

3.02

EDUCATION TO

Int. ed. **PREVENT**



AIDS

IN THE PACIFIC

**A Teaching Guide
For Secondary Schools**

WORLD HEALTH
ORGANIZATION



and

UNITED NATIONS
EDUCATIONAL, SCIENTIFIC AND CULTURAL
ORGANIZATION



Rs. 110/-

IMMUN

Library of
7, St.
ck,

Education to Prevent AIDS / STDs in the Pacific

A TEACHING GUIDE for secondary schools

*A Product of a Regional Workshop
Jointly Organized by*

WORLD HEALTH
ORGANIZATION



1989
Revised
1991

UNITED NATIONS
EDUCATIONAL, SCIENTIFIC AND CULTURAL
ORGANIZATION



The materials in this volume are the responsibility of the groups which produced them in the Regional Workshop on the Development of Instructional Materials on AIDS Education, 3-20 January 1989, and the presentation of the materials here does not represent formal WHO/GPA or Unesco endorsement.

This book is the product of the Regional Workshop on the Development of Instructional Materials on AIDS Education held in Suva, Fiji, from 3 to 20 January 1989. The workshop was a collaborative activity of the World Health Organization's Global Programme on AIDS and Unesco in school health promotion to prevent AIDS and other STD. Hence, many of the suggestions are based on the "WHO/Unesco Guide for School Health Education to Prevent AIDS and Other Sexually Transmitted Diseases".

Thirteen participants from Fiji, Western Samoa, Tonga, Marshall Islands, and Vanuatu, as well as the University of the South Pacific, took part in developing the materials with the assistance of resource persons from WHO and Unesco.

Preface

The purpose of the workshop was to develop prototype instructional materials on AIDS for possible adaptation and use in secondary schools in the Pacific-island nations. This Teaching Guide and a separate Guide for Teacher Training were produced. This Teaching Guide has two sections. The first section provides a general background, purpose, resources, and suggestions for teaching about AIDS/STD in the school setting. The second section is a compilation of lesson plans suggesting specific activities for teaching.

It is hoped that educators, curriculum developers, teacher educators and teachers will find these materials useful to initiate and expand efforts to introduce and conduct AIDS education in their schools in order to assist in the prevention of AIDS in the region. Until there is a cure or vaccine for AIDS, education is the only way.

TEACHER'S GUIDE

INTRODUCTION

PURPOSE

Programme Goals and Sub-Goals

CONTEXT

CLASSROOM ENVIRONMENT

TEACHING MATERIALS

Suggested Background Knowledge

Age Level

Focus

Values

How to Use the Materials

Language

Grouping

ADDITIONAL BACKGROUND AND RESOURCES

FOR TEACHERS

AIDS: Frequently Asked Questions

Common STD - Symptoms and Effects

AIDS Glossary

LESSON PLANS

1. Transmission	29
2. HIV Antibody Positive - What Next?	41
3. Protection	45
4. Cultural Values About Sexual Expression	55
5. Personal Values About Sexual Expression	59
6. Community Values About HIV/AIDS	61
7. Sexual Life and Social Responsibility	63
8. Values Towards Those Infected with HIV/AIDS/STD	65
9. Decision Making	73
10. How To Say 'No'	79
11. Safer Sex	85
12. Talking to Parents About STD/AIDS	93
13. Talking About STD/AIDS	95
14. Alcohol, Drugs and HIV/AIDS	97
15. Self Awareness and Self Esteem	102
16. My Friends and Me	10

Contents

TEAC - ER'S GU DE



The need to educate school students on AIDS is beyond question.

The subject of AIDS should be taught before adolescents and young adults become sexually active.

Effective education can lead to responsible behaviour to prevent the spread of AIDS in the Pacific region.



A worldwide effort can stop AIDS

INTRODUCTION

The subject of AIDS has bombarded us through the media in the past few years. Fortunately, the Pacific has so far been spared the physical, psychological and social effects that AIDS has created in other parts of the world. However, there is no cause for complacency, when we consider the nature of this worldwide epidemic and that HIV infection and AIDS are already with us here in the Pacific. AIDS is deadly, there is no cure for it, and there is no vaccine against the Human Immunodeficiency Virus (HIV) which causes AIDS. The World Health Organisation (WHO) estimates that there are now more than 700,000 cases of AIDS worldwide, and over five million persons are infected with HIV. As of 1 June 1990, the cumulative global total of 263,051 cases of AIDS was officially reported to WHO from 156 countries.

It is recognised that the prevention of AIDS cannot be left to medical personnel alone. Each of us must act responsibly. Until there is a cure or vaccine against AIDS, the only measure to prevent AIDS is through education leading to responsible behaviour. The United Nations Educational, Scientific and Cultural Organization (Unesco) and World Health Organization are very conscious of the urgent need to provide educational authorities with information and suggestions on the contribution that education of young people and their teachers can and should make to AIDS prevention. Hence, a WHO/Unesco sponsored regional workshop hosted by the Fiji Government, was organized in January 1989. The purpose of the workshop was to produce materials which in the long term, would assist in preventing the spread of HIV and in controlling AIDS in the Pacific-island countries.

But why teach AIDS in schools? Isn't AIDS only a disease of homosexuals and intravenous drug users? The answer is No! AIDS is caused by HIV, the human immunodeficiency virus, and can be transmitted through unprotected sexual contact with an infected person, through infected blood and from an infected mother to her unborn child. Persons affected could be male or female, of any ethnicity and colour, homosexual, bisexual or heterosexual, adults and children. The virus knows no geographical boundaries, and certainly the Pacific Islands are not 'immune' to this virus.

In order to encourage responsible behaviour, the subject of AIDS should be taught before adolescents and young adults become sexually active. While we do not assume that all school students are sexually active, we know that most will be in the future. What we also know is that many adolescents are already sexually active - as evidenced by the increasing incidence of teen pregnancy and STD (sexually transmitted diseases) in adolescents in the Pacific region. While the chance of becoming infected when maintaining celibacy or a mutually faithful relationship is very small, urbanization, rural-urban migration, video, films, magazines, rock music, and tourism, all of which impact all Pacific Island cultures, may influence young people's sexual behaviour. The traditional social structures for forming stable relationships and controls on sexual behaviour may no longer operate in such movements and influences.

Introduction

One of the most important characteristics of AIDS is its long incubation period - from time of first infection with HIV to the onset of symptoms of AIDS. During this time a person may not be aware he or she is infected but he or she is infectious and can transmit the virus to others. From numerous studies conducted in the U.S. we know that the incubation period ranges from 2 to at least 10 years. Hence, a person diagnosed with AIDS in his early 20's may have become infected while still in his teens. Therefore the need to educate school students about AIDS and its transmission and prevention is beyond question. The subject of AIDS is too important for students not to learn about it.

Effective AIDS education is not, however, a simple matter of giving out health information. While accurate information is essential, young people also need the opportunity to develop skills in making responsible decisions about their own sexual behaviour. AIDS education should enable each individual to clarify his values, to assume new life-styles if necessary, to raise questions about the responsibility people have toward others, and thus be able to combat the AIDS threat through responsible behaviour.

AIDS education in the school environment should also present the human, social and ethical dilemmas raised by the pandemic. For instance, such education should serve to combat discrimination against certain individuals who are presumed to be at risk or against people with AIDS or HIV carriers. (One reason for the fear, discrimination and hysteria related to AIDS may be the failure of education so far to inform people how AIDS is not spread and the failure to explore the social and ethical issues involved.)

An important factor in the successful teaching and learning of anything is the cultural acceptance of the subject and approaches employed, especially on topics related to sex. If, for example, use of words for certain body parts is prohibited in schools, even basic facts and information on prevention and spread of AIDS would be difficult to teach, much less changing sexual behaviours and changing established attitudes related to AIDS. Hence, the challenge is to develop effective and acceptable instructional materials which not only inform and educate, but also foster more humane attitudes related to the disease to prevent discrimination, stigmatizing and even ostracizing of individuals infected with HIV and people with AIDS.

Most of the countries in the region have seen a need to educate the young in schools about AIDS and have requested WHO to collaborate in the planning of their national AIDS prevention and control programmes. Unesco, being the United Nations agency with responsibility for developing education, and WHO through its Global Programme on AIDS, have officially agreed to collaborate in the worldwide effort to prevent and control the spread of AIDS. The regional workshop which produced these materials was an example of this collaboration. The major aim of the workshop was to produce prototype instructional materials on AIDS prevention and control and on social and ethical issues related to AIDS for use in schools, teacher training and youth

Introduction

programmes. Countries in the region can adapt (or adopt) the prototype instructional materials that are contained in this booklet to suit their own requirements.

It is hoped that these prototype materials will contribute toward preventing and stopping the spread of HIV and AIDS in the Pacific.

Programme Goal

To provide education which prevents the transmission of HIV and

CONTENTS

1. Sexual health care
2. Sexually education
3. Population education
4. Health education

PURPOSE

The purpose of school-based education about AIDS and STD is to prevent and control the spread of HIV and STD and to raise levels of understanding about the problems associated with HIV and STD infections. (Because HIV is sexually transmitted, and responsible sexual behaviours can prevent STD, the AIDS prevention programme encompasses other STD as well.)

The goal and sub-goals of the programme will be the same everywhere.

Programme Goal

To promote behaviour which prevents the transmission of HIV and other STD.

Learning Objectives:

Students completing the programme will:

- be able to make informed decisions about behaviours which protect them from AIDS and STD;
- understand the nature of HIV and STD and their transmission;
- understand the symptoms of HIV infection, AIDS and STD and be able to seek appropriate medical care;
- be able to value their own health and relationships free from AIDS and STD;
- be able to behave personally and socially in ways that eliminate the risk of spreading HIV and STD infection;
- reject biased information and myths relating to HIV and STD infections;
- develop positive attitudes towards those affected by HIV and STD.

CONTEXT

Education about AIDS and STD could occur within one of the following subject areas:

1. Sexual health care;
2. Sexuality education;
3. Population education;
4. Health education;

5. Family life education;
6. Personal development/living skills;
7. Biology/general science;
8. Social Sciences;
9. Civics/political science/current affairs/cultural affairs;
10. Religious/philosophical education.

It could also occur in any other appropriate subject area or be integrated across a number of subject areas and school levels.

CLASSROOM ENVIRONMENT

Preventive education about AIDS and STDs will be more effective in an environment which is congruent with the goals of the programme and where relationships between teachers and students are positive.

An environment based on respect and trust in which teachers and students alike can share opinions and feelings will facilitate growth in knowledge and skills and the exploration of values.

The physical environment in which teaching occurs can promote positive outcomes from the programmes. A physical environment which promotes interaction is important for the use of participatory teaching methods. For example, a room arranged with the chairs in a circle will encourage people to talk to each other because they can easily see each other's faces.

The establishment of a good classroom atmosphere is largely the responsibility of individual educators, and the school principal. A well-trained teacher will be able to analyze in advance whether an environment is conducive to achieving the goals of the programme and to create that environment if it is lacking.

TEACHING MATERIALS

These are prototype materials and are not intended to be a complete programme. It is hoped that each country will use and adapt the materials and add other instructional materials to meet its particular needs.

Suggested Background Knowledge

Specific teaching about AIDS and STD will be most effective when each student has a basic understanding of

- infectious diseases
- human anatomy/physiology
- human sexual behaviour

Introduction

For example, background knowledge required :

1. Reproductive system :

Organs

Male :

Testes
Prostate gland
Penis

Female :

Ovaries
Oviducts (Fallopian tubes)
Uterus
Vagina
Vulva

Functions

Production of sperm cells

Production of seminal fluids

Semen ejaculation

Production of mature ova (egg cells)

Accommodation of embryo/foetus during pregnancy

Expulsion of foetus at birth

Production of vaginal fluid

2. Body changes during puberty :

Physical -

reproductive organs begin to function
e.g., menstruation, 'wet dreams'
hormonal changes
masturbation

Emotional -

'ups and downs'
interest in opposite sex
interest in sex

Social -

peer influence
'generation gap'

3. Defence/Immune System

-

skin

-

blood - white blood cells
- antibodies

-

vaccine and vaccination

4. Infectious Diseases - "Germs"

bacteria

virus

fungi

Transmission

- airborne
- water borne
- sharing contaminated items
- human contact

Age Level

These materials have been aimed at a Form 4/10th Grade secondary level. They can be adapted either up or down, as each educational system decides on the most appropriate time and place to teach about AIDS and STD.

Research and literature regarding education about drugs, sexuality and population issues indicate that education prior to the onset of risk behaviours is most appropriate.

Focus

These materials teach about AIDS and STD within the context of sexuality and usually refer to AIDS itself as a sexually transmitted disease. Those who prepared these prototype materials felt that the most likely method for transmission of HIV in the Pacific was sexual, rather than IV drug use, as in some other parts of the world. There is enough information about the risk factors for people who are infected with HIV in the Pacific that definitely supports this feeling. Therefore, the teaching strategies include information about AIDS, and then focus on the development of skills in the areas of sexuality and relationships, as they relate to preventing the transmission of HIV and STD. For example, the activity How to Say "No" helps students to resist pressure from fellow students to engage in sexual activity.

Values

These materials are not intended to promote sexual activity among young people, but rather to promote responsible decision-making and behaviour, especially the decision to postpone sexual relations until adulthood.

How To Use The Materials

The teaching materials consist of a series of topics, presented as lesson plans for teachers. Student worksheets are attached where necessary. Some of the lessons also include optional activities. The sample posters included should be enlarged and adapted for actual classroom use, or possibly made into transparencies.

Introduction

Language

In some activities teachers may choose to use local language suggested that if certain words in the local language are objectionable, scientific words should be used.

Grouping

These activities can be conducted in either mixed or single sex groups. Each educational system or school must decide what is most appropriate. It is important to consider, however, that in a number of the activities, if only a single sex group is present, the range of opinions and values expressed could be limited.

Additional Background And Resources For Teachers

Teachers will need to familiarize themselves with the information provided here about AIDS and other STD. It is important to acknowledge to students, however, that our basic knowledge about the methods of HIV transmission remain unchanged. Teachers should refer to health and medical authorities if they are unable to answer students' questions. The additional notes and resources provided here are the following:

AIDS: Frequently Asked Questions
Common STDs - Symptoms and Effects
AIDS Glossary

In addition, a booklet, **Understanding AIDS**, is found in the pocket on the back cover to use in an optional activity in Lesson 12. Other teaching notes and resources are suggested as part of the relevant lesson plans.

AIDS : FREQUENTLY ASKED QUESTIONS

GENERAL QUESTIONS

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. Clinical AIDS is a medical condition in which the body's immune system - its natural defence against disease and infection - is seriously weakened. The person becomes vulnerable to diseases - opportunistic infections - the body would fight off if the immune system were functioning normally. The most common of these infections are PCP (Pneumocystis Carinii Pneumonia) and a form of cancer called Kaposi's Sarcoma.

Clinical AIDS requires medical diagnosis and usually requires periodic hospitalization.

AIDS is caused by a virus, the Human Immunodeficiency Virus (HIV).

What is HIV?

HIV or the Human Immunodeficiency Virus is a retrovirus which infects the white blood cell, the T4 helper cell which normally fights off infection to the human body.

What is the spectrum of HIV Infection and illness?

AIDS diagnosis - Those people suffering from fully developed AIDS symptoms. The immune system is impaired and the person has one or more specified opportunistic infections.

HIV symptomatic - Those people who are HIV and antibody positive and who have developed a mild form of the disease with symptoms such as unexplained weight loss, enlarged glands, night sweats which persist for 3 months or more, and neurologic symptoms which are manifested as memory loss and other impairments.

HIV asymptomatic - Those people who show evidence of HIV infection only through laboratory testing, i.e. those people whose blood tests "positive" for antibodies of HIV and are well.

NOTE:

In all cases a person must be assumed to be infectious - capable of passing virus on - from the moment of infection.
It is important to distinguish between infection with HIV (formerly known as AIDS virus) and clinical AIDS.

What percentage of infected but well people will progress to sickness and/or AIDS?

Current United States experience suggests that up to 50% of well person diagnosed as carrying the virus will progress to clinical AIDS. These estimate may well increase as time passes. Progression from one stage of infection to another is not automatic. An additional 30% of those infected may move from asymptomatic infection to symptomatic infection over a short period of time whilst others may take months to years. There are some people who remain in the asymptomatic stage of infection for years. It is not yet known whether these people will necessarily progress to symptomatic infection.

What is the "window" period?

The window period is the time, usually up to three months, that the body takes to produce measurable quantities of antibodies after infection by HIV. It is the time the serum (blood) seroconverts, i.e. changes from being "negative" for HIV antibodies to being "positive" for HIV antibodies. Presence of antibodies in the blood indicates that at some point in the past the person has been exposed to HIV. In most persons who are antibody positive, it is possible to isolate HIV with other laboratory tests.

What is the incubation period of the virus?

Incubation is the period of time between infection and the onset of symptoms or signs of the infection. In the case of HIV/AIDS, the incubation period varies from person to person. It may be the short period between infection and the development of the acute (flu-like) illness; or, it may be the long dormant period (of up to a number of years) between infection and the onset of AIDS-related illnesses such as pneumocystis carinii pneumonia. It is not yet known whether all persons infected with HIV will eventually develop signs and symptoms of HIV infection.

What type of virus is HIV, the AIDS virus?

HIV is a retrovirus. HIV contains an enzyme, called reverse transcriptase, which allows it to integrate with the genetic material (DNA) of the cell it invades. This means that every time the cell replicates, HIV also replicates and will be found in the daughter cells. For this reason infection with HIV is believed to be lifelong.

Which cells does HIV infect?

A type of white blood cell called a T4+ lymphocyte is infected by HIV.

The white blood cells known as lymphocytes form a major part of the human immune system. There are two main types of lymphocytes: B and T lymphocytes. B lymphocytes respond to invasion by bacteria and some viruses by producing antibodies (proteins that bind to organisms and aid in their destruction). T lymphocytes are responsible for immunity to organisms that live inside cells (viruses, fungi) and for killing cancer cells. T lymphocytes in turn comprise two major populations. The T8+ cells (or T-suppressor cells) are responsible for switching off an immune reaction before it goes too far.

Chronic infection with HIV leads to a decrease in the number and function of T4+ cells. As the number of these cells decreases, infected people develop a wide range of infections that would normally be controlled by these cells. When the level of these cells reaches a critically low level the person becomes susceptible to life threatening opportunistic infections and cancers. It is the development of these that is diagnostic of clinical AIDS.

What is the HIV antibody test?

This is a blood test to determine whether there are antibodies to HIV in the blood. More than one test may be used. All blood submitted for antibody testing is screened by a test called an ELISA test.

Blood which tests positive on this screening test is then submitted to confirmatory testing (including a repeat ELISA and then the Western Blot) to give a definite result. There is a very high correlation between a negative (Ab-) or positive (Ab+) result with absence or presence of HIV in the body. A test called an antigen test, for detecting fragments of the virus itself is expensive and is not at present widely available.

When should counselling and testing be done?

Antibodies to HIV (which is what the test looks for) usually form in the body between 2-4 weeks, after exposure to the virus. If someone is worried about possible infection, he/she can be counselled and tested immediately but should be retested later because a definitive presence of HIV antibodies may not yet be detected. However a patient tested at this stage can be counselled about his or her risks and informed about the necessary preventive precautions/behaviours to follow. Occasionally, measurable quantities of antibodies take longer to form, and retesting at 3 months after possible infection is advisable.

Where can you get HIV counselling and a blood test?

This can be done by your local doctor, by an STD (Sexually Transmitted Diseases) Clinic at a leading hospital or at a specialist clinic, health centre or hospital laboratory designated by the Ministry of Health. All counselling and tests are free and confidential. Trained counsellors should be available for pre-and post-test counselling.

What are the symptoms of AIDS?

This question must be approached with caution because broad, general symptoms of what may be AIDS could be symptoms of other, minor conditions. Moreover, symptoms do not automatically appear. It is possible to go straight from a dormant infection with no symptoms to becoming seriously ill.

AIDS does not have specific symptoms such as a cold, measles or mumps. AIDS is a general bodily syndrome (immune depression). Symptoms must be persistent and unexplained by any other reason.

A doctor should be consulted if any change in a person's condition is causing concern. Anxiety is promoted by looking for symptoms each morning, so this is neither sensible nor desirable. As mentioned above, symptoms may not appear even if a person is infected and anxiety itself depresses the immune system.

Broad, general symptoms which may be associated with infection by HIV include persistent and unexplained:

- swollen lymph glands in the neck, armpits or groin
- rapid weight loss (at least 10% of the body weight)
- diarrhoea, fevers, chills, drenching night sweats, dry coughing

In some cases, a severe temporary illness (perhaps like 'flu or glandular fever) may affect an individual one or two weeks after infection and at this stage may not persist.

How do you catch AIDS?

You don't catch AIDS, you catch the virus, HIV, which can cause AIDS. So the proper question is - How do you become infected with HIV?

Any practice which allows the transfer of infected blood, semen or vaginal fluids from an infected person into the bloodstream of another person can cause infection. Breaks in the skin may be caused by such injuries as cuts, abrasions, a burst blood vessel, sores and ulcers.

HIV is transmitted in three major ways:

- i) intravenously, sharing a needle or syringe which contains blood from an infected person. This is the most effective mode of transmission since infected blood goes straight into the vein.
- ii) when blood, semen and vaginal fluid from an infected person pass through openings or tear in the vagina or rectum and get into the bloodstream of the sexual partner.
- iii) an infected mother can pass the virus to her unborn baby either in the uterus, or during childbirth.

Transfer of infected fluids inside the body (by injection or sexual intercourse) is the crucial mode. Once outside the body, HIV is fragile and under normal conditions, dies quickly.

What is 'safer sex'?

Safer sex is any sexual practice which reduces the risk of infected blood, semen or vaginal secretions passing into the bloodstream of another person during sexual activity, e.g. the use of condom.

What is 'safe sex'?

Safe sex refers to practices or behaviours which ensure that no risk of infection exists.

People who do not engage in sexual intercourse before they are married and who are faithful to their partner after marriage (provided their partner has behaved similarly) are not at risk of contracting HIV by sexual means. A person who does not engage in sexual activity and does not share intravenous needles/syringes has virtually no chance of contracting HIV.

Can you get infected by breast milk?

There are many reported cases of placental and perinatal transmission. There are three documented accounts of post-natal transmission, probably via breast milk. The World Health Organization's recommendation is that breastfeeding by the biological mother should continue to be the feeding method of choice, irrespective of her HIV infection status. This general recommendation is aimed primarily at women in developing countries. In affluent Western countries, where bottle feeding options are more satisfactory, an HIV-infected mother would be counselled about breast versus bottle feeding options.

Can you get infected from menstrual blood?

Menstrual blood from HIV infected people contains the virus. The level of infectivity of the material depends upon the flow and freshness of the menstrual blood.

Can you get infected by intimate kissing?

No, not if saliva only is transferred. Saliva - like other body fluids such as sweat and tears - has been shown to carry HIV but not in sufficient concentration for infection to take place. Current research indicates HIV may be inactivated by saliva. However, if blood is present and there are cuts or breaks in the skin of the mouth, penis or vagina, then there is a possibility of infection.

Can you get infected by household contact such as kissing or hugging, coughing, or sneezing, or by sharing toilet seats, glasses, cutlery, towels, books or other implements?

No. You cannot be infected by general environmental contact. It would be unwise, however, to share razor blades or toothbrushes as fresh blood might be present and able to pass through cuts or breaks in your skin. To date, this is only a theoretical concern as no cases have been reported to occur in this manner.

Can you get infected in swimming pools, spas, hot saunas?

No. Bleach, chlorine and salt water will destroy the virus.

Can you get infected at the dentist's or by ear-piercing, electrolysis, acupuncture or tattooing?

This is extremely unlikely. Dentists should follow strict health control guidelines. Those who puncture the skin (acupuncture, tattooing, ear-piercing, piercing nasal septum, scarification) should sterilize their instruments between use, wash thoroughly with a mixture of water and bleach or any other common disinfectant or boil in water for twenty minutes). You should assure yourself that these guidelines are practised. Many such practitioners now use disposable needles, a new one for each client.

Can you get infected by pricking yourself on a hypodermic needle - say by standing on it or otherwise piercing the skin?

This is extremely unlikely, and even more so if the needle has been exposed to the air for any length of time. Health workers who deal directly with infected patients have a very high safety record. Only an injection of blood directly into a vein from a used needle or syringe is considered dangerous.

If blood which may be infected is spilt, how can the area be disinfected?

Ordinary household bleach will quickly kill the virus.

Can you get infected by blood transfusion or by blood products?

Since 1 May 1985, all countries in the developed world and most developing countries test all donated blood and blood products for HIV antibodies to ensure a safe supply of blood for transfusion purposes. Donors should be informed about the risks for HIV and are usually required to sign a declaration that they are not at risk of infection. Between 1980 and 1 May 1985, there was a risk of infection and this is why governments have commenced campaigns to encourage counselling for people who received blood transfusions between 1980 and 1985.

Can other sexually transmitted diseases make you more susceptible to AIDS?

HIV/AIDS needs to be considered primarily as a sexually transmissible disease. The behaviours that place a person at risk of other STD also place him/her at risk of HIV infection.

There is some evidence that the presence of genital ulcers (e.g. as with herpes) can create an entry point for HIV into the bloodstream. This appears to be a more relevant concern where levels of hygiene are low and where the prevalence of other STD is high.

Are some racial groups less susceptible to HIV infection and/or AIDS?

From all scientific evidence, it does not appear that certain racial groups are less susceptible. Therefore, it must be assumed that everyone is at equal risk.

How do babies get HIV infection?

If their mothers are infected, babies may become infected during pregnancy or at birth. There is some evidence that the virus may be transmissible in breast milk. Children are not at risk in play or in the usual home or playground activities.

What is the prostitute's role in the spread of HIV?

Prostitutes (male and female) are at risk because of their many possible sexual contacts. This is particularly true if the level of virus infection is significantly high among sexually active persons to begin with. The likelihood of infection increases markedly if the prostitute is a drug user who shares needles.

How can you limit the chance of infection?

By avoiding the transfer of infected blood, semen or vaginal secretions. Apart from abstinence, safe sex and safer sex are the most effective methods of protection we have. It is strongly recommended that condoms be used with every sexual contact and especially when the sexual history of your partner is unknown to you. Ejaculation of semen into the mouth should be avoided in case there are cuts or sores in the mouth through which infected semen may pass.

What is the history of HIV and AIDS?

Several hypotheses have been proposed but to date it is not known where the virus originated.

ANTIBODY POSITIVE QUESTIONS

What does a positive result to the antibody test mean?

To be HIV antibody positive (Ab+) means that a person's blood has produced antibodies to HIV and that it must be assumed the person is carrying the virus. He/she must be considered infectious (i.e. capable of passing the virus on to others) from the moment of infection. Semen, blood and vaginal secretions are the body fluids capable of carrying the virus and infecting others.

Any possibility of these fluids getting into the bloodstream of another must be avoided. Safer sex, especially the use of condoms and no sharing of intravenous needles or syringes, are essential for the protection of self and others.

Can Ab+ people have sex?

Yes. Sex includes a wide variety of very safe intimate activities that are pleasurable and stimulating for both people, such as caressing, mutual masturbation, massage, etc. However, to ensure that seropositive individuals do not reinfect themselves and do not infect others, they should practice safe sex. Practicing safe sex means not allowing blood, semen or vaginal fluid, even the smallest amounts, to enter another person's body. This means that even if an infected person always uses a condom properly during vaginal, anal or oral intercourse, he/she is still putting him/herself and his/her partner at some risk since condoms may not provide full protection against the possible sharing of the infected body fluids. Although there is very little evidence of HIV transmission from oral sex, if a person has a cut in the mouth or open sore, it is possible for infected semen that is ejaculated into the mouth to get into the blood stream. Therefore, condoms or some other barrier technique is always recommended to ensure safe sex.

Should Ab+ people have sex with other Ab+ people without precautions?

No. Reinfection is likely to weaken the immune system further. Since HIV can mutate, the infected person might pick up another, perhaps more damaging strain.

Can someone be infected by an Ab+ person?

Yes, but by specific means only, such as unprotected sexual intercourse (without a condom) or sharing needles with them. A person cannot become infected by casual, social contact.

Is transmission of HIV by Ab+ people automatic?

No. There are some recorded cases of one partner remaining uninfected despite regular sexual contact. However, in other cases, transmission of virus has been known to occur with only one exposure to the virus. The risk of transmission is extremely high without strict safeguards and avoidance of the possibility of transferring infected blood, semen or vaginal secretions.

Can you tell when people are Ab+?

No - not by looking at them. Many Ab+ people look and feel perfectly well and may not even know they are infected themselves.

Will Ab+ People die ?

Ab+ status may not be a death sentence. However, current figures indicate that up to 50% of Ab+ people will go on to develop clinical AIDS, which is the life threatening condition.

Are Ab+ people a danger in the workplace?

No. The virus is transmitted by sexual contact or sharing needles and syringes. If blood is spilled in an accident it should be wiped clean with bleach using normal workplace hygiene practices. Anyone with cuts or breaks in the skin should avoid direct contact with blood.

Can an Ab+ person donate blood, semen or organs safely?

No. The blood, semen and organs of Ab+ people are considered infectious to others.

Will a person be Ab+ for life?

Yes. It must be assumed so. The antibodies themselves, of course, are not harmful. They are produced by the body and indicate the presence of the virus. Once Ab+, a person is considered infectious for life.

Can you develop immunity to the virus?

At this stage, no one has, as far as is known.

What can Ab+ people do to look after their health?

They can avoid contact with infectious illnesses, especially viral illnesses. Apart from avoiding further infection, regular medical check-ups, relaxation or meditation, a balanced diet, rest, exercise and avoidance of drug use (including 'social' drugs such as alcohol and cigarettes) are recommended. Ab+ people may also be eligible for participation in drug trials where such drugs are available.

Do I report Ab+ people?

No. In some countries HIV Ab+ status is reportable like other infectious diseases. In other countries it is not.

ANTIBODY NEGATIVE QUESTIONS

What does a negative result to the antibody test mean?

To be antibody negative (Ab-) means that your blood has not produced measurable quantities of antibodies to HIV. There is no evidence that you have been infected with the virus. If your blood test has been done at least three months after the possible infection, and if you have had no possible risk of further infection within the three months, you can feel confident about the result. However, very occasionally, people test negative even though they have been infected with the virus. This is rare and shouldn't cause unnecessary worry.

How can I stay Ab-?

By avoiding the risk of infection. This can be done by avoiding the transmission of blood, semen or vaginal secretions to or from any person whose sexual history is unknown to you, or who may be in contact with someone at high risk of HIV infection. Abstinence and safe sex practices both provide means of avoiding the risk of infection, while safer sex practices reduce the risk of infection.

SY

COMMON STDs *- SYMPTOMS AND EFFECTS

TYPE OF STD.	FIRST SYMPTOMS.	WORST EFFECT
NON-SPECIFIC GENITAL INFECTION (N.G.U AND CHLAMYDIA)	DRIP FROM PENIS. MALE: TINGLING SENSATION WHEN URINATING. MAYBE NO SYMPTOMS. USUALLY NO SIGNS AT ALL. FEMALE: SOMETIMES DISCHARGE, PELVIC PAINS, PELVIC PAINS OR ABNORMAL BLEEDING.	INFERTILITY
GONORRHOEA	DISCHARGES, BURNING URINATION. MALE: (MAYBE NO INITIAL SYMPTOMS.) USUALLY NO SIGNS AT ALL FEMALE: SOMETIMES DISCHARGE, PELVIC PAIN ABNORMAL BLEEDING	INFERTILITY
GENITAL HERPES	MALE: BLISTERS, PAINFUL SORES, PAINFUL GLANDS IN GROIN. FEMALE: AS FOR MALES. PAINFUL URINATION.	REPEATED OCCURRENCES
SYPHILIS	HARD-EDGED ULCERS IN GENITAL AREA. NON ITCHY RASH ON LIMBS. OFTEN NO SYMPTOMS.	DISFIGUREMENT, INSANITY, DEATH.
HEPATITIS B	INITIALLY FEEL 'OFF COLOUR', JAUNDICE. VOMITING AND NAUSEA. OFTEN NO SYMPTOMS.	PERMANENT LIVER DAMAGE DEATH
H.I.V.# INFECTION	NIGHT SWEATS, WEIGHT-LOSS, FATIGUE, DIARRHOEA SWELLINGS IN LYMPH GLANDS. OFTEN NO SYMPTOMS.	WEAKENING OF IMMUNE SYSTEM RESULTING IN OPPORTUNISTIC INFECTIONS - AIDS, DEATH

*STD - Sexually transmissible disease

.I.U.

AIDS GLOSSARY

AIDS	An acronym from the abbreviation A.I.D.S. A shortening of the full term - Acquired Immune Deficiency Syndrome. (See Categories). A group of symptoms and signs caused by the Human Immunodeficiency Virus (HIV).
AIDS TEST	There is no test for AIDS. However this is a test for HIV antibody. A laboratory test done on a small sample of a person's blood to detect the presence or absence of HIV antibodies. These antibodies indicate whether an individual has been exposed to the virus. Now in place in all Australian blood banks to screen donated blood.
ANAL INTERCOURSE	The sexual activity which involves the penis being inserted into the anus/back passage.
ANTIBODIES	Substances produced by white blood cells in response to antigens. They fight off bacteria, viruses and other organisms which attack our bodies and cause disease. In the case of HIV, antibodies produced by the body are not effective in neutralizing the virus. These antibodies serve as markers for the presence of, or exposure to HIV.
ANTIBODY POSITIVE	Means a person has been exposed to HIV (see Transmission) and that their immune system has developed antibodies to it. An HIV antibody test will give a positive result for the presence of HIV antibodies. The person may look and feel perfectly well but is potentially infectious and can pass the virus on to others.
ANTIGEN	Invading micro-organisms (such as harmful bacteria, fungi, viruses, parasites or other foreign matter) possess specific, unique characteristics which are "recognized" by the immune system as alien substances in the body. This ability to "recognize" substances which are strange to the structure of the body triggers a defensive reaction against the "foreign bodies".
ANUS	The external opening of the bowel.
ARC	AIDS-Related Complex/Condition. A term for the possible combination of conditions experienced by people with symptomatic HIV infection. This term is no longer used in AIDS literature but you may still come across it from time to time. (See Classifications)

AIDS Glossary

AZT

An abbreviation for the drug azidothymidine, more recently called zidovudine.

B-CELL

A lymphocyte which matures in the bone marrow, and produces antibodies to pathogens.

BACTERIA

Often called germs, these are single-cell organisms, visible only under a microscope. They can usually be treated with antibiotics.

BISEXUAL

People who engage in sexual activities with people of both sexes.

CARRIER

A person who appears well but is capable of transmitting an infection to another person. Carriers have no outward signs or symptoms of the virus they are carrying but are infectious.

CLASSIFICATIONS

From 1988 there is a new classification system for HIV related illness. Manifestations of HIV infection are classified into 4 mutually exclusive groups:

GROUP I: Acute infection (short-lived flu symptoms soon after contact with the virus) before test results show the person to be antibody positive.

GROUP II: Asymptomatic infection (no symptoms), test results show the person to be antibody positive.

GROUP III: Persistent generalized lymphadenopathy (swollen glands).

GROUP IV: Other diseases e.g. constitutional and neurological diseases, secondary infections and cancers.

CELIBACY

Abstention from sexual activity.

CERVIC

The narrow lower section of the uterus, half of which projects into the upper third of the vagina. The cervical canal connects the uterine cavity with the vagina, allowing passage of sperm into the uterus. The opening to the cervical canal is called the cervical os.

CHASTITY

Most commonly refers to abstention from sexual activity before marriage. May refer to abstinence from all sexual intercourse (virginity or celibacy).

AIDS Glossary

COITUS	Sexual intercourse, making love, having sex, copulation.
CONDOM (Rubber)	A latex contraceptive shaped like a deflated balloon. It is unrolled onto the erect penis to form a barrier. The tip of the condom catches the semen. It is a reliable contraceptive when used properly and protects against sexually transmissible diseases. Also known as french letters, sheaths or rubbers, they can be bought at most chemists and many other places including supermarkets.
CONTACT TRACING	Finding and talking to the partners of people who have been diagnosed as having a sexually transmissible disease. Since many STD have no symptoms, contacts may be unaware of an infection but may need treatment. They may agree to testing to see if they also have an infection.
COPULATION	Coitus, sexual intercourse, making love, having sex.
DNA	Deoxyribonucleic acid, the nucleoprotein of chromosomes; genetic material.
EJACULATION	The discharge of semen from the penis when the male experiences orgasm or climax resulting from sexual stimulation and excitement.
EPIDEMIOLOGY	The study of how disease is distributed in population groups and of the factors which influence its distribution.
ERECTION	The lengthening and hardening of the penis as a consequence of stimulation and sexual excitement.
FIDELITY	Refers to being faithful to one's chosen or given sexual partner(s) and having sexual intercourse only with that/those partner(s).
HAEMOPHILIA	An inherited condition which mainly affects men. The condition involves a reduced capacity for the blood to clot due to a deficiency of Factor VIII. Consequently an otherwise minor accident can be dangerous because the person continues to bleed. Most bleeding occurs internally.

HEPATITIS

There are several types of hepatitis virus which cause disease in humans. Infection with any hepatitis virus can result in mild illness that is often undetectable. However more severe forms of illness, even death, may result in some cases. Chronic infection with hepatitis virus also exposes the individual to a higher risk of developing liver cancer.

The three main types of hepatitis virus are transmitted differently:

- Type A through the faecal-oral route.
- Type B through sexual intercourse by the introduction of infected seminal fluids, blood and blood products and sharing of needles and syringes.
- Non A Non B, and Type B, through infected blood and blood products.

HERPES

There are two major types of herpes simplex virus (Types I and II) in humans. Some herpes viruses cause cold sores and some cause genital herpes. Genital herpes is a common opportunistic infection in people with AIDS.

HETEROSEXUAL

Persons who are attracted to members of the opposite sex and, if they have sex, do so exclusively with an opposite-sex partner.

HIV

Human Immunodeficiency Virus. The virus which causes AIDS and renders the human immune system deficient and unable to resist opportunistic infections. Sometimes in this manual the words AIDS virus are used to mean HIV. HIV is more scientifically correct.

HOMOSEXUAL

People who are sexually attracted towards members of their own sex and, if they have sex, do so with a partner of the same sex.

IMMUNE DEFICIENCY

When a person's immune system cannot satisfactorily protect the body, resulting in an increased susceptibility to various infections.

IMMUNE SUPPRESSION

Occurs when the ability of an individual to resist or overcome infection has been severely reduced due to drug treatment, diseases or frequent infections.

AIDS Glossary

IMMUNE SYSTEM

The body's defence system against attack by bacteria, viruses, harmful food substances and some proteins. It consists of cells which, among other things, produce circulating substances called antibodies. Antibodies can recognize materials or agents as foreign and then attempt to neutralize or eliminate them without injury to the host's tissues.

INCIDENCE

The number of new cases in a survey population reported over a specified period of time.

INFECTIOUS

A person is infectious when they have been infected with a pathogen, like HIV, and are capable of transmitting that pathogen to another person. In all categories of HIV infection a person is considered infectious for life.

INCUBATION PERIOD

The time between infection with a disease-causing organism and the onset of the visible signs and symptoms of the disease.

IV NEEDLES

Intravenous needles. Needles used to inject drugs directly into the bloodstream. They are inserted into veins.

KAPOSI'S SARCOMA

A rare cancer -- a tumor of the walls of blood vessels. It also affects the lining of internal organs. It appears as pink to purple painless spots usually on the skin but also on internal organs. It is one of the opportunistic diseases to which people with AIDS are prone.

KS

See Kaposi's Sarcoma.

LYMPH GLANDS

These are small nodes which usually contain large numbers of white blood cells. Agents of infection may be gathered around these areas so they become battle grounds. Infections can therefore cause swelling of these glands.

LYMPHOCYTES

A class of white blood cells responsible for regulation of the immune system. Divided into B-cells (which produce antibodies) and T-Cells (which stimulate cells that directly fight the invaders and stimulate the B-cells to produce specialised antibodies to join the battle against "foreign bodies").

AIDS Glossary

MASTURBATION	Sexual gratification by the stimulation of one's genitals. Mutual masturbation involves stimulating another person's genitals.
MONOGAMOUS RELATIONSHIP	Where the two people in that relationship confine the sexual activity to that relationship exclusively.
OPPORTUNISTIC INFECTIONS	Organisms which cause infection in individuals with an impaired immune system (See PCP).
ORAL SEX	A sexual activity which involves the mouth making contact with another person's genitals or anus. The contact may include kissing, sucking or licking.
PARASITE	An organism that lives in/on and solely from another. Lice, mites and fungi are all parasites which may live in, on and from humans and in doing so sometimes cause disease.
PATHOGEN	A living micro-organism or virus capable of producing a disease.
PENIS	The male external organ of urination and copulation.
PNEUMOCYSTIS CARINII PNEUMONIA (PCP)	One of the opportunistic infections seen in immune-suppressed people. It is caused by a very common, air-borne organism which is normally destroyed by healthy immune systems. It is the most common opportunistic infection seen in people with AIDS in Australia.
PREGNANCY	In relation to AIDS, pregnancy is considered unwise for a woman who is HIV antibody positive. Pregnancy may hasten development of the disease. The baby of a HIV antibody positive mother can be infected with HIV in the womb, or during birth.
PREVALENCE	A measure of how common or widespread a disease is in the community or population group.
PREVENTIVE MEASURES	Measures aimed at stopping the spread of HIV from person to person. As an AIDS vaccine is not yet available the only preventive measure is social/educational action. Such action is aimed both at helping people understand and adopt ways of behaving, which reduce the risk of, or do not allow transmission of,

AIDS Glossary

PROMISCUOUS

the virus, and at setting up conditions in the community which facilitate the choice of healthier behaviour such as "safer sex".

When referring to sexual behaviour it means that a person does not confine sexual activity exclusively to a relationship with one person. The term usually has negative overtones and is commonly used when making critical moral judgments about other people's sexual behaviour.

RNA

Ribonucleic acid. The genetic code contained in the DNA is transcribed into RNA in order to display the coded functions.

SAFE SEX

Between an infected person and his/her partner, any intimate activity where body parts are not inserted inside the other person and where no blood, semen or vaginal fluids enter the body. And any intimate activity between two faithful, monogamous partners who are certain of their monogamy since 1980 when the virus first appeared in this region.

NOTE: Consistent condom use among sexually active people is strongly recommended, however, since condoms can break or can be used improperly, they may not provide complete protection against virus transmission. Condoms are not considered 100% safe.

SAFER SEX

Proper use of condoms every time during vaginal, anal and oral sex to reduce the chance of getting blood, semen and vaginal fluids into the body and any other sexual practices which reduce the chance of sharing these body fluids.

SAFER USE

Those IV needle/syringe drug administration techniques which reduce the risk of transmitting HIV. Safer use refers to intravenous drug users not sharing needles and syringes or any IV equipment such as water filters and spoons. If sharing is unavoidable, decontaminating syringes with bleach or alcohol solutions before reusing is recommended.

SEMEN

The cream-coloured liquid which is emitted from the penis when a man ejaculates. It is made up of sperm and seminal fluid.

AIDS Glossary

- SEROCONVERSION** When an individual who is HIV antibody negative becomes HIV antibody positive after exposure to the virus i.e. blood serum has converted from negative to positive. During this process the person may suffer an acute illness. In the case of HIV infection the symptoms may be those of flu and/or swollen glands. Sometimes no symptoms are experienced.
- SEXUAL INTERCOURSE** The physical union associated with sexual stimulation, which usually but not exclusively involves penetration of, or by, the sexual organs (see COITUS). In vaginal intercourse the male penis is inserted in the female vagina; in oral intercourse the lips, mouth and tongue are used; in anal intercourse the anus is penetrated.
- SEXUALITY** The total of an individual's sexual make-up. It includes inherited and acquired factors such as physique, attitudes, values, experiences and preferences. It especially includes the feelings of satisfaction or dissatisfaction which an individual has about being male or female and about his/her personal sexual behaviour and sex life.
- STD** An abbreviation of the term Sexually Transmissible Disease. Any disease which may be passed on sexually.
- SYNDROME** A set of symptoms and signs resulting from a single cause, or so commonly occurring together that a definite pattern is apparent.
- T-HELPER CELLS** Also called T4 cells. These are one type of lymphocyte (a group of white blood cells) that helps in defending against disease by initiating antibody production. In people with AIDS, T-Helper cells are so depleted that the immune system no longer fights off disease and opportunistic infections can occur.
- TRANSMISSION** The spread of infectious pathogens from one person to another. The most common methods of HIV transmission in Australia are by allowing infected blood, semen and vaginal fluid into the body during sex and by allowing infected blood into the body by sharing IV drug use equipment.

AIDS Glossary

UNSAFE SEX

See SAFER SEX

UTERUS

Also called the womb. The uterus is a thick-walled, pear-shaped hollow muscular organ which lies centrally in the pelvic cavity at the end of the vagina. It nourishes and protects the developing fetus during pregnancy. Menstrual material and blood develop here and, in the absence of a fertilised egg, are usually discharged once a month (menstruation, periods).

VACCINE

A substance which contains antigen of an organism. In the vaccinated person, it stimulates active immunity and future protection against infection by that organism.

VAGINA

The closed passage that connects the vulva with the uterus. It is lined with epithelium, lying on connective tissue and a powerful muscle layer which enables the vagina to expand easily during sexual intercourse and childbirth. It is one part of a woman's body associated with sexual activity. This is where the penis is usually inserted during sexual intercourse. It thus receives the seminal fluid produced at ejaculation by the man. It has its own "self-cleaning" mechanism, and the acidity of vaginal secretions protects it from infection. Also known as the birth canal because it is the passage through which the baby is pushed during birth.

VD

Abbreviation for Venereal Disease. It means the same as Sexually Transmissible Disease. The latter term is more readily understood and has replaced the term VD. The word "Venereal" is taken from "Venus" the Roman goddess of love.

VIRUS

An extremely small organism visible only through an electron microscope. Viruses cause a wide variety of diseases in humans. They do not respond to treatment with antibiotics.

VULVA

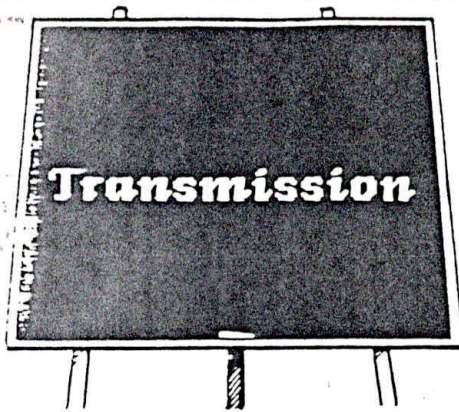
A woman's external sexual organs.

WINDOW PERIOD

The period of time when a person may be infected with HIV, but before antibodies have been formed. This period is usually two to three weeks and is rarely longer than three months. The virus is in the blood and may be detected by an antigen test, but an antibody test will be negative.

Artist

Lesson Plans



Objectives

The students should be able to understand and:

- define STD
- explain that AIDS is an STD
- Describe the nature of AIDS and the effect of HIV on the immune system
- explain how AIDS/HIV is transmitted/not transmitted

Prerequisite

Basic knowledge of the human body, in particular

- reproductive system
- immune/blood system

Activity

- I Group Discussion
- II Lecture

What You Need

- Charts (samples provided)
- Sample Lecture
- Student's Worksheet

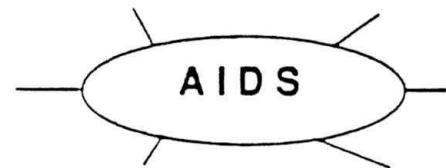
What To Do

I. Introductory Activity

Three alternatives are provided - only one is necessary. Allow 5-10 minutes to complete this before moving to the main activity. Leave written responses on blackboard. These are not to be corrected by the teacher. The purpose is to begin discussion and to establish the level of student awareness of AIDS.

Alternative A:

1. Draw the following diagram on the boards



2. Have each student copy this onto the centre of a blank sheet.
3. Tell students to write anything they have heard about AIDS at the ends of the radiating lines, (or words they associate with it e.g. virus.)
4. Invite responses from class and record them on blackboard.

Alternative B :

1. Have each student write down on a sheet of paper three things they know about AIDS.
2. Collect papers and redistribute to different students.
3. Have students read out responses while you record key points on blackboard.

lesson 1

Alternative C:

1. Divide class into small groups of four/five students.
2. Ask each group to discuss and agree on the three most important things they know about AIDS.
3. Ask a group representative to read out the three points while you record on blackboard.

II. Main Activity

1. If available, show a video on AIDS and discuss it.
2. If unable to use video, commence lecture (See Sample Lecture on page 32), referring to points students have raised in the introductory activity. Use enlarged versions of the five charts provided as illustrations.

Chart 1

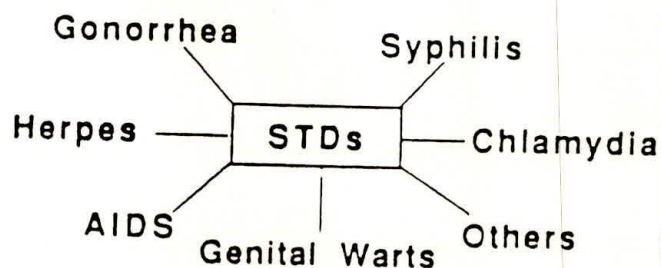


Chart 2

You Can Catch HIV
(the AIDS Virus Through :

Chart 3

AIDS is **Not** Spread by :

Chart 4

HIV and the Body's
Defence System

Chart 5

Anyone Can Catch HIV
(the AIDS Virus)

3. Review the basic ways HIV/AIDS is spread:
 - Unprotected sexual intercourse with an infected person.
 - Sharing IV drug needles with an infected person.
 - Injection of contaminated blood products.
 - A woman infected with the virus who becomes pregnant can pass the virus on to the baby.
4. Point out, therefore, that you are at risk of becoming infected if you have sex with someone who is infected or share drug needles with someone who is infected. Since you can't be sure who is infected, your chance of coming into contact with the virus increases with the number of sex partners you have. Any exchange of infected blood, semen, or vaginal fluid can spread the virus and place you at great risk.
5. Ask students to name high risk behaviours (when you can't tell by looking if a person is infected). Write the list on the board, e.g:

Unsafe/High Risk Behaviours

- Sharing drug needles and syringes.
 - Anal sex with or without a condom.
 - Vaginal sex without a condom.
 - Any type of unprotected sexual intercourse (vaginal, anal, oral) between two men or a man and a woman where one partner is infected.
6. Ask students to name safe or low risk behaviours and list them on the board.

Safe/Low Risk Behaviour

- Not having sex.
- Sex with one mutually faithful, uninfected partner.
- Not shooting drugs.
- Sexual activities that do not involve penetration or exchange of body fluids.
- Using condoms during sexual intercourse from start to finish.

Alternative/Additional Activity:

Video and class discussion.

Examples of videos are:

- a) "AIDS and the South Pacific" from Family Planning Federation of Australia, Inc.
- b) "AIDS, a Worldwide Effort Will Stop It" - WHO

Teaching Notes

Refer to resources in Teacher's Guide.

Sample charts should be enlarged for classroom use.

You all have heard about AIDS, I am sure. From the Introductory Activity that you just did, we can see that there are many different things that come to our minds when we hear of AIDS.

Today, we shall learn more about this new and terrible condition - what it is, how it is spread, and how it is not spread.

Why all this attention on this condition called AIDS?

1. There is no cure for AIDS.
2. There is no vaccine against it.
3. Most people who get it will die.

It was not even heard of ten years ago, but now, it has reached such an alarming stage world-wide and has spread so rapidly that almost all countries in the world are giving high priority to its prevention and control.

According to very conservative estimates, there are over 500,000 reported and unreported cases of AIDS in different parts of the world, and this figure could rise to 2-3 million in less than 10 years. In the Pacific, there is cause for concern since the number of AIDS cases is increasing steadily. We cannot be complacent when we learn how it is spread and what it does to the person with AIDS, his/her family, and the community where he/she lives. We want to keep AIDS out of our country and stop its spread in the Pacific. If we do, it will contribute to the world-wide effort to stop it.

Now let us learn more about it.

CHART 1

Sexual intercourse is the most common route of transmission of HIV. Therefore AIDS is usually classified as an STD. There are many types of these diseases now affecting people of the South Pacific. Some other examples are: syphilis, gonorrhoea, herpes, genital warts and chlamydia. (Refer to p. 19 for symptoms and effects of common STD).

AIDS stands for Acquired Immune Deficiency Syndrome. It is a disease that breaks down a part of the body's Immune (defence) system so that the person with AIDS can get a variety of unusual, life threatening illnesses that most healthy people don't get. It's a very serious disease. AIDS is caused by a virus known as Human

secretions and blood of someone else infected with the virus. Here are some ways that might happen:

1. The Human Immunodeficiency Virus (HIV) can be passed between sexual partners engaging in either vaginal, anal, or oral intercourse, especially when there are breaks in the skin.
2. HIV can enter the blood stream directly when IV drug users share needles. There is also a concern of the possibility that HIV may be transmitted by people sharing needles for tattooing or ear piercing without sterilizing them properly.
3. In the past, some people have become HIV infected from blood transfusions, or from special blood products for people with disease like hemophilia. Now, in some parts of the world donations are screened and tested, and the blood supply is safe. This may not be true in all of the Pacific. The medicines for people with hemophilia are pasteurized (heat-treated) to destroy the virus.
4. Women infected with HIV can pass the virus to newborn children. The children are infected before birth, when the virus moves from the mother's blood into that of the baby or during birth.

These are the ways we know that HIV is transmitted. We know it is NOT spread by casual contact. Even transmission by saliva (kissing, for example), sweat or tears, is highly unlikely. In all the cases reported in the United States (more than 130,000 as of June, 1990) we have never seen such transmission. You might occasionally read about cases where this is claimed to have happened, but on closer investigation, none of these claims has been true.

CHART 3

Fortunately, AIDS is a difficult condition to get. These are some of the things you can do that will not expose you to HIV (the AIDS Virus).

1. You cannot get HIV infection by touching or hugging someone, sharing food or drinks, or riding buses.
2. You cannot get it from drinking fountains.
3. You cannot get it by sharing telephones, paper or pencils.
4. You cannot get it from someone coughing or sneezing on you.

lesson 1

CHART 4

AIDS is caused by a virus known as the Human Immunodeficiency Virus or HIV. When HIV enters the body, it most likely starts to attack the body's defence system, as shown in the diagram (Chart 4).

The HIV slowly destroys the white blood cells (wbc) which normally defend the body against germs. This gradually reduces the number of wbc's in the body and there are not enough to fight other germs coming in. Thus, new diseases will develop and a person will not be able to resist them.

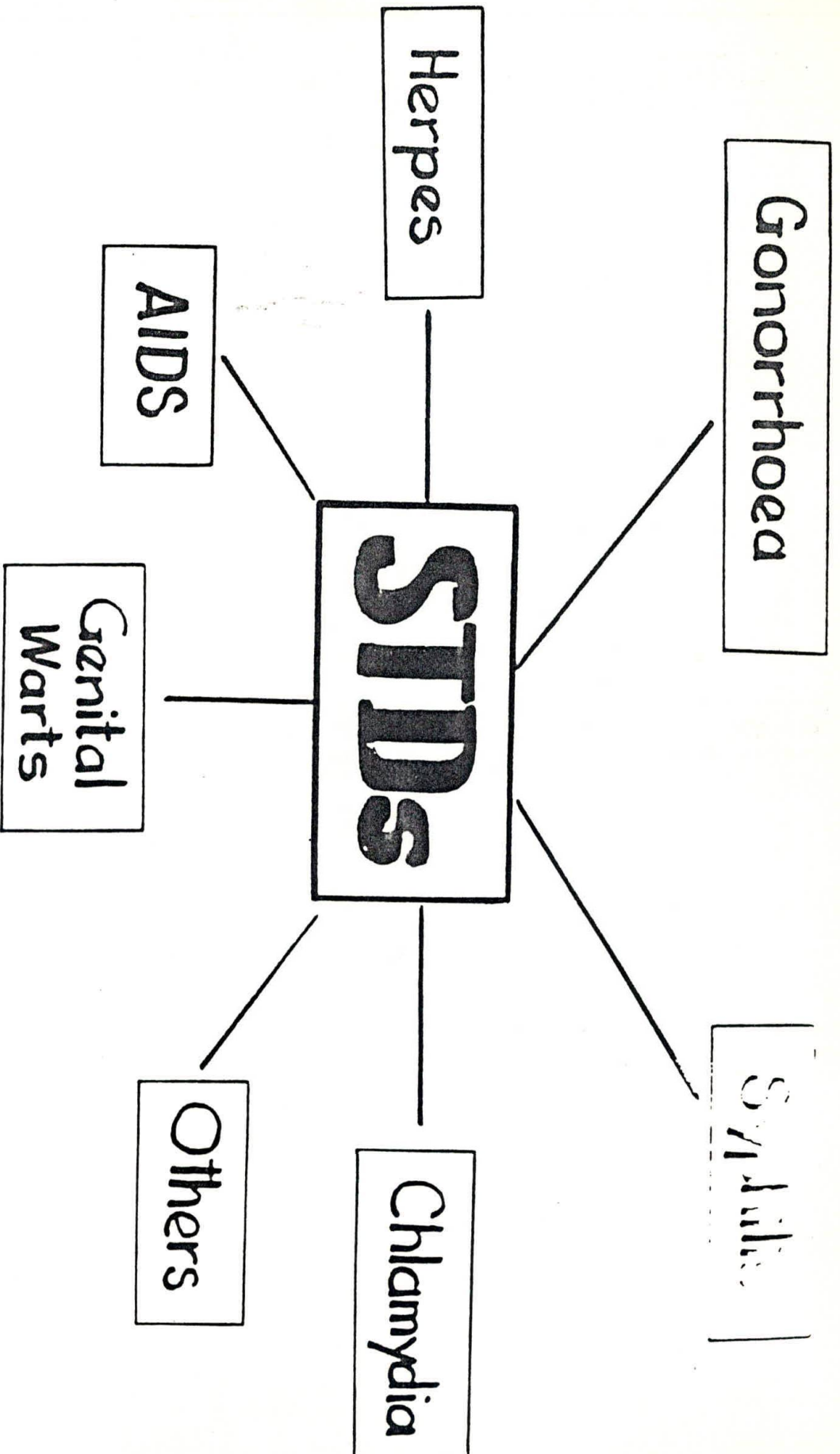
HIV therefore makes it easy for other diseases to take hold in the body by weakening the defence system.

When a person is infected by HIV, his/her body reacts by producing chemical substances known as antibodies. When the blood of such a person is tested it is these substances that show the presence of HIV, as we say the person is HIV antibody positive. A person is able to pass the virus to another from the time he/she is infected, although antibodies may not be present for up to three months.

CHART 5

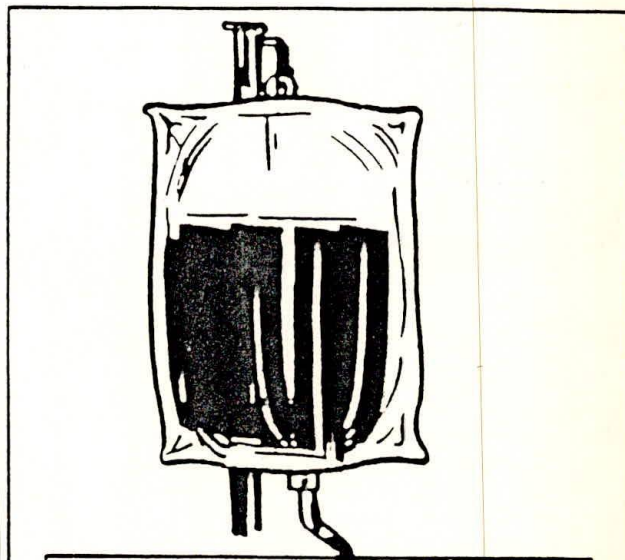
A person is said to be HIV antibody negative if he/she has not shown a positive blood test. It means he/she has not been infected with HIV.

You may have heard that AIDS is a condition that homosexual men get. While it is true that many people with AIDS got it through homosexual activity, other people get it as well. Heterosexual men, women children, babies, IV drug users, and even some teenagers have become sick with AIDS. In some parts of the world many of the people with AIDS are homosexual or bisexual men, whereas in other countries almost all of the people with AIDS became infected through heterosexual activity. Anyone can be infected with HIV and can become ill, regardless of age, gender, ethnicity, sexual orientation, or anything else.

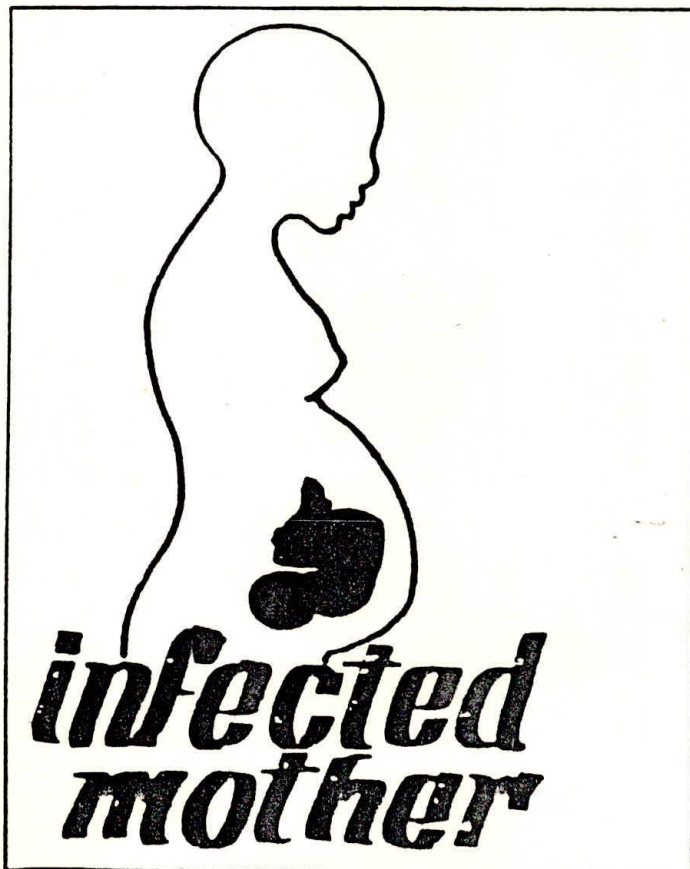


YOU CAN CATCH HIV (THE AIDS VIRUS) THROUGH:

**sexual
intercourse**



***infected
blood***



***infected
mother***

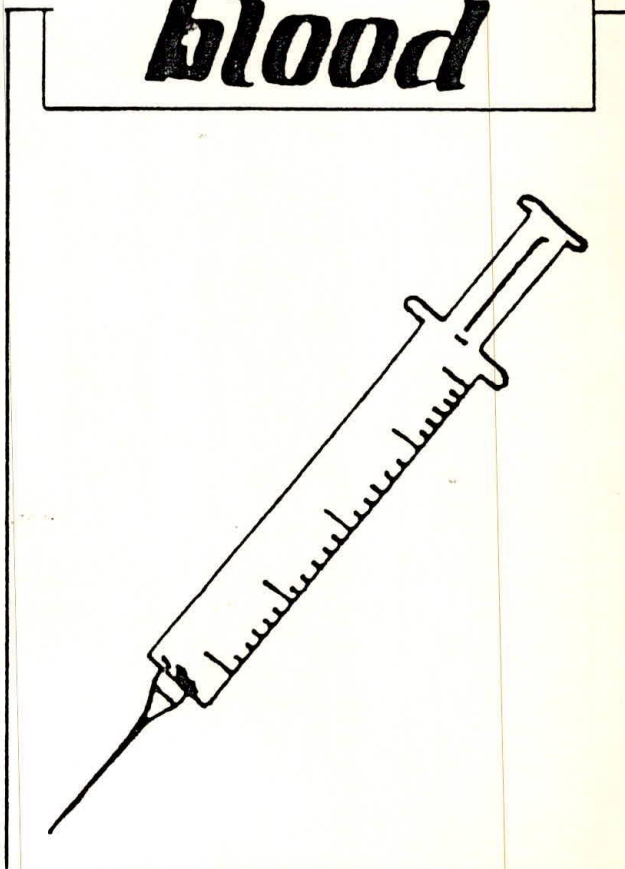
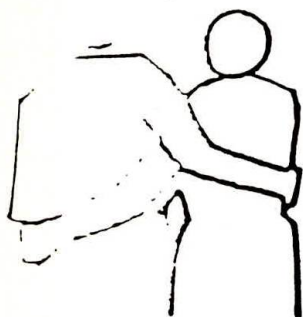
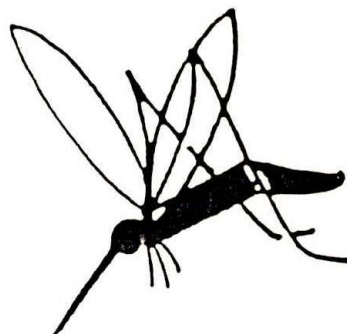


Chart-2

HIV IS NOT SPREAD BY:



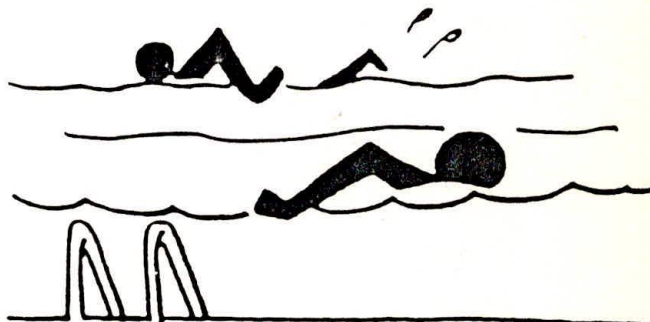
HUGGING



INSECTS



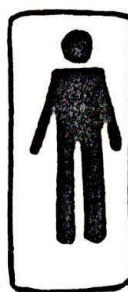
SHARED UTENSILS



SWIMMING POOLS

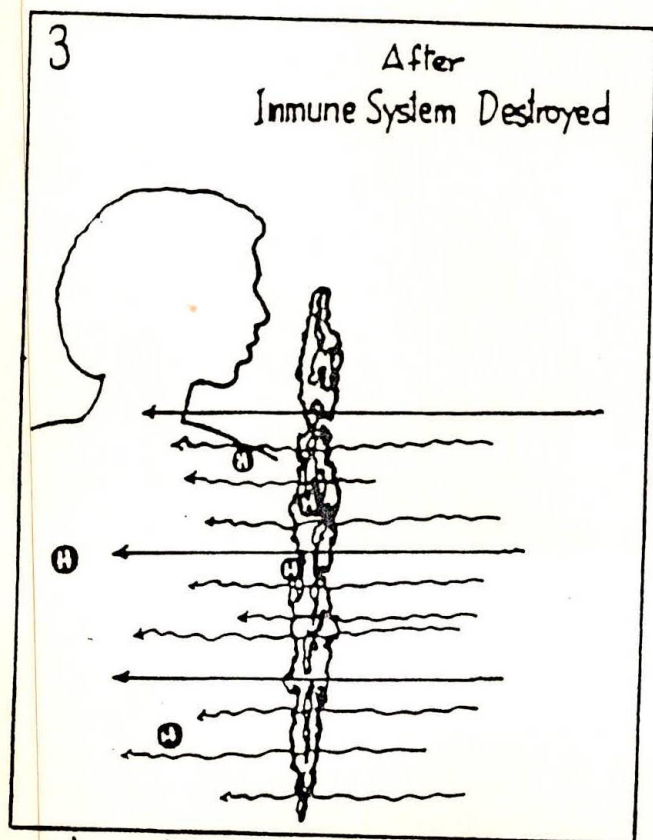
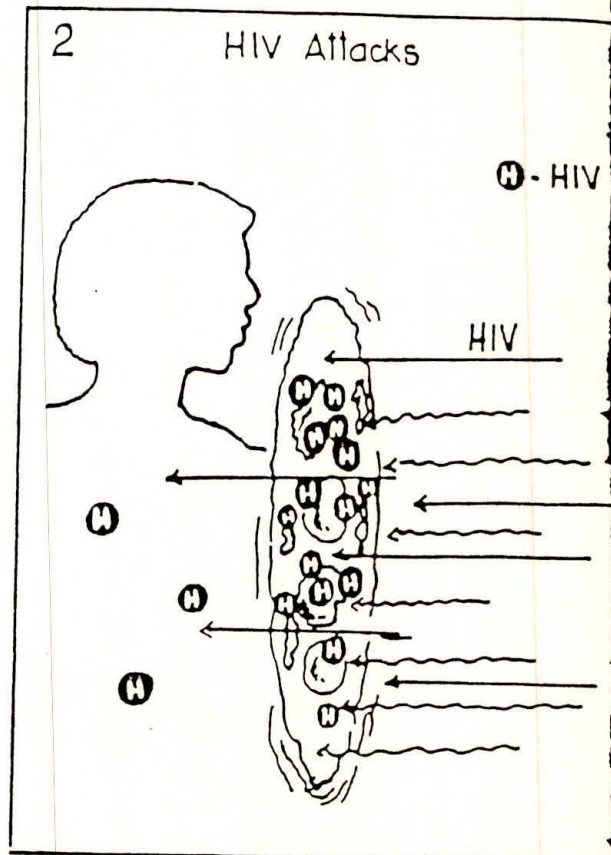
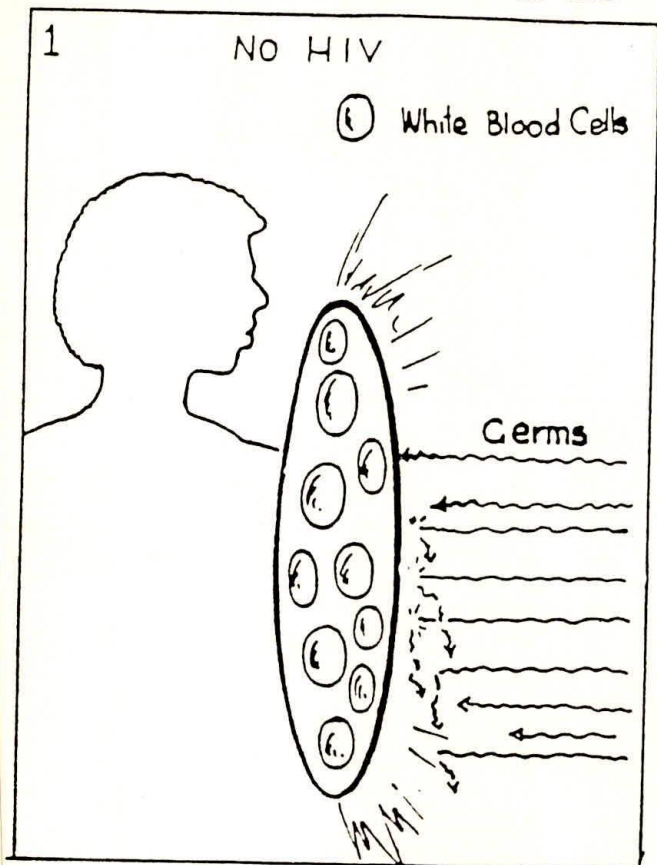


COUGHING & SNEEZING



TOILETS

HIV AND THE BODY'S DEFENCE SYSTEM

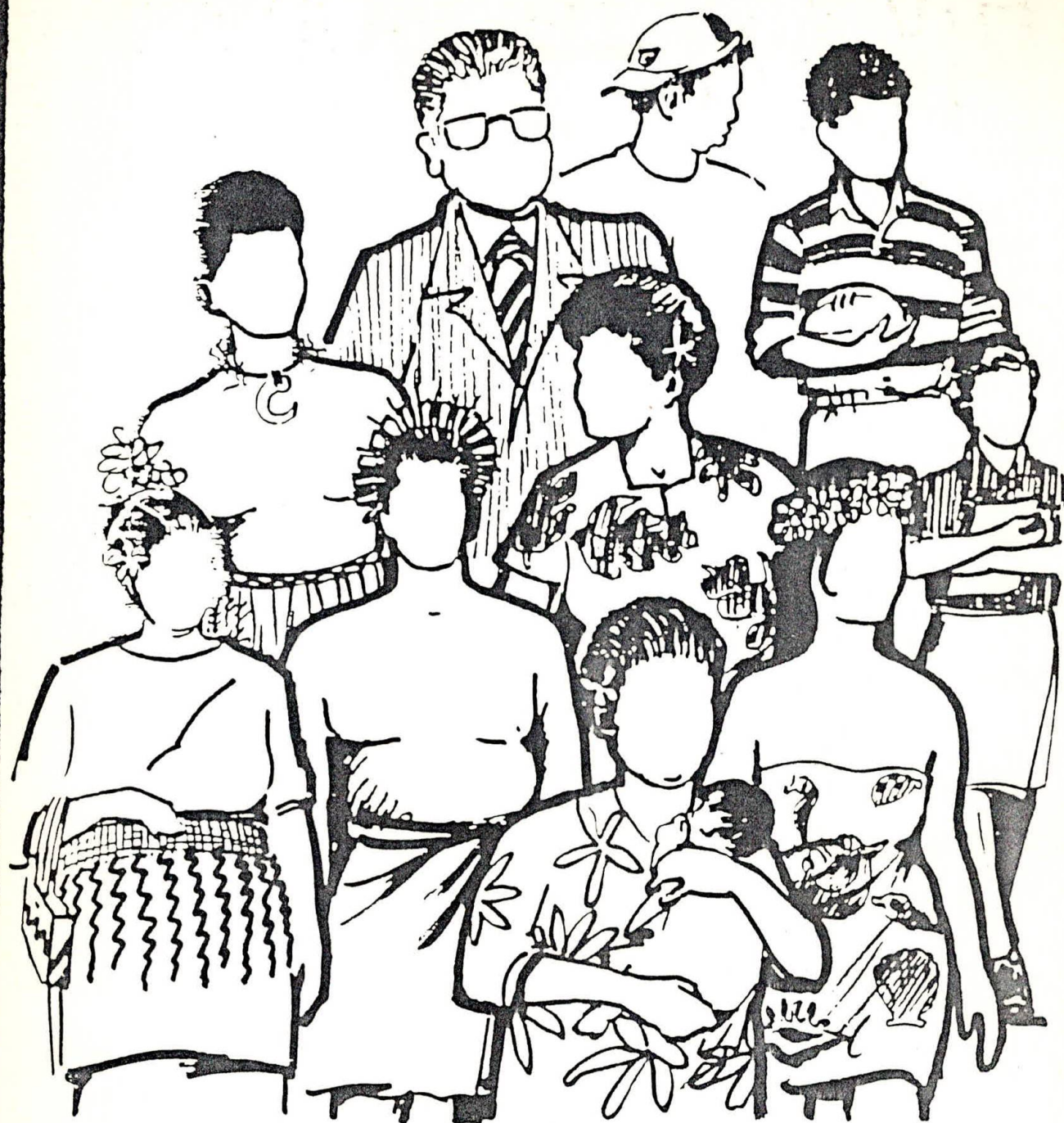


1 White blood cells destroy germs.

2 HIV attaches itself to white blood cells, enters, reproduces, and infects other cells.

3 White blood cells lose infection-fighting role and poses no threat to germs, leading to infections, AIDS.

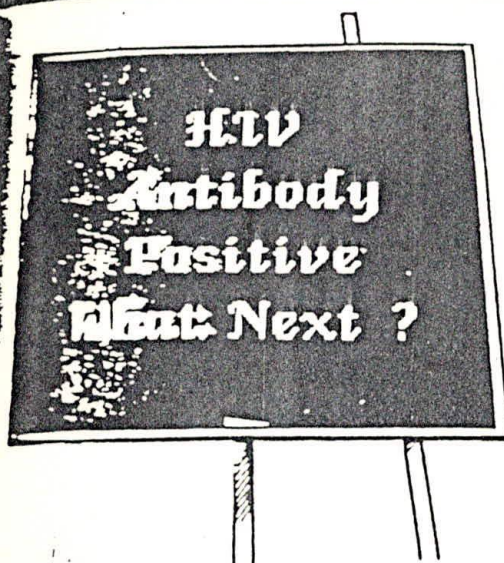
Chart 4



ANYONE CAN CATCH
HIV

(THE AIDS VIRUS)

Chart 5



Objective

The students should be able to describe some of the possible symptoms of HIV infection and the possible outcomes of HIV infection.

Prerequisite

Knowledge of HIV transmission.

Activity

Case Study/Discussion

What You Need

Flow Chart, "Possible Outcomes of HIV Infection".

What To Do

1. From notes in AIDS: Frequently Asked Questions, p. 12, summarize the symptoms of AIDS.
2. Read or distribute the following case study.
3. In small groups, have students discuss questions/issues.
4. Distribute flow chart to students or put on overhead projector. Explain each step in the flow chart - i.e., all the possible outcomes of HIV infection. "How does Tui's illness fit into this chart?" Discuss and summarise with whole class.

CASE STUDY

Tui works at one of the resort hotels during the week, and returns to his village on the weekends. He sometimes has intimate sexual contact with visiting tourists. He does not use condoms.

On one of his weekend visits, his mother notices that he seems to have the flu, but he is well again on his following visit.

Tui begins to feel very tired much of the time. He has a cough which doesn't go away, and he notices some swelling under his arms, and in his groin. He goes to see the doctor, who, after questioning him carefully, asks him if he will have an

15767

lesson 2

HIV antibody Test. When Tui goes back to see the doctor, he is told that he has tested positive - that is, that he has been exposed to HIV, (the AIDS virus). The doctor explains to Tui what this means - how the disease might progress, and that he should tell his partners and use condoms in any future sexual contact.

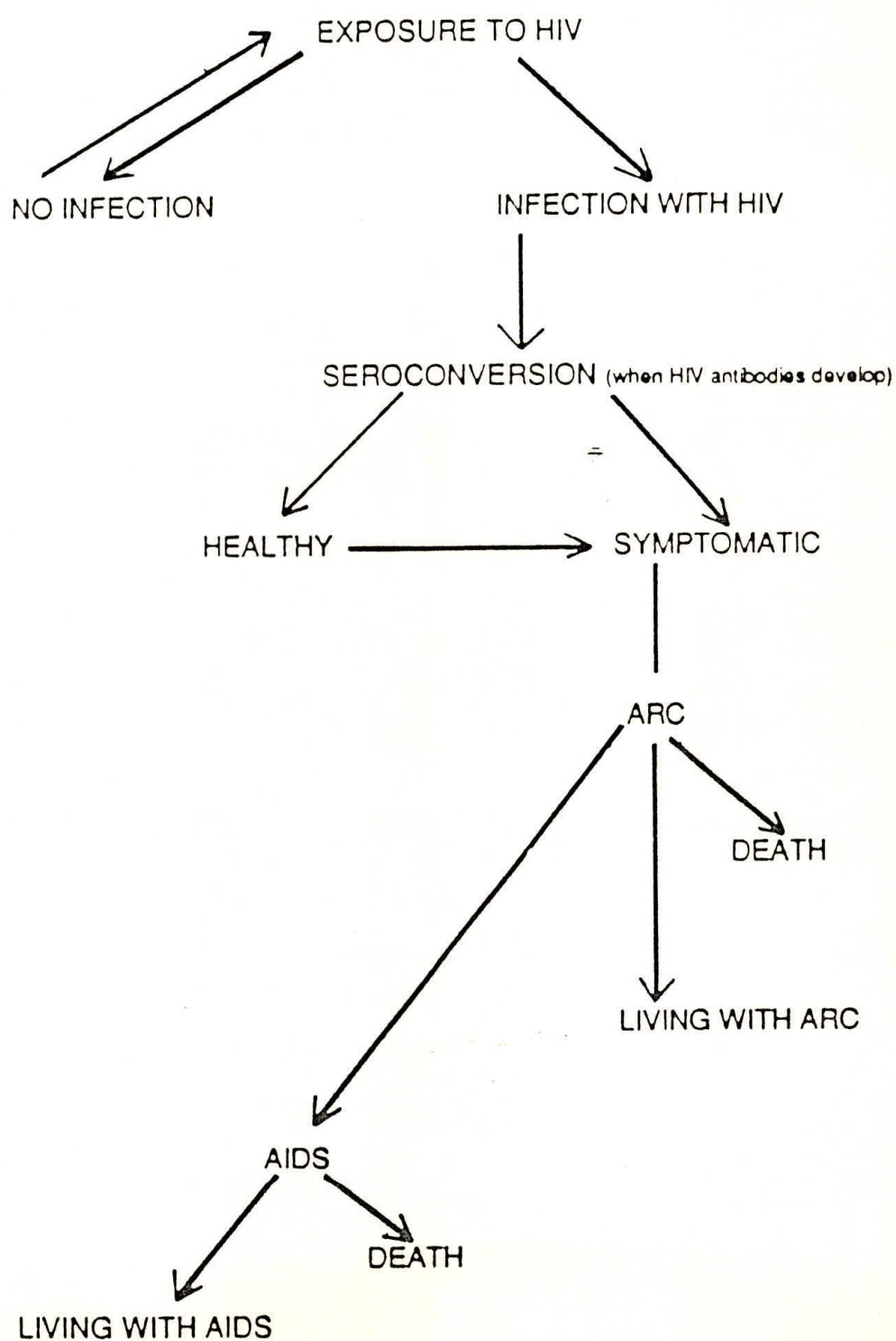
Tui is frightened and ashamed. He does not tell his family, or anyone else. For some months he stays fairly well, and continues to work. He visits the doctor regularly. He starts losing weight, and is often too sick to work. His doctor recommends that he tell his family what is happening, as the doctor is very concerned that Tui might die.

On one of his next visits, Tui shows the doctor the purplish raised blotches which have begun to appear on his skin. He is feeling very sick, he has a form of cancer called Kaposi's sarcoma. There is no drug treatment for AIDS available in Tui's country. The doctor believes that Tui is dying, and asks him if he wishes to go to a hospital, or home to his village.

QUESTIONS

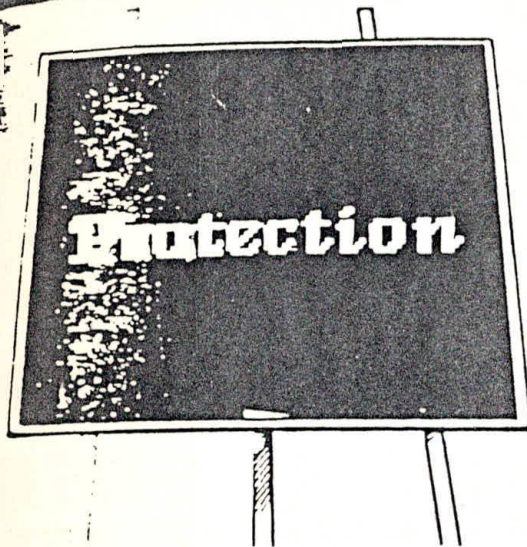
- What is the first symptom of HIV infection that Tui has?
- How do you think that Tui contracted HIV?
- Can you tell if a person has been infected with HIV (the AIDS virus) by looking at him/her?
- In the story, how did you know that Tui was developing full AIDS?
- Why is Tui frightened? Who could he talk to?
- If Tui chooses to go to the hospital, what might happen?
- If Tui goes home, what might happen?
- What would you choose?
- How could Tui's family and friends help and support him?

POSSIBLE OUTCOMES OF HIV INFECTION



lesson 3

AIDS/STD



Objectives

The students should be able to:

- describe ways
- make decisions
- practice behaviour

that will protect against HIV infection

Prerequisite

Knowledge of transmission of HIV/AIDS.

Activity

Brainstorming
Group Discussions

What You Need

Copies of Case Studies
(see pages 47,48 and 49)
Worksheet 1

What To Do

1. Ask students to suggest ways of protection against HIV infection.
2. Write responses on blackboard and discuss.
3. Divide class into groups of four or five.
4. Give each group Case Study 1 or 2 to discuss for ten minutes.
5. Ask each group to present a summary of their discussion.
6. Lead the class to arrive at a consensus on the best ways for personal protection. (See Teacher's Notes.)
7. Introduce the issue of compulsory testing for HIV as a means of national protection by discussing Case Study 3 with the whole class.
8. Issue Worksheet 1 to review the first two topics to be completed before the next lesson.

Teaching Notes

- a) Three case studies are provided. It is suggested that for a small class, use one.
- b) You might use the following information:

Information on Protection Methods

Because many people are healthy carriers of HIV (the AIDS Virus) and do not know they are infectious, it has been hard to stop the spread of the disease. Serious illness caused

lesson 3

by HIV infection may develop after a long incubation period - it can take quite a while between the time a person is first infected and the time he or she actually gets sick. With AIDS, this might take anywhere from several weeks to ten years or more, and sometimes not even then.

Since you can see now that AIDS is not easy to get, and since you know the ways people can get it, **what can people do to make sure they don't get it?**

Two simple rules:

- I. Think carefully about whether you want to have sex with someone else. Abstinence is 100% effective in preventing the sexual transmission of HIV.

If you wish to decide to have sex, don't take any body fluids into your body during any kind of sexual intercourse. Use condoms (rubbers) as they are able to stop HIV (the AIDS virus) when used correctly.

- II. Don't share needles for IV drugs or tattoos or ear-piercing, ever. Don't let someone use a skin-piercing instrument on you if it has not been boiled for twenty minutes or sterilized.

Remember that you cannot tell just by looking at someone whether he or she has been exposed to the virus. Some people infected with HIV look and feel very healthy. Your best bet is to follow these two prevention guidelines all the time.

Alternative/Additional Activities:

1. Talk by a health educator/worker.
2. Videos
 - i) "AIDS and the South Pacific" and class discussion.
 - ii) "Better Safe" and class discussion.

(Both available from the Family Planning Federation of Australia, Inc. or your national population education project.)

3. Crossword puzzle (p. 51)

CASE STUDY 1

FINE AND SEMA

Fine is a 16 year old girl whose parents are very staunch members of the Roman Catholic Church. She is a member of the youth group which 18 year old Sema has recently joined. Sema has taken her home a number of times at the end of the meetings. Sema's parents and brothers are going away for the weekend and he wants Fine to go with him to his house after the meeting. Fine doesn't want to go because she doesn't want to lie to her parents and she doesn't feel that she is ready for sex. Sema becomes more and more insistent.

Questions:

1. If you were Fine what would you say?
2. Comment on Sema's actions.
3. Comment on Fine's reluctance to give in.
4. How would you like the story to end? Give reasons.
5. How can Fine and Sema each protect themselves from getting AIDS or another STD?

CASE STUDY 2

SOLA COMES HOME

Twenty-one year old Sola has just come home from America where he had used IV drugs for a short while six years ago.

Sola's family holds a big welcome function to which most of the village is invited.

At the function, Sola meets many young people among whom are some who attend the high school in town. These students have learnt about STD and AIDS.

In time, Sola developed friendships with students, Tagi and Mata, and had sex with each of them.

Questions:

1. What should Sola, Tagi and Mata have done to protect themselves from catching an STD?
2. Is it possible that one of them could be infected with HIV? Give reasons.
3. Suppose Sola knew he was HIV positive, what should he have done?
4. Comment on this statement: You don't just catch HIV, you let someone give it to you.

CASE STUDY 3

A COUNTRY'S DECISION

Safito is a small island country whose main industry is tourism. As a response to the world concern on AIDS, the Safito government has decided to make blood testing for HIV compulsory for its people and all tourists and other overseas travellers coming into and going out of Safito.

Questions:

1. Do you think the Government's action is justified?
Give reasons.
2. How effective would this be as a preventive measure?
3. What effect will the Government's decision have on the tourist industry?
4. What do you think the Government might/should do to those identified as HIV antibody positive? e.g. isolate, counsel, etc.
5. The Minister for Health in the Cabinet strongly suggests for the HIV positive people to be isolated on an island. Comment on this suggestion.
6. How would you react if your country chose to do the same?

lesson 3

STUDENT WORKSHEET 1

A List four ways of protecting yourself from HIV;

1.

2.

3.

4.

B Give four possible ways by which HIV is transmitted:

1.

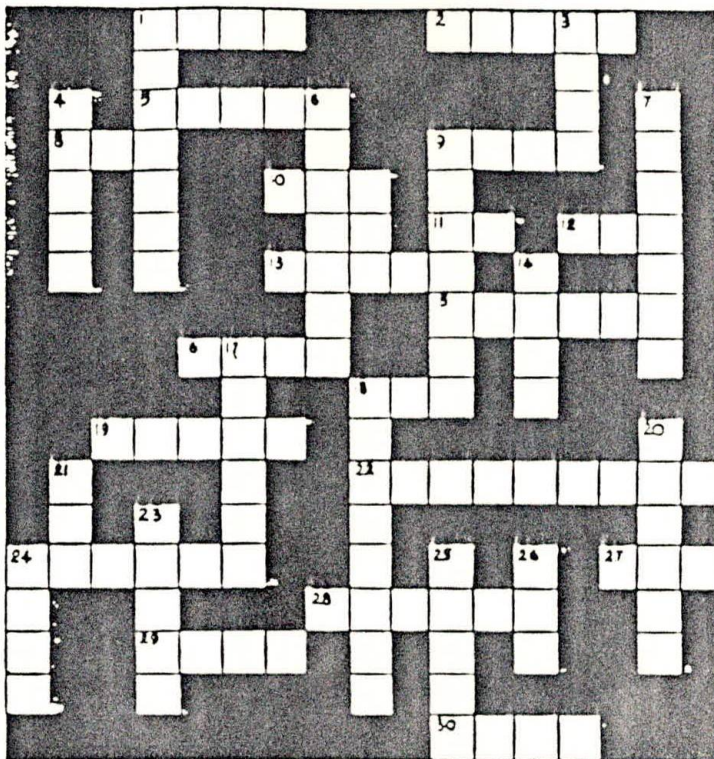
2.

3.

4.



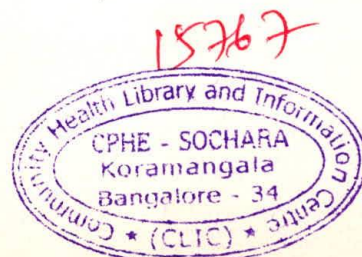
CROSSWORD PUZZLE



CLUES

ACROSS

1. It can do you good and harm.
2. This is necessary in a marriage.
5. A body fluid of males.
8. Fever causes you to feel like this.
9. At present AIDS has no.....
10. HIV (the AIDS virus) is most commonly transmitted by this method.
11. A person may regret not saying this.
12. This virus causes AIDS (abbreviated).
13. Body fluid that can transmit virus and other germs.
15. No one knows the ----- of HIV (the AIDS virus).



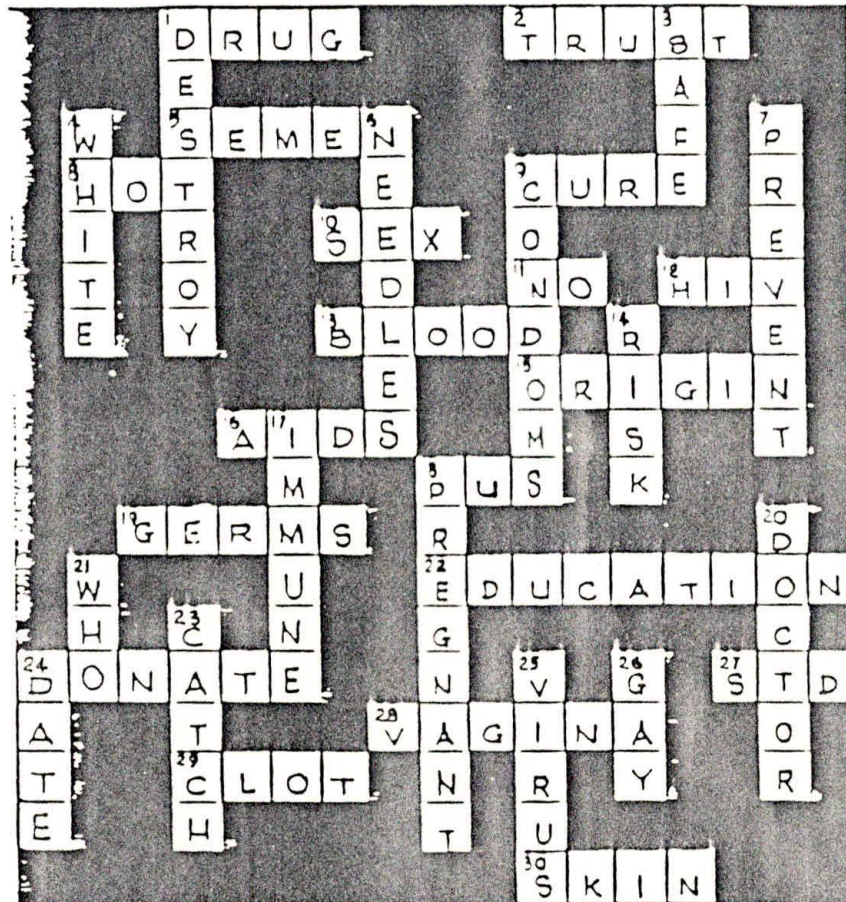
lesson 3

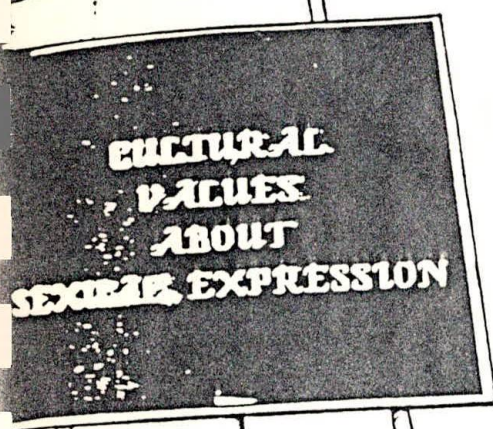
16. This STD kills.
18. A man with gonorrhoea may have this in his urine.
19. These cause diseases.
22. The best way of getting AIDS information to the public.
24. You will not catch HIV (the AIDS virus) if you ----- blood.
27. Sexually transmitted disease (abbreviation).
28. The part of the woman's body that receives the sperm during sexual intercourse. It is also called the birth canal.
29. The blood of a haemophiliac person normally is unable to do this.
30. This is also a part of the body's defence system.

DOWN

1. HIV (the AIDS virus) may do this to a person's blood cells.
3. Having no sex will probably keep a person ----- from catching HIV (the AIDS virus).
4. Blood cells that defend us.
6. Contaminated ----- could transmit HIV (the AIDS virus).
7. Using a condom can ----- the transmission of STD.
9. Another name for these is 'rubbers'.
14. Having many sexual partners increases the ----- of getting STD/AIDS.
17. Our ----- system is destroyed when we have AIDS.
18. A ----- can transmit the virus to her unborn child.
20. The best person to see when one has STD/AIDS.
21. One international organisation that is actively involved in the effort to prevent and control HIV (the AIDS virus).
23. Anyone can ----- HIV (the AIDS virus).
24. Making responsible decisions is important when going on a -----
25. This causes herpes as well as AIDS.
26. Homosexual men are sometimes called this.

SOLUTION





Objective

The students should be able to explore the values of the culture in reference to sexuality, AIDS, HIV, and safer sex - e. g., use of condoms.

Prerequisite

Knowledge of STD, AIDS, HIV, safer sex practices.

Activity

Discussion

What You Need

- Paper
- Pencil
- Board

What To Do

1. Introduce the topic by telling the students that in every society there are certain values that are accepted by most members. These have come down over a long time and are acceptable to the majority. These values are an important influence on individual behaviours, including one's sexual behaviour.
2. Ask the students to name high and low risk sexual behaviours for AIDS (see Teaching Notes). List on the board:

AIDS

Low-risk

High-Risk

3. Have students group these behaviours according to whether they feel the culture says they are acceptable or not acceptable in their culture.

Sexual Behaviours

Acceptable

Unacceptable

lesson 4

4. Summarize the students' responses on the board, discussing reasons especially if there are differences of opinions.
5. Construct a grid on the board:

	Low Risk	High Risk
Acceptable		
Unacceptable		

6. Fill in the blocks according to the risks and acceptability.
7. Are there any behaviours in the no/low risk group which are culturally unacceptable? Discuss these - e.g., condom use, masturbation, (lesbianism if it's on students list).
8. Ask students to consider the possibility that some of the behaviours listed as unacceptable by the culture, such as, pre-marital or extra-marital sex, are happening. Why might this be?
9. Ask which of these unacceptable behaviours would be high risk behaviours for transmission of HIV or other STDs.
10. Then ask, what behaviours are acceptable to the culture and have low-risk of HIV/STD infection? How can these behaviours be encouraged?
11. Remind the students that HIV infection can lead to AIDS and encourage students to think about their own and the community's reactions to AIDS.

Teaching Notes:

Some behaviours may be:

Low risk

Hugging

Kissing

Masturbation

Mutual monogamy

Use of condoms and
and spermicide
with nonoxynol 9

Abstinence

Celibacy

High-risk

Sex with prostitute

Extra-marital sex with
partner whose sexual
history is uncertain.

Pre-marital sex with partner
whose sexual history is
uncertain.

Polygamy

Multiple sexual partners

Unprotected sex

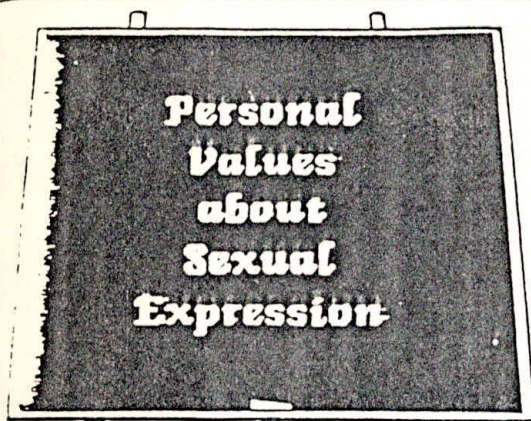
Sexual intercourse
(unprotected)

Anal intercourse
(unprotected)

Rape

Sharing IV needles
drug use, tattoo,
ear-piercing

Whatever "high-risk" behaviours are mentioned, point out that these are only high risk when at least one of the people involved is infected with HIV. Otherwise, it is not a high-risk activity. But because of the nature of HIV infection, it is usually difficult to know who is infected with HIV, and hence, the behaviour may be risky, because anyone could be infected or anyone could have had sexual relations previously with someone who is infected (unknowingly).



Objectives

The students should be able to

- clarify their values in relation to deciding when to have sexual intercourse.
- develop awareness of the extent to which various people/groups influence their values and decisions about sexual behaviour.

Prerequisite

Previous discussion of cultural values in reference to sexuality, STD/HIV and safer sex.
(Lesson 4)

Activity

Small group discussions.

What You Need

- Paper
- Pencil
- Blackboard

What To Do

1. Introduce the lesson by reading the following story to the class.

"Mosese and Lisa like each other and are often seen together. There is talk they are also having sex."
2. Write the following questions on the blackboard or show on an overhead projector:
 - a) Is it O.K. for Lisa and Mosese to have sex?
 - b) When is it O.K. for Lisa and Mosese to have sex?
 - c) When might their parents think it's O.K.?
 - d) When might you as their friend think it's O.K.?
 - e) When might their religion think it's O.K.?
 - f) When might their school think it's O.K.?
3. Divide the class into small discussion groups (4-6) to consider/discuss the questions. After 15-20 minutes, ask each person to rank the order in which the people listed in c-f (above) would influence their own decisions to have sex.
4. Ask the students to discuss the differences between their own opinion and the opinion of others whom they think are important.

lesson 5

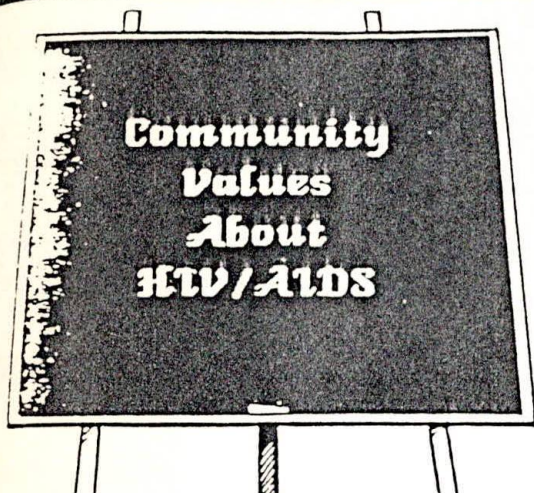
5. Ask the whole class, "What responsibilities regarding sexual behaviour do you have toward

- (a) Yourself
- (b) Parents
- (c) Religion
- (d) Boy/girl friend
- (e) Community?"

Teaching Note:

Additional Activities:

A good video to show and discuss after this lesson is "Better Safe, a South Pacific Drama," sponsored by Family Planning Federation of Australia, Inc.



Objective

The students should be able to evaluate their own and the community's reactions to HIV/AIDS.

Prerequisite

Knowledge of AIDS/HIV/STD

Activity

Role Play (Mock Parliament)

What You Need

- Papers
- Pens
- Worksheet on Roles (p.62)

What To Do

Read the situation below:

The Ministry of Health has disclosed to the Cabinet that there have been two identified and confirmed HIV positive cases in the country.

Present the task:

What measures (actions) is the Government going to take in response to this information?

Suggestion for Role Play

1. Select seven volunteers to act as Cabinet Ministers and give them separate roles. (See Worksheet on Roles - next page.)
2. Have them form a middle circle. The rest of the class will serve as audience and can offer comments/contributions if asked.
3. Continue session for whole class period and attempt to get some consensus on a plan of action.
4. Review and discuss plan in whole group. Ask, "How would the community react to such a plan?" "What would be the problem in implementing the plan?" Discuss reactions.

Teaching Notes

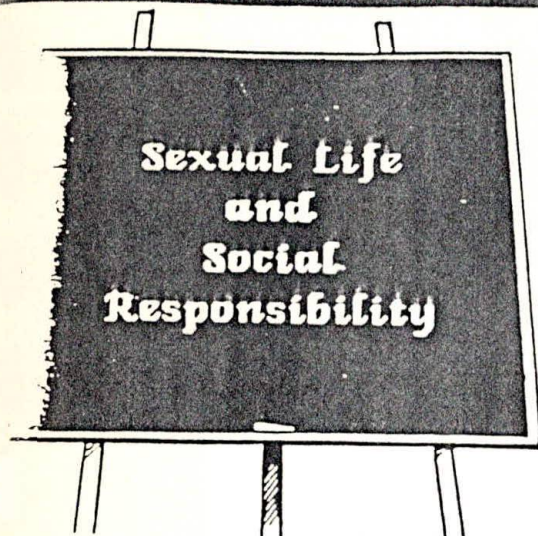
1. You may want to assign roles to groups of students to engage the whole class in the discussion.
2. Each group should appoint a secretary/recorder and a moderator (speaker) to control floor discussion.

lesson 6

WORKSHEET

ROLES

1. You don't really believe that it's a big problem.
2. You think that it's the prostitutes and loose women that will cause the problem to spread more HIV.
3. You think it's not only prostitutes or loose women - it's loose practices e.g., having many sex partners.
4. You think the schools should teach sex education and that condoms should be supplied free at schools and clinics for those who want them.
5. You are concerned - but you are an important member of the local church which has very conservative views about sex education and contraception.
6. You think the two cases should be isolated.
7. You believe all sexual contacts of the two cases should be identified and tested for HIV.



Objective

The students should be able to evaluate sexual life in terms of social responsibilities.

Prerequisite

Knowledge of STD, HIV, Sexuality, Safer Sex.

Activity

Whole group/small group discussions.

What You Need

Worksheet

What To Do

1. Introduce the topic by pointing out that people often engage in behaviours without considering how those behaviours might affect others - e.g., "I can smoke if I want to. It's my life." Read aloud short case situations (below) or pass them out on a worksheet:-

WORKSHEET

SITUATIONS

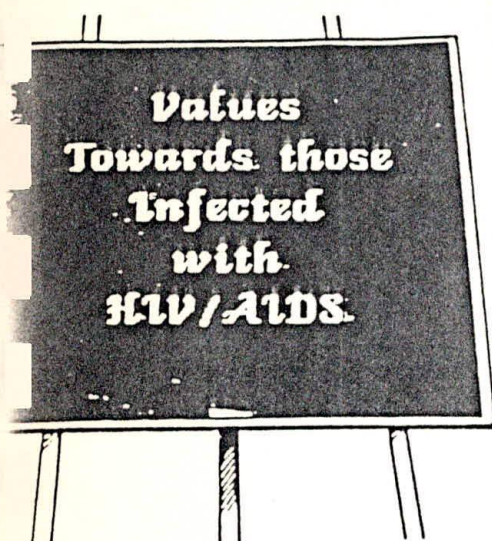
- a) Thomasese is married with four children. His job as a lawyer (or legal advisor for village matters) often takes him to the capital for long periods. For the past three years he's been sleeping occasionally with Jenta, a city prostitute.
- b) Likus and Benta are considering marriage. They both occasionally sleep with other partners, unknown to each other.
- c) Larry has just returned from college overseas. His family has arranged for him to marry Harriet who has been his high school girlfriend.
- d) Langan did not want any commitments. He picks up girls from the streets and he never sees a girl twice. He hopes to marry one day and settle down.
- e) Tanya and Timmy have been faithful to each other ever since marriage five years ago. They plan to have four children and already have two.

lesson 7

2. After they have read each of the situations above, ask students
 - What social responsibility does each of these people have to
 - a) him/herself?
 - b) the other person also involved?
 - c) to children (if any)?
 - d) to family?
 - e) to community?

For example:

- what responsibilities a married man having an affair have to his wife?
 - What responsibility does a prostitute have to her clients?
 - What responsibility does a client have to a prostitute?
 - What responsibilities do men and women have to each other?
3. Ask students how the threat of AIDS and other STD in the Pacific might affect their views on the responsibility of each of the groups discussed.
 4. Ask students what some of the consequences would be if any of the people in the situations contracted AIDS or other STD.



Objective

The students should be able to :

- clarify their own values about AIDS-related issues.
- develop a sensitivity for people with AIDS or HIV infection.

Prerequisite

Knowledge of HIV/STD transmission.

Activity

Values clarification

What You Need

- Copies of worksheet for students - "Sione's Story".
- Handout, "Social Aspects of AIDS Prevention and Control"
- Worksheet, "Poor Understanding"

Activity 1

What To Do

1. Divide the class into small groups.
2. Hand out Worksheet, "Sione's Story".
3. Read story out loud. Ask students to individually rank the characters from 1-4, 1 being the best behaved and 4 the worst. Groups then have 15 minutes to reach a consensus on a ranking of the characters in the story.
4. In the whole class, share and discuss the different groups' ranking, and any difference which may have arisen in the group discussions.

lesson 8

Activity 1

WORKSHEET

SIONE'S STORY

Sione and Mele live in a coastal town. Sione is a 19 year old boy. Six years ago when he was overseas he was in an accident and as a result of a blood transfusion he is now antibody positive to the HIV. Sione's girlfriend is Mele, who is 19. Sione and Mele's relationship is also a sexual one.

Sione has known that he is antibody positive for about 3 months. He is angry and frightened. He has not told Mele of his antibody status. Nor has he told his boss in the local store in which he works.

He lives at home with his mother who is very ashamed of Sione being HIV antibody positive. She has urged him not to tell anyone, including Mele.

Mele cares a lot for Sione, but unknown to him, has also been sleeping occasionally with an old boyfriend. She has not been using contraception, and goes to see her doctor to get on the pill.

Dr. Jones is also Sione's doctor, and he knows of his antibody status. Mele tells the doctor she wishes to go on the pill because she is in a sexual relationship with Sione. The doctor does not tell Mele that her boyfriend is antibody positive, although he realizes that she could contract the virus by having sex with Sione. (Doctors are legally required to respect the confidentiality of their patients in many countries and assume that this is the case here.)

Rank the characters in the story from 1 to 4, 1 being the character who you approve of the most, to 4 being the character whose behaviour you least support.

Sione
Mele
Sione's Mum
The doctor

Adapted from "AIDS and Other STDs", New South Wales Department of Education, Australia.

Activity 2

CASE STUDY

What To Do

1. Read the following case study:

You have just learned that a friend, who is a classmate, has AIDS. Although AIDS is not transmitted by casual contact, a group of parents of students in the class has demanded that this friend be prevented from attending school. Many of your other classmates are avoiding and even rejecting him. These are also friends of yours and expect you to support them.

What would you do?

2. Facilitate the discussion by asking:

What are your options? What are some possible consequences of these options?

For example,

- a) Join your friends

- Possible consequences:

- b) Refuse to join your friends

- Possible consequences:

- c) Do nothing - be neutral:

- Possible consequences:

- d) Attempt to change your friends' actions

- Possible consequences:

3. Ask students to consider individually, "What would you do?"

- a) Are you willing to accept the consequences?

- b) Would you be willing to publicly take a stand?

- c) Is your decision consistent with what your conscience tells you?

lesson 8

4. Point out to the students that the fear of "catching" AIDS has resulted in many cases of discrimination and isolation of HIV positive individuals and people with AIDS. Those affected have lost jobs, been denied access to public places including schools, lost "friends", and have been socially isolated. In other words, they have been denied basic human rights. But no one requires more support and love than a person with AIDS.
5. Now, read the handout, "Social Aspects of AIDS Prevention and Control" (WHO/GPA) and discuss why discrimination against HIV positive individuals and people with AIDS is inhumane and will not help prevent the spread of AIDS.
6. Show the Australian-produced video, "Does Dracula Have AIDS?" if available.

SOCIAL ASPECTS OF AIDS PREVENTION AND CONTROL

National AIDS prevention and control programmes throughout the world operate in substantially different epidemiological, social, economic and political environments. However, they have been faced with a similar range of complex social issues, involving screening, employment, housing, access to health care and schooling.

In the light of the experience of national programmes to date, as well as current knowledge about HIV infection and AIDS, WHO/GPA wishes to draw attention to the following social aspects of AIDS prevention and control:

1. AIDS prevention and control strategies can be implemented effectively and efficiently and evaluated in a manner that respects and protects human rights.

2. There is no public health rationale to justify isolation, quarantine, or any discriminatory measures based solely on the fact that a person is suspected or known to be HIV infected. The modes of HIV transmission are limited (sex, blood, mother-to-child). HIV spreads almost entirely through identifiable behaviours and specific actions which are subject to individual control. In most instances, the active participation of two people is required for HIV transmission, such as in sexual intercourse and in sharing contaminated needles or syringes. However, spread of HIV can also be prevented through the health system (e.g. by ensuring the safety of blood, blood products, artificial insemination and organ transplantation, and preventing re-use of needles, syringes and other skin-piercing or invasive equipment without proper sterilisation).

HIV infection is not spread through casual contact, routine social contact in schools, the workplace or public places, nor through water or food, eating utensils, coughing or sneezing, insects, toilets or swimming pools.

Accordingly, an AIDS prevention and control strategy should include:

- providing information and education to the general public, to persons with behaviours that place them at risk of HIV infection (risk behaviour groups), and to HIV infected persons;
- counselling of HIV infected persons;
- ensuring the safety of blood and blood products, skin piercing practices and other invasive procedures.

In accordance with this strategy, persons suspected or known to be HIV infected should remain integrated within society as much as possible and be helped to assume responsibility for preventing HIV transmission to others. Exclusion of persons suspected or known to be HIV infected would be unjustified in public health terms and would seriously jeopardize educational and other efforts to prevent the spread of HIV. Furthermore, discriminatory measures create additional problems and cause unnecessary human suffering.

lesson 8

The avoidance of discrimination against persons known, or suspected to be HIV infected is important for AIDS prevention and control. Failure to prevent such discrimination may endanger public health.

3. Testing for the purpose of determining an individual's HIV-infection status should involve informed consent and counselling and should ensure confidentiality. Determination of an individual's HIV-infection status may occur through medical examination for suspected HIV-related illness, voluntary testing programmes, screening of blood donors, or in other settings.

The Global Programme on AIDS has already published criteria for HIV-screening programmes which emphasise the need to consider carefully the public health rationale for such screening as well as to address explicitly the technical, operational, economic, social, legal and ethical issues inherent in screening programmes.

This statement is available in leaflet form from WHO/GPA and may be updated on the basis of additional experience with AIDS prevention and control programmes worldwide, and as additional knowledge about HIV infection and AIDS becomes available.

Source: AIDS Action Issue 2 March 1988

Optional Activity

DISCUSSION/VALUES CLARIFICATION

What To Do

1. Divide class into groups.
2. Hand out discussion starters in "Poor Understanding" (on following page). For 10 minutes, have each group go over and talk about the issues, then get back into whole group.
3. Share group's views on questions:
 - What do you think about these situations?
 - Why do people react in these ways?
 - Will these reactions help control the spread of HIV?

Teaching Notes

Note that a person with HIV who has unprotected sexual intercourse may expose him or herself to the virus and thus be reinfected. Reinfection contributes to more rapid progression towards an AIDS diagnosis. Condoms protect HIV-infected people too.

Also note that it is the rare exception, certainly not the rule, that HIV-infected people do not behave responsibly. Nearly all HIV-infected people are responsible and avoid transmission.

You may use/adapt the situation in the handout, "Poor Understanding", or create local situations more familiar to the students.

WORKSHEET

POOR UNDERSTANDING

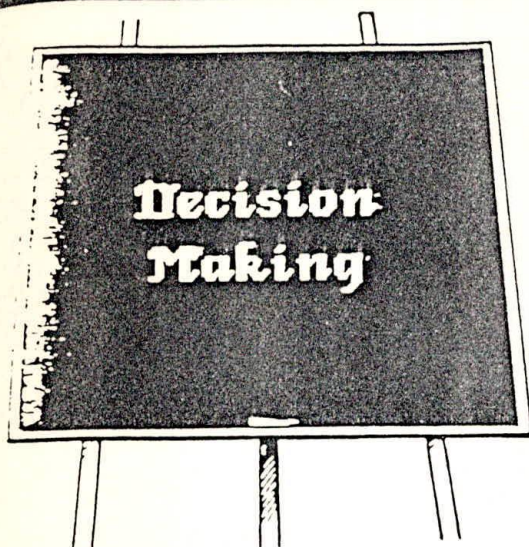
The following situations are intended as discussion starters. They raise major issues in HIV control which we will need to address before we can make any progress in slowing the spread of the epidemic.

- A young woman returns to her village from studying abroad. As she walks in the village people shout at her "AIDS! AIDS!" Her father insists that she gets an AIDS test before she lives in the family home. The test is positive.
- A rural mother says that they should test everyone and separate those who are positive. If she herself is positive they should shoot her so that she doesn't give AIDS to her husband and children.
- A group of politicians see a video showing a person dying of AIDS and make a policy that everyone should be tested and those carrying the virus should be locked up.
- Three school boys with haemophilia are HIV positive. Parents keep their children away from school and harass the boys until they are forced to leave school.
- The colleagues of a woman whose husband has AIDS refuse to work with her. She is sacked.
- A man is told that he has AIDS. His family tells the hospital to look after him and refuses to visit him. He is so angry and despairing that he sets out to infect as many people as he can.

Adapted from:

Preventing a Crisis: AIDS and Family Planning Work, International Planned Parenthood Federation, London, 1988.





Objectives

The students should be able to make responsible decisions about sex.

Prerequisite

Knowledge of transmission, protection, symptoms of STD/AIDS.

Activity

Small groups of not more than five followed by whole group. If there are more than 4 groups give 2 groups the same task. Single or mixed sex groups as dictated by local conditions.

What You Need

- Large sheet of newsprint/paper
- Felt tip pen
- Crayon for each group
- 4 Situation Cards (for Alternative Activity)

Activity 1

What To Do

1. Read the following situation to the whole group.

Moana and Pita

Moana and Pita have been going around for a few months and are quite fond of each other. On their way home one night after the movies they started talking about whether they should have sexual intercourse.

2. Ask

- Group 1 to list as many reasons as they can think of why Pita might choose not to have sex with Moana.
- Group 2 to list as many reasons as they can think of why Moana might choose not to have sex with Pita.
- Group 3 to list as many reasons as they can of why Pita might choose to have sex with Moana.
- Group 4 to list as many reasons as they can think of why Moana might choose to have sex with Pita.

3. If a group is having difficulty in compiling their list, assist by asking a question, e.g., "Do you think she might choose to have sex because she feels everyone else is doing it?"

lesson 9

4. When groups are finished ask groups 1 and 2 (choose not to have sex) to place their lists beside each other. If there are any major omissions (see Resource) you may wish to add to them.
5. Discuss
 - the similarities between the male and female lists.
 - the differences between male and female lists - are they real or are they imagined?
 - the pressures on Pita and Moana to say 'no'.
 - the reasons why Pita and Moana might find it difficult to say 'no'.
 - the possible consequences of saying 'no'.
6. Ask Groups 3 and 4 (choose to have sex) to place their lists beside each other.
7. Discuss
 - the similarities between the male and female lists.
 - the differences between the male and female lists - are they real or imagined?
 - do they reflect the fact that a woman, not a man, can become pregnant?
 - the pressure on Pita and Moana to say 'yes.'
 - the reasons each might find it difficult to say 'yes.'
 - the possible consequences for each of them of having sex for some of the listed reasons, e.g. so Pita won't drop her.

Teaching Notes

Localise the situation and characters, e.g. after a dance, village festival or celebration, etc.

This activity can be important because

- it provides a vehicle for discussing the issues involved in decisions about sexual involvement.
- it implies that sexual activity involves making decisions and needn't just happen.
- it reinforces those who, for reasons of personal values, decide not to have sex and yet shows that for some there may be what they feel are valid reasons for having sex.

- it can be helpful to some teenagers to learn that not 'everyone is doing it'.
- it reinforces the idea that each opportunity where there is a possibility of sex, a decision can be made for that occasion.
- if possible subtly put across what might be the "best" decision to make.

Resource

The following are examples of lists that some groups may have come up with.

Reasons why either one of them might choose not to have sex.

1. because s/he believes it is important to wait until marriage.
2. because s/he doesn't know whether s/he cares enough for the other person.
3. because s/he doesn't know whether the other person cares enough for him/her.
4. for religious reasons.
5. s/he doesn't feel s/he is ready to have sex yet.
6. because s/he doesn't want sex on that particular occasion.
7. because s/he doesn't want to have sex with that person.
8. because s/he is afraid that he/she might only be interested in her/him in a sexual way and not for other reasons.
9. fear of pregnancy.
10. fear of infection, e.g. AIDS.
11. fear of not being able to do it.
12. fear of what his/her parent/s would say if they found out.

Adapted from: Deciding and Choosing, Education Unit, Family Planning Association, Auckland Branch (Inc.), Auckland, 1985.

lesson 9

Reasons why either one of them might choose to have sex.

1. s/he wants to show her/his love.
2. for pleasure.
3. because s/he wants to have sex with him/her on that particular occasion.
4. s/he thinks it will make their relationship better.
5. to have/father a child.
6. for curiosity.
7. to feel adult.
8. to rebel.
9. to prove that s/he is a 'real' woman/man.
10. to do what s/he thinks everyone else is doing.
11. to do what others tell her/him to do.
12. because s/he thinks her/his partner will drop her/him if s/he doesn't.
13. because s/he has paid for the movies and he/she feels he/she has to pay up.
14. for money.

Alternative Activity

What To Do

1. Give each group a situation card (see below). Each group should have someone to record important points.
2. Ask participants to read their card, think about answers to the questions and then talk about their situation and responses with others in the group. Note important points.
3. Have groups in turn explain the situation and their responses.

Resource

SITUATION 1

Josephine has been going around with Simo for seven months. She enjoys his company but doesn't want to have sex with him. One evening Simo insists that she has sex with him or else he will drop her.

1. If you were in Josephine's situation what would you do?
2. What do you think of Simo pressuring Josephine this way?

SITUATION 2

Kalin and Lakin have been finding that they have been becoming more and more sexually aroused when they are together. Each privately is thinking that before things go any further something needs to be sorted out between them.

1. What do you think they should do?

SITUATION 3

Taratai does not believe in sex before marriage. His girlfriend thinks that he is very old fashioned and says that if he is genuinely fond of her he should forget his beliefs and have sex with her.

1. What alternatives are open to Taratai?
2. What could be the consequences of each?

lesson 9

SITUATION 4

The group of guys Joe goes around with have been putting a lot of pressure on him to have sex with his girlfriend. They reckon he's not man enough if he doesn't. Joe and his girlfriend have decided they don't want to be sexually involved yet.

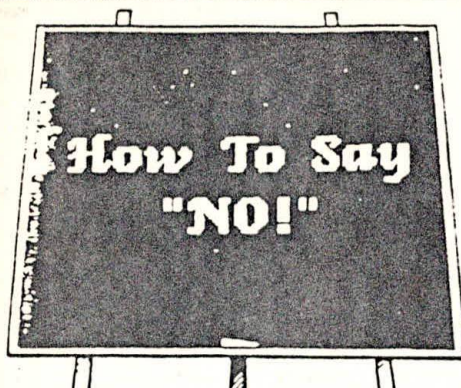
1. What could Joe do about this situation?
2. What could be the consequences of each choice?
3. What could Joe say to get his friends to stop pressuring him?

Teaching Notes

Situations and Characters can be further localised.

If time permits the following could be used:

1. Cover one situation at a time with all groups.
2. Share 2 situations at a time with the groups.



Objective

The students should be able to:

- be aware of the lines often used by young men/women to pressure young women/men into sexual activity.
- practice assertive responses to these pressures.
- be aware of potentially risky situations.

Prerequisite

Knowledge of transmission, protection, symptoms and effects of STD.

Activity

Group discussion, whole class discussion.

What You Need

- Newsprint
- Felt-tip pen
- Adhesive
- Handouts-Script One and Script Two.

What To Do

1. Divide the class into small, single sex groups of three or four.
2. Have each group prepare a list of all the common lines that members have ever heard or heard of that are used to pressure people to have sex.

Suggested lines

"Everyone else does it."

"You're the only person I've ever done this with."

"You might as well do it - I'll tell everyone you did anyway."

"This is the way to prove you really love me."

"You got me all excited, now it's up to you to do something about it."

"Nobody will know about it."

"You don't think I've got AIDS or something, do you?"

3. Ask each group to read out its list and then display them around the room.
4. Divide the class into pairs but not necessarily female and male. One of the partners selects a line from any of the lists and the other devises an effective negative response.
5. Allow 10-15 minutes for the pairs to take turns practising their responses to the lines and keeping a note of them.

lesson 10

6. Ask each pair to select any particularly interesting response to share with the large group.
7. Conduct a whole class discussion: Sometimes people can get into situations where they can be forced into having sex even after they have said "No".

Discuss the sorts of situations this could happen in, e.g., the girl or boy gets drunk and does not know what he/she does.
8. Review the lesson - Stress that it is not always easy to say 'No' to someone, especially to a friend. It is also not always easy when a friend says 'No' to you.
9. Give out homework:
 - Handout Script One and Script Two (p. 81 & 82).
 - Ask the class to read the two scripts carefully and note down:
 - (a) the responses that should be avoided.
 - (b) the responses that should be used.
10. In the next class review and discuss the homework.
11. Or, as an alternative to the homework (9 & 10 above), have 2 students, a boy and a girl, role play by reading Script One and then have another pair role play, using Script Two. Then discuss the responses which should be avoided and those which should be used. (See Teaching Notes below).

Teaching Notes

SCRIPT ONE

Mele fell into some traps by:

- being indefinite to start with, not starting by saying 'No'.
- giving excuses instead of a firm refusal.
- feeling guilty.
- answering all the questions (e.g. about being late) instead of sticking to saying 'No'.
- saying she liked him, knew he would be careful. Having said all this, she felt cornered and gave in.
- apologizing.

SCRIPT TWO

Mele used these skills to let Feleti know she meant 'No'.

- she definitely refused from the beginning.
- she made no excuses or apologies.
- she responded to statements (like - "I meant it when I said I loved you" - "I'm glad about that") but she then repeated her refusal.
- she did not get angry or irritated or upset.

HANDOUT

SCRIPT ONE

FELETI : C'mon! Let me go all the way. I really like you and I know you like me.

MELE : Um - I don't know. I don't know if I'm ready for it.

FELETI : Please - you know I'll be careful.

MELE : Yes, but - I don't know.....I've got to be home soon.

FELETI : Come on - you have a lot of time.

MELE : I know that but - I still don't know. I'm not sure if I should. I'm not sure if I'm ready for it.

FELETI : What's wrong? Don't you trust me?

MELE : Yes I do trust you.....but.....

FELETI : You don't like me. Is that it?

MELE : You know I like you.....I'm sorry.

FELETI : If you loved me as much as I love you you'd say 'yes'.

MELE : I do love you - I'm just not sure what I want.

FELETI : You really want to say 'Yes'. You just think I'll think you're easy if you say 'Yes'.

MELE : No, it's not that. You're wrong about that.....

FELETI : Well there's no good reason why you shouldn't say 'yes' is there?

MELE : I guess not.....

FELETI : Well - come on. What are we waiting for?

lesson 10

H A N D O U T

SCRIPT TWO

FELETI : C'mon. Let me go all the way. I really like you and I know you like me.

MELE : I know you like me and I like you too but I don't want to. I don't feel ready for it.

FELETI : Please - you know I'll be careful.

MELE : No - I don't want to.

FELETI : I meant it when I said I loved you.

MELE : I'm glad about that. But at the moment I don't want to have sex with you. I might feel differently later but that's how I feel now.

FELETI : So your answer's 'No' is it?

MELE : Yes, it is.

Additional/Alternative Activity

What To Do

1. Introduce the activity by discussing why it might be difficult to say 'No' at different times.
2. Invite students to describe a situation in which they really wanted to say 'No' to someone and didn't.
3. Ask students to think about why it was so hard to say 'No', list these reasons on the board and discuss some of them.
4. Suggest to students that the way in which they say 'No' will have an influence on the way the comment is received.

Present some hints for saying 'No':

- Clearly say 'No' and avoid half-hearted responses like "Well, I don't think so".
- Give reasons for saying 'No'.
- Tell the other person what you would rather do instead.
- Use humour.

Divide the group into pairs and indicate that each person will take turns as being the 'asker' and the 'responder'.

5. The pairs can then take turns asking the following types of questions. Ask your partner to:
 - go somewhere with you.
 - have a cigarette.
 - let you copy his/her homework project.
 - meet you at the cassava patch after her parents have gone to bed.

The responder could use the following statement stem to frame a response:-

"No, I don't want to because.....,
but I would like to.....".

lesson 10

6. Conclude with whole class discussion.

Some points to be emphasized are:

- being prepared - having thought about a response before a situation develops.
- being aware of a non-verbal behaviour.



Objective

The students should be able to:

- understand the need for good communication in relationships.
- understand the necessity of discussing safer sex with a partner.
- to consider the difficulties of discussing the use of condoms with a sexual partner.

Prerequisite

Knowledge of transmission, symptoms of, and protection from STDs.

Activity

Paired, small group, and class discussions.

What You Need

Worksheets 1 and 2.

Activity 1

What To Do

1. Hand out copies of Worksheet 1 and read aloud.
2. Divide class into small groups.
3. Ask groups to discuss the questions on the worksheet.
4. After 10-15 minutes, ask each group to report back to whole class with 3 or 4 of the major issues discussed in their groups.

lesson 11

WORKSHEET 1

SAFER SEX

BALE AND WAQA

Bale and Waqa both work in the same organization. After going on their first date some time ago their relationship has developed to the point where they both feel very attracted to each other and are thinking about becoming sexually involved. There is a number of issues that each of them is considering. Bale for example, is worried about contraception and the possibility of pregnancy. Waqa is aware that both he and Bale have been in previous sexual relationships and he is worried about AIDS.

Bale

- a) What issues about contraception do you think Bale might be considering?
- b) What alternatives does she have?
- c) What might she want to discuss with Waqa?

Waqa

- a) Why would Waqa be worried about AIDS?
- b) Do you think he could discuss this with Bale?
- c) How do you think he should approach Bale about this?

Bale and Waqa (Both)

- a) How could they find out about 'safer sex'?
- b) How could they practice 'safer sex'?

Activity 2

What To Do

1. A quick question and answer revision of ways to prevent the transmission of STD/AIDS (e.g. no sexual intercourse, mutual monogamy or use of condoms).

Emphasize the need for everyone to adopt safer sexual practices if they are sexually active.

2. Ask class to consider some of the factors which might make it difficult to discuss using condoms with a partner (e.g. embarrassment, lack of information, not knowing partners well). Spend some time in whole group discussion considering some of these.
3. Distribute Worksheet 2 to continue Bale and Waqa story.
4. Ask students in pairs, to discuss and complete worksheet.
5. Share balloons/scripts with whole class.

Teaching Notes

1. In co-ed schools, a possible approach here could be to have discussions in single sex pairs or groups.
2. It is important that class members know what a condom looks like. If your school has a contraceptive kit, there will be a sample in this. Show the condom unrolled.
3. With younger group or groups where many of the people are not sexually active, it may be necessary to point out that these situations may not be relevant to them all at present but something they could encounter in the future.
4. The same activity could be used to help young people practice telling a partner that they have a sexually transmitted disease.
5. The handout, "Talking About Using Condoms" can be given out after the activity or ideas from it suggested to participants if they are having difficulty.
6. Depending on the needs of students, it may be appropriate to discuss proper use of condoms.

Activity 2

What To Do

1. A quick question and answer revision of ways to prevent the transmission of STD/AIDS (e.g. no sexual intercourse, mutual monogamy or use of condoms).

Emphasize the need for everyone to adopt safer sexual practices if they are sexually active.

2. Ask class to consider some of the factors which might make it difficult to discuss using condoms with a partner (e.g. embarrassment, lack of information, not knowing partners well). Spend some time in whole group discussion considering some of these.
3. Distribute Worksheet 2 to continue Bale and Waqa story.
4. Ask students in pairs, to discuss and complete worksheet.
5. Share balloons/scripts with whole class.

Teaching Notes

1. In co-ed schools, a possible approach here could be to have discussions in single sex pairs or groups.
2. It is important that class members know what a condom looks like. If your school has a contraceptive kit, there will be a sample in this. Show the condom unrolled.
3. With younger group or groups where many of the people are not sexually active, it may be necessary to point out that these situations may not be relevant to them all at present but something they could encounter in the future.
4. The same activity could be used to help young people practice telling a partner that they have a sexually transmitted disease.
5. The handout, "Talking About Using Condoms" can be given out after the activity or ideas from it suggested to participants if they are having difficulty.
6. Depending on the needs of students, it may be appropriate to discuss proper use of condoms.

WORKSHEET 2

SAFER SEX

WAQA AND BALE (continued)

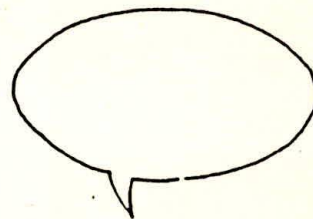
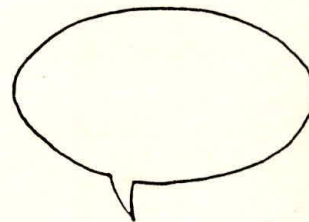
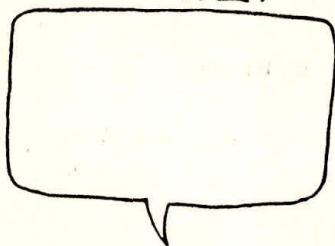
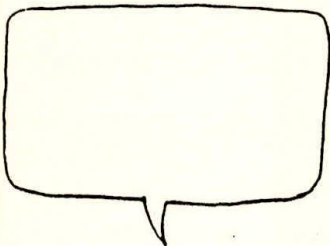
Waqqa has decided to ask Bale if he will use a condom. She thinks this is the best option, both to prevent pregnancy, and to protect against STD.

What do you think might be said if:

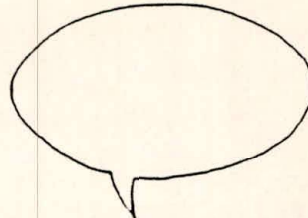
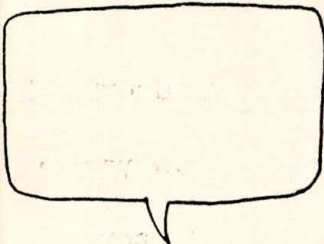
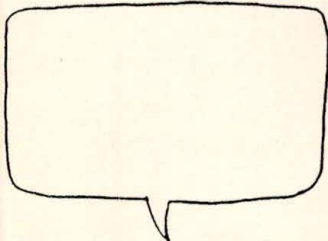
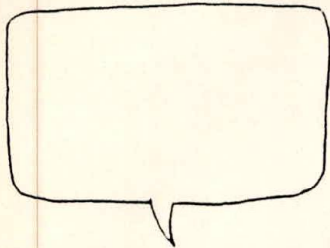
- a) Waqqa feels O.K. about using condoms?
- b) Waqqa feels uncomfortable about using condoms?

Fill in the balloons to show a possible script for (a) and (b). (Add more balloons if necessary).

- a. Waqqa feels O.K. about using condoms



c) Waqa feels uncomfortable about using condoms.



lesson 11

HANDOUT 1

TALKING ABOUT USING CONDOMS

It can be really hard to talk about using a condom even with someone you know well. Here are some ways other people have tried.

"No condom, no sex".

"I look after myself so I use condoms".

"Let's talk about this (not using condoms) again when we're married.

"I'm not on the pill so it's condoms or nothing".

"I've got this (show condoms). O.K.?"

"Use this (show condom) for protection".

"These are little lifesavers".

"The new condoms feel like silk".

"Is a condom OK with you?"

"I'd only have sex with someone who cared enough to use protection".

"My doctor said everyone ought to use condoms and I agree".

"I've thought about it and I've decided to always use condoms".

"We can use my condoms if you haven't got any".

SOURCE: STD Resource Kit, The Education Unit, Family Planning Association (Inc.), Auckland Branch, Auckland, 1985.

USE OF CONDOM

CONDOM CHECKLIST

1. Check expiry date of condoms.
2. Do not carry condoms around in wallets or store in the glove box of a car for a long time. Heat may damage the latex.
3. Put on the condom before sexual intercourse.
4. Be careful not to snag the condom with the rings or fingernails.
5. Expel air from the tip of the condom.
6. Unroll the condom onto the erect penis and make sure it goes all the way to the base of the penis.
7. If additional lubricant is necessary, use only water-based ones (e.g. KY Jelly, Lubafax. Use a spermicide with non-oxynol-9 for added protection.)
8. After ejaculation, withdraw penis as soon as possible to prevent leakage. Hold onto the rim of the condom.
9. Condoms should only be used once.

Talking to Parents about STD and AIDS

Objectives

The students should be able to:

- express some reasons why it can be difficult to talk with their parents about personal and/or sexual things.
- develop skills to enable them to discuss STD/AIDS with their parents.

Prerequisite

Knowledge of AIDS/STD - transmission, symptoms and protection.

Activities

- Role play
- Reflection activity

What You Need

Activity 1 - Nothing

Activity 2 - Copies of Reflection Worksheet with questions concerning how comfortable they are talking to their parents about sexual matters.

Optional Activity - Booklet, "Understanding AIDS" found in pocket of back cover.

Activity 1

What To Do

1. Ask two students to volunteer to sit in the centre of a circle formed by the other students. Ask them to role play the roles of parent and teenager.
2. Start by asking the teenager to bring up his/her getting a bad grade on a test. (This will be easier for the student to discuss than talking about a sexual matter and will act as a warm-up exercise.)
3. Ask the rest of the students for input as to what they think the parents or teenager might/should say.
4. Ask the student to role play how they might go about using a pamphlet on AIDS which they were given at school (remember to let the rest of the class have input) to talk to their parents about AIDS.

Ask the students:

1. What was the easiest subject to talk about? Why?
2. What was the most difficult subject to talk about? Why?
3. What kinds of things (cultural taboos, embarrassment, fear) make it difficult or easy to talk to parents?
4. Would these types of discussions be typical for teenagers to have with their parents?

lesson 12

Activity 2

What To Do

1. Ask the students to fill out the Worksheet (below).
2. Assure them that their responses will be confidential.
3. When they are finished ask the students if they have any general comments about their answers or the exercise.

WORKSHEET

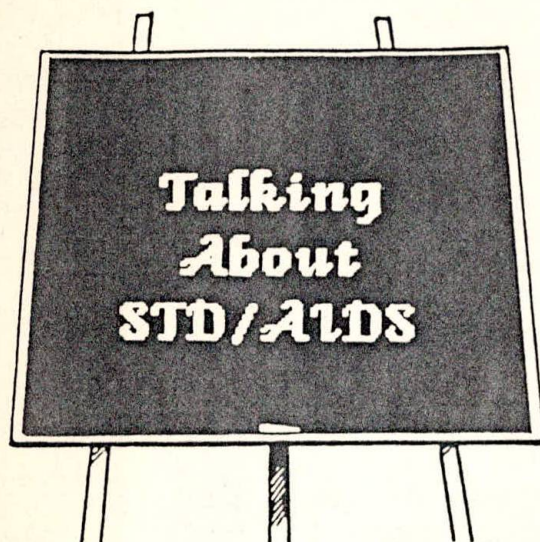
REFLECTION

1. How comfortable am I talking about sexual matters with my mother? father? grandmother? grandfather?
2. Would I like to be able to better communicate with my parents about problems I have? How could I accomplish this?
3. How would my parents react if I had an STD?
4. How would my parents react if I had AIDS?
5. What would I like my parents to know and understand about AIDS and other STDs?
6. How would I feel if my parents wanted to talk to me about STDs and AIDS?

Optional Activity

What To Do

1. Adapt (keeping in mind what would be culturally acceptable) and reproduce the booklet "Understanding AIDS," found in the pocket attached to the back cover. Or use a similar booklet or pamphlet.
2. Ask students to take the adapted booklet home, show it to their parents and read it together and discuss it.
3. Have students report back their parents' reactions and discuss them.
4. Have students make suggestions on how to improve communication with parents about AIDS.



Objectives

The students should be able to

- discuss STD and AIDS and the issues that surround them.
- identify local information/service centres.

Prerequisite

Knowledge on AIDS/STD transmission, symptoms and protection.

Activity

1. Small group discussion
Brainstorming exercise
2. Case Study

What You Need

- Newsprint
- Felt Pens
- Chalk
- Blackboard

Activity 1

What To Do

1. Ask students to consider the question: "What are some things that might make it difficult to tell someone that you have STD/AIDS?"
2. Brainstorm and write responses on the blackboard. Some possible responses follow, and teachers may want or need to start the discussion with these if students have trouble generating some of their own:
 - fear of rejection from partner
 - guilt about having possibly infected the other person
 - scared of parents finding out
 - embarrassment
3. Discuss all responses.
4. Break the class into small groups of four or five. Give each group a piece of paper with one of the following words on it:

Parents
Friends
Sexual Partner
Doctor
Priest/Minister
Teacher

5. Ask each group to discuss and record why a man/woman who is HIV positive:
 - Should tell that person
 - Should not tell that person

It is O.K. if the group is split in their decisions as long as they give reasons to back their answers.
6. After fifteen minutes of group work have a group presentation and general discussion.

lesson 13

Activity 2

What To Do

1. Break into small groups again to discuss the Case Study (below).
2. If there is time, share the small group reactions in the large group.
3. Show the video, "Better Safe" from the Family Planning Federation of Australia, Inc. or the office of the Unesco Regional Adviser for Population Education in the Pacific, Suva, Fiji.
4. Invite the local doctor or nurse from the STD clinic to discuss STDs and treatment services.

CASE STUDY

JOE'S STORY

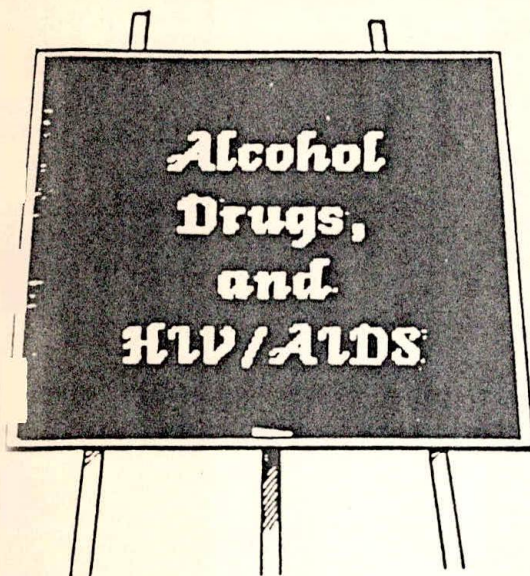
Joe and Benny were two high school boys. Joe had gone away to the capital for the Easter weekend. Three days after he returned, Joe started complaining of having a "burning sensation" when he urinated. He told his friend Benny about it and both were worried but did not want to tell anybody about it.

After a lengthy discussion, the two boys concluded that Joe had contracted an STD. They did not know where to go for help. The local doctor was a friend of both their families. They did not know where other local treatment centres were located.

Joe lived in agony for the next few days and Benny suggested all the home remedies that he heard had worked with other friends of his, but they did not work for Joe.

Discussion:

1. What do you think Joe should do?
2. Where are your local treatment centres?
3. What is Joe's responsibility to himself? to others?
4. Where can you get information on STD/AIDS?



Objectives

The students should be able:

- to develop an awareness that alcohol and other drugs can put them at risk with HIV/AIDS
- to make responsible decisions about alcohol and drug use.

Prerequisite

Knowledge on AIDS/STDs transmission, symptoms and protection.

Teaching Notes

Questions and Answers.

Activity 1

"What Are Drugs?"

1. Display the World Health Organisation's definition of a drug.

'any substance which, when taken into the body, alters the function of the body physically and psychologically.'

2. Ask students to brainstorm a list of 'drugs'.
 3. Write the list on the board (list should include alcohol, tobacco, medications, caffeine, over-the-counter drugs, e.g. codeine, as well as illegal substances such as heroin, cocaine and marijuana).
 4. Discuss these points:
 - We are a drug using society.
 - We choose to use or not to use drugs.
 5. Discuss the fact that all drugs affect the physical function of the body. Some drugs are useful, for example those medically prescribed. All drugs however, can cause problems for the users and their families.
 6. Ask which drug listed in 3 (above) are harmful or illegal.
 7. Discuss why some teenagers use alcohol and other harmful drugs. Accept all responses.
- Ask how the harmful drugs are used (i.e. smoking, drinking, injecting).

lesson 14

8. Ask students to list some common effects on people who use alcohol and other harmful drugs.

Possible Responses:

- a light head, feel good
- b drowsiness
- c giddiness, silly behaviour
- d nausea, dizziness
- e slurred speech
- f aggressive behaviour
- g loud voice
- h unusual behaviour
- i loss of inhibition (less consideration for privacy, modesty, values, responsibility)
- j slower reaction/response time
- k false sense of confidence
- l poor judgement (e.g. driving faster)

9. Ask for some common consequences e.g. accidents, harm others and self, etc.

10. Ask the students why some teenagers use drugs.

Possible Responses:

- a to experiment
- b to feel good
- c peer pressure - friends urging
- d to escape from personal problems like loneliness, rejection, etc.
- e to act adult
- f to have an excuse to do something they wouldn't do if sober - e.g. have sex, rob, burglarize, vandalize, etc.

11. Ask the students to describe their responsibility to their parents, friends, and community in relation to the use of harmful drugs. In addition to oneself, who else is hurt?

Activity 2

Discuss these case studies in small groups:

1. A friend's mother is supposed to give you and some other kids a ride home in her car after the school play. You think she has been drinking. What would you do?

2. Two good friends of yours have started to smoke marijuana. How would you try to convince them to stop? If they don't stop, what do you do?
3. You are invited to a party at a friend's house. Your friend tells you that there won't be any adults there, and some of the kids have said they'd bring some beer. What do you do? If you decided not to go to the party, what could you do instead?
4. Some friends of yours have been trying to get you to smoke cigarettes. But you know it's bad for you and you really don't want to do it. How would you tell them no? What activities could you suggest to your friends instead of smoking?

Activity 3 CASE STUDIES

Read the two case studies and discuss the questions.

1. Mere meets Mosese at a night club and thought he was handsome. After several drinks, Mosese asks Mere to leave with him and both go to a hotel where they have unprotected sex.

What risks did Mere and Mosese take?

What influence did alcohol have?

What did they have to gain?

Were these worth the risk?

How would their future be affected if Mere became pregnant or either contracted HIV from Mosese who might have been infected?

2. Viliame goes to a party where everyone, including some of his friends, are drinking beer. A friend introduces him someone who was shooting cocaine (into a vein), who encourages Viliame to try it. Viliame was too drunk to realize what he was doing, but he let the IV drug user show him how to use the needle.

What risks did Viliame take?

What did he have to gain?

Was this gain worth the risk?

What would you have done?

Activity 4

In groups of 5-6, discuss these questions and present your findings to the whole group.

1. What role do you think alcohol and drugs play in sexual decisions and behaviours?
2. What dangers do drugs and alcohol create?
3. What advice would you give young people about drinking and sexual relationships?

lesson 14

4. IV drug use is very high-risk for contracting HIV.

What advice would you give a young person about needle use and drugs?

5. Why is having unprotected sex with a IV drug user risky? Or having sex with someone who has had sex with an IV drug user?

6. Would you use drugs if a friend asked or dared you?

TEACHING NOTES

ALCOHOL & OTHER DRUGS

QUESTIONS & ANSWERS

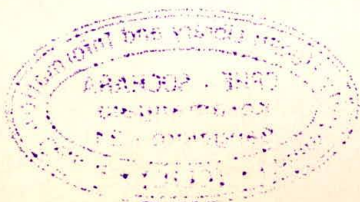
Any questions about alcohol and other drugs? We hope we can answer them here.

By the way, these are some of the most commonly asked questions by kids.

Q: Is homebrew like fruit juice?

A: No. A bottle of homebrew has the same amount of alcohol as a can of beer. It tastes like fruit juice because it is made up of similar ingredients: fruit juices and sugar. But unlike fruit juice or soda pop, it contains alcohol. So do yourself a favour and stick to fruit juice. It tastes just as sweet, but it's a lot better for you. Besides, it's legal.

Adapted from Helping Your Students Say **NO** To Alcohol and Other Drugs, Teachers' Guide, U.S. Department of Health and Human Resources, Public Health Services.



Q: Is beer safer than wine or liquor such as whiskey?

A: No way! A bottle of beer, a glass of wine, a 1.5 ounce "shot" of whiskey, and a 12-ounce bottle of wine cooler all have about the same amount of alcohol. So, if anyone tells you beer isn't as bad as "hard liquor" like whiskey or vodka or gin, they just don't know what they're talking about.

Q: Why are kids starting to drink?

A: Some kids believe that the only way to fit in with a group is to do what they think other kids are doing, like drinking. Most kids are into other stuff, such as sports, reading, dancing, skateboarding, bike riding, photography, writing stories, talking on the phone, studying hard, acting, drawing, whipping up incredible desserts, doing odd jobs around the house.... Well, you get the picture!

Some kids think that drinking is a way of proving they're grown-up. But that's not true either. For one thing, lots of adults don't drink. For another, staying healthy, making discoveries, and learning new things is really proving you're mature - and smart! Smart kids don't drink or use other drugs.

Q: Why do you call alcohol a drug?

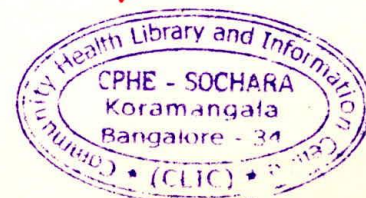
A: Because it affects your brain and body. Like many drugs, your body may need more and more alcohol to get the same "high" feeling. And if you drink more and more, your body begins to need alcohol. That means you get hooked on it. And that's not good.

Q: Is alcohol safer than other drugs?

A: Many adults have an occasional drink, but young people's bodies are still growing and forming. Even small amounts can harm the brain, liver and how you move. In other words, you might fall off your skateboard. Or even worse!

Q: What are some of the effects of smoking marijuana (also called pot, grass, weed)?

A: Some immediate physical effects of smoking marijuana are a faster heartbeat, bloodshot eyes, and a dry mouth and throat. Marijuana also makes it harder to do things which require concentration, swift reactions, and coordination, such as speaking in front of the classroom, hitting a softball, or jumping rope.



lesson 14

Q: What is cocaine/crack?

A: Cocaine is a very strong stimulant to the central nervous system, including the brain. Crack is a form of cocaine that has been chemically changed so that it can be smoked. Both forms of the drug are addictive and make your body crave more of the drug. Most people who use cocaine do not realize that they are becoming hooked, even when they are unable to stop using the drug. Serious physical side effects include irregular heartbeat, seizures, and heart attacks, even when used for the first time.

Q: If you drink, use other drugs, or have any kind of problem that's bothering you, what can you do about it?

A: Everyone needs help from time to time. After all, we're only human. And getting help when you need it can make you feel better. Some people think it's a sign of weakness to ask for help. In fact, it's a sign of courage! So where do you start?

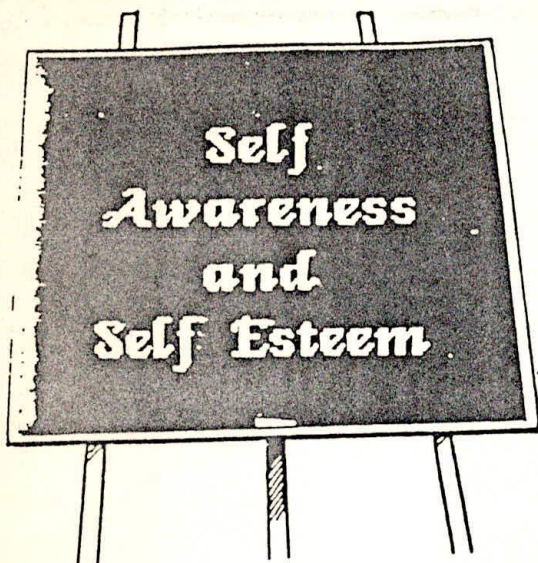
Remember, people who admit to themselves they have a problem want to do something about it. They want to make the problem go away. That's good.

So, first, talk about whatever's on your mind. Find someone you feel comfortable talking to:- a friend, a teacher, a parent or other relative, or your family doctor. Sometimes problems seem to work themselves out when you talk about them. And sometimes, talking makes you realize your problems aren't as hopeless as you might think.

If you're drinking or using other drugs to help solve your problems, stop. And if you can't stop, ask for help. You'll do yourself a favour.

Suggestion :

A video on drug use can be shown at the beginning or end of this session.



Objectives

The students should be able to:

- define self esteem.
- realise the importance of self-esteem and its relationship to behaviour.
- discuss the role of self esteem in AIDS prevention and development of responsible behaviour.

Prerequisite

Knowledge of transmission of AIDS and STDs.

Activity

Class discussion
Introspection

Activity 1

Self Esteem

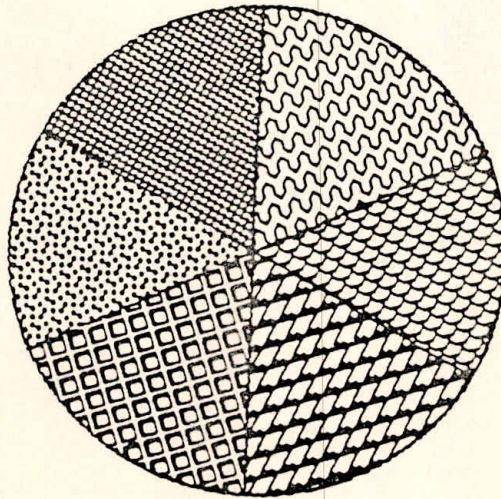
1. Write on the board the words **SELF ESTEEM**.
2. Ask the students to define what it is and write down their answers on the board.
3. Add to the students' answers the following definitions:
 - favourable opinion of oneself.
 - self respect, self worth, self concept, the feelings a person has about the person he/she believes him/herself to be.
 - how you feel about yourself.
 - how much you like yourself.
4. Ask the question - What factors build up positive self esteem and what factors hinder them?

lesson 15

Activity 2

Self Esteem

The South Pacific Games Gold Medal

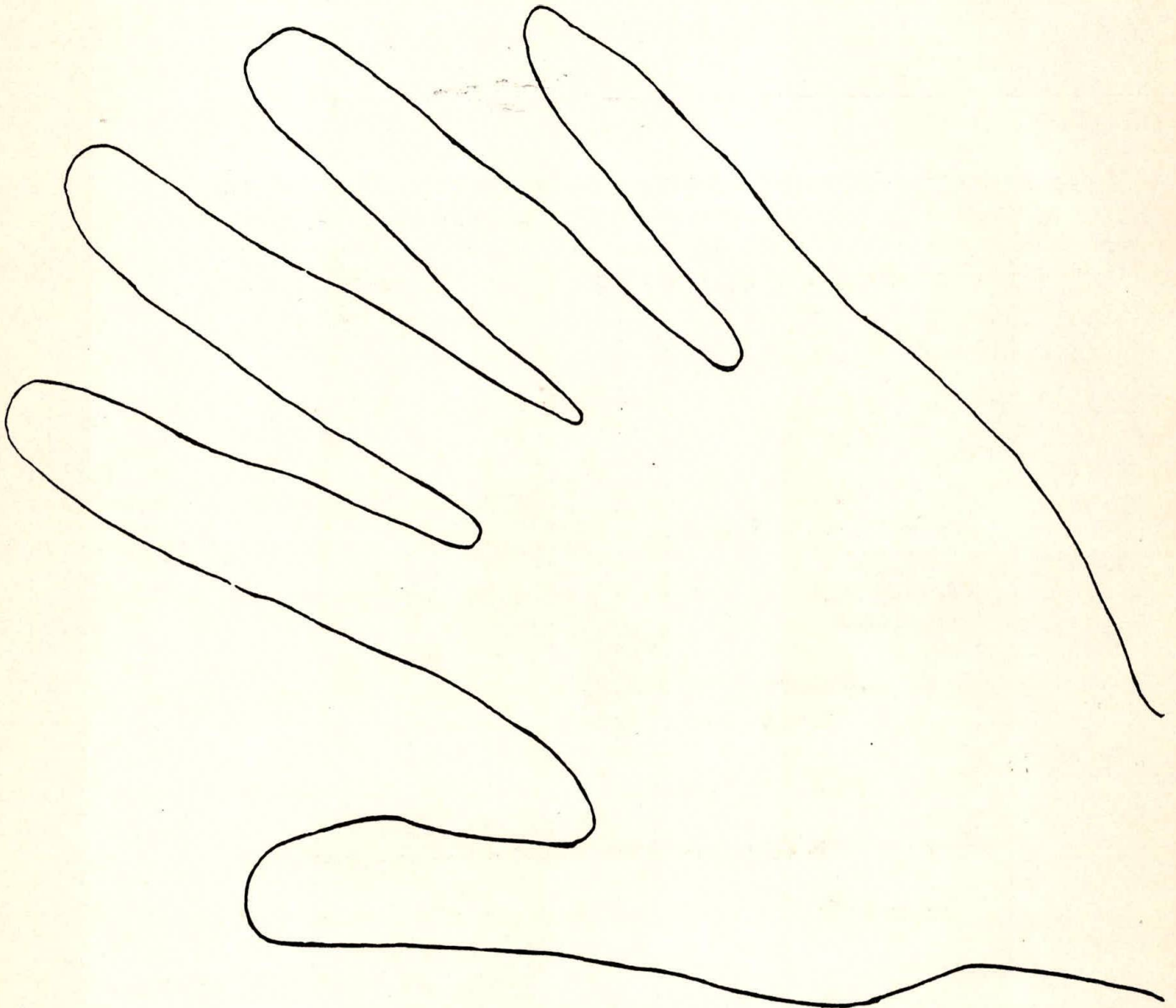


1. Have students draw on a piece of paper a South Pacific Games Gold Medal chart with six equal parts.
2. Number each part from 1-6 and have them fill in each part following these instructions.
 - Part 1 - Write down three words which best describe your best qualities, behaviour and character.
 - Part 2 - Write down one value in your life that you would never change.
 - Part 3 - Write down your most valuable material possession.
 - Part 4 - Write down your greatest personal achievement in life.
 - Part 5 - Write down the names of three people that make you happy and make you feel good about yourself.
 - Part 6 - Write down one thing that you would like to do for one year with a guaranteed success
3. After the students complete the exercise, ask them to share the information in pairs.
4. At the end of this activity, ask students how they felt about themselves.
5. Share some of the information if they wish to. Each student now has a South Pacific Games gold medal reflecting their achievement on self esteem and image of themselves.

Activity 3

Fine/Good Qualities

1. Have students draw or trace their hand showing their five fingers on a sheet of paper.



2. Give the following instructions:
 - In pairs, write on three fingers three positive or good qualities and behaviour about yourself.
 - Ask your partner to write down 2 positive or good qualities and behaviour he/she finds in you. Each finger now will be filled with all the good qualities about yourself..
 - In pairs, ask students to share the information with each other.
 - Ask for volunteers to share their information with the class.

Lesson 15

Teaching Notes

What is Self Esteem

Self esteem is how you feel about you - how much you like yourself. It changes constantly depending on what happens to you in your relationships with others.

It may be

Low/negative

high/positive

A person with low self esteem doesn't think much of him/herself. He/she feels unloved by other people. A person with high self esteem is happy with him/herself as a person. This does not mean that he/she brags to others or shows off. Rather a person with generally high self esteem feels OK about him/herself.

Self esteem is influenced by:

- parents
- friends
- brothers and sisters
- teachers
- bosses
- workmates

in fact by everyone with whom we come in contact.

It is also influenced by:

the environment we are in - whether it is a caring place to live/work, or cold and impersonal;

the weather - many people find that the weather is an important influence on how they feel, both about themselves and others;

what a person is doing on a particular day. It is difficult to maintain your level of self esteem on boring, nothing to do days;

the media - many people try to live up to the stereotypes of behaviour and appearance presented in the media. If they are unable to achieve this it may negatively influence their esteem.

lesson 15

We can also influence our own self esteem by:-

- accepting ourselves more;
- getting to know ourselves better;
- being more positive about what we do well;
- acknowledging (but not worrying about) what we don't do well and trying to improve in that area, if that is what we want to do;
- being more aware of how we feel and expressing those feelings to others.

It is important to have a high self esteem because people who like themselves are likely to:

- see themselves as being liked and worthy;
- be more accepted by their friends;
- behave in socially acceptable ways;
- have a sense of purpose;
- be attractive to other people;
- generally live happy and productive lives;
- have responsible sexual behaviour to protect him/herself from HIV/AIDS infection.



Objectives

The students should be able to:

- identify who their real friends are.
- recognise the influence of others on personal behaviour.

Prerequisite

Knowledge on AIDS/STDs transmission, symptoms and protection.

Activity

Group Work
Discussion

What You Need

Newsprint
Felt pens

Activity 1

My Friends and Me

1. Have students write down a list of the five qualities that they most admire in a friend, then brainstorm a list of friendship features.
2. Divide the class into groups of at least four. On a sheet of newsprint, have group members draw three concentric circles representing levels of friendship (e.g. close friends, friends and acquaintances).

Discuss different kinds of friends e.g. best friends, classmates, team-mates and the qualities that characterize these different levels of friendship.

Write qualities in the appropriate circle.

3. Have small groups report back to the class group.

Some points to consider in discussion:

- Do friends encourage you to do things that would cause harm?
- Do friends always help when there is a problem?

lesson 16

Activity 2

Responsible/Irresponsible

1. Have students discuss the following situations in small groups and try to form a consensus as to where on the continuum the decision best fits.

"Friends"

- (a) Mere is spending the night at Ana's house. Ana is 17, and her parents are away for the weekend. Mere notices the well-stocked liquor bar and suggests that they make themselves a drink.

Responsible

Irresponsible

- (b) Ana refuses, knowing her parents would not approve.

Responsible

Irresponsible

- (c) Mere begins to tease Ana for being a coward and even offers to take the blame if they were caught.

Responsible

Irresponsible

