do you need for all this?
- Do you want to have children? How will this test result affect that?

Discuss the positive aspects of knowing one’s infection status, such as:

- The possibility of making lifestyle changes to remain healthy
- The possibility of planning for one’s future and that of one’s children
- The diagnosis and treatment of opportunistic infections
- Receiving ART when it becomes necessary

Clarify the difference between being infected and having an HIV-related illness. Discuss how to handle disclosing one’s infection status and the possible consequences of disclosure.

When the discussion has covered all of the concerns, ask the students with positive results to place their results in the envelopes.
Have everyone move to the outer circle.

Wrap Up the Session
Ask each student to reflect on the exercise and say a word or name a colour to express her or his feelings or thoughts.
APPENDIX D

Background Information on Basic Counseling

Definition of Counseling:
A process in which a counselor assists a client in making choices, plans, adjustments or decisions with regards to her/her situation.

Why Do We Need Counseling in HIV/AIDS?

- Because AIDS has no cure and it is terminal
- Because the modes of HIV transmission call for behaviour change
- Because the affected and infected need to be comforted, given warmth and encouragement
- So individuals can effectively understand and accept their situations
- So individuals can live positively with HIV

In the absence of a cure or a vaccine, behaviour change is critical in preventing HIV transmission. Those at risk of infection can be counseled to go for VCT, those that are positive can be counseled on how to protect their partner(s).

At the same time, the terminal nature of AIDS results in significant trauma for individuals learning their HIV status, as well as those living with HIV infection or AIDS. Counseling forms a critical component of Voluntary Counseling and Testing (VCT) procedures.

For these reasons, basic counseling represents an important strategy for preventing HIV infection in the workplace and in providing psychosocial support to those already infected and affected. Basic counseling provides the caring, understanding and warmth that reduce the trauma and rejection of family or society. It also helps clients better understand themselves and the nature of the many problems they may face.

Conditions that Facilitate Counseling
A variety of internal and external conditions facilitate effective counseling.

Internal conditions include:

- Respect: This means accepting the client as s/he is and appreciating the individual as a person.
- Empathy: This means sharing another’s feelings or putting oneself in another’s shoes. This ability is necessary to accurately understand a client’s experiences and communicate that understanding to the client.
• Attentiveness: This means paying attention to another person. It implies the use of verbal and non-verbal communication to assure the client that the counselor hears what s/he is saying.

• Honesty: This means being honest and sincere when communicating with a client.

External conditions include:

• Physical setting: The room should be comfortable and attractive with appropriate lighting and ventilation.

• Seating arrangement: Seating should be arranged so each person has a personal space in which s/he is comfortable. Factors may affect how closely people sit together including cultural background, the relationship between the two parties, client and counselor gender and conversation topic. Seating should be arranged so the counselor can observe the client easily.

• Privacy: This is very important in counseling, since clients will refuse to open up if they are afraid that they will be overheard. To maintain privacy, counselors must ensure that clients will not be seen or overheard during the counseling session.

• Confidentiality: This is a necessary ingredient in counseling and the counselor should assure clients that nothing they say will be told to others without their consent. In cases where there are limits to confidentiality, counselors should discuss legal and ethical constraints with clients early in the counseling session.

Qualities of a Good Counselor

A good counselor should be:

knowledgeable    imaginative
resourceful        objective
self-controlled    cooperative
respectful of the individual tolerant
relaxed and calm    humorous
trustworthy        sensitive to other people’s views
attentive          tactful
appreciative       self-learner
courteous          responsible
honest             warm and accepting
sincere and frank  confident