Republic of Zambia
MINISTRY OF EDUCATION

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

Tutor’s Guide

HATEC: HIV/AIDS Teacher Education Course for Primary Colleges of Education
HATEC Tutor’s Guide
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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 Tutor’s Guide is for use during the pilot phase of HATEC. The Guide is not meant to be prescriptive: it includes activities which Tutors may or may not choose to do in your class. You will see that activities in the Guide are described as “Potential Activities” to ensure that Tutors are aware that they can improve upon or replace them. Additionally, for each topic, there are usually several potential activities to choose from.

HATEC is designed to be activity based, with the Tutor acting as a facilitator. Studies have repeatedly shown that in addition to knowledge, people need skills in order to avoid HIV/AIDS infection. Most 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, we must also ensure that people have life skills for prevention and that they are in a supportive environment. These life skills include self-esteem, assertiveness, problem solving and decision making. Student-teachers need to be equipped with such skills and must be able to pass the skills on to their pupils when they go to 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.

Tutors are in a unique position to influence many student-teachers and, through them, most of the 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. Tutors can begin to change that by opening up dialogue with their student-teachers, openly discussing all the factors which put people at risk of infection and ensuring that student-teachers have the skills and confidence to take this to pupils in the classroom.
WINDOW OF HOPE

With student-teachers, view the movie Education and HIV/AIDS: Window of Hope. The movie runs about 30 minutes. After, you can discuss the following with the student-teachers:

1. Why are young people called the “Window of Hope”?

   Possible answer: Because most young people are uninfected with HIV. If they remain uninfected, the virus will not pass down to the next generation and will die out.

2. What is the role of the teacher in keeping children free of HIV infection?

   Possible answers:
   - To act as a role model
   - To discuss with them honestly and openly about HIV/AIDS transmission and prevention
   - To help them develop the skills they need to avoid infection

3. What is the role of the teacher in the community in terms of HIV/AIDS?

   Possible answers:
   - To act as a role model
   - To discuss openly with parents and others
   - To open up dialogue

HISTORY OF HIV/AIDS

Have the student-teachers write down the years below on separate small pieces of paper. They should take the dates and match them with the events listed below. Your Teacher’s Guide has the correct date in the left-hand margin, the student-teacher handbook does not. The students can work individually, in pairs or in small groups.

After they have completed, go through the events and give the correct dates.

HIV/AIDS Interactive Timeline

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

|------|------|------|------|------|------|
1982 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).

2001 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

1986 Scientists identify the virus that causes AIDS and name it HIV (Human Immunodeficiency Virus)

1994 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

1987 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

1995 The International Conference for People Living with HIV and AIDS is held for the first time in Africa

1983 Evidence that heterosexuals can contract AIDS just as easily as homosexuals surfaces

2002 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
HIV/AIDS Data and Trends

Potential activity (In class or Out of class)
Divide students into groups. Assign each group one of the 3 charts and tables below. Give them 10 minutes to discuss the data and the related questions. Have each group briefly report back to the group, opening the floor for broader discussion of the issues raised.

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

![Adults and Children Living With HIV/AIDS, 2005*](chart)


Questions for Discussion:

1. Which area of the world has the highest number of people living with AIDS?  
   Answer: Sub-Saharan Africa

2. About what percent of HIV positive people live in Sub-Saharan Africa?  
   Answer: about 65%

3. What percent of the world's population live in Sub-Saharan Africa?  
   Answer: just over 10%

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.

Questions for Discussion:

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

2. Why do you think this is?
   Answer: There is no right or wrong answer to this question, but issues such as slow government response, lack of open dialogue around sexuality and HIV and intergenerational sex should come up in the discussion. Additional factors include cultural acceptance of men having multiple partners, ...

   If students mention poverty, remind them that southern Africa is not poorer than other regions and that Botswana and South Africa are actually wealthier than many other countries.
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?
   *Answer: Through unprotected heterosexual sex*

2. Among HIV positive young people, aged 15 – 24, who is more likely to be infected, males or females?
   *Answer: Females are 2 times more likely to be infected.*

3. a. Among HIV positive young people, aged 15 – 19, who is more likely to be infected, males or females?
   *Answer: Females are 6 times more likely to be infected.*

   b. Explain what this means.
   *Answer: For every male aged 15 – 19 who is HIV positive, there are 6 females who are positive.*

4. Why do you think this is?
   *Answer: Discussion should elicit the idea of transgenerational sex: adolescent girls often have older sexual partners. These older men are more likely to be infected than adolescent boys, because they have had more sexual partners. Discuss the cultural implications of this phenomenon. Ensure that there is a clear understanding that girls are especially vulnerable to HIV infection.*

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

-UNAIDS
Values Clarification

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?
   Answer: Values are beliefs and ideas that are important to an individual.

2. Why do you think we are discussing values in an HIV/AIDS program?
   Answer: Because our values influence our behaviour as well as our ability to teach HIV/AIDS prevention to young people. As teachers we may have very strong values around abstinence, yet some of our students may be sexually active. We have to learn not to criticize or judge others who have different values.

Can you give an example of someone who expresses their values in the way they live?
   Examples such as:
   - If a student works hard in class and wants to pass her exams, it means she values education. She is working hard because she knows a good education is important for her future.
   - If a student values her health and her future, she may choose not to have sex until she is married. If she avoids having sex, even with many pressures on her, she is expressing her values.

Potential activity (In class)

Values clarification activity

- 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? 
   What was difficult about this exercise? 
   What was helpful about the activity? 
   Would this activity by 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?
Teaching HIV/AIDS Education in the Classroom

As a background for this session, the Tutor should read the material in Appendix B.

➢ Potential activity (In class)

Attitudes towards school-based HIV/AIDS Education

a. Introduce the topic by asking trainees to consider the community, Ministry of Education and national perspectives on addressing HIV/AIDS issues in primary schools.

b. Tell the students that you will read a series of statements and ask them to indicate whether they agree or disagree by raising their hands at the appropriate time. Remind them that there are no right or wrong answers, but that this is an exercise to discuss the context in which they will be working as teachers.

c. Read each of the following statements aloud and ask trainees whether they agree or disagree. For each statement, be sure to ask one or two trainees to explain why they feel the way they do.

- The Ministry of Education has a policy against talking about HIV/AIDS in primary school.
- Most parents don’t 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.

Read the following notes to the students.

- MOE has asked all teachers to address HIV/AIDS in the classroom. In fact, all teachers are expected to integrate HIV/AIDS prevention and knowledge into their teaching.
- In several surveys in southern Africa, parents have expressed their discomfort in discussing HIV/AIDS and sexuality with their children. They prefer that this be done in school, by trustworthy teachers.
- Students report that they get most of their information on HIV/AIDS and sexuality from their friends and siblings. This is dangerous, as they can often receive and pass on incorrect information and myths. In a recent survey by CHANGES2, ___ percent of students said that they would like to get more information on HIV/AIDS from their teachers.
- Many studies have shown that young people who receive comprehensive HIV/AIDS and sexuality education are LESS likely to engage in risky behaviour. They tend to begin having sex later and are more likely to use a condom when they do have sex than their peers who have not had comprehensive education.
Refer the student-teachers to Appendix A in their Handbook.

➢ Potential activity (Out of class)

Have students interview a group of pupils, parents, teachers or primary school officials at a local school to explore their perspectives on school-based HIV/AIDS education. After the interview, ask the students to report their findings back to the class.

The Role of Teachers in HIV/AIDS Education

➢ Potential activity (In class or Out of class)

Review and discussion of case studies

Divide the class into 5 groups, giving each group one case study to read and discuss. The students should imagine that they are a teacher in the scenario. They should decide what they will do. If there is disagreement in the group in how to respond, that is alright. Have them report on the different responses they came up with.

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
Potential activity (In class)

Discuss the pyramid pictured above. Questions for discussion:

1. What does the pyramid show?
   
   Answer: A primary school teacher may reach 100 pupils per year with in-depth HIV/AIDS education. If each of these pupils talks to 10 friends about what they have learned, the teacher has impacted 1,000 people in just one school year!

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?
The Basic Facts of HIV/AIDS

- Potential activity (In class)

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.

   This statement is FALSE.

ARVs help people to live longer, but they do not cure them of HIV. People with HIV will eventually die of AIDS because the virus will weaken their immune systems and make them unable to fight infections. REMEMBER THERE IS NO CURE FOR HIV/AIDS.

2. The most effective way for young people to avoid HIV/AIDS and STIs is to avoid having sex.

   This is TRUE.

In Zambia, 90% of HIV is spread through unprotected sex. (The remaining 10% is through mother-to-child transmission and through contact with blood.) Almost all young people who are infected with HIV get the virus through unprotected sex. The most effective way for young people to prevent infection is to avoid having sex.
If a young person is already having sex, they can get an HIV test. If they are negative, they can stop having sex or be sure use a condom when having sex. This means using a condom correctly every time they have sex.

3. **Teaching young people about HIV/AIDS and sexuality encourages them to have sex.**

   This is **FALSE**.

4. **The virus that causes AIDS can pass through pores in condoms.**

   This is **FALSE**.

   Although the virus that causes AIDS is extremely small, the pores in latex condoms do not allow the virus to pass through because the pores are even smaller than the virus. Latex condoms have been tested extensively and have been shown to protect users from HIV when used consistently and correctly. In a later session, you will learn how to use a condom correctly.

5. **Masturbation can cause cancer and impotence.**

   This is **FALSE**.

   Masturbation is very safe. It does not cause cancer or make a man unable to perform during sex. These are myths. Masturbation can be a very good way to deal with strong sexual desires and release sexual tension, as there is no chance of getting HIV, other STIs or an unwanted pregnancy.

d. Add up the points and declare the winning team!

**Question for discussion:**

1. Is this an exercise you can use when teaching?

**Potential activity (In class or Out of class)**

a. Divide the students into 3 groups.

   1. Group #1 develops a list of quiz questions for pupils in grades 1 – 3.
   2. Group #2 develops a list of quiz questions for pupils in grades 4 – 6.
   3. Group #3 develops a list of quiz questions for pupils in grades 7 – 9.

b. Have them briefly report back on the quiz questions that they developed for each age group.
Potential activity (In class)

Guest facilitator

Invite a health care worker to come to your class and discuss the facts and myths around HIV/AIDS. Invite someone that you know and trust so that you do not end up with someone in the classroom who is actually spreading misinformation. For example, speak to the health care worker ahead of time and make sure that s/he does not believe that the HIV virus passes through condoms. Allow pupils to ask the health worker any questions they have. Ensure that s/he is comfortable with open and honest dialogue around HIV/AIDS and sexuality. Tell the worker that you are especially interested in having her/him address common myths and misperceptions around HIV/AIDS.

Opening Up Dialogue

Questions for discussion:

1. What do you think schools are currently doing in terms of HIV/AIDS?
   Answers: may include, mentioning HIV/AIDS during assemblies, supporting anti-AIDS clubs, doing dramas, etc.

2. What do you think are the main messages that pupils receive through these activities?
   Answers: factual information about transmission and prevention, encouragement to go for VCT, stopping stigma and discrimination, etc.

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?
   Answers: may vary but should include open dialogue and teaching them skills such as avoiding peer pressure, being assertive, decision making, etc. If the students don’t mention these, you can tell them.

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.

Potential activity (In class)

Divide the students into groups and have each group develop and demonstrate how they will open up dialogue around HIV/AIDS in a classroom of grade 7 pupils. (One of the group members can pretend to be a teacher and the remainder the pupils.) Remind them that this does not mean quizzing them about factual knowledge, such as what the letters H, I and V stand for, but having an honest discussion about why young people become infected with HIV. Have each group briefly demonstrate their classroom dialogue. Discuss with the entire class what went well and what could be improved.
Potential activity (Prepare out of class, perform in class)

Have the students write a short story (one page) about a sensitive HIV/AIDS issue. They may choose to write about sexual abuse, gender violence, the pressure on boys and men to have many partners, harmful traditional practices, etc. Have the students divide into pairs, mixing male and female, and share their stories. They should read each other’s stories and have an open dialogue about the issues raised.

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.

After introducing this idea, ask students to list the Life Skills that young people need. As they list them, ask who is most in need of these skills, girls or boys.

For example, they may say that young girls need assertion more than boys, as girls are often taught to be subservient. Both boys and girls may need problem-solving skills.

**Life Skills**
- Assertiveness
- Problem-solving
- Creative thinking
- Self-esteem
- Effective communication
- Etc.

Point out that 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. How do you think we can teach young people Life Skills?
   (Probe: Do you think that by lecturing to pupils, they will learn to be more assertive or to solve problems?)
   Answer: We need to use participatory methodologies which allow pupils to practice these skills.

2. What methodologies do you think might be effective?
   Answer: role plays, dramas, debates, research, group work, games, etc.

➢ Potential activity (Out of class)

Have students work in pairs to develop lesson plans which integrate HIV/AIDS. Assign a variety of grade levels and subjects for the different pairs. Each pair of students should develop one lesson plan.

For example in a class of 40 students, you will have 20 pairs. You can ask 9 of them to develop English lessons integrating HIV/AIDS. Each pair will develop a lesson plan for a different grade, so you will end up with an integrated English lesson for grades 1 – 9. Have 9 of the remaining student pairs develop lesson plans for Social Studies. You will have 2 remaining pairs. Have them develop integrated lesson plans for grades 8 and 9, maths, looking at trends of HIV infection over time.

➢ Potential activity (In class)

Have the students present their completed lesson plan on a flipchart and post all of the flipcharts around the classroom. Conduct a “market” in which one student stands by their poster and tries to “sell” it. Other students move around the room and ask the “sellers” questions. Have the students spend about 5 minutes at each presentation, then move on. Make sure that each member of the pair gets a chance to move around and look at the work of others.

➢ Potential activity (In class)

Choose, or have the students choose, the 2 or 3 best lesson plans. The best lessons should not just cover HIV/AIDS knowledge and facts, but should address deeper issues of vulnerability. They should be highly interactive. Ask the students that have developed the chosen lesson plans to present the lesson. They should just present for about 10 minutes, so that the rest of the class gets an idea of the methodologies they are using. Have a discussion afterward about what went well and what could be improved.
Principles of HIV/AIDS Prevention

➢ Potential activity (Prepare out of class, perform in class)

Debate
Organize a debate around the topic: How to effectively address HIV/AIDS Prevention within the classroom. One side should argue that Life Skills are the most important factor, the other should argue that addressing social and cultural norms that make people vulnerable is more important.

In a discussion afterwards, it should become clear that both individual skills development and addressing the broader social factors are essential if people are to protect themselves. Students might discuss how teachers can do each of these.

➢ Potential activity (In class)

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, it’s 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, Appendix C
• Enough Wildfire envelopes for each student (half should contain positive results and have 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, Appendix B, 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.

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**Life Skills for Behaviour Change**

In order for students to practice teaching the Life Skills that have been taught, you may divide them into groups and assign each group one of the activities below. Within each group, have one of them (the “teacher”) lead the others (“the student”) in the activity.

➢ **Potential activity (In class)**

**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.
➢ Potential activity

Future’s Wheel

If needed, refer to the directions and example for the Future’s Wheel on pages 19 – 21.

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
• 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.
• 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
• Allows group participation in brainstorming session and enable learners to focus attention on the issue being discussed.
• Emphasis the complex nature of the problem with visual impact
• Identifies areas on which to focus programme resources or strategies for targeting educational programmes
• Clarifies values, develop critical thinking skills and enables learning to take place at the effective level
• Enables participants to personalise issues – making issues real to them.
FUTURE'S WHEEL MAP (AN EXAMPLE)

- 15 Year Old Girl
- Socio-economic effect
- Token out of school
- Low skills for jobs
- Despair
- Hopelessness

- Not enough income
- Falls prey
- Kayaya

- Unable to restock shop

- Shop incurs debt
- Lack of experience to run shop profitably
- Drop out school to attend to family shop

- Psychological or emotional effect
- Fear of future
- Self-pity

- Low income
- Sugar Daddy

- HIV/AIDS

- Death
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 tap 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
Adolescence as a Time of Transition

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.

Potential activity (View movie out of class, discuss in class)

Movie
Students view the movie Yellow Card.

The discussion questions can be given to the students before they watch the movie, so that they are thinking about them while watching.

Student-teachers can be assigned a writing exercise around the following questions or they can be discussed in the next class.

Questions for discussion or individual reflection and writing:

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?
Potential activity (Prepare out of class, perform in class)

Debate
Have the students debate the topic: It is good for adolescent boys and girls to be friends without having sex.

Issues that should arise: What does friendship mean? In a healthy friendship, people come to understand and respect each other. They are open and honest and support each other. If adolescents can achieve this kind of relationship, without sex being involved, we have gone a long way towards addressing negative gender attitudes.

Potential activity (In class or Out of class)

Have students read the stories below and answer the questions.

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?

Potential activity (In class or Out of class)

As a follow-on the previous activity, have all the students reflect on the following.

Questions for discussion or individual reflection and writing:

1. Describe 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.

Social and Cultural Risk Factors for HIV Infection

Potential activity (In class)

Divide the students into two groups, with males in one group and females in the other.
- Ask the women to identify which factors in Zambia make boys and men vulnerable to HIV infection.
- Ask the men 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.

Issues that should arise: men and boys are encouraged / pressured to have many sexual partners, men and boys are encouraged to be aggressive and assertive. Girls and women are expected to be submissive and passive. Traditional and cultural practices such as sexual cleansing and property grabbing should also be discussed.

Potential activity (In class)

Read out the following story. After each numbered section, stop and briefly discuss the questions given. Or, you can have one of your student teachers facilitate the activity by reading the story and leading the discussions.
Or you can give these pages to the students and have them write in the answers as homework. You decide if they should do this in male-female pairs or individually.

**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 travel’s 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 Ama and wants to keep her as a girlfriend, then he should seal his love for her by making love.

   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 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 but also prevent them from getting an STD. Joe reminds Kojo 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?
➢ Potential activities (Out of class)

1. Have students write an essay on what men can do to lesson the vulnerability of girls and women to HIV/AIDS.

2. Have students write an essay on what women can do to lesson the vulnerability of girls and women to HIV/AIDS.

3. Write a journal or diary entry that outlines strategies s/he has been able to come up with to avoid becoming infected.

4. Write out five reasons why men should be involved in HIV/AIDS programmes.

➢ Potential activity (Prepare out of class, perform in class)

Debate
Divide the class into two groups and debate the statement: “It is normal for a girl or woman to have a partner who is 5 years older than her.”

Issues which should arise: Cultural acceptability of older men / younger women relationship. Inherent power difference in this relationship. This age difference puts the girl or woman at risk, because the man is more likely to be infected with HIV than a boy closer to her age.
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 the student-teachers will not be trained counselors after finishing this module. However, they 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.

Basic Counseling

Refer student-teachers to Appendix D.

➢ Potential activity

Divide the class into 3 groups and have them discuss:

1. What is the difference between counseling and giving advice?
   (Answer: When counseling, one helps the person identify possible solutions to a problem. When giving advice, one tells the person what to do.)

2. Why does an individual need HIV/AIDS counseling?

3. What are the qualities of a good counselor?

In plenary, ask the student-teachers to present the results of their discussions.

➢ Potential activity

If there is a traditional counselor in your area who does a good job of counseling and supporting those infected by HIV/AIDS, you can invite her/him to speak to your class. Obviously, you need to be careful that the person has been trained as does not actually discourage ART or clinic-based treatment of HIV and opportunistic infections. Ideally, a well-trained and caring traditional counselor will be used the infected or affected individual to complement clinic-based care, which can often be impersonal and rushed.
➢ **Potential activity**

Small groups of student-teachers can visit different counseling centres and traditional counselors around the college. These may include hospitals, clinics, faith-based organizations and NGOs. On returning, student-teachers can report on the services offered.

➢ **Potential activity (View movie out of class, discuss in class)**

**Movie**
Students view the movie Yesterday.

The discussion questions can be given to the students before they watch the movie, so that they are thinking about them while watching.

Student-teachers can be assigned a writing exercise around the following questions or they can be discussed in the next class.

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?
Making Referrals for Counseling

➢ Potential activity

Ask for volunteers to make up and perform a role play in which a pupil comes to a student-teacher. The pupil is afraid s/he might be HIV+, the student-teachers refers the pupil to a VCT centre.

Discuss the role play using the following questions:
1. What did the student-teacher do well?
2. What did s/he not do well?
3. How can s/he improve in referring pupils to a counseling centre?

Have the same or different volunteers do the role play again, using the feedback from the discussion to improve on their skills.

Caring for the Infected

➢ Potential activity

Ask the student-teachers if any of them have had experience in caring for someone who is sick with HIV/AIDS. If so, ask them if they would be willing to write a short paper (1 - 2 pages) on this experience and share it with the group.

➢ Potential activity

Assign a small group of student-teachers to interview people who have cared for an HIV infected individual. Have them discuss and agree on interview questions and then each person should interview on caregiver. Have them present the findings of the interviews.

➢ Potential activity

Divide the class into 2 groups and ask one group to list ways they can give emotional support to a person who is ill with and HIV-related illness. Ask the other group how they can give physical support and care for someone who is seriously ill with AIDS.

After letting them discuss for a few minutes, bring them back together and then discuss as a group the information below:
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 a person has diarrhoea, vomiting and “sweats”, they may 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. Clothes used to clean the bathroom should not be used to clean the kitchen.

Supportive and Caring Skills for the Classroom

➢ Potential activity

Divide the class into small groups and have each group develop primary class rules that teach children respect, tolerance and empathy. In the discussion afterwards, suggest that in a real classroom the teacher would develop these rules with the students.

➢ Potential activity

Have the student-teachers do a role play. In this primary classroom scenario, there are students in the class who are teasing one another, some who are quiet and withdrawn and some who are just trying to learn. Have the teacher deal with the situation in a stern but unsupportive and uncaring way.

Discuss what the teacher did well and what can be improved.

Ask for a volunteer to play the teacher in a second role play. This is the same scenario, but have the teacher deal with the situation in a supportive and caring manner.

Discuss.

➢ Potential activity

Have student-teachers discuss 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

Culture of Care within Schools

➢ Potential activity

Divide the student-teachers into groups. Assign the groups the following work:

1. Prepare and briefly demonstrate a teacher group meeting to develop a school policy for reducing stigma and discrimination in the school.

2. Make a primary school action plan for improving interpersonal relations between pupils, teachers, school administration and parents.
Legal Rights

➢ Potential activity

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

If you have enough copies, divide the student-teachers into small groups.

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?

➢ Potential activity (Prepare out of class, perform in class)

Have a human rights activist or lawyer with experience in HIV/AIDS-related human rights come and talk to you class. Possible topics might include: abuse of students by teachers, disempowerment of widows, stigma and discrimination against HIV+ individuals in the workplace, etc.
Advocacy

➢ Potential activity

Have your class organize an HIV/AIDS conference at your school. Class members and other student-teachers and COE staff can be encouraged to conduct and present research projects around HIV/AIDS issues. Or they can present the latest research in treatment, care or prevention. Presentations can be given in the form of posters or orally. (Posters may allow for more interaction between the presenters and the audience.) There should be a panel, perhaps made up of student-teachers, who approve the presentations to ensure that there is no dissemination of incorrect information.

➢ Potential activity

Have student-teachers carry out a survey of the NGOs and government agencies in the area which are advocating and mobilizing for prevention and care and support. Make a poster that summarizes the most promising work of these agencies and present it at the HIV/AIDS conference.

➢ Potential activity

Have the student-teachers advocate to college administration for a Code of Conduct, if the college does not have one. This should specify acceptable behaviour of all college employees and student-teachers. For example, it should state that no one is allowed to discriminate against an HIV+ individual or someone who is suspected of being HIV+, that tutors will not have sexual relationships with student-teachers under any circumstances and that gender-based violence and harassment will not be tolerated. All employees and student-teachers should sign a copy of the Code of Conduct.
APPENDIX A

The HIV/AIDS Epidemic in Zambia

October 2005

Zambia has almost one million people estimated to be living with HIV/AIDS (920,000 as of the end of 2003).1,2 Zambia's 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.3 The Government of Zambia established a National AIDS Prevention and Control Programme in 1992.4 In 2000, the Government formed a National AIDS Council (NAC)5 and is currently implementing its National HIV/AIDS/SIDT/TB Implementation Plan for 2002–2005.5

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>14.2%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>12.2%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>11.8%</td>
</tr>
<tr>
<td>Kenya</td>
<td>10.6%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>10.5%</td>
</tr>
<tr>
<td>Malawi</td>
<td>10.4%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>12.2%</td>
</tr>
<tr>
<td>Botswana</td>
<td>8.3%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>6.7%</td>
</tr>
<tr>
<td>South Africa</td>
<td>5.4%</td>
</tr>
<tr>
<td>Kenya</td>
<td>5.6%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>5.5%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>5.1%</td>
</tr>
<tr>
<td>Botswana</td>
<td>1.7%</td>
</tr>
<tr>
<td>Seychelles*</td>
<td>0.1%</td>
</tr>
</tbody>
</table>


Overview

- The first case of AIDS in Zambia was reported in 1984.2,10
- Zambia had an estimated 920,000 people living with HIV/AIDS as of the end of 2003.1
- The HIV/AIDS prevalence rate1 in Zambia is 16.0%, significantly higher than the prevalence rate of the sub-Saharan African region (7.5%) and the global rate (1.1%).2
- 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.5,12
- HIV is spread primarily through heterosexual sex in Zambia.7,9

Populations and Regions Affected

- Women account for more than half (57%) of adults estimated to be living with HIV/AIDS in Zambia,1 and HIV prevalence rates are estimated to be significantly higher among women compared to men in Zambia.24,7
- 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.11 The HIV prevalence rate among young women ages 14-19 is six times that of young men in the same age group.2
- In 2003, 85,000 children16 in Zambia were estimated to be living with HIV/AIDS and there were an estimated 630,000 AIDS orphans.18
- There is significant variation in the epidemic's impact, with much higher HIV prevalence rates occurring in urban, compared to rural, areas.7,9

Other Key Data

- Knowledge of HIV/AIDS: Studies have found that general awareness of HIV/AIDS in Zambia is relatively high.16 For example, among young people ages 15-24, almost three fourths (74%) young women and 73% of young men knew that a healthy looking person could be infected with HIV.16
- Access to Antiretroviral Therapy (ART): Access to ART is limited in Zambia, but increasing rapidly. As of June 2005, an estimated 26,000–33,000 people were receiving ART in Zambia, 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 153,000 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.17

The Henry J. Kaiser Family Foundation: 2400 Sand Hill Road, Menlo Park, CA 94025 Phone: (650) 854-9400 Facsimile: (650) 854-4800 Website: www.kff.org Washington, DC Office: 1330 G Street, NW, Washington, DC 20005 Phone: (202) 347-5270 Facsimile: (202) 347-5274
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. 6,7 Zambia is one of the 15 focus countries of the United States Government's President's Emergency Plan for AIDS Relief (PEPFAR). 9 U.S. bilateral aid for Zambia was $81.7 million in FY2004; this amount is expected to increase to $130.1 million in FY2005. 10 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. 19
- UNAIDS and the UN Family support a variety of HIV/AIDS activities in Zambia. 21 The World Bank has approved $42 million in funding to support the Zambia National Response to HIV/AIDS (ZANARA) project. 30

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Zambia</th>
<th>Sub-Saharan Africa</th>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated number of people living with HIV/AIDS, 2003</td>
<td>920,000</td>
<td>25 million</td>
<td>37.8 million</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>Estimated number of deaths due to HIV/AIDS, 2003</td>
<td>69,000</td>
<td>2.2 million</td>
<td>2.9 million</td>
</tr>
<tr>
<td>Women as percent of adults estimated to be living with HIV/AIDS, 2003</td>
<td>57%</td>
<td>57%</td>
<td>48%</td>
</tr>
<tr>
<td>Percent of young women, ages 15-24, estimated to be living with HIV/AIDS, 2001</td>
<td>18.2 - 25.2%</td>
<td>8.9%</td>
<td>1.4%</td>
</tr>
<tr>
<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>
<td>0.8%</td>
</tr>
<tr>
<td>Estimated number of AIDS orphans, 2003</td>
<td>630,000</td>
<td>12.1 million</td>
<td>15 million</td>
</tr>
<tr>
<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>
</tr>
<tr>
<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 age 14-49.
15. Centre for International Health (Zambia), Central Board of Health (Zambia), and ORG Macro, Zambia Demographic and Health Survey 2001-2002, 2003.

Prepared by Jennifer Kates and Alyssa Wilson Leggo of the Kaiser Family Foundation (KFF). Additional copies of this publication (ID: 3698) are available on the Kaiser Family Foundation's website at www.kff.org.

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APPENDIX B

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. Moreover, condoms are the only technology currently available that can effectively protect people against the sexual transmission of HIV. 

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?
- **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?
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 you 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