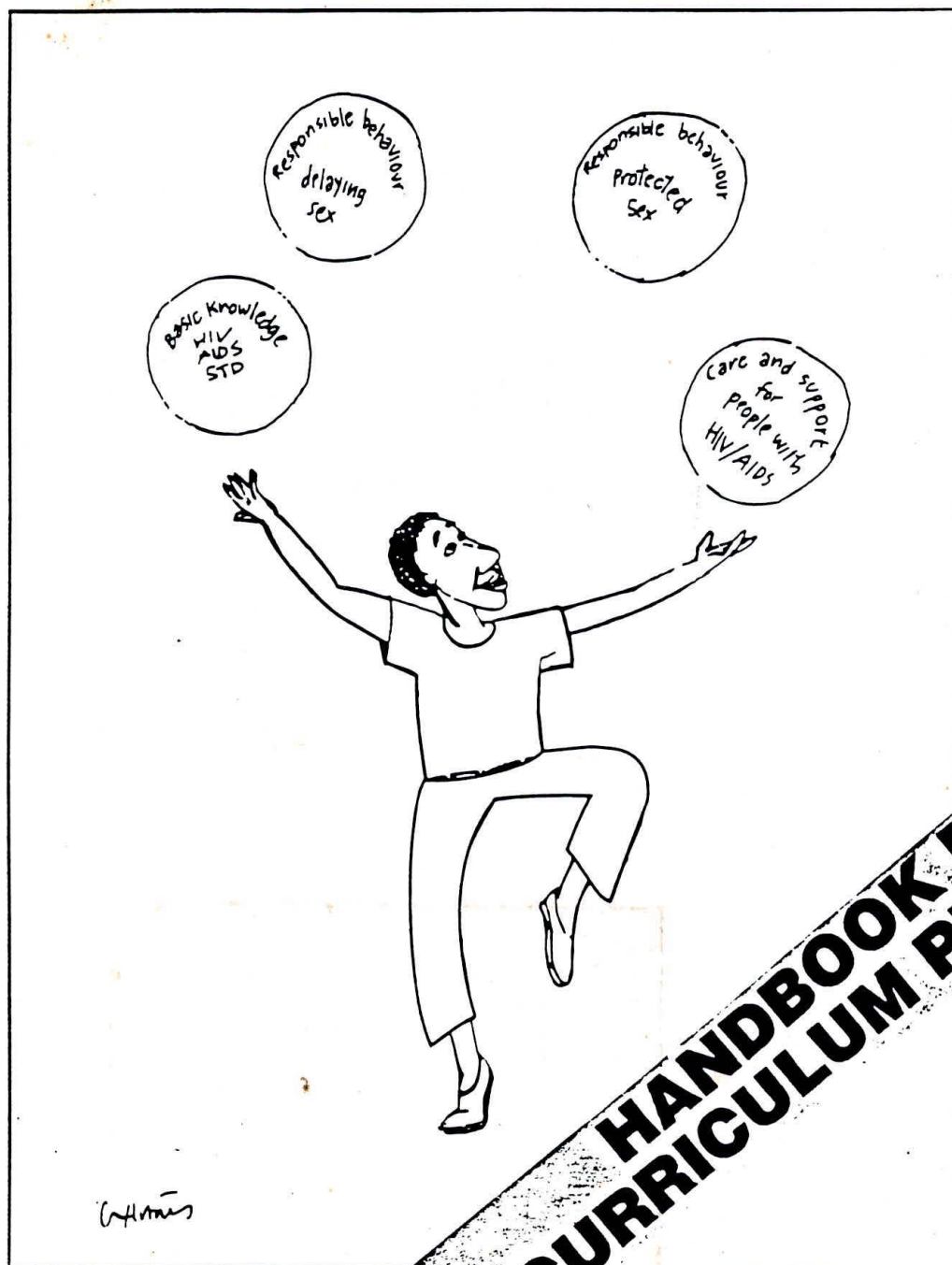


School Health Education to Prevent AIDS and STD

A RESOURCE PACKAGE FOR CURRICULUM PLANNERS



**HANDBOOK FOR
CURRICULUM PLANNERS**



World Health
Organization



UNESCO

© World Health Organization 1994

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced or translated, in part or in whole, but not for sale or for use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.

School Health Education to Prevent AIDS and STD

A resource package for curriculum planners

Handbook for Curriculum Planners

**World Health Organization
and
United Nations Educational, Scientific and Cultural Organization**

1994

Acknowledgments

The World Health Organization and the United Nations Educational, Scientific and Cultural Organization gratefully acknowledge the valuable contributions of:

- Alan Robertson: Queen's University, Kingston, Canada (text)
- Claudius Ceccon: CECIP – Popular Image Creation Center, Rio de Janeiro, Brazil (art direction and illustrations)
- UNICEF Zimbabwe: For permission to reproduce sections of the publication *Methods in AIDS Education*, Ministry of Education and Culture of Zimbabwe and UNICEF, Harare, 1993

as well as the contribution of the numerous professionals who reviewed the drafts:

- M. Palmaán, N. Ford, N. Nturibi, A. Mehryar
- B. Dick, R. Foul-Doyle, C. Wang (UNICEF)
- At the India workshop: A.B. Dandekar, Sudha V. Rao, P.K. Durani, D.K. Mukhopadhyay, D.G. Krishna, V. Reghu, J. Kaur, G.C. Singh, R.S. Lal, B.P. Sinha, L. Ibungohal Singh, S. Sapru, Usha Pillai, Anu Gupta, D.S. Muley, D. Lahiri, J. Mitra, Dinesh Sharma, S.B. Yadav, K.K. Sadhu, J.L. Pandey, S.A. Gopal
- At the Namibia workshop: M. Shaketange, B. Saunders, M. Plaatjes, E.O. Meara, J. Kloppers, J. Boois, P. Hailonga, M. B. Mhopjeni, E. Kiangi, M. Maree, P. Verhoef, C. Oliver, C. Mwaala, V. Orinda (UNICEF), J. Viteli, B. Valashiya
- At the Barbados workshop: Y. Balgobin, H. Bend, J. Crichlow, G. Cumberbatch, M. Deane, G. Drakes, D. Gill, I. Denny, H. Gittens, M. Grant, A. Griffith, Y. Holder, E. Best, R. Marville, G. McBean (UNICEF), S. Millington, T. Payn, F. Browne, V. Roach, S. Clarke.

The following publications have served as primary sources for this package:

School Health Education to Prevent AIDS and Sexually Transmitted Diseases, WHO/UNESCO, WHO AIDS Series No. 10, World Health Organization, Geneva, 1992.

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

The graphic work for this Resource Package was done by CECIP, an NGO dedicated to the creation of educational materials. We gratefully acknowledge the advice of Dr. Evelyn Eisenstein, pediatrician, member of the International Association of Adolescent Health and coordinator of CECIP's Health Working Group, and of Dr. Bernardo Galvão de Castro, coordinator of the Institutional AIDS Program of the Oswaldo Cruz Foundation in Salvador, Bahia and a member of CECIP's Association. Desktop publishing by Cristiana Lacerda.



CECIP
Largo de São Francisco de Paula, 34 / 4º andar
CEP 20051-070 Rio de Janeiro – RJ – Brasil
Fax: (55 21) 224 4565 e 224 3812

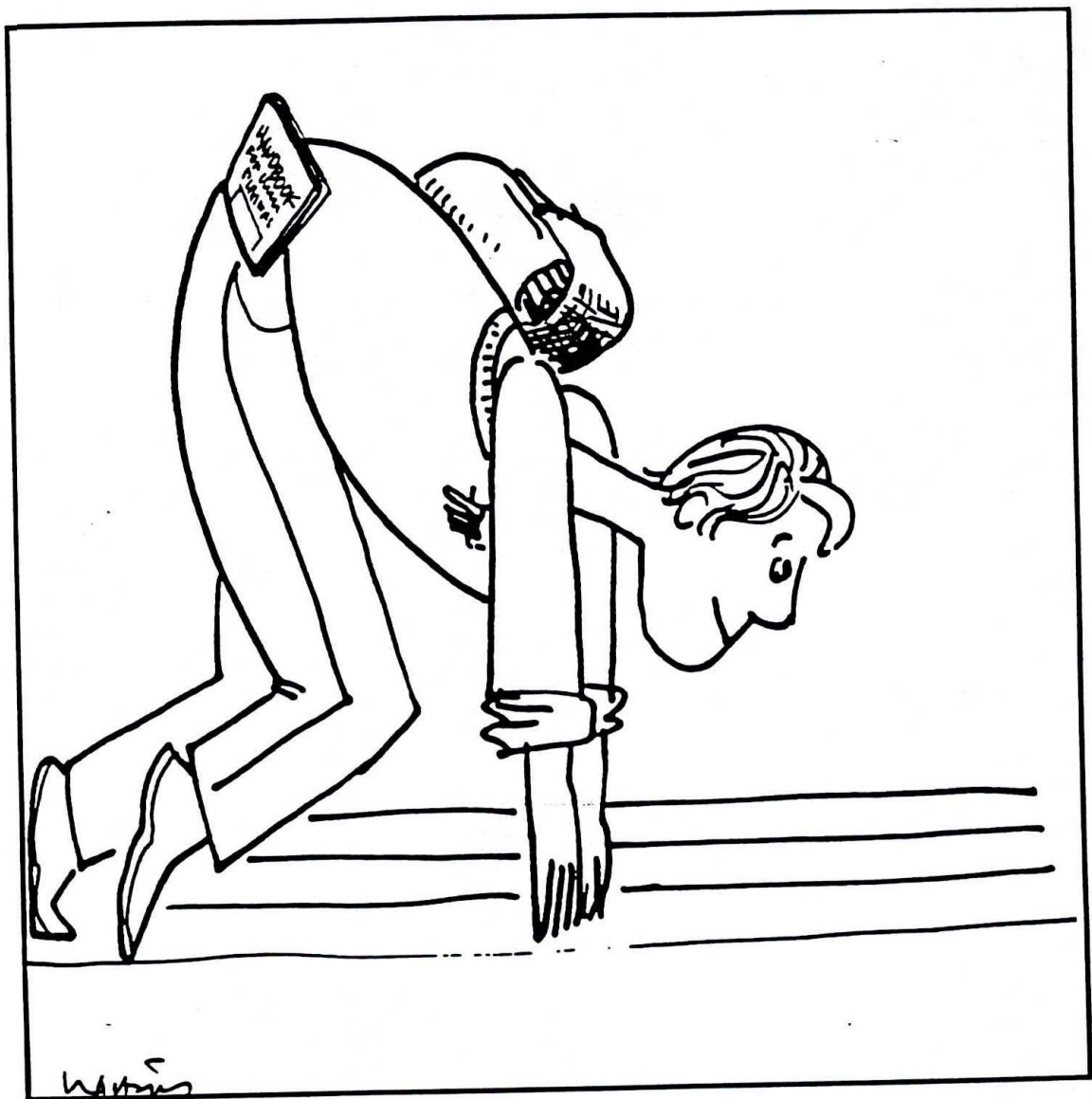
Table of contents

A	Designing the programme	1
	Introduction	2
	Programme model	4
	Making a situation assessment	11
	Defining the type of programme	13
	Selecting objectives	16
	Making a curriculum plan	18
	Planning for material production	20
	Developing the students' activities	21
	Participation of parents and family members	23
	Involvement of peer leaders	25
	Developing the teachers' guide	26
	Validating the curriculum	27
	Planning for teacher training	28
	Designing the programme evaluation	29
B	Sample materials for introducing the curriculum and for teacher training	31
	1. Checklist for focus group with students	32
	2. Sample agenda for parent meeting	33
	3. Sample letter to parents	34
	4. Sample introduction to parent activities	35
	5. Sample instructions to parents	36
	6. Sample questions – student to parent	37
	7. Peer leader training guide	38
	8. Test items for student evaluation	43
	9. Needs analysis for the teacher training programme	55
	10. Three-day teacher training agenda	58
	11. Teacher satisfaction with training workshop	59
C	Programme evaluation instruments	61
	1. Model pre-post test	62
	2. Additional questions for pre-post test	67
	3. Teacher feedback form	72
	4. Teacher interview	74
	5. Checklist for student focus group	79
	6. Parent interview	81
	7. Peer leader form and checklist for focus group	83
	8. School director's interview	86

This document is part of a package that includes:

- Handbook for Curriculum Planners
- Students' Activities
- Teachers' Guide

A Designing the Programme



Introduction

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

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

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

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

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

The package* includes:

- **Handbook for curriculum planners**

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

- **Students' activities**

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

- **Teachers' guide**

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

Using the resource package

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

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

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

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

Creating a collective responsibility

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

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

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

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

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

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

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

Student involvement in the curriculum design process

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

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

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

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

Appropriate context for HIV/AIDS/STD education

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

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

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

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

Programme model

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

² as above, page 10

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

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

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

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

• Knowledge

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

• Skill development

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

• Attitudes

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

• Motivational supports

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

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

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

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

The programme units

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

Unit 1 – Basic knowledge of HIV/AIDS/STD

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

Unit 2 - Responsible behaviour: delaying sex

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

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

Unit 3 - Responsible behaviour: protected sex

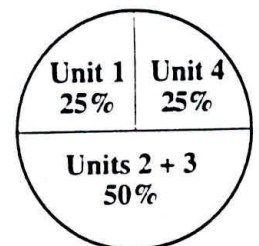
Some, perhaps many students may already be sexually active at the time they learn about AIDS in this programme. Others will need to know how to protect themselves in the future, when they will be sexually active. Using a condom every time one has sexual intercourse is a very effective way to avoid infection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

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

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

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

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



Unit 1 – Basic knowledge on HIV/AIDS/STD

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

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

Unit 2 – Responsible behaviour – delaying sex (abstinence)

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

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

Unit 3 – Responsible behaviour – protected sex

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

Unit 4 – Care and support

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

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

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

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

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

Making a Situation assessment

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

Students

Information that is needed about young people includes:

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

- Extent of circumcision, tattooing, and other scarification practices

- Use of traditional healers and unqualified doctors

- Attitudes to people with HIV/AIDS.

Teachers

Information that is needed about teachers includes:

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

Parents

Information that is needed about parents includes:

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

Ministry of Education

Information that is needed about the Ministry of Education includes:

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

Community

Information that is needed about the community includes:

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

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

How to gather information for the assessment

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

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

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

Defining the Type of programme

Context of HIV/AIDS/STD education

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

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

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

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

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

Type and length of programme

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

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

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

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

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

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

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

Time allotment

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

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

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

4 examples of 1-year programmes

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

2 examples of 2-year programmes

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

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

Example of a 3-year programme

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

Selecting Objectives

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

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

Objectives should be identified bearing in mind the following:

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

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

- Ability of students and teachers.

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

Core objectives

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

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

Optional objectives

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

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

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

Making a Curriculum plan

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

The following points may help you with that task:

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

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

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

Total time for sequential curriculum = 26 hours

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

Planning for Material production

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

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

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

Materials for students

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

Materials for teachers

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

Materials for parents/ family members

- Please see section "Participation of parents/family members"

Developing the Students' activities

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

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

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

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

Language

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

Scenarios (stories, case studies)

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

Try to integrate the views of the young people interviewed.

Relevance to local needs

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

Adaptations to meet time allotments

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

Illustrations

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

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

Participation of Parents and family members

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

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

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

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

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

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

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

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

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

How to involve parents and other family members

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

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

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

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

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

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

Involvement of Peer leaders

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

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

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

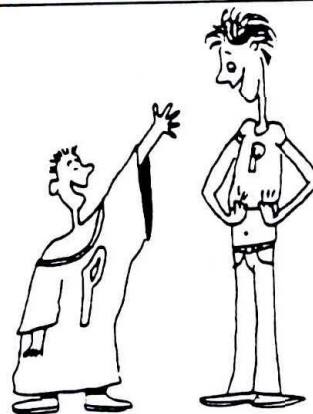
Peer leader training

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

Training will ensure that the peer leader will:

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

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



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

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

Developing the Teachers' guide

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

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

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

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

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

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

If parents and families are involved in the programme:

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

If peer leaders are involved in the programme:

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

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

Test items for the evaluation of students

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

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

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

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

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

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

Validating the Curriculum

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

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

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

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

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

- a) collect their comments for consideration; or
- b) meet as a committee to review recommendations.¹

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

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

Planning for Teacher training

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

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

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

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

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

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

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

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

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

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

Designing the Programme evaluation 1

Impact evaluation

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

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

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

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

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

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

The model test consists of:

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

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

Process evaluation

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

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

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

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

Teacher feedback form Programme evaluation instrument 3

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

Teacher interview Programme evaluation instrument 4

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

Checklist for student focus group Programme evaluation instrument 5

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

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

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

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

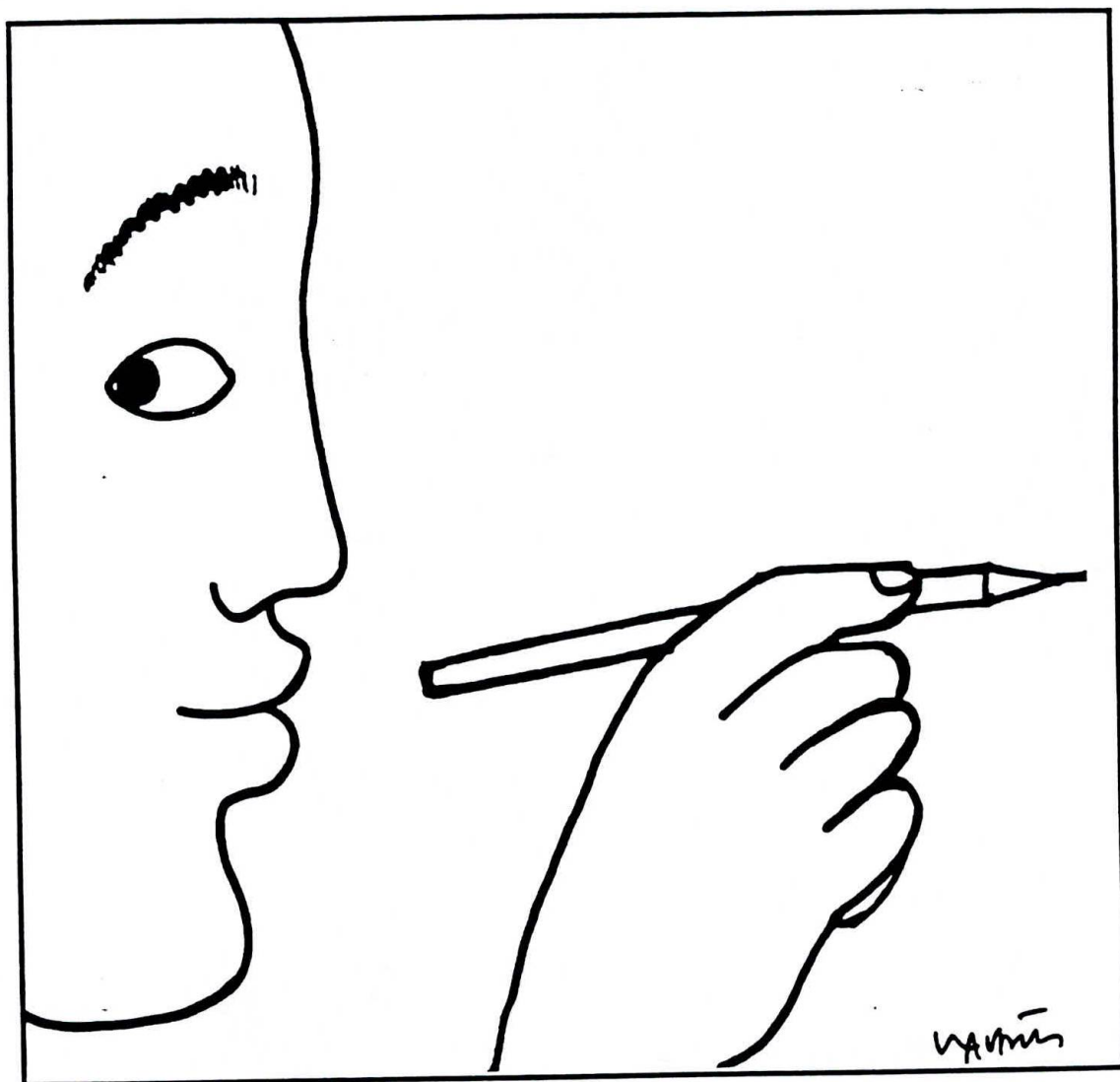
- Three or four peer leaders at each grade level are interviewed as a group to determine the effects of the peer leader programme.

School director's interview Programme evaluation instrument 8

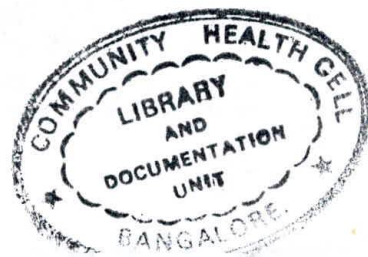
- Often, the success or failure of a new curriculum can be influenced by the perceptions and support (or lack of support) of the school administrator.
- The director usually has perception about the total effect of the programme and, because of his/her experience, can often make excellent suggestions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

B

Sample materials for introducing the curriculum and for teacher training



CH-145 m14
06804



1

Checklist for focus group with students (situation assessment)

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

Topics for discussion with students:

Background information

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

Lifestyle and social networks

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

Sexual norms and dominant values

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

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

Sample agenda for parent meeting

2

1. Introduction of school personnel (teachers, director)

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

Examples of arguments to use for point 2:

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

Note:

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

3. Description of the programme

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

4. Questions

5. If appropriate, try one student activity with parents

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

7. Final questions and farewells

3

Sample letter to parents

Dear parent/guardian,

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

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

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

Yours sincerely,

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

Sample introduction to parent activities

Dear parent/guardian,

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

[add here a brief description of the programme]

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

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

Thank you for your help.

Yours sincerely,

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

5

Sample instructions to parents

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

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

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

Questions to ask regarding HIV/AIDS/STD

General questions

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

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

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

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

10. How does the information apply to you?

Specific questions:

1. What is AIDS; sexually transmitted diseases?

2. How does one get HIV or AIDS?

3. How can you avoid getting infected?

4. How is one tested for HIV?

5. How do you know if someone has AIDS?

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

7. Is there a cure for AIDS?

Other questions:

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

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

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

4. Why are people with AIDS sometimes treated unkindly?

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

Note:

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

Sample questions Student to Parent

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

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

Possible questions:

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

7

Peer leader training guide

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

Who is a peer leader?

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

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

Why are peer leaders important?

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

Because:

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

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

Training programme objectives

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

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

- Be a good listener, provide feedback, and be able to understand the feelings of your peers

- Know other sources of information and counselling so that you can refer your peers to appropriate help.

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

Purpose of the HIV/AIDS/STD education programme

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

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

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

Activities where you can help

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

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

¹ Adapt as needed

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

Helping small groups

Basic group rules

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

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

Dealing with problem situations in groups

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

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

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

Ways of dealing with problems in groups

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

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

Group exercise – Dealing with problems in groups

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

Follow-up questions

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

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

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

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

Communication skills

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

understand what another person is saying means that you:

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

Listening well

To listen well so that you really hear and

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

Communication check

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

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

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

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

Communication skills: summary score

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

Follow-up questions

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

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

3. List your communication strengths:

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

Giving feedback

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

Do

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

Do not

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

Sources of support

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

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

Suggestions for your list are as follows:

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

Test items for student evaluation (with correct answers)

True-False questions

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

T = True
F = False

Unit 1

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

Unit 1

T = True
F = False

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

T = True
F = False**Unit 2**

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

Unit 3

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

Unit 4

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

Short answer questions

Acceptable answers are in italics

Unit 1

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

– *Male semen; vaginal secretions; blood*

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

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

3. What are three ways HIV is spread?

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

4. Give two reasons why AIDS is so serious.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Unit 2

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

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

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

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

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

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

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

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

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

Passive persons

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

Assertive persons

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

Aggressive persons

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

18. What are the advantages of being assertive?

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

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

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

Unit 3

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

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

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

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

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

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

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

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

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

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

Unit 4

25. Give an example of discrimination

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

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

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

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

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

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

a) has loss of appetite?

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

b) is vomiting?

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

c) has body sores from being in bed?

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

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

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

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

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

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

Skill questions

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

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

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

Script box:

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

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

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

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

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

Script box:

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

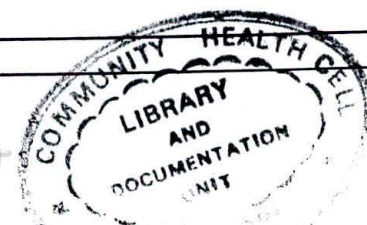
They make a distracting statement: *You really get red when you're angry.*

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

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

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

CH-145
06804



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

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

Script box:

1. Explain your feelings and the problem.	<i>I feel upset when you say you don't want to use a condom, especially when I have one with me.</i>
---	--

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

2. You get back on topic	<i>Please let me finish what I was saying.</i>
3. Make a request.	<i>I'm not trying to tell you what to do. I'm saying that I won't have sex with you without using a condom.</i>
4. Ask how the other person feels about your request.	<i>Is that all right with you?</i>

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

5. You refuse	<i>No sex without a condom and I mean it.</i>
6. Delay	<i>Well, I guess we'll have to talk about this more.</i>
7. Bargain	<i>What could we do that would make us both happy?</i>

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

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

Life situation questions

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

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

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

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

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

Line:

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

Response:

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

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

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

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

Negative comment:

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

Positive reply:

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

Needs analysis for the teacher training programme

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

Read each item and tick one of the three boxes.

Knowledge of HIV and AIDS

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

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

Scoring procedure – knowledge:

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

Scoring key

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

False: 2, 7, 8, 9.

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

Attitudes towards people with HIV or AIDS

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

Scoring procedures – attitudes

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

The following scale should be used to score the items.

For items: 1, 2, 4, 10

Agree = 5
Not Sure = 3
Disagree = 1

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

Agree = 1
Not Sure = 3
Disagree = 5

Comfort with sensitive topics

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

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

Scoring procedures – comfort

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

Very comfortable: 5 points

Somewhat comfortable: 3 points

Not at all comfortable: 1 point

10

Three-day teacher training agenda

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

Day

1

- | | |
|---|---|
| <p>A. Opening</p> <p>B. Overview of the AIDS/STD situation in country</p> <ul style="list-style-type: none"> • Prevalence of HIV/AIDS, by age/sex • Prevalence of STD, by age/sex • Prevention programmes <p>C. Transmission and prevention of HIV/STD</p> <ul style="list-style-type: none"> • Presentation • Questions/Answers <p>D. Young people and sexuality</p> <ul style="list-style-type: none"> • Ages at first intercourse • Changing patterns of marriage and sexual relations • STD and early pregnancy in young people | <p>E. Adults and young people's sexuality</p> <ul style="list-style-type: none"> • Parents' attitudes • Teachers' attitudes • Education about sex-related issues in school (contraception, prevention of STD) <p>F. Teachers' perceptions on HIV/AIDS</p> <ul style="list-style-type: none"> • Attitudes towards people with HIV/AIDS • Teachers and students with HIV in the school <p>G. Presentation of results of the Needs Analysis for Teachers</p> <p>H. Teaching methods in HIV/AIDS/STD Education</p> |
|---|---|

Day

2

- | | |
|---|--|
| <p>A. Introduction</p> <ul style="list-style-type: none"> • Warm-up activities <p>B. Overview of programme</p> <ul style="list-style-type: none"> • Objectives • Conceptual framework • The four units <p>C. The teacher's guide</p> <ul style="list-style-type: none"> • Explanation of part 1/Introductory information • Explanation of part 2/Guides to the student activities <p>D. Basic knowledge of HIV/AIDS/STD Unit 1</p> <ul style="list-style-type: none"> • Overview of unit | <ul style="list-style-type: none"> • Explanation and demonstration of activities from Unit 1 <p>E. Responsible behaviour: delaying sex Unit 2</p> <ul style="list-style-type: none"> • Overview of unit • Explanation and demonstration of activities from Unit 2 <p>F. The peer leader programme</p> <ul style="list-style-type: none"> • Function and selection of peer leaders • Objectives of the training programme for peer leaders • Explanation of the peer leader guide |
|---|--|

Day

3

- | | |
|--|---|
| <p>A. Review of day 2</p> <ul style="list-style-type: none"> • Overview of day 2 • Questions <p>B. Responsible behaviour – protected sex Unit 3</p> <ul style="list-style-type: none"> • Overview of the unit • Explanation and demonstration of activities from Unit 3 <p>C. Participation of parents and families</p> <ul style="list-style-type: none"> • Why involve parents and family members • Introduction to the parent materials • Dealing with parent questions | <p>D. Care and support for people with HIV/AIDS – Unit 4</p> <ul style="list-style-type: none"> • Overview of the unit • Explanation and demonstration of activities from Unit 4 <p>E. Evaluation of students</p> <ul style="list-style-type: none"> • Purposes of evaluating students • The test(s) for assessing students <p>F. How to deal with students who disclose personal problems with HIV/AIDS/STD</p> |
|--|---|

Teacher satisfaction with training workshop

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

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

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

Thank you for completing this survey.

2. Please rate the quality of the following:

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

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

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

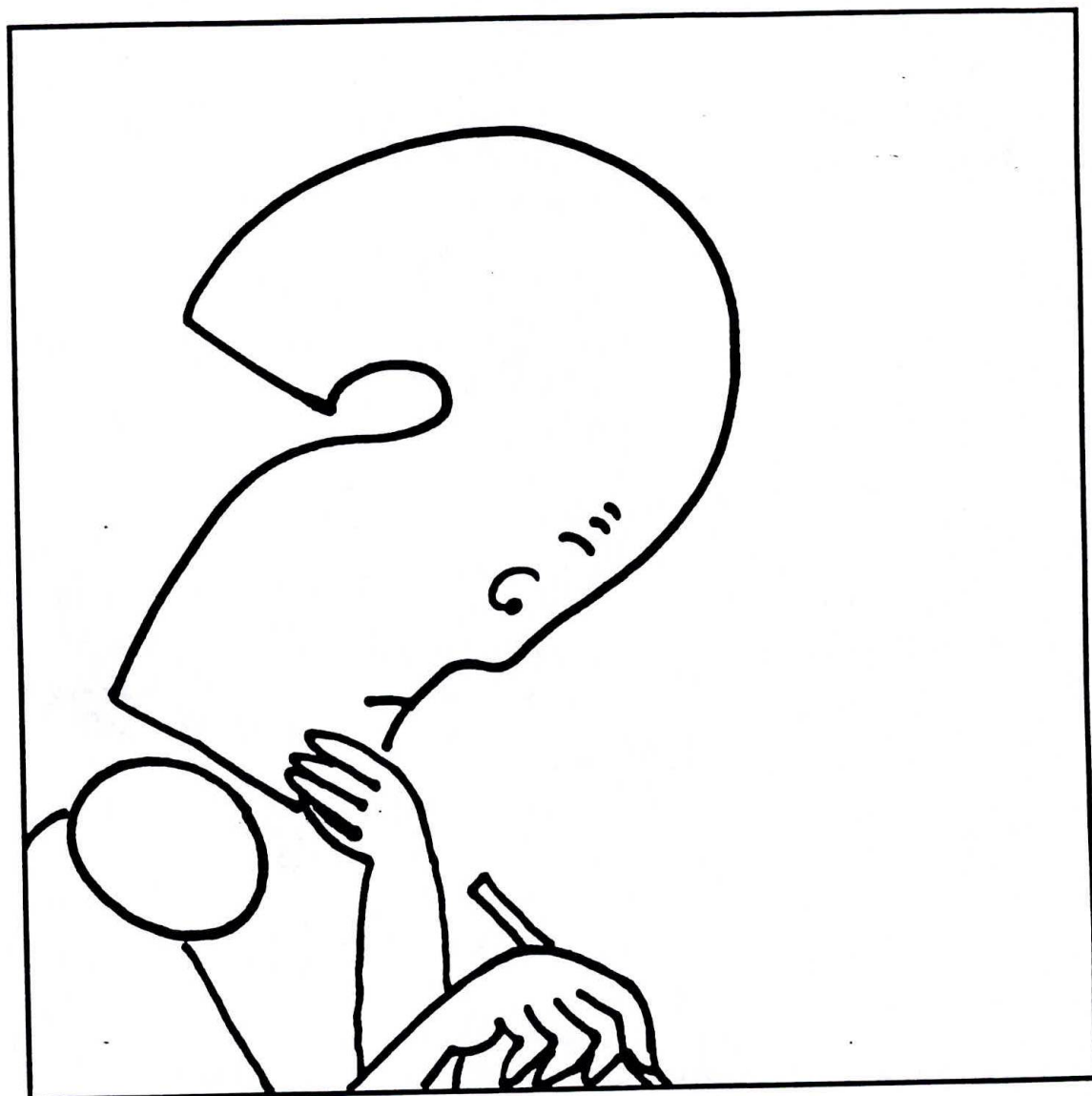
5. What additional topics should have been included in the training workshop?

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

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

C

Programme Evaluation Instruments



1 PROGRAMME
EVALUATION
INSTRUMENT

Model pre-post test

Instructions to teachers

1. Tell the students that the questionnaire asks for personal answers so it is important to work alone and not communicate with anyone.
2. Hand out the questionnaires and ask the students to turn the questionnaires over (upside-down) and not begin until instructed to do so.
3. Remind students that they are not to write their names on the questionnaires. Explain that the questionnaire is confidential (no one will know who has given the answers). The answers will only be seen by researchers.
4. Tell the students that this is not a test on which they will be graded.
5. Read the instructions aloud to the students.
6. Tell the students that you will not walk around the room during the test, so that their answers will be completely private.
7. Ask if students have any questions about the questionnaire. Answer these questions, then ask them to complete the questionnaire.
8. Because some of the students may believe that some of the false statements are, in fact, true, it is important to discuss the correct answers with students as soon as possible following the questionnaire's completion and collection.

Instructions to students

1. The purpose of this questionnaire is to obtain information about your knowledge, attitudes and skills with respect to the prevention of HIV infection and AIDS. As well, you are asked to describe some of your intentions in the near future. The information you provide will be used to improve the quality of an HIV/AIDS/STD education programme.
2. We encourage you to answer all of the questions because your responses are important to this study.
3. Your answers will be kept confidential. No one will know how you answered these questions.
4. When you have completed the questionnaire, do not sign it. Your responses will be combined with those of other students your age for analysis.
5. Thank you for completing the questionnaire.

Age	Sex	Date
-----	-----	------

Your knowledge

Instructions: Read each question. Tick the answer that fits best. Some of these questions use the words "having sex." This means sexual intercourse.

	True	Don't know	False
1. STD can be cured, but there is no cure for AIDS.			
2. One can recognize a person infected with HIV by how she/he looks.			
3. HIV is transmitted through semen and vaginal fluids and blood.			
4. You can get HIV if you have sex once, without a condom.			
5. You can get HIV by hugging or touching a person who has HIV or AIDS.			
6. A person can get HIV by giving (donating) blood.			
7. The more sexual partners a person has, the greater the chance of getting infected with HIV or a sexually transmitted disease.			
8. People who choose only healthy-looking partners won't get infected with HIV.			
9. There are drugs available that can help prolong the life of a person with AIDS.			
10. A good reason to delay sexual intercourse is the risk of HIV, STD and pregnancy.			
11. Assertive people get their way by overpowering others.			
12. If a person tries to get you to do something you don't want to do, you should either refuse, delay, or bargain with that person.			
13. Condoms protect a person from HIV and STD if they are used correctly every time one has sexual intercourse.			
14. A condom can be safely reused.			
15. "No condom, no sex" is a good rule to protect yourself from HIV and STD.			
16. It is important to keep condoms in a warm, moist place, before use.			
17. A person with HIV who is not allowed to attend school is an example of discrimination.			
18. A person can get HIV from living in the same home with a person who has HIV or AIDS.			
19. A person with AIDS who is sweating, vomiting and has diarrhoea needs extra food.			

Scoring procedures for knowledge items

Each correct answer receives one point.

- If the correct answer was **false**, a student would receive one point for answering, "false".
- If the correct answer was **true**, a student would receive one point for answering, "true".
- **Don't know** scores count 0 points, but the number of "don't know" responses should be recorded for each question.

Percentage of students correct, wrong, and "don't know" should be calculated. These scores when compared to the control group will provide you with information on the achievement of your knowledge objectives.

Scoring key

True: 1, 3, 4, 7, 9, 10, 12, 13, 15, 17
False: 2, 5, 6, 8, 11, 14, 16, 18, 19

Your attitudes

Instructions: Read each statement, and circle A if you agree, circle NS if you are not sure, or circle D if you disagree.

	Agree	Not Sure	Disagree
1. Young people should realize that if they do not protect themselves, they could get infected with HIV.	A	NS	D
2. It is alright to have sex without a condom, because your chance of getting infected with HIV is very low.	A	NS	D
3. It is alright not to have sex while you are a teenager.	A	NS	D
4. It is alright for young people to have sex without a condom if they know each other well.	A	NS	D
5. If people think they might have sex with a partner, they should carry a condom with them.	A	NS	D
6. A young person can inject drugs once in a while without the risk of getting infected with HIV.	A	NS	D
7. It would be alright with me to be in the same classroom with someone who has AIDS.	A	NS	D
8. People who have AIDS should be forced to live far away from other people.	A	NS	D
9. I would feel comfortable hugging a close friend who had AIDS.	A	NS	D
10. It is alright to say "no" to friends when they want me to do things I do not want to do.	A	NS	D
11. If your boy/girlfriend wants you to have sex, it is better to agree rather than to lose him/her.	A	NS	D

Scoring procedures for attitude items

Attitudes about	Questions	Scoring key
Peer pressure	10	A = 3, NS = 2, D = 1
Abstinence/delaying	3	A = 3, NS = 2, D = 1
	11	A = 1, NS = 2, D = 3
Condoms	4	A = 1, NS = 2, D = 3
	5	A = 3, NS = 2, D = 1
Drugs	6	A = 1, NS = 2, D = 3
Threat of HIV	1	A = 3, NS = 2, D = 1
	2	A = 1, NS = 2, D = 3
People with AIDS	7	A = 3, NS = 2, D = 1
	8	A = 1, NS = 2, D = 3
Caring for someone with AIDS	9	A = 3, NS = 2, D = 1

Higher scores on each item reflect positive attitudes.

Overall attitude scores and scores on each attitude will be analyzed and the results from experimental and control groups, compared.

Your skills

Instructions: Try to imagine yourself in the story. Circle how confident you feel: very, somewhat, not at all.

1. You like your boy/girlfriend very much. He/she wants to have sex with you, but you don't. How confident are you that you could refuse and still remain friends?	Very confident	Somewhat confident	Not at all confident
2. You have been going out with someone and you have been having sex without condoms. You have heard that using a condom is a good way to keep from getting infected with HIV. Your partner does not like condoms. You do not want to have sex anymore without a condom. How confident are you that you could refuse?	Very confident	Somewhat confident	Not at all confident
3. You have bought condoms to protect you and your partner when you have sex. You really want to use condoms. How confident are you in being able to use the condom properly?	Very confident	Somewhat confident	Not at all confident

Scoring procedures for skill items

Higher scores reflect better skills.

Very confident = 3

Somewhat confident = 2

Not at all confident = 1

These scores will be analyzed by refusal skills (items 1 and 2), and condom skills (item 3); they could also be accumulated to obtain an overall skill score, and compared with the control group.

Your intentions

Instructions: Read each statement and circle the one that is most true for you.

In the next six months...

1	A) I do not intend to inject drugs B) I might use injecting drugs
2	A) I do not intend to have sex B) I might have sex C) I might have sex with two or more people

If you circled B or C in statement 2, please answer the following

In the next six months...

3	A) I will use condoms with my sexual partners B) It is unlikely that I will use condoms with my sexual partners C) I will not have sex without a condom
----------	---

Scoring procedures for behavioural intentions

Calculate the percentage of students who choose each response. Higher scores reflect safer behavioural intentions.

Question 1: A= 2, B= 0

Question 2: A= 2, B= 0, C= 0

Question 3: A= 1, B= 0, C= 1

When compared with control groups, effective programmes lead to increased percentages of students moving towards lower risk behaviour.

Additional questions for pre-post test

Your knowledge

Questions	T = True F = False
1. People with AIDS die from serious illnesses.	T
2. Gonorrhoea is an example of a sexually transmitted disease.	T
3. HIV may be passed from a mother to her unborn child.	T
4. You may get HIV from sharing unsterilized needles for drugs, tattooing, and ear or nose piercing.	T
5. You may get HIV by drinking from the same glass that a person with AIDS has used.	F
6. You may get HIV by eating food prepared by someone who has HIV or AIDS.	F
7. The best method of protection against HIV and STD is to abstain from sexual intercourse.	T
8. Some methods of protection against HIV or STD are better than others.	T
9. The birth control pill protects from HIV or STD.	F
10. There is no way to find out if you are infected with HIV.	F
11. AIDS can be cured if you are given medicines early enough.	F
12. Vaseline is a good lubricant to use with a condom.	F
13. Lubricated condoms break more often than those that are not lubricated.	F
14. If a condom slips off the penis, into the female vagina, she will become sick.	F
15. It is safe to have sex just once without a condom.	F
16. Being compassionate to a person with AIDS is dangerous because there is a good chance you will become infected with HIV.	F
17. People with AIDS should be encouraged to do as much as they can for themselves.	T
18. People with AIDS, who are upset, should be encouraged to cry or be angry.	T

T = True
F = False

Questions

23. You may get HIV from sharing injecting needles and syringes for use of drugs.	T
24. You may get HIV by cutting your skin with an unsterilized razor blade or other sharp instrument that was used by someone else.	T
25. You may get HIV from toilet seats.	F
26. You may get HIV from wearing clothes that have been worn by another person with HIV.	F
27. A person who has an STD is at greater risk of getting HIV.	T
28. There is evidence that HIV can be spread by some types of insects.	F
29. There is no way to kill HIV on a drug injecting needle or syringe.	F
30. Once you are infected with HIV, you are infected for life.	T
31. Only a person who is sick with AIDS can give HIV to others.	F
32. A person can have a negative test for HIV and still be infected with HIV.	T
33. People infected with HIV are usually very thin and sickly.	F
34. The time from being infected with HIV to getting AIDS can be as short as 6 months to as long as 10 years or more.	T
35. There are drugs available that can help prolong the life of a person with AIDS.	T
36. A reason to get tested for HIV is so that you will not infect others.	T
37. The test for HIV looks for HIV antibodies.	T
38. Men and women often have very different thoughts about sexual intercourse.	T

Attitudes

Instructions: Read each statement, and circle A if you agree, circle NS if you are not sure, or circle D if you disagree.

	Agree	Not Sure	Disagree
1. It is a good idea for teenagers to delay having sex until they are older or married.	A	NS	D
2. A person does not have to feel bad about delaying or refusing sex.	A	NS	D
3. If I chose to, I could easily abstain from having sexual intercourse.	A	NS	D
4. I would be too embarrassed to use a condom.	A	NS	D
5. I would be too embarrassed to buy a condom.	A	NS	D
6. Using shared instruments (razors, knives) to cut the skin is alright if you do it only once or twice.	A	NS	D
7. A person who has AIDS should not be allowed to eat lunch with other students.	A	NS	D
8. I would stay away from someone in my class who had someone in their family with AIDS.	A	NS	D
9. People who have AIDS are getting what they deserve.	A	NS	D
10. I would be comfortable caring for someone who had AIDS.	A	NS	D
11. I feel we should do more to help people who have AIDS.	A	NS	D
12. I don't like it when friends talk me into doing things I know are dangerous.	A	NS	D
13. I think it is alright to accept gifts or presents from people I do not know.	A	NS	D
14. I would get tested if I thought I might have HIV.	A	NS	D
15. If I wanted, I would be able to be affectionate without having sexual intercourse.	A	NS	D
16. I am an assertive person.	A	NS	D
17. I try to support my friends when they do something that is healthy.	A	NS	D
18. If I were using drug injecting needles I would clean them with bleach.	A	NS	D

Scoring procedure for attitude items

Question	Scoring key	Question	Scoring key
1	A = 3, NS = 2, D = 1	10	A = 3, NS = 2, D = 1
2	A = 3, NS = 2, D = 1	11	A = 3, NS = 2, D = 1
3	A = 3, NS = 2, D = 1	12	A = 3, NS = 2, D = 1
4	A = 1, NS = 2, D = 3	13	A = 1, NS = 2, D = 3
5	A = 1, NS = 2, D = 3	14	A = 3, NS = 2, D = 1
6	A = 1, NS = 2, D = 3	15	A = 3, NS = 2, D = 1
7	A = 1, NS = 2, D = 3	16	A = 3, NS = 2, D = 1
8	A = 1, NS = 2, D = 3	17	A = 3, NS = 2, D = 1
9	A = 1, NS = 2, D = 3	18	A = 3, NS = 2, D = 1

Higher scores on each item reflect positive attitudes.

Overall attitude scores and scores on each attitude will be analyzed and the results from experimental and control groups, compared.

Skills

1. You are at a celebration where some of your friends are drinking alcohol. They want you to join them and are pressuring you to do so. If you did not want to join your friends in drinking, how confident are you that you could refuse?	Very confident	Somewhat confident	Not at all confident
2. It is a Sunday afternoon, and you have been putting off your chores and homework all weekend. You have got enough work to fill the rest of the day. Your best friend calls to invite you to go to a movie that you have both been wanting to see. If you did not want to go with your friend, how confident are you that you could refuse?	Very confident	Somewhat confident	Not at all confident
3. You are with a group of friends. One friend brings equipment to inject drugs. Some of your friends join in and seem to be having a great time. They urge you to join them. You know that sharing needles to inject drugs is an easy way to get infected with HIV. If you did not want to join your friends in injecting drugs, how confident are you that you could refuse?	Very confident	Somewhat confident	Not at all confident
4. You find yourself alone in a deserted area with a boy you thought was quite nice. Suddenly he is saying things and touching you in a way that makes you feel very uncomfortable. He begins to pressure you to have sex with him. If you do not want to have sex with him, how confident are you that you could refuse and get out of the situation?	Very confident	Somewhat confident	Not at all confident
5. You have been going with a boy for some time now and you have decided to have sex with him. One evening, when the two of you are alone, the opportunity for sex occurs. You even have a condom because you do not want to get HIV. However, your boyfriend becomes very upset and angry at you for thinking that he would use a condom. If you definitely do not want to have sex without a condom, how confident are you that you could refuse?	Very confident	Somewhat confident	Not at all confident
6. You have selected a package of condoms and now must pay for them. As you get near the counter to pay for them, you notice the shop assistant is someone of the opposite sex. If you really wanted those condoms, how confident are you that you would still be able to buy them?	Very confident	Somewhat confident	Not at all confident
7. You do not have money to buy a condom but you have heard that you can get them free at the local health centre. If you wanted to use a condom, how confident would you be to go to the health centre for condoms?	Very confident	Somewhat confident	Not at all confident

3PROGRAMME
EVALUATION
INSTRUMENT

Teacher feedback form

1. School / district: _____
2. Grade level: _____
3. Number of students in class: _____
4. Sex of students: _____
5. Sex of teacher: _____

Please fill in this form for Activity Number...

Answer the following questions by ticking **Yes** or **No**, and add comments:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Was the activity clearly described? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was the activity relevant to students? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the language appropriate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were the pictures/graphics appropriate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was students' participation satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was students' learning satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did students find the activity easy? (indicate which parts were found difficult) | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No

8. Was class management easy for you?

--	--

9. (if applicable) Were peer leaders helpful?

--	--

10. Was the Teachers' Guide useful for this activity?

--	--

11. Did the Teachers' Guide include all that was needed to carry out the activity?

--	--

12. Was it difficult for you to deal with the topics addressed in the activity? If so, which ones?

--	--

13. My suggestions for improvement of this activity are:

14. My suggestions for improvement of the Teachers' Guide on this activity are:

15. How much classroom time was spent on this activity? (in minutes)

--	--

Teacher interview

Notes to interviewer

1. Each question in the interview should be asked so that the teacher has a chance to expand or explain their answer.
2. Wait for the teacher's responses without influencing the answer.
3. Even though you will ask to tape record the interview, enter the responses as you hear them (i.e. tick the appropriate response choice) and record a few words that will help you elaborate or clarify an answer.
4. Expand or clarify answers from the tape recorder so that someone else can interpret them.
5. You will be asking these questions with reference to one class. If the teacher has taught the programme to more than one class, ask for reference to be made primarily to the latest class taught.

Teacher interview

A) Background information

1. Date of interview

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. School/District _____

3. Sex (of teacher)

Male ☐ Female ☐

4. Sex (of students)

Male ☐ Female ☐ Mixed ☐

5. Number of hours in programme

hours

6. How many years have you been teaching?

a) in total:

b) this grade level/age:

c) area/subject:

7. a) Do you have any training in teaching sexuality or AIDS, other than the teacher workshop you attended?

Yes ☐ No ☐

b) If yes, specify what the training was: _____

B) Teacher attitudes about the programme

8. a) Would you want to teach this programme on HIV/AIDS/STD again?

Yes ☐ No ☐ Only in part ☐

b) If not the whole programme, which parts would you want to teach? [Tick one or more boxes, as appropriate]

Unit 1 ☐ Unit 3 ☐

Unit 2 ☐ Unit 4 ☐

9. Rate the parts of the programme that you were most and least comfortable with

	Most	Least
The activities in unit 1:	<input type="checkbox"/>	<input type="checkbox"/>
The activities in unit 2:	<input type="checkbox"/>	<input type="checkbox"/>
The activities in unit 3:	<input type="checkbox"/>	<input type="checkbox"/>
The activities in unit 4:	<input type="checkbox"/>	<input type="checkbox"/>

	Most	Least
The peer leader help:	<input type="checkbox"/>	<input type="checkbox"/>
Parent involvement:	<input type="checkbox"/>	<input type="checkbox"/>
Assertiveness skills:	<input type="checkbox"/>	<input type="checkbox"/>
Condom skills:	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

C) The students

10. What was the age range of students in your class?

<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----	----------------------	----------------------

11. Generally, how was the reading level of the activities for most of your students?

 Too high ☐ Alright ☐ Too low ☐

12. How would you describe the students' overall involvement in the programme's activities?

 High ☐ Moderate ☐ Too low ☐
D) The parents

13. a) Did you receive any positive comments from the parents about the programme?

 Yes ☐ No ☐

b) If yes, how many? _____

c) If yes, give an example: _____

14. How did you involve parents? *[Tick one or more boxes, as appropriate]*

parent meeting	<input type="checkbox"/>	letter to parents	<input type="checkbox"/>
student activities at home	<input type="checkbox"/>	leaflet	<input type="checkbox"/>
parent/student interview	<input type="checkbox"/>	drama, exhibition	<input type="checkbox"/>
other	<input type="checkbox"/>		

E) The peer leaders

15. Did you use peer leaders to help you with the programme?

 Yes ☐ No ☐

16. How much time did you spend training the peer leaders?

<input type="text"/>	<input type="text"/>	hours
----------------------	----------------------	-------

17. How effective were the peer leaders in the programme?

 Very effective ☐
 Moderately effective ☐
 Not effective ☐

18. a) Would you recommend any changes to the peer leader part of the programme?

 Yes ☐ No ☐

b) If yes, what changes? _____

19. To what extent did the peer leaders help the students? Greatly ☐ Somewhat ☐ Little ☐ Not at all ☐

20. How did the peer leaders help in classroom management? _____

F) Teacher training

21. a) How do you feel about the teacher training programme now that you have finished the programme?
 Very satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very dissatisfied ☐

b) If dissatisfied, why? _____

22. Was the training long enough? Too short ☐ Alright ☐ Too long ☐

23. How well did the training prepare you for teaching the programme?
 Very well ☐ Quite well ☐
 Not well enough ☐ Did not need the training ☐

24. Do you have anything to add about the teacher training? _____

G) Evaluation of students

25. a) Did you use the evaluation materials to give the students a grade or mark? Yes ☐ No ☐

b) If yes, which ones? [Tick one or more boxes, as appropriate]

true-false questions <input type="checkbox"/>	short answer questions <input type="checkbox"/>
skill questions <input type="checkbox"/>	life situation questions <input type="checkbox"/>

26. a) Are there changes you would like to make to the evaluation questions? Yes ☐ No ☐

b) If yes, what changes? _____

H) Teaching methods

27. Were you able to make copies of the activity sheets for each student? Yes ☐ No ☐

28. Did you write the activities on the blackboard? All ☐ Most ☐ Some ☐ None ☐

29. Did you read the activities to the students? All ☐ Most ☐ Some ☐ None ☐

30. Did you use small groups for the activities? Yes ☐ No ☐

31. a) Did you have trouble carrying out the activities? Yes ☐ Some ☐ No ☐

b) If yes, please tell us what the difficulties were: _____

32. Do you have any recommendations that would make it easier for you to use the activities?

I) Sensitive issues

33. a) Did sensitive issues come up while teaching the programme? Yes ☐ No ☐

b) If yes, what were they? _____

c) Did the teacher's guide help you to deal with these issues? Yes ☐ No ☐

d) If no, what other help would you like to see in the guide about sensitive issues? _____

J) Personal changes/issues

34. Did the programme affect you in any way? Yes ☐ No ☐ Don't know ☐

If yes, in what way? _____

35. Will you change anything about the way you teach as result of the programme? Yes ☐ No ☐ Don't know ☐

If yes, what will you change? _____

Checklist for student focus group

A) Background

1. Date of interview: _____
2. School/district: _____
3. Teacher: _____
4. Number of students in the group: (male/female) _____

B) Activities

1. Speaking generally: What did you think of the HIV/AIDS/STD Programme activities? What did you like and/or dislike?

2. Do you remember the four steps to an assertive message? What are they?

3. How did you find practising how to deliver an assertive message?

4. How did you feel about the condom activities? What did you learn from doing them?

5. What did you think about the discrimination and compassion activities towards the end of the programme? What did you learn from them?

6. How did you feel about the parent activities (if activities were done with parents)? Was it the first time you talked about those topics with your parents or other relatives?

7. Do you think your parents learned anything about HIV/AIDS?

8. Were there any activities you really liked? If so, which ones and why?

9. a) Were there any activities you really disliked? Which ones and why?

b) If yes, how would you change the activity to make it better?

10. What about the situations (scenarios) within the activities – were they useful?
Did you feel they were realistic/may happen to you or your friends?

11. Were you able to read and understand the language? Was it too difficult? Was it too easy?

C) Peer leaders (if used)

1. What did you think about the use of peer leaders in the programme? Were they helpful? Were they used too much/too little?

2. Were the peer leaders well chosen?

3. Would you have liked to be a peer leader? Why?

4. Would you change anything about the peer leader role to make them more useful?

D) Overall evaluation

1. Do you think you can now protect yourself from HIV/AIDS/STD? How? What about in the future?

2. Did you talk about HIV/AIDS/STD with your friends? With your boy/girlfriend? With friends who did not have such a programme? With siblings or cousins? In your church youth group?

3. Do you have any other comments to add? (e.g. – were there any aspects which really bothered you about the programme that you haven't already mentioned? Were there other aspects which you were pleased about?)

Parent interview

The parent interview format will depend on the type of activities planned for parent and family involvement. Choose from the questions below those you think are relevant and add others.

A) Background

1. Date of interview: _____
2. School/district: _____
3. Teacher's name: _____
4. Sex of parent: _____
5. Sex of student: _____

B) Possible questions

1. How do you feel about your son/daughter learning about sex and AIDS at school?

2. Have you seen any of the materials used in the programme? Which ones?

3. Have you attended any parent meeting about the programme?

4. The HIV/AIDS/STD programme in the school focuses on learning information and skills to prevent HIV and STD. Overall, what do you think of involving parents in such a programme?

5. Has your son/daughter taken the initiative to talk to you about the HIV/AIDS/STD programme that he/she is taking/has taken in the school?

6. Have you taken the initiative to ask your son/daughter about the programme?

7. Did you use some of the suggested questions in the booklet?

8. Did you do any of the Student/Parent activities with your son/daughter? Which one(s)?

9. Who did the activities with your son/daughter? (mother; father; both; other relative, specify)

10. Were any of the other children involved in doing the activities?

11. About how much time was spent on the activities that you did with your son/daughter?

12. How did you find the activities (language, pictures, too personal, too much information, unclear)

13. Had you discussed sexuality with your children before the programme?

14. Had you discussed AIDS/STD with your children before the programme? With other children in your family?

15. Did you find it difficult? Why?

16. Where do you think your children learn about sexuality outside the family and school?

17. Would you recommend that other parents participate in the parent/guardian activities with their son/daughter?

18. Do you think the programme has affected your son/daughter in any way – either a positive or negative way?

19. Do you feel you learned something from this programme? What?

20. Are there changes you think should be made in the programme or do you have any comments that you would like to make?

This ends the interview. Thank you for the time you have spent with me completing this interview and for all your comments and suggestions. We hope that your son/daughter has benefited from the programme.

Peer leader form and checklist for focus group

Notes to interviewer

1. Explain to the peer leaders that the function of this session is to obtain their perceptions of their training to be peer leaders and the experience of being a peer leader.
2. Explain that you would like them to complete the attached form before discussing the experience in the group.
3. Hand out a form to each peer leader. Give them sufficient time to finish the form. Stress that they do not have to sign the form.
4. Ask the questions in the checklist allowing an open discussion of each topic. Use appropriate probes where necessary.
5. If possible, tape the discussion. If this is not possible, record words or expressions that will aid you in transcribing important information at a later date.
6. Thank the students. Collect the completed forms.
7. Summarize pertinent comments from the interview and submit this summary and the completed forms to the programme evaluator.

Peer leader survey

A) Background information

1. Date of interview:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
2. School/District: _____
3. Sex: Male ☐ Female ☐
4. Age: years

B) Peer leader training

5. Did you receive any training to be a peer leader? [If no, skip to 9] Yes ☐ No ☐
6. What did you find most interesting in your training? _____
7. a) Do you think the training helped you to be a better peer leader? Yes ☐ No ☐ Don't know ☐
- b) If yes, what specific aspects were most helpful? _____
- c) If no, what kinds of things would have helped you? _____
8. Please evaluate the following aspects of the training by ticking the appropriate box.
- | | Good | Fair | Poor |
|---|--------------------------|--------------------------|--------------------------|
| The peer leader manual or materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The instructor(s) that conducted the training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The amount of time given to training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The skills you learned in the workshop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C) The peer leader experience

9. Please evaluate the following aspects of your peer leader experience by ticking the appropriate box.
- | | Good | Fair | Poor |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| My contribution to discussion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My help to the teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	Good	Fair	Poor
My listening to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to give support and help to students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to write activities on the blackboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to read parts of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help you received from your teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reactions of your peers during the activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reactions of your peers after class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. a) Would you be a peer leader again if you were asked? Yes ☐ No ☐ Don't know ☐

b) Why? _____

Checklist for group discussion

1. What aspects of being a peer leader bothered you?

2. What aspects did you like?

3. What did you find most difficult?

4. What changes would you like to see, if you were asked to do this task again?

5. How would you improve the training you received?

8

PROGRAMME
EVALUATION
INSTRUMENT

School director's interview

Notes to interviewer

Each question should be asked in an open-ended way. Wait for the responses and only use the probes or response choices if the director gives no response or the question is not understood.

Record responses as you hear them (i.e. – tick the appropriate response) and write down the main points of what was said when elaboration is needed. Note and expand the explanation for responses where given so that someone else can interpret them.

School director's interview

A) Background

1. Date of interview

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. School/District: _____

3. Sex:

Male

☐

Female

☐

B) General views of the programme

4. What are your overall impressions of the programme?

Very good	Good	Fair	Poor	Very poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How enthusiastic were you about having it taught in your school?

High

☐

Moderate

☐

Low

☐

6. a) How did the community, excluding students' parents, react to the implementation of the programme?

Positively

☐

Negatively

☐

Don't know

☐

b) Who reacted negatively? How did you respond? _____

7. What things helped the implementation of the programme? _____

8. What things hindered the implementation of the programme? _____

9. Do you think the programme was important for young people in your school? Yes ☐ No ☐ Part of it ☐
10. Based on what you know about the programme, would you want to use this programme again next year? Yes, in its entirety ☐
 Yes, in part ☐
 No ☐
11. Were there particular components of the programme that you liked or disliked?

	Liked	Neutral	Disliked		Liked	Neutral	Disliked
Peer leaders in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills as part of the programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unit on delaying sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit on protected sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care and support unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic knowledge unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C) Student response

12. a) Did you receive any comments from students about the programme? Yes ☐ No ☐
- b) If yes, were they mostly positive, neutral, or negative? Positive ☐ Neutral ☐ Negative ☐

D) Teachers' training

13. Did you find the teacher training programme useful? Very useful ☐ Useful ☐ Not useful ☐
14. a) What was the general response of your teachers to the programme? Most liked it ☐
 Many were neutral ☐
 Most disliked it ☐

b) Comments? _____

15. a) Could the programme developers improve the programme to help you and your teachers with the implementation? Yes ☐ No ☐

b) If yes, how? _____

E) Parent/guardian involvement

16. a) Did you receive any positive comments from parents about the programme?

Yes ☐ No ☐

b) If yes, from how many parents? _____

c) What kinds of comments were made? _____

17. a) Did you receive any negative comments from parents about the programme?

Yes ☐ No ☐

b) If yes, from how many parents? _____

c) What were the comments? _____

18. a) Was there additional help/information you would like to have had for the parents/guardians?

Yes ☐ No ☐

b) If yes, what do you need? _____

F) Issues

19. Did any of the teachers come to you with problems?

Yes ☐ No ☐

20. If yes, what were the problems? _____

21. How was the teachers' overall response? _____

22. Who were the teachers most in favour of the programme? (gender, age) _____

23. What kind of support did you get from the Ministry/Administration? _____

24. Do you have any other comments to add? (e.g. Were there any aspects which really bothered you about the programme that you haven't already mentioned? Are there aspects that you were pleased about?)
