

Education International - Education Development Center - World Health Organization

Learning for Life:

Classroom Activities for HIV and AIDS Education







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Introduction

Young people in many countries are affected by HIV and AIDS in their families, schools, and communities, so they need to acquire skills to prevent HIV infection and to cope with all aspects of HIV and AIDS. Since teachers play a critical role in imparting knowledge and skills to students, Education International (EI), Education Development Center, Inc. (EDC), and the World Health Organisation (WHO) have developed this activity book for teachers to use with students in the classroom. It provides activities to help students prevent new HIV infections and gain skills related to coping with all aspects of HIV and AIDS. Gaining this knowledge and these skills can help students live a healthy lifestyle, complete a basic education, and consequently reach their potential to attain their life goals.

This activity book builds on the experience and materials of the preceding EI/EDC/WHO Teacher Training Programme on HIV Prevention, in which more than 200,000 teachers in more than 17 countries were trained. It covers all aspects of HIV and AIDS education, which includes not only basic information about HIV and AIDS and prevention strategies, but also HIV counselling, testing, treatment, and care; gender inequalities; stigma and discrimination; and involvement of people living with or affected by HIV and AIDS.

The book contains lessons tailored to students in three different age groups: under age 10, ages 10–14, and ages 15+. The age groups have been determined by the changes that occur in the development of children and adolescents in relation to cognitive ability and psychosocial and sexual growth.

Teachers familiar with the previous *Teachers' Exercise Book for HIV Prevention* will notice that this new book maintains the focus on life skills and participatory learning, as well as an easy-to-use organisation and design. However, it adds new features, including a more engaging teaching approach and presenting HIV and AIDS in relation to other health issues. Emphasis is placed on helping young people learn to live in healthy ways beyond just preventing disease and to learn about HIV and AIDS in the context of understanding sexuality and making consensual decisions about their sexual practices.

This book has more activities for children under age 10 than the previous exercise book. Young people are more likely to adopt safer sex practices if they start learning about sexuality, HIV, and AIDS before they start engaging in sexual activity.¹ They also need to begin at a young age laying a strong foundation for developing healthy self-esteem, values, and attitudes, and building skills so that they can maintain their health and avoid HIV, AIDS, and other STIs as soon as they become sexually active.

This book is designed for teachers who have been trained in HIV and AIDS, life skills, and participatory learning methods within the EFAIDS Programme. The programme addresses Education for All (EFA) and HIV and AIDS at the same time and is being con-

ducted by EI and its teacher union affiliates around the world. The activities can help prevent new infections and mitigate the effect of HIV and AIDS on EFA goals through sensitisation and skill building among students.

EI and its partners have also published a toolkit focusing on teacher training entitled *Leadership in the HIV and AIDS Response: A Toolkit for Teachers' Unions to Promote Health and Improve Education*. Working with that toolkit is ideal for helping teachers become prepared to use this book targeting students.

Although the activities in this book are based on modern, evidence-based research, to use and adapt them well, teachers must be properly trained.

HIV and AIDS is a significant threat to the health of millions of people around the world. Without a cure or vaccine, education is the most effective way of slowing and potentially ending the HIV and AIDS epidemic. As a teacher, you are in a position to reach large numbers of children and adolescents; you can have a great impact on students, their health, their futures, and their families and communities. You can serve as a role model and help them prevent HIV and AIDS; gain skills to help people living with and affected by HIV and AIDS; and fight gender inequality, stigma, and discrimination. EI's resolution on health promotion and school health supports this approach.

1. Teaching Approach and Methods

This section of the Introduction discusses holistic and life-skills approaches and participatory methods for teaching about health issues. It briefly mentions the theories on which the activities are based and then addresses the limits of the approaches and methods and the need to localise education to each population being served.

This book is based on a health promotion and wellness approach, which is holistic in that it considers the whole person, including body, mind, and spirit, in the context of his or her environment. The goal is to help students and teachers stay healthy because people who are healthy are best able to learn and work well.

With this approach, we address HIV and AIDS in the context of sexual and reproductive health and other aspects of health. Students and teachers come to see the value of being concerned about all aspects of their health and well-being. They understand the negative impact of risky sexual behaviour and poor health on achieving their future goals and on their communities. They learn the importance of their health, academic learning, and life as a whole in the context of their current situation, their values, and their desired image of themselves for the future. Ultimately,



this approach leads beyond health to a philosophy of learning that supports the goals of EFA, a highly productive society, and full human development for everyone.

A holistic approach also necessitates looking at the effects of stigma and discrimination in relation to health issues. When people are subjected to stigma and discrimination their well-being, especially on an emotional level, is negatively affected.

1.1 Life-Skills Approach

Students need to gain life skills to help them deal effectively with the demands and challenges of everyday life, including health issues. These skills also help them develop their life as a whole and reach their full potential. To cope effectively, learners may need to have the knowledge and attitudes, which will assist them to develop positive behaviours and ways of responding to life's challenges. They need to practise skills and behaviours that enable them to participate in taking care of their health and enhance all aspects of their health.

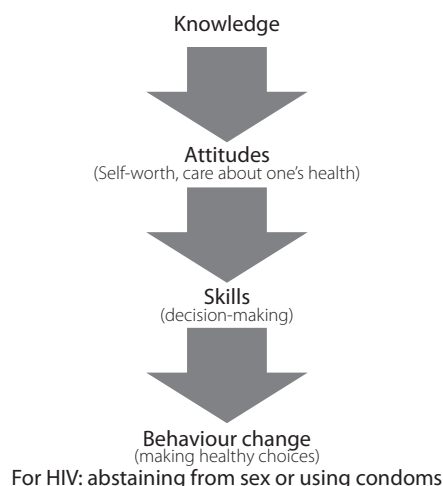
Life skills, in the context of health promotion are often divided into three categories, which apply to several subject and content areas. Figure 1 below shows the categories.²

To be effective, these life skills should be taught in conjunction with one or more specific subject or content areas and in the context of gaining more knowledge and developing attitudes. For example, learning decision-making skills is more meaningful if it is done in the context of a specific issue, such as sexual activity or alcohol and drug use.

These skill categories complement and reinforce each other. Most programmes incorporate most of these skills in their lessons. For example, an HIV prevention programme would teach ways to think about and make decisions involved in protecting oneself from HIV, including understanding peer pressure and the importance of resisting it (cognitive skills); ways to communicate one's thoughts, feelings, and decisions to one's partner and negotiate as necessary (social skills); and ways to manage the feelings that come up in this process (emotional coping skills).

Another key aspect of teaching life skills is that the learning process itself uses the cognitive skill of critical thinking. Students are provided with information and different perspectives about the issues they are studying. Then they are encouraged

Figure 2: Single-Topic approach to Health Education



to use their critical thinking skills to weigh the different views, ask questions, and come to their own decisions—the ones that they determine are the best for them and their families and communities. To enable this type of learning, the process is non-judgemental and not preachy. Every activity is about developing a healthy future.

Skills-based education also emphasises using culturally relevant and gender sensitive learning activities. The activities offer many opportunities for students to provide their own input into situations addressed, such as by brainstorming scenarios that are realistic and relevant to their everyday lives. Using students' input helps them apply what they have learned in the classroom to all aspects of their lives outside the classroom.

Life skills can be used in all areas of health, including HIV and AIDS; sexual and reproductive health; nutrition; physical activity; emotional and mental health; social relationships; use of alcohol, tobacco, and other drugs; injury and violence prevention; and use of seat belts. That is why it is most effective to teach a number of health topics together in a holistic approach rather than in a single-topic approach. See figures 2 and 3.

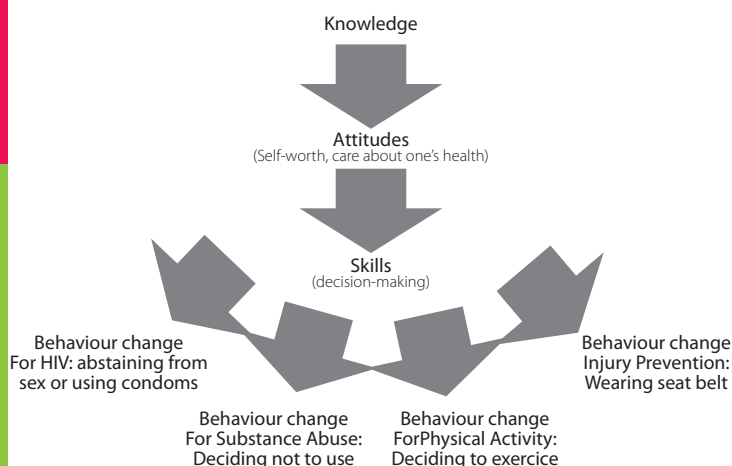
Life skills and HIV and AIDS content can also be integrated more fully when they are connected with and taught in conjunction with other subjects. The subjects most closely related to HIV, AIDS, and healthy decision-making are likely to be health education, family life education, and life orientation. Other ways

Figure 1: Examples of Life Skills

Social Skills	Cognitive Skills	Emotional Coping Skills
<ul style="list-style-type: none"> • Communication skills • Negotiation/refusal skills • Assertiveness skills • Interpersonal skills (for developing healthy relationships) • Cooperation skills 	<ul style="list-style-type: none"> • Decision-making and problem-solving skills • <i>Understanding the consequences of actions</i> • <i>Determining alternative solutions to problems</i> • Critical thinking skills (including to analyse peer and media influences) 	<ul style="list-style-type: none"> • Managing stress • Managing feelings, including anger • Skills for increasing internal locus of control (self-management, self-monitoring)



Figure 3: Holistic approach to Health Education



of relating these topics might be teaching about differences among people, stigma and discrimination, and gender issues when working with students on healthy interpersonal development and/or social studies. In a language class, students could read and discuss stories about people living with HIV and AIDS and write essays about HIV- and AIDS-related issues. The more exposure to the issues students have, the more likely they will be to integrate information and change their behaviours.

To be most successful, learning life skills for health should be integrated into school settings with an approach that goes beyond individuals gaining knowledge and skills. A comprehensive approach to health promotion in a school setting involves several different components.^{3,4} This activity book addresses one of them—a skills-based health curriculum. The other components are school-based health and nutrition services and connections to treatment, care, and support services in the community; health-related school policies; and a healthy, safe, and supportive psychosocial and physical environment in the school. In a comprehensive approach, health and education officials, teachers, teachers' unions, students, parents, health-care providers, and community leaders are all engaged and form partnerships to make the school a healthy place.

1.2 Participatory Methods

To help facilitate learning with a holistic, life-skills approach, participatory methods are very effective. These methods are interactive. This replicates the natural processes by which children learn behaviour, including observation, social interactions, modelling, and practising behaviours. Researchers argue that if young people can practise skills in the safety of a classroom, it is much more likely they will be able to use them in other situations both, in and outside of school.⁵ In addition, learning cooperatively with peers helps develop prosocial behaviours and change the normative peer environment to support positive health behaviours.⁶

Participatory learning also uses the experience, opinions, and knowledge of students. Students learn from one another and come to appreciate the differences, as well as the similarities, among individuals. Studies have shown that participatory learn-

ing is the most effective method for developing the knowledge, attitudes, and skills *together* that enable students to make healthy choices^{7,7} and have positive health outcomes.⁷

The specific advantages of active participatory teaching and learning methods, and working in groups, include the following:

- Augment students' perceptions of themselves and others
- Promote cooperation rather than competition
- Provide opportunities for group members and their teachers to recognise and value individual skills and enhance self-esteem
- Enable students to get to know each other better and extend relationships
- Promote listening and communication skills
- Facilitate dealing with sensitive issues
- Promote tolerance and understanding of individuals and their needs
- Encourage innovation and creativity^{8,9}

Participatory teaching methods for building skills and influencing attitudes include:

- Class discussions
- Brainstorming
- Demonstration and guided practise
- Role plays
- Small group work
- Educational games and simulations
- Case studies
- Storytelling
- Debates, panel discussion
- Practising life skills with others specific to a particular context
- Audio and visual activities
- Song, dance, theatre
- Decision-mapping or problem trees
- Surveys, interviews

1.3 Evidence Base for this Activity Book

The holistic, life-skills approach and activities used in this book are based on several theories of how people learn and change their behaviour. Key among them are the Social Cognitive Theory, originally called Social Learning Theory, developed by Albert Bandura^{10,11}; the Health Belief Model by M. H. Becker;¹² and the Theory of Reasoned Action by Martin Fishbein and Icek Ajzen,¹⁵ which was expanded to the Theory of Planned Behaviour by Ajzen.¹⁶ The Knowledge, Attitudes, and Practice (KAP) Model is used to measure progress in gaining knowledge and changing attitudes and practices (behaviour), and for programme evaluation. It has been used since the beginning of health education.¹⁷

This activity book also draws on the implementation research done by Douglas Kirby¹⁸ on the impact of sexual and reproductive health and HIV and AIDS education programmes on the sexual behaviours of youth. Interventions based on the theories listed above have been applied and evaluated with promising results.

However some clarification is necessary. These learning theories have been applied and the implementation research conducted mostly in higher-resource settings that focus on how individuals gain knowledge and skills and change behaviours. Only a



small number of studies have applied these theories in developing country contexts to sexual and reproductive health.¹⁹ Consequently, it is very important when applying them and the material in this book to lower-resource countries to take into account the differences in the physical, organisational, cultural, and structural contexts and conditions, and to make adaptations for the local culture and specific groups of students.²⁰ Collectivism continues to be a very important value in many of the societies where the EFAIDS Programme is implemented, while it is increasingly less significant in countries where the learning theories described above have been tried and tested.

The life-skills approach assumes that individual choice is possible. However, although skills can be practised by individuals in the classroom, the extent to which individuals can use them outside the classroom depends on a variety of environmental factors. These factors vary from one culture to another and include cultural attitudes, beliefs, roles, and expectations for behaviour; social pressures, especially from peers; stigma and discrimination; gender and power inequalities; poverty; violence; and access to resources and services. These factors affect how people understand health and deal with illness, and may hinder communication and negotiation between men and women. Education needs to increase awareness of these issues and inequalities and how they affect intimate relationships and behaviour change in oneself and others.

Furthermore, learning is compromised when teachers do not feel comfortable teaching the sensitive content involved in sexuality, HIV, and AIDS education²¹ and using participatory teaching methods. This often occurs because teachers have not been properly trained or object to talking about certain issues for religious or moral reasons. They sometimes leave out entire lessons, take an overly scientific approach, do not make direct reference to sex or sexual relationships, and/or rely only on messages about abstinence as a way of preventing HIV. Teachers need to be properly trained to overcome these barriers and use participatory methods effectively for the health and development of their learners. Improving pre-service and in-service teacher education, supervision, and mentoring can help teachers become more comfortable with the content and methods. Teachers also need to work with parents and others in the community to come to a common understanding of the value of teaching about all aspects of sexual and reproductive health and HIV and AIDS. They can also advocate to the government to get more and better training opportunities.

To help address the limits to the life-skills teaching approach, teachers need to tailor what they are teaching to the local context and address local cultural attitudes, beliefs, and practices.

This activity book is open for adaptation to meet local needs. It can be adapted in terms of content, language, format, time frames, order of the activities, and which activities are used. You can also add local pictures or symbols. We encourage you to obtain input from teachers, other relevant education staff, and parents in the community. Gaining input from people living with and affected by HIV and AIDS is especially valuable because of their personal understanding of the issues and the kinds of approaches that might be most effective. However, with these changes it is important that the objective of skill building is met for these activities to be effective.

2. Using the Activities

This section addresses a number of issues that are important to consider in teaching about HIV, AIDS, sexual and reproductive health, and health promotion in school settings.

2.1 Preparing for the Activities

Below are some key steps to take in preparing to teach the activities in this book:

- Assess the usefulness and relevance of the activity for your students.
- Consider whether the language used in the activity is appropriate for your students.
- Consider whether the learning objectives, methods, knowledge, and skills taught in the activity can be applied to your students' real-life situations.
- Adapt the activities for your students as necessary.
- Consider the best ways to divide students into small groups for activities.
- Gather and duplicate any materials you will need, and prepare overheads.

2.2 Working with the Learning Objectives

We have developed the learning objectives in this activity book based on current educational practices. All of the information to help you write your lesson plans is provided in the box at the beginning of each activity.

Learning objectives are often written with three characteristics: behaviour, conditions, and criteria. The behaviours in our Learning Objectives are written using Benjamin Bloom's taxonomy for categorising levels of learning with increasing complexity. This taxonomy provides clear action verbs to help describe what students will be able to do when they have completed an activity. The conditions (how the behaviours will be achieved) are covered by our lists of Methods. The criteria (how well the behaviours are performed) are implied in our Learning Objectives and Methods and further explained in the Procedures, e.g., instructions for a role play.

2.3 Creating a Safe, Supportive Learning Environment

It is important to create a safe, accepting, supportive environment in order to maximise sharing and learning, especially when students are asked to talk about sensitive and sometimes controversial topics. Both teachers and students need to listen to and respect everyone's contributions, even if they disagree with them. Students should be encouraged to share their experiences, opinions, and concerns, and be given positive reinforcement and constructive feedback.

A helpful practice is to set up Ground Rules or Class Rules with students at the beginning of the school year or a new class. These rules help students understand from the start what behaviour is expected of them. Encourage students to develop their own rules in order to create a sense of ownership. Then post the rules in a prominent place so everyone can refer to them as needed.



Examples of Ground Rules:

- We value and respect one another's questions and opinions.
- We treat one another in a positive way and are considerate of one another's feelings.
- We do not talk about personal matters discussed in class with people outside the classroom, that is, we keep personal matters confidential.
- We do not interrupt one another.
- We do not put down or criticise other people in class.
- We have a right to pass if we do not want to answer a question.
- We can choose to not do an activity if we are uncomfortable with it.
- If we do not want to ask a question in front of everyone, we can ask it anonymously to the teacher (e.g., through a question drop box).

Learning can be supported and a sense of security established by starting each activity with a brief, clear description of the activity's purpose, the skills to be learned and practised, and the methods that will be used. Students may also feel more connected if you ask them to suggest ways to adapt activities to be more relevant to their lives, e.g., adding new examples of myths, facts, and risky behaviours or adding more examples for use in role plays.

2.4 Using Appropriate Language

Language can shape beliefs, attitudes, and behaviour in all aspects of life. As a result, it can affect stereotyping or exclusion of some groups of people in areas such as gender, culture, religion, and class. For example, if teachers always say 'he' when referring to both girls and boys or 'man' when referring to all human beings, girls and women are left out and become invisible. Therefore, it is crucial for teachers to model and students to practise using appropriate, inclusive language in the classroom.

Use of appropriate language is especially important in creating an effective response to the HIV and AIDS epidemic. Interactions with individuals living with and affected by HIV and AIDS can be more effective if the language used is constructive, does not feed stereotypes, and is inclusive and sensitive to their needs.

Specific examples:

- It is more empowering to say 'a person living with HIV' rather than 'HIV person', since a person who is living with HIV (or any other disease) is multifaceted. The disease is only one aspect of who he or she is.
- Using the terms 'victim' and 'sufferer' imply that a person is powerless and has no control over his or her life, no role to play in treatment, and no contribution to make.

For more information on using appropriate language, see UNESCO Guidelines on Language and Content in HIV- and AIDS-Related Materials at <http://unesdoc.unesco.org/images/0014/001447/144725e.pdf>

To effectively facilitate activities related to HIV and AIDS, it is also important to consider the language in the local area that is commonly used to talk about these diseases because using it can

help participants identify and engage with the issues. However, if the local language includes derogatory terms, which increase stigma and discrimination, their use should be discussed with students so that they understand the importance of not continuing to use them.

2.5 Conducting Small-Group Exercises

Below are some important steps to take at the beginning of a small-group exercise:

- Let students know that each small group will be asked to briefly report back to the large group on their reactions, conclusions, and recommendations regarding the activity, e.g. what they learned that could impact others or ways they would consider using the skills and knowledge they learned.
- Identify the roles students may need to assign within the small groups, e.g. facilitator, note-taker, reporter.
- Set a time limit on each activity.
- Ask if students have any questions about the instructions.

During the exercise, circulate around the room, listen to and watch the work of the different groups, and be available to answer questions.

2.6 Conducting Participatory Learning with Large Groups

Each activity in this book involves students in building their skills through active participation in class. For teachers who have a large number of students in a class, especially more than 50 or 60, it may be a challenge to do the type of participatory learning activities described. Difficulties may include getting full and equal participation from students; addressing the wide range of abilities, needs, and opinions; and managing discipline. Below are some suggestions for organising, conducting, and evaluating the class. Some of them can be used regardless of class size, although they are even more important with a large class.

2.6.1 Organisation: Making Large Classes Feel Small

A first step in working with large groups is to create a small-class feeling. One way to do this is by dividing the large group into smaller groups to create more opportunities for participation. Some of the activities require this anyway, but with a large class you may want to do this even when it is not specifically suggested.

There is no set number for the size of the small groups, but keeping groups to 10 or fewer students is helpful. It may be cumbersome at first dividing up large classes. Therefore, it is useful to have the class practise forming into groups. After that, the focus can be on each new activity rather than the process of breaking into groups.

You may decide to organise groups with students of mixed abilities for some activities and groups of similar abilities for others, depending on the task. However, it is important that every group have a responsible person to serve as a leader or peer facilitator. This person can help you keep groups on task and provide you with valuable feedback on the group's progress.



It may be helpful to have a reporter in addition to the leader/facilitator. The reporter can keep a record of the activities, challenges, and lessons learnt. This function will help you get a clear picture of what is happening in each group, help students reinforce the activity by committing the process to writing, and also help if you decide to have class-wide presentations. The positions of leader/facilitator and reporter can be determined by election or appointment and be rotating or fixed.

2.6.2 Process: Keeping Groups Focused and Productive

With a large number of students, it may be difficult to keep the class focused and productive. To help with this, you may want to start each activity by introducing just one concept at a time, repeating key points often, and checking the class for their understanding. If possible, have students write down objectives, procedures, and ground rules. Before breaking into groups, consider having students prepare for the activity by silently reflecting on their expectations.

Once the class is divided into groups, make sure to visit each group. This will help you monitor the extent to which the group is observing ground rules, performing tasks such as facilitating and recording, and meeting the learning objectives.

With so many groups working independently and actively the class may get loud. When a group gets too loud or begins to get rowdy, you can send a non-verbal message by moving closer or standing next to the group to discourage that behaviour. Verbally, you can say the name of the group or the individual learner in a soft voice to quiet the group.

A diverse learning environment can be created when groups interact with and support one another. A useful example is the fishbowl technique, in which one group demonstrates an activity while the whole class looks on. Groups observing also participate by offering advice or by challenging or questioning the group in the fishbowl. This technique keeps the whole class engaged even though only one or two groups present.

2.6.3 Evaluation: Investigating What Is Happening

In large classes, you do not have the opportunity to evaluate each learner in every lesson. Therefore, you may find it helpful to open as many channels as possible for receiving feedback. These may include collecting written assignments and notebooks, comparing notes on individual reflection from before and after an activity, making guided observations in class while witnessing students demonstrate a skill, giving a written assessment to gauge knowledge and attitudes, and encouraging group self-evaluation.

Because sexuality, HIV, and AIDS are very sensitive topics, you may want to create several different opportunities for students to discuss their opinions and feelings. These can include making meeting times after class and establishing an anonymous question-and-answer box.

Sources for the section Participatory Learning with Large Groups

- La Pedagogie Des Grands Groupes Au Burkina Faso, Fichier Pratique; Conombo, Ernest Tiri; Ouattara, Seydou; Tapsoba, Kortimi; Pottiez, Lionel (Unpublished document).

- Teaching large classes. Teachers in Action, BBC World Service / OLSET, http://www.teachingenglish.org.uk/think/methodology/large_classes.shtml (Last visited 6/5/08).

2.7 Dealing with Difficult Situations in the Classroom

Because teaching about HIV and AIDS involves dealing with sensitive topics, students may react in a variety of ways. Some may be embarrassed; others may make jokes to try to ease some of the tension. It is important to be prepared to deal with potentially difficult situations. The chart below provides some ways to respond effectively to these situations.

Possible Difficult Situations • *What Can a Teacher Do or Say?*

- Teachers feel unprepared to answer specific questions because they do not have sufficient information.
 - *It's okay not to know the answer. You might say, "I don't know the answer to that, but I'll try to find out and let you know." OR "Let's see if we can find the answer together."*
- Teachers feel uncomfortable talking about certain sensitive issues with mixed genders.
 - *It's okay to feel embarrassed or uncomfortable. Do not try to pretend you are not when you are. You might say, "It isn't easy for me to answer that question, but I'll try." OR "This is difficult for me to talk about, but it is too important not to talk about it."*
- Students make jokes about other students and/or the teacher.
 - *Start the class by saying "It is often embarrassing to talk about these issues and that when people are uncomfortable they may laugh or make jokes to cover up their nervousness."*
 - *You may choose to ignore a situation by saying 'okay' and going on with the discussion.*
- A learner mentions to a teacher that he heard she is HIV-positive.
 - *Be assertive in responding to a breach of the group rules. You may tell the learner that you do not wish to discuss information about your personal life in class, and that no students should feel they need to talk about things they do not want to discuss.*
- Students try to shock or amuse other students or the teacher by describing sexually explicit behaviours.
 - *Remind students to be considerate of others and their feelings. It might be helpful to separate males from females during certain exercises.*
 - *Do not be overly critical of students' comments, even if they seem inappropriate. This may discourage other students from being open and honest.*

Adapted in part from *The Center for Family Life Education. (1993). Healthy foundations. Dover, NJ: Planned Parenthood of Greater Northern NJ.*







Activities for Under Age 10

Overview of the Activities

The seven activities for children under age 10 focus on providing initial information on several different topics to develop basic knowledge and understanding; lay a strong foundation for developing healthy self-esteem, values, and attitudes; and start building skills.

In the *first activity*, students learn what 'health', and 'healthy behaviours' mean and demonstrate some healthy behaviours. Then they think of one new thing they each can do to keep healthy. In the *second activity*, students learn basic information about HIV and AIDS, including transmission and prevention, through a quiz and discussion. In the *third activity*, students come to understand different types of emotions and what stress is, and they build skills for dealing with stress and emotions in positive ways through using a story as an example. Building these skills lays the foundation for coping with more stressful situations later, including those related to sexuality, HIV, and AIDS.

Students under age 10 need to begin exploring the basic issues of sexuality so they will be prepared to deal with situations they will encounter as they get older. In the *fourth activity* students discuss what sexuality is and the differences between 'good' and 'bad' touches. Then they practise saying 'no' to touches they are not comfortable with.

In the *fifth activity*, through story reading and discussion, students come to understand the importance of communicating in positive ways with friends and family, including about sexuality, HIV, and AIDS. They learn how what one says can affect how another person feels or reacts. They also gain skills in critical thinking and decision-making, which enable healthy communication.

In the *sixth and seventh activities*, students focus on social issues. In the *sixth activity*, they learn how boys and girls are expected to act differently. They discuss these differences and some alternatives to the traditional ways of acting. In the *seventh activity*, students learn about differences between people and use a story to help them discuss ways to treat people living with HIV and AIDS with caring and respect. This activity lays the foundation for learning about stigma and discrimination when students are pre-adolescents.



Activity 1

Defining Health and Healthy Decision-Making

Purpose: To learn how to make healthy decisions and practise healthy behaviours, including in relation to HIV and AIDS

Learning Objectives:

- Define what health means
- Demonstrate ways of keeping healthy

Methods: Guided learning, brainstorming, demonstration of healthy practices

Materials: Chalkboard and chalk or flip chart and marker

Time: 30–35 minutes

Overview: Students brainstorm what ‘health’ means to them. The teacher explains what health means and asks students to say some things they can do to stay healthy. Then volunteers perform each of the healthy practises mentioned. The teacher asks students to think of one new thing they can do to keep healthy (i.e., something they have not done regularly before) and then asks for a few volunteers to share the changes they will make.

Procedures:

1. Introduce the objectives of the activity to the class.
2. Students brainstorm on the question “What does health mean?”
3. Tell the class that ‘health’ means both not being sick and also feeling good physically and mentally, so that you can do well the things you want to do like go to school, play sports, and meet friends.
4. Ask students to say some things they can do each day to keep healthy, and write them on a chalkboard or flip chart. Examples include:
 - Hygiene: washing hands and brushing teeth
 - Nutrition: eating fruit and vegetables
 - Physical activity: getting exercise
 - Safety: looking both ways before crossing the road
 - Protection: wearing gloves when you touch blood
 - Rest: sleeping enough each night
 - Emotional coping: talking to adults when you are upset
5. Ask volunteers to perform each of the healthy practices mentioned.
6. Ask students to think of one new thing they can do to keep healthy (i.e., something they have not done regularly before).
7. Ask for a few volunteers to share the changes they will make.
8. You could end the activity by saying: “There are simple actions we can do every day to stay healthy. You now know some more actions that you can do to stay healthy, and I encourage you to choose one to try to perform every day.”

Sources:

- Mnthali, N., Pulizzi, S., Seeletso, L., Sinkamba, G., & Tau, N. S. (2006). Chapter XIII: Healthy living. In *Living: Botswana’s window of hope: Skills for life. Primary school 1–4, Teacher’s guide*. Gaborone, Botswana: Government of Botswana, Ministry of Education., pp. 213–226.
- Pulizzi, S., & Rosenblum, L. (2008). Grades 8–9, Activity one: Basic health information. In *HIV and AIDS activities 1–8 (Year 1) for youth in KwaZulu Natal, South Africa [Project document]*. KwaZulu Natal, South Africa: Mpilonhle Mobile Health and Education Project.



Activity 2

Basic Information on HIV and AIDS

Purpose: To learn about HIV and AIDS so that students can build skills to protect themselves

Learning Objectives:

- Identify basic information about HIV and AIDS, including transmission and prevention
- Explain how HIV can be prevented

Methods: Guided learning, true/false quiz, large-group discussion

Time: 30–40 minutes

Overview: Students discuss what they know about HIV and AIDS, and the teacher provides correct and additional information. Students then do a true/false question in the large group and discuss the answers.

Procedures:

1. Introduce the objectives of the activity to the class.
2. Ask students to discuss what they know about HIV and AIDS. Encourage open discussion but correct any myths or misconceptions as they are said. Be sure that the following information is covered:
 - HIV and AIDS are not the same thing. The first one is a virus, the second is a disease.
 - HIV is a virus that reduces the body's ability to fight illness and leads to AIDS.
 - AIDS is a disease that develops in people who have HIV when their immune system gets so weak that they cannot fight diseases or infections without medicine.
 - HIV and AIDS cannot be cured.
 - People can live with HIV for many years if they take good care of themselves and get proper treatment.
 - You cannot tell if a person has HIV from looking at him or her.
3. Explain how HIV is spread:
 - Through sexual intercourse without a condom
 - Through blood from unclean or unsterilized objects that cut the skin, for example needles or razor blades
 - From mother to child during pregnancy, birth, or breastfeeding
4. Explain how HIV is not spread:
 - Kissing on the cheek, hugging, touching, or shaking hands
 - Sharing food or drinks, clothes, or toilets
 - Mosquitoes or other insects
 - Sneezing or coughing
 - Tears or sweat
5. Discuss the ways people can protect themselves from HIV:
 - Regarding sex, choosing not to have sexual intercourse is the best choice for young people.
 - Do not use unclean or unsterilized needles or razor blades
 - Use gloves when helping someone who is bleeding



Activity 2: Basic Information on HIV and AIDS

6. In the large group, have the class complete (out loud) the true/false quiz below on how to keep from spreading HIV:
- You can protect yourself by using gloves when helping a friend who is bleeding. True or False?
 - You can protect yourself by not sharing drinking cups. True or False?
 - You can protect yourself by not sitting next to a person who has HIV. True or False?
 - You can protect yourself by not sharing needles or razor blades. True or False?
 - You can protect yourself by not shaking hands with someone who has HIV. True or False?
 - You can protect yourself by not having sex. True or False?

Answers: a. True, b. False, c. False, d. True, e. False, f. True

7. Go over the ways that students can protect themselves.
8. You could end the activity by saying: “HIV is a virus that has no cure. It weakens the body’s ability to fight disease. HIV is preventable. Now you know the ways that you can protect yourself from getting HIV.”

Sources:

- Pulizzi, S., & Rosenblum, L. (2008). Grades 8–9, Activity one: Basic health information. In HIV and AIDS activities 1–8 (Year 1) for youth in KwaZulu Natal, South Africa [Project document]. KwaZulu Natal, South Africa: Mpilonhle Mobile Health and Education Project.
- International HIV/AIDS Alliance. (2007). Section 9.1, HIV and AIDS and human rights. In Our future: Sexuality and life skills education for young people: Grades 4–5 (pp. 111–112). Brighton, UK: International HIV/AIDS Alliance.

Notes



Activity 3

What to Do When I Feel...

Purpose: To build skills for dealing with stress and emotions in positive ways

Learning Objectives:

- Identify different types of feelings
- Develop decision-making and coping skills for dealing with stress and emotions, including those related to sexuality, HIV, and AIDS

Methods: Guided learning, story reading, large-group discussion

Materials: Chalkboard and chalk or flip chart and marker

Time: 30–35 minutes

Overview: Students list things that make them feel angry, sad, and happy. Then students hear a story about a young girl and what she did when she felt sad and angry because her mother was sick. Students think about other things they can do when they are feeling unhappy that can help them feel better.

Procedures:

1. Introduce the objectives of the activity to the class.
2. You might start this activity by saying: “We all have different feelings at different times. For example, we may feel happy, friendly, angry, sad, or afraid. It is important to learn to understand and talk about our feelings and to deal with them in positive ways. Feelings can help us understand and care for ourselves and each other and make decisions.”
3. Ask students to answer the following questions. Write their answers on the chalkboard or flip chart.
 - What are some things that make you feel angry?
 - What are some things that make you feel sad?
 - What are some things that make you feel happy?
4. Continue by saying: “Sometimes when we are angry or sad, we do things that make us feel worse instead of better. That is because we might not always know what we can do to feel better. I’m going to read you a short story about Tapiwa. She had a day when she felt both good and bad. Let’s see what she did.”

Tapiwa’s Story

Tapiwa was seven years old. She was living with her mother, father, and three brothers and sisters. It was her sister’s birthday, so her mother was going to cook a nice meal for the family. Tapiwa was very happy. But later that day, her mother told the family that she was not feeling well. She needed to rest and would not be able to cook dinner. Tapiwa and her brothers and sisters all felt sad and a little angry. Her sister Vonghi cried behind the house and refused to talk to anyone. Her brother Zuze yelled, ‘You’re always sick! It’s not fair!’ and ran out of the house. Tapiwa and her other brother Tatenda decided to do something that could make them and the rest



Activity 3: What to Do When I Feel...

of the family feel better. They made two cards: a get well card for their mother and a birthday card for Vonghi. When they finished and gave their mother and Vonghi the cards, Tapiwa, Zuze, and Tatenda all felt much better. Vonghi also looked happier, and their mother promised to cook a nice big meal as soon as she felt stronger.

5. Now ask students the following questions:

- How did Tapiwa feel about the birthday meal her mother was supposed to cook?
- How did she feel when she found out that her mother could not cook because she felt sick?
- How did her brothers and sisters feel?
- What did her sister Vonghi do?
- What did her brother Zuze do?
- What did Tapiwa and her brother Tatenda do?
- Who felt better afterwards?
- What else do you think Tapiwa could have done to make herself and other people in her family feel better?

6. You could continue by saying: "Now let's look at some of the things that you said make you feel bad. Together let's think of some things you can do by yourself or with friends or family that can help you feel better when these things happen."

Ask for volunteers to share their ideas of what they can do.

7. You could end the activity by saying: "We all have times when we feel bad and don't know what to do about it. Sometimes we do things that make us feel worse. But, you have just come up with some great ideas about things you can do that can help you feel better without hurting anyone else. Talking with someone can also help you understand that there are other people who might be able to help you feel better."

Adapted from:

- World Health Organization, Education International, Education Development Center. (2004). Activity 3.2: What to do when I feel.... In Teachers' exercise book for HIV prevention (pp. 103–105). Geneva: World Health Organization.
- International HIV/AIDS Alliance. (2007). Section 4.1, Coping with our feelings. In Our future: Sexuality and life skills education for young people: Grades 4–5 (pp. 53–55). Brighton, UK: International HIV/AIDS Alliance.

Notes



Activity 4

Good and Bad Touches

Purpose: To develop skills in communicating with adults if students experience bad touches so that they can protect themselves and get any help they need

Learning Objectives:

- Describe the differences between good and bad touches
- Develop skills to communicate about experiencing bad touches

Methods: Guided learning, large-group discussion, pair work

Materials: Poster or large drawing of a boy and of a girl

Time: 30–35 minutes

Overview: The teacher talks briefly about the difference between good touches and bad touches and asks students to give examples of each. Then students discuss what they should do if they experience bad touches, including saying “no”, and whom they should tell. In pairs, students practise saying “no” to bad touches.

Procedures:

1. Introduce the objectives of the activity to the class.
2. You could start this activity by saying: “Most people like to be hugged by other people they know and trust. Sometimes we like other kinds of touches, such as someone putting a hand on our shoulder or holding our hand. But sometimes the way we are touched or the person who touches us can make us feel uncomfortable.”

Continue by explaining: “Good touches are touches that make you feel loved and cared for. They do not make you feel uncomfortable.” Ask students to give some examples of good touches.

Then explain: “Bad touches are touches that make you feel uncomfortable.” Ask students to give some examples of bad touches.

3. Ask students to show which parts of their body they do not want anyone to touch by pointing to those parts on the poster or large drawing at the front of the room.
4. Ask students to say what they would do if someone touched them on a part of their body where they did not want to be touched or in a way that felt uncomfortable. Share the following answers if students do not say them:
 - Say something to get the person to stop.
 - Tell an adult you trust, like a parent, aunt, uncle, or teacher.
 - Run away.

Explain that it is important not to blame yourself for touches that do not feel good. It is good to practise what you can say to get someone to stop touching you in a way that makes you feel uncomfortable. And, it is important to talk with an adult you trust about any bad touches you experience.

5. Ask students to share who they would tell if the following people touched them in a bad way:
 - Father
 - Mother
 - Uncle or aunt
 - Sister or brother
 - Teacher



Activity 4: Good and Bad Touches

6. Ask students to share what they can say to someone who is touching them in a bad way. Examples might include:
 - “I do not like being touched like that.”
 - “Stop touching me.” or “Do not touch me.”
 - “My body belongs to me. You do not have the right to touch it like that.”
 - “If you touch me like that (again), I will tell my father, mother, brother, teacher, etc.”
7. Demonstrate for the students how they can say these statements so that they come across strong and convincing. First say a few of the statements in a soft, shy whisper. Then say the same ones in a loud, clear, and strong voice. Ask students what differences they notice between the two types of examples.
8. Divide the class into pairs. You may choose to have the pairs be of the same sex or one boy and one girl.
9. Ask one learner in each pair to practise saying “no” to the other person as if that person had touched him or her in a bad way. After 1 or 2 minutes, ask the partners to switch so that the other person can practise saying ‘no’. Then ask the partners to talk about how it felt to say ‘no’.
10. In the large group, ask students to share how it felt to say “no”. If it was hard for some to say “no”, talk about why and how to make it feel easier.
11. You could end the activity by saying: “Now you know more about what good and bad touches are and what to do about bad touches. If someone touches you in a way that feels bad or uncomfortable, you can say some of the things you practised and tell one of the people that we talked about.”

Adapted from:

- Mnthali, N., Pulizzi, S., Seeletso, L., Sinkamba, G., & Tau, N. S. (2006). Activities 7.3–7.5. In *Living: Botswana’s window of hope: Skills for life. Primary school 1–4, Teacher’s guide* (pp. 126–134). Gaborone, Botswana: Government of Botswana, Ministry of Education.
- International HIV/AIDS Alliance. (2007). Activity 2.4, Good touch, bad touch. In *Our future: Sexuality and life skills education for young people: Grades 4–5* (pp. 29–32). Brighton, UK: International HIV/AIDS Alliance.

Notes



Activity 5

Talking with Our Friends and Family

Purpose: To build skills in critical thinking, decision-making, and communicating with friends and family in positive ways so that students can protect themselves and treat others in caring ways, especially in relation to gender issues, sexuality, HIV, and AIDS

Learning Objectives:

- Explain the importance of communicating with friends and family in positive ways
- Describe how what one says can affect how another person feels or acts
- Demonstrate skills in critical thinking and decision-making that help foster healthy communication with friends and family

Methods: Story reading, large-group discussion

Time: 30–35 minutes

Overview: The teacher talks briefly about the importance of communicating with friends and family in a positive way. Students hear three different stories and discuss what the people in each situation should say or do, and why.

Procedures:

1. Introduce the objectives of the activity to the class.
2. You might start this activity by saying: “We’re going to read three short stories about boys and girls who find themselves in different situations. As you listen to the stories, think about the kinds of feelings and thoughts the boys and girls might have.”
3. Read the first story. Then engage students in discussion using the guiding questions for the story. Do the same for the second and third stories.

Try to help students understand that it is important for them to think before they speak, and that what they say to someone can make that person feel better or worse. Also help students understand that if something or someone makes them feel scared, nervous, or worried, they should tell a family member or other adult who cares about them.

Story #1

Sanjay is walking with his friend Raj when they see Samiran, another boy in their class, walking toward them. They know that Samiran’s mother has AIDS. As he gets closer to them, Samiran begins to say “Hi, Raj and San...”, but before he can finish, Raj says loudly so that Samiran can hear, “I don’t think we should get near him. His mother has AIDS, and so maybe we could get it from him. Quick, Sanjay, let’s get out of here before he gets too close.”

Ask students:

- How do you think Samiran felt when he heard Raj say that? Why?
- What do you think Sanjay can do or say to Samiran to help him feel better?
- What could Sanjay do or say that would make Samiran feel even worse?
- What could Sanjay say to Raj to try to make sure he does not say something like that to someone else?



Activity 5: Talking with Our Friends and Family

Story #2

Maria is with her friend Pedro. They are outside their school when two other boys ask Pedro if he wants to play ball with them. Pedro says, "Yes" and looks at Maria. She says, "I want to play too! My brother taught me how." But one of the other boys laughs and says, "You? You're just a girl! You can't do anything as well as us boys!"

Ask students:

- How do you think Maria felt when the boy said she couldn't do anything as well as boys because she's a girl?
- Do you think what he said about girls is true? Why or why not?
- What could Pedro do or say to the other boy to help Maria feel better?
- What could Maria say to the boy?

Story #3

Bashira is waiting for her aunt to pick her up from school. A man she does not know comes over to her. He is as old as her father. He asks her whom she is waiting for, and she tells him she is waiting for her aunt. "Oh, I know your aunt," he says. "We are good friends. Why don't you come with me, and we can meet her down near the market." He is smiling and looks friendly.

Ask students:

- What do you think Bashira should do? Why? (Explain the importance of not going anywhere with strangers.)
- What can she say to this man?
- When she sees her aunt, do you think she should tell her about this man? What do you think she can say?
- Whom else do you think she should tell about this man?

4. You could end the activity by saying: "It is important to think about what we are saying and how we are saying it before we speak. Sometimes we say something quickly without thinking about how it will make someone feel. Sometimes that makes the person feel bad or angry even though we did not mean it to. So, we need to pay attention to how we say things."

Optional Homework Assignment: Encourage learners to discuss these stories with their parents or guardians. Discuss student's experiences in the next class.

Adapted from:

- World Health Organization, Education International, & Education Development Center. (2004). Activity 3.1: Our family and friends. In Teachers' exercise book for HIV prevention (pp. 99–102). Geneva: World Health Organization.

Notes



Activity 6

Understanding How Girls and Boys Are Treated

Purpose: To understand how girls and boys are treated differently and sometimes unfairly, so that later on students can understand gender-related vulnerability to HIV

Learning Objectives:

- Discuss how girls and boys are treated, including the differences
- Identify alternative, fair ways of being treated for both girls and boys

Methods: Large-group exercise and discussion

Materials: Tape, three signs (one reads 'Agree,' another 'Disagree,' and another 'Not Sure').
 Optional: pictures from the local culture of men, boys, women, and girls in their typical roles and also pictures of them doing things that are different from their typical roles.

Time: 30–35 minutes

Overview: The teacher talks briefly about how girls and boys learn to act in ways that are different and not always fair. Students participate in a large-group exercise, in which the teacher says statements about girls and boys, and students go to a different corner of the room depending on whether they agree, disagree, or are not sure about the statement. Then, they discuss their choices and some fairer, alternative statements.

Procedures:

1. Introduce the objectives of the activity to the class.
2. You could start by saying: "We all learn how to act as boys and girls, for example that boys are good at math but cannot cook and girls can cook but not be leaders. Some of the ways we learn are not fair. Since differences in how boys and girls act are decided by cultures and are not determined by nature, we can change them. In this activity we will look at traditional ways that boys and girls are supposed to act, and then we will think of some different ways that might be fairer for everyone."
3. If you have pictures of boys, men, girls, and women acting in their traditional gender roles and taking different roles, this is a good time to show them.
4. For the next exercise, use the signs to label one corner of the room 'Agree,' another 'Disagree,' and a third 'Not Sure.'
5. Ask students to stand in the middle of the room. Tell them that you will say a statement about boys and girls, and they should go to the part of the room that fits with what they think about the statement, that is, 'Agree,' 'Disagree,' or 'Not Sure.' You can use statements from the list below.

Suggested Statements

- Only boys are good in math.
- Only girls should cook.
- Only boys can be leaders.
- Only mothers should take care of the children.
- Only fathers should do work outside the home.
- Girls should do what boys say.
- Only men should earn money.



Activity 6: Understanding How Girls and Boys Are Treated

6. Ask students to discuss with the others in their corner why they chose that position.
7. Next, ask students from each corner to share with the whole class why they chose their position.
8. Ask students if anyone wants to change corners after hearing others' thoughts. Ask any students who switch to explain their reasons for switching.
9. Then ask students to suggest an alternative statement that is fairer to both boys and girls and has more positive results.
10. Repeat this process with additional statements as time allows.
11. You could end the activity by saying: "You have thought and talked about how things are sometimes different and not always fair for girls and boys. Now, you can be more aware of what you and others do and say, and you can decide whether you want to change any of the things you do or say."

Optional Homework Assignment: Encourage learners to discuss gender with their parents or guardians. How have things changed since they were your age? What advice do they have for your generation? Discuss student's experiences in the next class.

Adapted from:

- International HIV/AIDS Alliance. (2007). Chapter 5, Understanding gender. In *Our future: Sexuality and life skills education for young people: Grades 4–5* (pp. 71–79). Brighton, UK: International HIV/AIDS Alliance.

Notes



Activity 7

Everyone is Different!

Purpose: To develop skills in treating people with any differences, and especially people with HIV and AIDS, with care and respect

Learning Objectives:

- Identify several types of differences between people
- Explain how it feels to be teased
- Explain how to treat someone with HIV or AIDS in a positive way

Methods: Brainstorming, story reading, large-group discussion

Time: 30–35 minutes

Overview: Students brainstorm ways in which people are different and talk about what it feels like to be teased. The teacher reads a brief story about a girl who is teased because she was born with HIV. Then students discuss how the character in the story feels because of being teased and how they can treat people, including those with HIV, in a fair and caring way.

Procedures:

1. Introduce the objectives of the activity to the class.
2. Ask students to brainstorm the ways in which they are different from each other, such as height or weight.
3. Ask students the following questions and have them discuss their responses:
 - Have you ever been teased because you were thought of as different?
 - How did you feel when you were teased?
 - How would you have liked to be treated?
4. Read the story below to the class.

The Story of Milika

Milika is a 12-year-old girl, who was born with HIV infection. One of her classmates found out that she is living with HIV and told everyone. Now her classmates tease and laugh at her, and no one wants to eat with her. They say bad things about her mother. During sports, no one wants her on their team, and she always sits alone at her desk.

5. Discuss the following questions about the story with the class:

- Imagine that you are Milika.
 - o How would you feel? How would you act?
 - o What would you like to have happen?



Activity 7: Everyone is Different!

- Imagine that Milika is in our class.
 - o Why are we and our classmates avoiding Milika and teasing her?
 - o What would we do if Milika was our friend?
 - o How could we treat her better?
6. Ask students to brainstorm ways of treating a person with HIV in a positive and caring way. Examples might be:
- Treat the person with kindness, love, respect, and friendship
 - Include the person in activities with everyone else
 - Stand up for the person if he or she is being teased
7. You could end the activity by saying: "In this activity you have learned about differences between people, what it feels like to be teased for being different, and that it is not okay to tease people because they have HIV or are different in some other way. Every human being deserves to be treated in a fair and caring way. Now you know more about how to do that."

Story and questions adapted from:

- International HIV/AIDS Alliance. (2007). Chapter 5, Understanding HIV and AIDS. Our future: Sexuality and life skills education for young people: Grades 4–5 (p.114). Brighton, UK: International HIV/AIDS Alliance.

Notes



Activities Ages 10–14

Overview of the Activities

The main goals for students ages 10–14 are to build on the knowledge, values, and skills already learned and apply them to practical situations involving further skill building. These situations revolve around sexual activity and relationships, one's own health, interacting with others, gender roles, and stigma and discrimination. Students come to understand their risk for HIV, other STIs, and pregnancy, and they learn the importance of avoiding initiation of sexual activity. Then they practise skills to help them protect themselves and keep growing in healthy ways, which can help them maximise their potential.

In the *first three activities*, students gain basic information about HIV and AIDS and develop the basic skills of communicating information, critical thinking, decision-making, and problem-solving. They examine a variety of risky behaviours and discuss why people engage in them and ways to avoid them. Methods used include brainstorming, discussion, a quiz, responding to questions and statements, story reading and writing, and an exercise to match risky behaviours with consequences.

In the *next four activities*, students build on the communication, critical thinking, decision-making, and problem-solving skills they have learned in earlier activities and apply them to situations that involve sexuality and refusing to have sex. They also develop skills in expressing their feelings in healthy ways and defining and maintaining their own values in the face of peer pressure. Methods used in these activities include brainstorming, discussion, story reading, and role playing.

In the *last three activities*, students focus on the social issues of gender roles and stereotypes and stigma and discrimination as they relate to HIV and AIDS. In addressing these issues they examine traditional, unfair, and harmful ways of acting; explore alternative positive ways of acting; and practise skills learned in previous activities. Methods used include brainstorming, discussion, role playing, and large-group exercises to uncover gender stereotypes and understand what stigma and discrimination feel like.





Activity 1

Learning and Discussing Information about HIV and AIDS

Purpose: To create a foundation of knowledge about HIV and AIDS so that students can build skills to protect themselves and communicate information to other people.

Learning Objectives:

- Identify basic information about HIV and AIDS, including transmission and prevention
- Develop skills in communicating HIV and AIDS prevention information to others

Materials: One copy of Questions/Statements You Might Hear About HIV worksheet for each group

Methods: Brainstorming, large-group discussion, responding to questions and statements

Time: 50–60 minutes

Overview: Students brainstorm what they know about HIV and AIDS, and the teacher provides correct and additional information. In pairs, students practise answering questions and responding to statements they might hear when talking with friends and family members about HIV and AIDS. In the large group, students discuss how they would communicate their responses in constructive ways to other people.

Procedures:

Part 1: 20–30 minutes

1. Introduce the objectives of the activity to the class.
2. Ask students to discuss what they know about HIV and AIDS. Encourage open discussion but correct (in a polite way) any myths or misconceptions as they are said. Be sure that the following information is covered:
 - HIV is a virus that reduces the body's ability to fight illness and leads to AIDS.
 - AIDS is a condition that develops in persons who have HIV when their immune system gets so weak they cannot fight diseases or infections without medicine.
 - HIV and AIDS cannot be cured.
 - People can live with HIV for many years if they take good care of themselves.
 - Anyone can get HIV. You cannot tell if a person has HIV from looking at him or her.
 - Around the world, the age group that has the most new cases of HIV are young people ages 15–24.
 - HIV is spread in the following ways:
 - o Through sexual intercourse without a condom
 - o Through blood from unclean objects that cut the skin, for example needles or razor blades
 - o From mother to child during pregnancy, birth, or breastfeeding
 - HIV is not spread by:
 - o Kissing on the cheek, hugging, touching, or shaking hands
 - o Sharing food, drinks, clothes, or toilets
 - o Mosquitoes or other insects
 - o Sneezing or coughing
 - o Tears or sweat
 - How people can protect themselves from HIV
 - o Regarding sex, not having sex is the best choice for young people. People who do have sex should use a condom.
 - o Do not use unclean needles or razor blades.
 - o Use gloves when helping someone who is bleeding.



Activity 1: Learning and Discussing Information about HIV and AIDS

Part 2: 30 minutes

3. Divide the class into pairs.
4. Give each group one copy of the worksheet Questions/Statements You Might Hear About HIV. Have one student read a question or statement and the second student respond. Ask them to take turns being the reader and the responder.

Questions/Statements You Might Hear About HIV - Worksheet

- a. What is HIV?
- b. What is AIDS?
- c. How does someone get HIV?
- d. Who can get HIV?
- e. How do I know if I might be infected with HIV?
- f. I'm too young to get AIDS.
- g. I don't think I should hang around her too much because I heard she is HIV-positive.
- h. I heard there is a cure for HIV.
- i. I don't think he has AIDS. He looks too healthy.
- j. I feel nervous using the toilet after she has because I'm afraid I'll get HIV.

Worksheet Answer Key - Questions/Statements You Might Hear About HIV

If students have difficulty coming up with answers to the questions, use the following responses to prompt them.

- a. What is HIV?
 HIV stands for Human Immunodeficiency Virus, which is the virus that causes AIDS. It slowly makes an infected person sicker and sicker. HIV attacks the immune system and increases the person's chance of getting all kinds of diseases, including flu, diarrhoea, pneumonia, tuberculosis, and certain kinds of cancer.
- b. What is AIDS?
 AIDS stands for Acquired Immune Deficiency Syndrome. It is an illness that occurs in the body when the immune system is weakened due to having HIV, and the person gets illnesses or infections as a result.
- c. How does someone get HIV?
 HIV can be spread when blood, semen, vaginal fluid, or breast milk from an infected person enters the body of someone who is not infected, such as through sex, sharing needles and razors, and breastfeeding.
- d. Who can get HIV?
 Anyone can get HIV. It does not matter if you are young or old, rich or poor, big or small, male or female.
- e. How do I know if I might be infected with HIV?
 Often there are no symptoms for many years, so you may not be able to tell if you have HIV. Usually the first symptoms are like those of many other common illnesses, such as swollen glands, fatigue, weight loss, fever, or diarrhoea. Different people have different symptoms. The only way to find out for sure if you have HIV is to have a blood test.
- f. I'm too young to get AIDS.
 There is no age limit on AIDS. Anyone who takes risks that can lead to HIV can get the virus. Girls who have unprotected sex have a greater chance of getting HIV than older women. Girls are more likely to have tearing in their vagina during intercourse.



Activity 1: Learning and Discussing Information about HIV and AIDS

g. I don't think I should hang around her too much; I heard she is HIV-positive.

You cannot get HIV and AIDS by having casual contact, such as touch, with a person who has the disease. HIV is only spread through bodily fluids, such as semen, blood, vaginal fluid, and breast milk. It is safe to hang out with a person who has HIV as long as you are not sharing these bodily fluids.

h. I heard there is a cure for HIV.

There is NO cure or vaccine for HIV or AIDS. Some medicines decrease the harmful effects or lengthen the life of a person with the virus. However, these medications ARE NOT a cure.

i. I don't think he has AIDS—he looks too healthy.

You often cannot tell by looking at someone if he or she is infected with HIV. It can take years for symptoms to show up, so many people who have the disease look healthy, can exercise and work normally, and feel good.

j. I feel nervous using the toilet after she has because I'm afraid I'll get HIV.

HIV can only be spread through bodily fluids including blood, semen, vaginal fluid, and breast milk. You cannot get HIV by sitting on the same toilet as someone who has the virus.

5. After 15–20 minutes, reconvene the class and ask for volunteers to describe how they responded to the questions and statements.
6. Then ask students to discuss how they would communicate their responses in constructive ways to other people, including family and friends.
7. You could end the activity by saying: "HIV and AIDS is an important topic to be aware of. Now that you have gained more knowledge, you can help spread correct information by talking with your family and friends about it."

Sources:

- World Health Organization, Education International, & Education Development Center. (2004). Activity 4.1: Getting the right information out. In Teachers' exercise book for HIV Prevention (pp. 109–114). Geneva: World Health Organization.
- International HIV/AIDS Alliance. (2007). Section 9.1, HIV and AIDS and human rights. Our future: Sexuality and life skills education for young people: Grades 4–5 (pp. 111–112). Brighton, UK: International HIV/AIDS Alliance.

Notes



Activity 2

The Choices We Make

Purpose: To develop students' critical-thinking skills to help them make healthy decisions, including ones related to sexual behaviour, HIV, and AIDS

Learning Objectives:

- Explain one's choices and their consequences
- Demonstrate critical-thinking skills in making decisions

Methods: Story reading, large-group discussion, small-group work to discuss how to handle a difficult situation

Materials: One copy of What Can You Do? worksheet for each group

Time: 45–50 minutes

Overview: Students read a story and are asked to answer questions about what they think the main character in the story should do. They are encouraged to consider a variety of alternative actions as well as the consequences of each of these actions. Next, they are divided into small groups and asked to answer similar questions about another story. A class discussion follows.

Procedures:

Part 1: 15 minutes

1. Introduce the objectives of the activity to the class.
2. Read the story below to the students.

Mpho and her friend Fiona are going to Mpho's parents' house to study for a test. Mpho's parents are not home. The girls are talking and laughing when Baruti, a boy whom Mpho likes, stops to talk to them. He asks them where they are going, and Mpho tells him they are going home to study. "Why study now when your parents are not home?" He says, "Let's go do something fun." Mpho feels excited that Baruti is paying attention to her, but she has already promised Fiona that they would study.

3. Ask students the following questions:

- What will happen if Mpho skips studying with Fiona to play with Baruti?
- What can Mpho say to Baruti? With your group, make a list of the different things Mpho can say.
- What do you think will happen if she says each of the different things? (What will Baruti say? What will Fiona say?)

Part 2: 30–35 minutes

4. Now, divide the students into groups of three or four, and ask them to read the story on the worksheet What Can You Do? out loud with their group.
5. After the students have read the story, ask them to write answers to the questions on the worksheet.
6. When students are finished writing their answers, ask for volunteers to read their lists of actions that the main character could take, and what the results of each of the actions would be.



Activity 2: The Choices We Make

7. You could end the activity by saying: “Every day, we make choices that will affect what happens to us and others around us. By stopping and thinking about the different choices we have before we do or say anything, we can help to make sure that what we do or say leads to the best results.”

Adapted from:

- World Health Organization, Education International, & Education Development Center. (2004). Activity 4.5: The choices we make. Teachers’ exercise book for HIV prevention (pp. 135–138). Geneva: World Health Organization.

What Can You Do? - Worksheet

You are returning home from school when you see a family friend talking with some other adults on the street. The friend asks you where you are going, and you tell the friend that you are walking home. “Come, I will walk with you,” the friend says. Even though you want to walk alone, you say okay. When you get to an open field, the family friend takes your hand. You feel uncomfortable. You do not feel you need to have your hand held. Then the friend suddenly hugs you and says, “Why don’t we stay here a little while and rest.” You are not sure why, but you start to feel afraid.

OR

You are talking with your friend and she suggests that you try to get some beer. She says “come on, it will be fun to get drunk.” You feel uncomfortable but your friend keeps encouraging you. When you resist the encouragement turns to threats.

Questions:

- Why might you feel afraid?
- What can you do or say to the family friend? Write a list in the box below of the things you can do or say.
- What might happen as a result? Write a list of these things.

What Will You Do or Say?	What Might Happen?

Notes



Activity 3

Examining Risky Behaviours and Making Healthy Decisions

Purpose: To build skills in assessing risk in order to facilitate healthy decision-making, including decisions related to sexual behaviour, HIV, and AIDS

Learning Objectives:

- Explain the concepts of risk, risky situations, and healthy decision-making
- Identify the negative results of a variety of risky behaviours
- Apply problem-solving skills in making healthy decisions about whether to have sex

Methods: Matching exercise, large-group discussion, small-group work writing positive and negative endings to a story

Materials: Chalkboard and chalk or flip chart and markers, one copy of the worksheets Risky Behaviours Exercise and Story to Complete for each student

Time: 55–60 minutes

Overview: The teacher defines what 'risk' means. Students do an exercise to match risky behaviours with the consequences of those behaviours. Students then discuss why people engage in risky behaviours and what might make it easier for them to change their behaviour. In pairs, students read the beginning of a story about whether to have sex and then write two different endings to the story: one negative and one positive. In the large group, several pairs read their story endings, and the group discusses them.

Procedures:

Part 1: 35–40 minutes

1. Introduce the objectives of the activity to the class.
2. Define what 'risk' means: Exposing oneself to harm, disease, or loss.
3. Introduce the risky behaviours exercise by saying: "We are all exposed to a variety of risks in our lives. The activity we are going to do now is about looking at the negative results that can occur when we do risky things."
4. Divide students into small groups of three to four. Hand out one copy of the worksheet Risky Behaviours Exercise to each learner.
5. Ask students to connect the appropriate risky behaviour in the left-hand column with the negative result it causes in the right-hand column by drawing a line between them.

Notes



Activity 3: Examining Risky Behaviours and Making Healthy Decisions

Risky Behaviours Exercise

Worksheet

Instruction: Draw a line between each risky behaviour in the right-hand column and the possible negative result in the left-hand column that can occur from doing the behaviour.

<i>Types of Risky Behaviours</i>	<i>Possible Negative Results</i>
Having sex at an early age	Feel tired and cannot study well
Having sex without a condom	Get HIV and other STIs Have unwanted pregnancy
Not washing your hands and bathing regularly	Get HIV and other diseases
Riding in a car without a seat belt	Get HIV and other STIs Have unwanted pregnancy
Touching blood from a cut of someone who has HIV	Get in a car crash
Not getting enough sleep	Get HIV and other STIs Have unwanted pregnancy
Eating food high in fat, sugar, or salt, and not getting enough exercise	Get hurt more seriously if get in an accident
Driving under the influence of alcohol or drugs	Get more stressed because problems get worse
Not doing school work on time	Gain too much weight and have less energy. Get heart disease or diabetes.
Having sex when under the influence of drugs or alcohol	Get HIV and other diseases
Sharing razors	Get poor grades
Not getting support when you have problems	Get health problems, such as diarrhoea, scabies, lice



Activity 3: Examining Risky Behaviours and Making Healthy Decisions

Worksheet Answer Key

Risky Behaviours Exercise

Instruction: Draw a line between each risky behaviour in the right-hand column and the possible negative result in the left-hand column that can occur from doing the behaviour.

Types of Risky Behaviours	Possible Negative Results
Having sex at an early age	Feel tired and cannot study well
Having sex without a condom	Get HIV and other STIs
Not washing your hands and bathing regularly	Have unwanted pregnancy
Riding in a car without a seat belt	Get HIV and other diseases
Touching blood from a cut of someone who has HIV	Get HIV and other STIs
Not getting enough sleep	Have unwanted pregnancy
Eating food high in fat, sugar, or salt, and not getting enough exercise	Get in a car crash
Driving under the influence of alcohol or drugs	Get HIV and other STIs
Not doing school work on time	Have unwanted pregnancy
Having sex when under the influence of drugs or alcohol	Get hurt more seriously if get in an accident
Sharing razors	Get more stressed because problems get worse
Not getting support when you have problems	Gain too much weight and have less energy. Get heart disease or diabetes.
	Get HIV and other diseases
	Get poor grades
	Get health problems, such as diarrhoea, scabies, lice



Activity 3: Examining Risky Behaviours and Making Healthy Decisions

6. Reconvene the large group and discuss the small-group exercise. Have a large copy of the Risky Behaviours Exercise written on a flip chart or chalkboard so that you can draw lines between the behaviours and the results as the students say them.
7. Ask students to identify and discuss ways that they can avoid each of the risks and negative results.
8. Ask students to discuss why people engage in risky behaviours. Examples include:
 - Peer pressure
 - To have fun or feel good
 - Curiosity
 - Does not know the consequences
 - To defy authority
9. Ask students to discuss what might make it easier to change their behaviour so that they do not do risky things. Examples include:
 - Learn how to resist peer pressure
 - Understand the consequences of risky behaviours, and that and that the consequences are more more important than satisfying curiosity, having fun, or defying authority

Part 2: 20 minutes

10. Divide students into pairs. Hand out a copy of the Story to Complete worksheet on the next page.
11. Ask students to read this story about whether to have sex and then write two different endings: one showing decisions that would affect the characters' health in negative ways and the other in positive ways.
12. In the large group, ask several pairs to share their story endings.
13. Engage the large group in discussing the different negative and positive endings.
14. You could end the activity by saying: "You have learned about a variety of risky behaviours and the negative results of doing them. It is important to think carefully about how decisions you make can greatly affect your lives and the lives of others around you, in both negative and positive ways."

Adapted from:

- World Health Organization, Education International, & Education Development Center. (2004). Activity 4.6: Healthy decisions. In Teachers' exercise book for HIV prevention (pp. 139–141). Geneva: World Health Organization.
- Pulizzi, S., & Rosenblum, L. (2008). Grades 8–9, Activity two: Examining risky behaviours. In HIV and AIDS activities 1–8 (Year 1) for youth in KwaZulu Natal, South Africa [Project document]. KwaZulu Natal, South Africa: Mpilonhle Mobile Health and Education Project.

Notes



Activity 3: Examining Risky Behaviours and Making Healthy Decisions

Story to Complete

Worksheet

Kabo and Lindi are 13 years old. They are starting to develop feelings for each other. One day after school, they go to Kabo's parents' house when no one else is home. They start to hug and kiss each other, and Lindi tells Kabo she loves him. He is happy to hear that, but when she says she wants to have sex with him, he doesn't know what to say. He remembers his friend telling him that everyone is having sex.

Directions:

1. Write an ending to this story in which Kabo and Lindi make a decision that could affect their health in negative ways.

2. Now write an ending to this story in which Kabo and Lindi make a decision that could affect their health in positive ways.

Notes



Activity 4

Talking About Sexuality

Purpose: To develop skills in communicating with others about sexuality and sexual behaviour to help in healthy decision-making, including in relation to HIV and AIDS

Learning Objectives:

- Discuss what sexuality is
- Demonstrate communication skills to use in talking with others about sexuality and sexual behaviour

Methods: Large-group discussion, scripted role play

Materials: Chalkboard and chalk or flip chart and markers, one copy of the scripted role play for each student

Time: 50–60 minutes

Overview: The teacher reads a brief description of a growing connection between a boy and a girl. Then students discuss what sexuality means. In pairs, students act out a scripted role play. If time permits, two volunteers perform the role play for the large group. Then the large group discusses the role play and the issues it raised.

Procedures:

Part 1: 25–30 minutes

1. Introduce the objectives of the activity to the class.
2. You could start by saying: "I'm going to read a brief description of a relationship between a girl and boy, and then we will talk about it."

Maria and Marco have been in class together for almost the whole year. They have been talking a lot, laughing and having fun together, and finding one another smart and attractive. They have even held hands a few times. Now they're planning to study together for their exams.

3. To start the discussion you could say: "Through this story, we have looked at a relationship where two people are attracted to one another. What does it mean to be attracted to someone? How do you know if you are attracted to them?"
4. Write the word 'sexuality' on the board. You could say "Sexuality is a broad term with different meanings for different people. Sexuality has many ideas and associations connected with it. Let's discuss some of the things that come to your mind when you think of the words 'sexy' and 'sexuality'." As students give their answers, create a chart or a web of their words. You may want to draw a line between words that are related, e.g., physical aspects, emotional aspects.

Note: If you don't think students will be comfortable volunteering words in front of others, you can ask each learner to write down three words that relate to sexuality and then have them give you their lists. You can then use their written answers to create the chart or web.



Activity 4: Talking About Sexuality

5. When you have enough words related to sexuality on the board, lead a discussion about sexuality and what it means to students. Questions to ask include:

- Which of the words have to do with a person's physical body?
- Which of the words have to do with a person's feelings or emotions?
- What is the difference between 'sex' and 'sexuality'?
- Why do some adolescents have sexual intercourse?
- What do you think it means to have a 'healthy sexuality'?
- What does having a healthy sexuality mean for how you treat your body?
- What does it mean for how you interact with your partner?

Part 2: 25–30 minutes

6. Ask students to divide into pairs and practise the role play below.

Talking with a Friend

Two girls who have been friends for awhile are talking. One is telling about her relationship with her boyfriend, and the other is asking questions.

Assiba: *Hi, Ayaba, I'd like to share something with you.*

Ayaba: *Okay. What is it?*

Assiba: *You know Emmanuel, the guy I've been dating for the past couple of months? I really like him, and we're having a great time together.*

Ayaba: *Oh, tell me about it.*

Assiba: *We talk and laugh a lot, share secrets, and hold hands and cuddle. We're really good friends, and I think he's really attractive.*

Ayaba: *What's sex like with him?*

Assiba: *We haven't had sex yet.*

Ayaba: *Why not?*

Assiba: *I want to take it slowly and get to know him better. Plus, I really don't want to get pregnant or get any diseases like HIV.*

Ayaba: *Doesn't he pressure you to have sex?*

Assiba: *No, I told him what I want and that if he kept pressuring me I would not see him anymore. He listened, and he respects my decision and agrees with it.*

Ayaba: *That's great! How do you create a relationship like that?*

8. When students have finished practising the role play, ask them to come back to the large group. If there is time, ask for two volunteers to perform the role play for the whole class. Assign names to the characters depending on whether the volunteers are girls or boys.



Activity 4: Talking About Sexuality

9. Next, discuss the following questions about the role play:

- Why does Ayaba assume that Assiba and Emmanuel have had sex?
- What makes Assiba’s relationship with Emmanuel so good?
- What else would you want in a good relationship?
- How do you think two people can create such a good relationship?

10. You could end the activity by saying: “It may be uncomfortable at first to discuss sexuality, but it is important to talk about it. By talking about it, you can find ways to protect yourself and your friends and build healthy relationships.”

Adapted from:

- World Health Organization, Education International, & Education Development Center. (2004). Activity 4.4: Growing up. In Teachers’ exercise book for HIV prevention (pp. 129–133). Geneva: World Health Organization.
- World Health Organization, Education International, & Education Development Center. (2004). Activity 4.9: Expressing one’s feelings and opinions. In Teachers’ exercise book for HIV prevention (pp. 155–158). Geneva: World Health Organization.
- Education Development Center, Inc/Mass Interaction. (1996). Communicating with caring. In Teenage health teaching modules. Newton, MA: Education Development Center.

Notes



Activity 5

My Own Values

Purpose: To help young people define their own values in order to make healthy decisions and be able to maintain those values in the face of peer pressure

Learning Objectives:

- Explain values and decision making
- Define one's own values about having sex
- Demonstrate the ability to maintain one's values about having sex in the face of peer pressure

Methods: Scripted role play in large group, large-group discussion, role play in small groups

Materials: Copy of scripted role play for each learner

Time: 50-60 minutes

Overview: The teacher talks briefly about the meaning of the term 'values'. Two volunteers act out the scripted role play for the large group. Then the large group discusses questions posed by the teacher about the values displayed in the role play and students' own values. Next, in pairs, students do the role play again and insert their own values into the character. Finally, the large group briefly discusses this role play.

Procedures:

Part 1: 20 - 25minutes

1. Introduce the objectives of the activity to the class.
2. You could start the activity by saying: "In every culture, we find a system of values that gives meaning to life and a certain view of the world. These values show up in our language, symbols, and how we live our lives."
 "Young people should be able to build their own system of values, which includes responsibility, respect for oneself, respect for others, self-confidence, and social awareness. These values will help guide your decisions in all aspects of life, including health and relationships."
3. Ask for two volunteers to act out a role play for the whole class. They will use the script on the next page. Although the role play is written for two boys, the characters can be changed to two girls.
4. After the role play is performed, engage the group in discussion about it. Questions to ask include:
 - What values does Muhammad show in this role play?
 - How does he use his values to make decisions?
 - How does Muhammad respond to peer pressure?
 - What might happen if Muhammad gave in to peer pressure and tried to force Fatima to have sex?
 - What are some values you hold?
 - What would you do if someone asked you to go against your values?

Part 2: 30–35 minutes

5. Divide the class into pairs and ask them to re-enact the role play from above by inserting their own values into the character of Muhammad. Note that the characters can be changed to girls, as needed.
6. After students do the role play, have group members discuss the following:
 - How did you feel using your own values in the role play?
 - Was it different from the demonstration of the role play in the large group? If so, how?
 - What worked and what needs improvement?



Activity 5: My Own Values

My Own Values

Jaro and Yoweri are classmates. Yesterday, in a class break they met each other.

Jaro: *Look at you. Why are you smiling?*

Yoweri: *I am happy. I think I'm falling for that girl I told you about.*

Jaro: *Wow! That girl Chimeza?*

Yoweri: *Yeah . . . we have been dating for the past couple of months. And in fact, I'll be meeting her again tonight.*

Jaro: *Excellent . . . that's why you're excited. So, how is she in bed?*

Yoweri: *No, it's not like that.*

Jaro: *Oh, come on! You said you both are in love?*

Yoweri: *Yeah . . . we're in love, but we decided that we are not ready to have sex. I love her, and I can show her without having sex.*

Jaro: *Yeah, but tonight, you both can have a lot of beer and then you will be ready.*

Yoweri: *I don't think so.*

Jaro: *C'mon, man, what's wrong with you?*

Yoweri: *She trusts me, and I don't want to violate that trust by forcing myself on her.*

Jaro: *Okay. I got it.*

7. As time permits, have the groups do the role play again, switching roles so that students can play the other roles. Ideally, each student should get a chance to defend his or her personal values against peer pressure.
8. Reconvene the large group for a brief discussion of how the role plays went in the small groups.
9. You could end the activity by saying: "By building your own value system, you will have developed a way to deal with peer pressure, remain faithful in your relationships, and keep yourself healthy."

Optional Homework Assignment: Encourage learners to discuss values with their parents or guardians. How have things changed since they were in your age? What advice do they have for your generation? Discuss student's experiences in the next class.

Adapted from:

- World Health Organization, Education International, & Education Development Center. (2004). Activity 4.10: My own values. In Teachers' exercise book for HIV prevention (pp. 159–162). Geneva: World Health Organization.



Activity 6

Communicating Clearly

Purpose: To learn how to communicate clearly, including to help maintain healthy relationships

Learning Objectives:

- Describe how words and body language can say the same or different things and why it is important that they match
- Demonstrate how words and body language can express the same or different things, especially in sexual situations

Methods: Brief presentation, brainstorming, role plays

Time: 50–60 minutes

Overview: The teacher describes the relationship between words and body language in communicating clearly. Students brainstorm situations in which their words and body language do not match, including sexual situations. In pairs, they do a role play where their words and body language do not match, and they discuss the role play. Then they do the role play with words and body language that do match. Finally, they discuss both role plays in the large group.

Procedures:

Part 1: 20 minutes

1. Introduce the objectives of the activity to the class.
2. Describe the relationship between words and body language in expressing feelings and communicating clearly. You could say: "We can understand how other people feel and what they are trying to say by listening to their words and watching their body language. Body language includes things such as the expression on a person's face (e.g., smiling, frowning), how a person stands, and what a person does with his or her arms and hands."

"Body language often expresses how we feel more strongly than words do. But if we want to be understood clearly by other people and have them believe us, our body language and words need to match. So, for example, if we say we are fine with how someone is acting or with a decision, but we make a frowning face, the person may get confused and not believe our words."

3. Ask students to brainstorm situations in which their words and body language do not match, including sexual situations. Then ask them to show how the words and body language can match. An example might be that one person wants to have sex and the other person responds with words that say "yes" but body language that looks like "no." Showing the match would be for the person responding to have his or her words and body language both say either "no" or "yes."

Part 2: 30–40 minutes

4. Divide the class into pairs to do role plays. Start by having students do a role play between two people in which one person's words and body language do not match. Examples of scenarios they could use include:
 - One person asks the other to have sex, and the other person does not want to.
 - One person says, "Let's study," and the other one does not want to.
 - One friend suggests to another friend that they go out with a group of friends, and the other one wants to stay home with just this friend.



Activity 6: Communicating Clearly

The person who is being asked gives a mixed message in the first role play. That leads the person asking to be more persistent to try to get a clear answer.

Allow about 3 minutes for the role play. Then ask the pairs to discuss the role play, including how it felt to give and receive a mixed message.

5. Next, ask students to do the same scene again, but this time but with words and body language matching. Then ask them to discuss the difference between the two scenes.

If time permits, ask students to switch role plays and do another scenario so that the other person gets a chance to practise giving clear and mixed messages, but in relation to a different issue.

6. Reconvene the large group and discuss the role plays. Ask both actors to compare how they felt in each scene.
7. You could end the activity by saying: "To be understood and believable when expressing your feelings and communicating information and decisions, it is important to have your words and body language match. When they match, you can have healthier, safer relationships."

Adapted from:

- International HIV/AIDS Alliance. (2007). Section 3.2, Expressing our feelings. Our future: Sexuality and life skills education for young people: Grade 6 (pp. 31–32). Brighton, UK: International HIV/AIDS Alliance.

Notes



Activity 7

Saying “No” to Having Sex

Purpose: To develop communication skills that enable students to say “no” to having sex, so that they can protect themselves from getting HIV and other STIs and from getting pregnant

Learning Objectives:

- Identify reasons to refuse to have sex
- Demonstrate communication skills that involve saying “no” to having sex

Methods: Brainstorming, large-group discussion, scripted role play

Materials: Chalkboard and chalk or flip chart and marker, copy of scripted role play for each small group

Time: 55–60 minutes

Overview: Students brainstorm reasons why it is okay to say “no” to having sex. Then they brainstorm what someone might say to try to persuade them to have sex and the ways they can say “no.” In pairs, students act out the scripted role play to practise refusing to have sex and then discuss the role play.

Procedures:

Part 1: 25 minutes

1. Introduce the objectives of the activity to the class.
2. Acknowledge that sex is pleasurable and a natural desire, but there are responsibilities that come with having sex. They include developing an emotional connection with your partner, avoid getting pregnant until you are ready to raise a child, and dealing with the risk of getting HIV and other STIs. In order to be responsible, partners need to discuss and make decisions together about their sexual activity.

Then discuss the importance of listening to and respecting a partner’s desires, views, and decisions. Emphasise that men must be equally responsible in sexual decision-making even though it is women who become pregnant and have a greater chance of getting HIV.
3. Ask the group to brainstorm reasons why it is okay to say “no” to having sex. Be sure the following responses are mentioned:
 - You want to avoid getting HIV and other STIs and therefore stay healthy.
 - You want to avoid getting pregnant.
 - You do not feel ready to have sex.
 - Your parents expect you to not have sex.
 - Your religion says you should not have sex until you are married.
 - You do not want to have sex with that person.
 - The person is drunk or trying to force you to have sex.
4. For this brainstorming exercise about talking with one’s partner, start with a chalkboard or flip chart that has only your decisions in the left-hand column written on it. For each decision, ask students to brainstorm what their partner might say to persuade them to make a different decision. Then ask students to brainstorm what they could say in response to support and stay with their decision. As students suggest persuading statements and possible responses, write them on the chalkboard or flip chart. Here are some examples.



Activity 7: Saying “No” to Having Sex

You Think

I don't want to have sex because I don't want to get HIV or another STI.

I don't want to get pregnant.

I just want to kiss and fondle and not have intercourse.

I don't feel ready to have sex.

I don't want to have sex with you now.

Your Partner Says

I'm sure I don't have a disease. Do I look sick?

You can't get pregnant the first time you have sex.

Having intercourse is more exciting. Are you worried about getting HIV? I'm not sick, so I don't have it.

Everyone else is doing it. Do you want to be the last one?

You're my girlfriend, so you have to do what I say.

You Respond

You look fine, but a person can have a disease and not know it. I want to take care of myself and not take any risks.

Yes, you can. Once is all it takes. I don't want to get pregnant or get an STI.

I don't feel ready to have intercourse, and I do not want to take the risk of getting HIV or getting pregnant. People who are not sick can have HIV and pass it on to others.

I know that not everyone is having sex. Besides, I just don't want to have sex right now.

No, I don't! I don't feel good when I am pressured, so I am leaving.

Part 2: 30–35 minutes

6. Divide the students into pairs to act out the scripted role play below.

I Don't Want To Have Sex

Savita and Rakesh are walking down a quiet, side road in the late evening. They are enjoying each other's company and flirting with each other. Rakesh suggests that they walk down a small path and Savita agrees. When they get to an open area, Rakesh begins to pressure Savita to have sex with him. Even though they have had sex before, Savita does not want to have sex now. She has heard about HIV and AIDS and does not want to have sex again until she is older.

Rakesh: *Savita, why don't you want to have sex with me?*

Savita: *It is not only with you. I just don't want to have sex now.*

Rakesh: *We already had sex before. Why are you changing now?*

Savita: *It would be better for both of us to be safe. We don't want to get a disease.*

Rakesh: *You think I have HIV? I cannot believe it!*

Savita: *I don't think you have HIV. But we can both be infected and not know it.*

Rakesh: *You are being ridiculous. You walked here with me, so you must want to have sex.*

Savita: *I already said no. I do not want to have sex with you or anyone else right now. Please respect me and my feelings.*



Activity 7: Saying “No” to Having Sex

7. After doing the role play, students stay in their pairs and discuss the role play using the following questions:
 - For the person playing Savita, how did it feel standing up for her decision?
 - What was Savita’s tone of voice? Was she convincing? Why or why not?
 - Do you think Rakesh will respect her concerns and request? If he does not, what should she say or do next?

8. Then they switch roles and do the role play again. Incorporate what was learned in the discussion. Finally, discuss how the second role play went.

9. Reconvene the large group and discuss how the role plays went and what could be improved.

10. You could end the activity by saying: “In this activity, you have learned about sexual decision-making, reasons for saying ‘no’ to having sex, how to communicate your choices in a respectful way, and how to respond when you feel pressured to have sex. This information and these skills will help you have more satisfying relationships and feel confident in saying ‘no’ when you do not want to have sex.”

Sources:

- World Health Organization, Education International, & Education Development Center. (2004). Activity 4.2: It’s okay to Wait. In Teachers’ exercise book for HIV prevention (pp. 115–121). Geneva: World Health Organization.
- World Health Organization, Education International, Education Development Center. (2004). Activity 4.7: Refusing to have sex. In Teachers’ exercise book for HIV prevention (pp. 143–147). Geneva: World Health Organization.
- Pulizzi, S., & Rosenblum, L. (2008). Grades 8–9, Activity three: Healthy decision-making in romantic relationships. In HIV and AIDS activities 1–8 (Year 1) for youth in KwaZulu Natal, South Africa. Project Document. KwaZulu Natal, South Africa: Mpilonhle Mobile Health and Education Project.

Notes



Activity 8

Gender Roles

Purpose: To understand gender roles, how they can limit our choices in what boys and girls do and say, and how they can affect the ways boys and girls treat each other

Learning Objectives:

- Describe what gender roles are and how they differ for boys and girls
- Explain how gender roles influence the ways boys and girls treat one another

Methods: Large-group exercise and discussion, brainstorming

Materials: Flip chart and marker or chalkboard and chalk

Time: 55–60 minutes

Overview: The teacher presents information on gender roles. In the large group, students do an exercise called Act Like a Boy and Act Like a Girl to identify and discuss gender roles and their effects on them. Then students brainstorm how traditional gender roles affect the ways boys and girls treat one another, whether those ways are fair, and whether we can do anything to change them.

Procedures:

Part 1: 30–35 minutes

1. Introduce the objectives of the activity to the class.
2. The teacher presents information on gender roles. You could say: “Gender is about the differences between the ways boys and girls are expected to act, such as what they do, how they dress, and what they say. We see and hear gender roles so much that they become ingrained in us. As a result, many of us think they are natural and do not question them. These roles become a problem when the ways girls and boys are supposed to act limit what they can do. An example is only boys are supposed to carry heavy things and only girls are supposed to help with child care.”
3. For an exercise on exposing gender roles, write at the top of a flip chart or chalkboard ‘Act Like a Boy,’ and draw a simple picture of a boy. At the top of another flip chart or another part of the chalkboard, write ‘Act Like a Girl,’ and draw a simple picture of a girl.

Ask students the following questions:

- What does it mean to act like a boy?
- What are boys supposed to do and say?

Write their responses on the flip chart or chalkboard below the figure of the boy.

Next, ask students:

- What does it mean to act like a girl?
- What are girls supposed to do and say?

Write these responses on the flip chart or chalkboard below the figure of the girl.

4. Explain that the students have listed the qualities, behaviours, and roles that boys and girls are expected to learn and follow as they grow up.



Activity 8: Gender Roles

Ask students the following questions:

- Where did we learn that we are supposed to act these ways?
- Who teaches us these roles, e.g., parents, teachers, brothers and sisters, friends?
- What other ways do we learn these roles, e.g., from sports, advertising, TV, movies, magazines?
- What happens if we do not fit in or act according to the gender roles we have learned?
- How does not fitting in and being called names affect how we feel about ourselves? How does it affect how we act?

Part 2: 25 minutes

5. Now explain that there are many ways that boys and girls can act. You could say: "Although many people act in traditional ways, you do not have to be limited by those ways, especially if they cause harm. However, acting in those ways is also okay as long as you can make your own decisions about how you act and you do not hurt others."
6. In the large group, brainstorm and discuss how traditional gender roles affect how boys and girls treat one another. Below are several examples in case students need help getting started:
 - Boys might not choose girls to be on their team if they assume girls are not good at playing football.
 - Boys might not show their feelings.
 - Girls might not speak up when they do not want a boy to touch them.
 - Girls might not want to date boys who are physically weak.
7. Ask students to discuss the following questions:
 - Are these ways that boys and girls treat one another fair?
 - How can we change them?
8. You could end the activity by saying: "In this activity, you have learned about traditional gender roles and discussed how they can affect how boys and girls treat one another. Now you can be more aware of how gender roles affect you and your relationships."

Optional Homework Assignment: Encourage learners to discuss gender with their parents or guardians. How have things changed since they were your age? What advice do they have for your generation? Discuss student's experiences in the next class.

Sources:

- Education International & Education Development Center, Inc. (2007). Building a gender friendly school environment: A toolkit for educators and their unions (pp. 34–36).
- Media Awareness Network. (2007). Exposing Gender Stereotypes, Grades 8–9.

Notes



Activity 9

Understanding Stigma and Discrimination

Purpose: To learn about the stigma and discrimination related to many kinds of differences, including HIV and AIDS, so that students learn how to treat others with acceptance, respect, and caring

Learning Objectives:

- Explain what ‘stigma’ and ‘discrimination’ are
- Give examples of stigma and discrimination and how they can cause harm in relation to several types of differences, including HIV and AIDS
- Describe what it feels like to be stigmatised and discriminated against

Methods: Brief presentation, Crossing the Line large-group exercise and discussion

Materials: Coloured tape

Time: 55–60 minutes

Overview: The teacher gives a brief explanation of what ‘stigma’ and ‘discrimination’ are, how they apply to many kinds of differences among people, and the harm they cause. Students give examples that they have experienced or heard about. Then they participate in the Crossing the Line exercise and learn more about what it feels like to be stigmatised and discriminated against. They also learn to accept, respect, and have compassion for others who are different.

Procedures:

Part 1: 15 minutes

1. Introduce the objectives of the activity to the class.
2. You could start by saying: “Sometimes individuals are treated unfairly because they are different in some way. The differences stir up fear and hate due to myths and misunderstanding. These individuals may experience stigma and discrimination from others because of differences such as physical, intellectual, or economic differences; gender; race; ethnic background; religion; sexuality; or HIV status.”

 “Stigma is viewing people negatively and not valuing them. Stigma creates or reinforces inequalities among individuals and usually leads to discrimination. Discrimination is any type of action based on stigma that violates individuals’ rights.”

 “With HIV and AIDS, there have been many myths over many years that have led to stigma and discrimination. As a result, many persons who have HIV or have parents with HIV do not get the services and support that they need and deserve. Individuals may feel rejected by others. They also may be denied their rights to things like education, employment, and involvement in the community.”
3. Ask students if they have any questions. Then ask them to give examples of stigma and discrimination that they have experienced or heard about.

Notes



Activity 9: Understanding Stigma and Discrimination

Part 2: 40–45 minutes

Crossing the Line Exercise

4. Explain to the class that the purpose of this exercise is to help people understand stigma and discrimination by breaking down barriers between them that are based on differences, such as physical, intellectual, or economic differences; gender; race; ethnic background; religion; sexuality; or HIV status. When barriers are broken down, people feel more connection with each other.
5. Place a piece of coloured tape on the floor to divide the room in half and ask all students to stand on one side of the room.
6. Ask the group some or all of the questions listed below one at a time. You can also make up other questions that are appropriate for your group of students. However, do not use questions that involve revealing something very personal that students might not want to reveal, such as HIV status or sexual orientation. After you ask a question, students to whom the question applies must walk across the line to the other side of the room.
7. Ask students how what they experienced made them feel. If they want to, they can put their arms around each other to feel more connection with the others who have gone through the same experience. Be sure to emphasise that this exercise is completely voluntary and that students can opt out of it at any time. No students should be put in a position where they have to reveal something they do not want to reveal.

This exercise helps those who crossed the line see that they are not alone in their experiences, and that they will be accepted by others despite what they have gone through. It also helps those who have not had the experience to understand what it feels like to have it and to convey caring and support to those who have gone through it. The exercise also helps dispel myths that some people are bad or unacceptable because of what they have gone through. It may even bring some people to ask directly for acceptance for who they are and bring others to apologise for things they have said or done.

Suggested Questions to Ask

- Have you ever been teased or bullied for:
 - Being fat
 - Being weak
- Have you ever been teased or bullied for:
 - Getting poor grades
 - Working hard in school and getting good grades
- Have you ever been teased or bullied for:
 - Being poor
 - Being rich
- Have you ever been teased or bullied for being different because of your race, ethnic background, or religion?
- (To ask the girls) Have you ever been teased or bullied for acting differently from most girls?
- (To ask the boys) Have you ever been teased or bullied for acting differently from most boys?



Activity 9: Understanding Stigma and Discrimination

8. Being HIV-positive or gay are other ways of being different. Now explain how individuals who are HIV-positive, or have family members who are HIV-positive, and those who have different sexual orientations (e.g., gay, lesbian) also often share the feelings of rejection that those who crossed the line in this exercise experienced. These individuals should also be given acceptance and compassion.
9. You could end the activity by saying: "Due to fear, ignorance, stigma, and discrimination, some people reject individuals who are different from them in some way. People who are infected with HIV or who have lost a parent to AIDS often experience stigma and discrimination. In this activity, you have learned more about what it feels like to experience stigma and discrimination and to be understanding and accepting of others."

Adapted from:

- Pulizzi, S., & Rosenblum, L. (2008). Grades 8–9, Activity six: Understanding stigma and discrimination. In HIV and AIDS activities 1–8 (Year 1) for youth in KwaZulu Natal, South Africa. Project Document. KwaZulu Natal, South Africa: Mpilonhle Mobile Health and Education Project.

Notes



Activity 10

Supporting People Living with HIV and AIDS

Purpose: To learn to express empathy toward people infected with or affected by HIV or AIDS

Learning Objectives:

- Explain how stigma can affect people in one's community
- Show how one can express empathy toward a person who is infected with or affected by HIV or AIDS

Methods: Large-group discussion, scripted and unscripted role plays, small-group work

Materials: Chalkboard and chalk or flip chart and markers, one copy of scripted role play for each student

Time: 50–60 minutes

Overview: Students act out a scripted role play about learning that a friend's mother recently died of AIDS. They discuss the role play and additional ways they can express empathy toward a person who is infected with or affected by HIV and AIDS. Finally, in pairs, they create another role play in which a friend provides support and help to the friend whose family member has died of AIDS.

Procedures:

Part 1: 25 minutes

1. Introduce the objectives of the activity to the class.
2. You might start this activity by saying: "Many people who are HIV-positive are stigmatised and treated with hate, mistrust, and rejection by others. Children who lose their parents to AIDS also experience discrimination."
3. Ask for two volunteers to act out a role play for the whole class to help students understand how a person who has lost a parent to AIDS might feel and how support might be provided to that person. Use the script, *I'd Rather Stay Away from Him*, on the next page. Although the role play is written for two girls, the characters can be changed to boys.

I'd Rather Stay Away from Him

Jeanette and Odile are 12 years old. They are friends and in the same class. Pierre is also in their class. The three of them get along well and sometimes meet after school to go for a walk. But a few days ago, Pierre suddenly left school. Jeanette and Odile wonder why.

Jeanette: I really don't understand why Pierre dropped out of school! I wonder what's wrong. I haven't seen him since last week, and I don't even know where he lives.

Odile: I was wondering myself . . . he said he enjoyed coming to school. He didn't say a word, did he?—I mean about leaving . . . it's not very kind on his part!

Jeanette: Have you heard nothing about him?

Odile: Well, actually my mother mentioned something, but it's hard to believe.

Jeanette: What do you know? Come on, tell me the whole story!

Odile: I don't know if it's true, but my mother said that his mother died.

Jeanette: Ah . . . I'm sorry . . . can you imagine how he must be feeling about that?



Activity 10: Supporting People Living with HIV and AIDS

Odile: It's hard. I can't even think of it. He must be feeling very lonely. No one can fill the love of one's mother.

Jeanette: But his mother was quite young, wasn't she? Was she ill?

Odile: According to what my mother was told, she died of AIDS, and Pierre might also be infected with AIDS.

Jeanette: He lost his mother, and he is infected with AIDS! It can't be true. I'm really concerned about him. He's only 12 . . . I can't believe it.

Odile: My mother told me to stay away from him. I really don't know what to do . . . perhaps we should avoid him! We might catch the disease.

Jeanette: Hmm . . . we learned that AIDS can't spread by meeting with infected people. I think he needs our support. After all, he is our friend.

Odile: Maybe you're right. How can we support him?

Jeanette: Without his mother I am sure he will need help in the house. I also remember my father saying a way to support a person affected by AIDS is to continue the friendship: spend some time with the person so that he or she can share feelings and get support. Imagine how we would feel if you or I lost our mother and people were avoiding us.

Odile: Yes, I would feel scared and lonely. Let's not waste time . . . let's go and meet him.

Jeanette and Odile went to Pierre's place. They talked, played football, and made dinner. Pierre was happy to have friends like Odile and Jeanette.

4. After the role play, divide the students into pairs. Ask them to imagine they are in Pierre's place and to describe how they would feel and what they would need if:
 - They lost their mother or father due to AIDS
 - They became infected with HIV
 - Their friends stayed away from them because they were infected with HIV

Note to the teacher: If any of your students have lost a parent due to AIDS and that information is known among the classmates, acknowledge those students and invite them to share their feelings about this with their classmates if they feel comfortable doing so.

Part 2: 25–35 minutes

5. Reconvene the large group and ask someone from each small group to share the feelings they explored. Write the responses on a chalkboard or flip chart. Consider the following:
 - Sad
 - Lonely
 - Depressed
 - Rejected



Activity 10: Supporting People Living with HIV and AIDS

6. Ask about the needs they described, and write the responses on the chalkboard or flip chart. Consider the following:
 - Someone to talk to
 - Someone to play with
 - Someone to help with housework and taking care of younger brothers and sisters
7. Ask how they would want others to treat them, and write the responses on the chalkboard or flip chart. Consider the following:
 - Listen
 - Express empathy for how hard the situation is
 - Offer help
8. Ask students to give specific examples of what they would say to a friend who:
 - Lost a mother or father to AIDS
 - Became infected with HIV
9. Now ask students to act out the final scene of the role play in their pairs, showing how they would support Pierre or a friend of theirs who was infected with or affected by HIV and AIDS. Then, ask students to briefly discuss the role play.
If time permits, ask students to switch roles and do the role play again so that each of them can have chance to play both roles.
10. Reconvene the large group to discuss the role play, including how the actors felt while playing their roles.
11. You could end the activity by saying: "Many people avoid a person who is HIV-positive when they find out he or she is infected. They also reject children who have lost a parent due to AIDS. But people who are ill or who have lost a parent are in special need of understanding and love. In this activity, you have learned about the support that a person needs when his or her parent dies of AIDS and how you can provide that support."

Adapted from:

- World Health Organization, Education International, & Education Development Center. (2004). Activity 4.8: Adopting a constructive attitude toward people infected with and affected by HIV and AIDS. In *Teachers' exercise book for HIV prevention* (pp. 149–153). Geneva: World Health Organization.
- Pulizzi, S., & Rosenblum, L. (2008). Grades 8–9, Activity seven: Taking action against stigma and discrimination. In *HIV and AIDS activities 1–8 (Year 1) for youth in KwaZulu Natal, South Africa*. Project Document. KwaZulu Natal, South Africa: Mpilonhle Mobile Health and Education Project.

Notes



Activities Ages 15+

Overview of the Activities

The main goal for students ages 15+ is to put into daily practice the knowledge, values, and skills they have been learning. Emphasis continues to be placed on understanding that they are at risk for HIV, other STIs, and pregnancy, and on delaying sexual activity. However, also included for this age group are two activities on using condoms if students are sexually active. Students also continue to build self-esteem and develop skills in dealing with emotions and peer pressure, critical thinking, decision-making, problem-solving, and communicating and negotiating with others, particularly in relation to sexual activity. They also learn about available services and further develop skills in addressing gender inequalities and stigma and discrimination. Using all of this knowledge and these skills can make a significant difference in enabling them to avoid HIV, other STIs, and pregnancy and to live healthy, satisfying, and productive lives and fulfil their potential.

In the *first four activities*, students focus on prevention of HIV and other STIs. They examine risky behaviours for HIV and other STIs and build skills to avoid them, continue to build skills in communicating and negotiating about whether to have sex and saying “no,” gain knowledge about using and obtaining condoms, practise using a male condom with a model penis or other substitute, and do role plays to practise skills in communicating and negotiating with a partner about condom use.

In the *fifth and sixth activities*, students gain knowledge about and skills in accessing available services. First, they learn about the process and benefits of HIV voluntary counselling and testing (VCT) and do a role play in which partners discuss whether they should have counselling and testing. Then, they learn why health and social services are important, and they practise gaining information by interviewing providers about accessing services in their community that deal with HIV, AIDS, and other reproductive health issues.

In the *seventh activity*, using role plays, students further develop skills to deal with their emotions and stress in healthy ways and help others do the same. In the last two activities, students focus on social issues. They come to understand the negative consequences that stereotypical gender roles can have, including in sexual relationships and increasing vulnerability to HIV and AIDS. Through role plays, they practise skills to address the stereotypes and develop alternative ways of interacting. Then students identify stigmatising statements and actions made toward individuals living with or affected by HIV and AIDS and use role plays to practise skills to challenge those statements and actions.





Activity 1

Examining Risky Behaviours for HIV

Purpose: To build skills in assessing risk for HIV in order to facilitate healthy decision-making

Learning Objectives:

- Describe the level of risk of different behaviours that might lead to HIV
- Explain why people take risks
- Identify ways to avoid risky behaviours

Methods: Small-group work to identify risk levels of behaviours, brainstorming, large-group discussion

Materials: Chalkboard and chalk or flip chart and marker, one copy of the worksheet Determining the Risk Level of Different Behaviours for Getting HIV for each group

Time: 50–60 minutes

Overview: Students review the ways that HIV is transmitted. The teacher explains different levels of risk: no risk, low risk, and high risk. Students work in small groups to determine whether behaviours in a list are no, low, or high risk. In the large group, one person from each group reports the group's decisions, and students discuss the responses. Staying in the large group, students then brainstorm and discuss why people do risky behaviours and what might make it easier for them to avoid these behaviours.

Procedures:

Part 1: 35–40 minutes

1. Introduce the objectives of the activity to the class.
2. Ask students to state the ways that HIV is transmitted. Be sure the following are mentioned:
 - Through sexual intercourse (vaginal, anal, or oral) without a condom
 - Through blood from unclean objects that cut the skin, for example needles or razor blades
 - From mother to child during pregnancy, birth, or breastfeeding
3. You might start by saying: "To act responsibly and keep ourselves and those we love safe, we need to know how risky different behaviours are."

Next, explain that behaviours related to the spread of HIV and other STIs fall into three main levels of risk: no risk, low risk, and high risk.

 - High risk behaviours have a high chance of involving exchange of blood, semen, vaginal fluids, or breast milk.
 - Low risk behaviours have a low chance of involving exchange of these fluids.
 - No risk behaviours have no chance of involving exchange of these fluids.
4. Divide the class into small groups of three to five. Give each group a copy of the worksheet Determining the Risk Level of Different Behaviours for Getting HIV.
5. Ask each group to decide whether each behaviour on the sheet is no risk, low risk, or high risk. Give them about 10 minutes.
6. Reconvene the large group. For each behaviour, ask for one member of each group to share how they rated it and why. If there is no consensus on the answers, ask students to discuss the responses. Then provide the correct information if it has not been agreed upon by the class.



Activity 1: Examining Risky Behaviours for HIV

Determining the Risk Level of Different Behaviours for Getting HIV

Worksheet

Instructions: Decide whether each of the behaviours listed below is high, low, or no risk for getting HIV. Mark the correct level of risk next to each behaviour.

1. Touching someone who has HIV _____
2. Having sex without a condom _____
3. Dry kissing _____
4. Using toilets in a public washroom _____
5. Sharing needles _____
6. Sharing clothes with someone who has HIV _____
7. Having sex using a condom correctly _____
8. Self masturbation _____
9. Cleaning up blood without gloves on _____
10. Sharing eating utensils with someone who has HIV _____
11. Having sex with a condom that broke _____
12. Being bitten by a mosquito _____
13. Having sex with multiple partners _____
14. Wet (deep) kissing _____
15. Reusing a needle that was cleaned just with water _____
16. Swimming with someone who has HIV _____
17. Having sex using the same condom more than once _____
18. Mutual masturbation _____
19. Body-to-body rubbing with clothes on _____
20. Sharing a razor to shave legs or face _____
21. Sharing same needle for drug injection _____



Activity 1: Examining Risky Behaviours for HIV

Worksheet Answer Key

1.No risk – 2. High risk – 3. No risk – 4. No risk – 5. High risk – 6. No risk – 7. Low risk – 8. No risk – 9. High risk – 10. No risk – 11. High risk – 12. No risk – 13. High risk – 14. Low risk – 15. High risk – 16. No risk – 17. High risk – 18. Low risk – 19. No risk – 20. High risk – 21.High risk.

Part 2: 15–20 minutes

7. Staying in the large group, ask students to brainstorm and discuss why a person might act in risky ways. Write the responses on a chalkboard or flip chart. Responses might include:
 - Does not know that the behaviour is risky
 - Condoms are not available or the person does not know how to get them
 - Does not have the money to buy condoms
 - Afraid to use condoms or does not know how to use them correctly
 - Does not like the feel of condoms when having sex
 - Is being pressured by partner to have unsafe sex
 - Needs money from partner to support oneself and children so will do whatever partner wants
 - Drunk or intoxicated on drugs

8. Now ask students to brainstorm and discuss what might make it easier for a person to avoid taking risks. Write the responses on a chalkboard or flip chart. Responses might include:
 - Learn more about HIV, what are risky behaviours, and how to use condoms correctly
 - Find out how to get condoms in the community
 - Learn and practise skills in communicating and negotiating with a partner
 - Leave the situation if a partner is trying to force you to have sex
 - Avoid getting drunk or intoxicated on drugs

9. You could end the activity by saying: “You have learned about different levels of risk for HIV and why some people might take these risks. But most important, you have identified ways to avoid risks. Using this information and these skills and sharing them with others can help you and your loved ones protect yourselves from HIV.”

Sources:

- World Health Organization, Education International, & Education Development Center. (2004). Activity 5.1: What’s risky and how do i stay safe? In Teachers’ exercise book for HIV prevention (pp. 165–169). Geneva: World Health Organization.
- FRESH Tools for Effective School Health. (2004). Are you at risk? Part 1.
- Education International, Education Development Center, Inc., and World Health Organization. (2008). Leadership in the HIV and AIDS response: A toolkit for teachers’ unions to promote health and improve education. Education International

Notes



Activity 2

Communicating and Negotiating Decisions About Sex

Purpose: To develop students' communication and negotiation skills so that they can make healthy sexual choices with their partners

Learning Objectives:

- Describe ways to protect oneself against HIV and other STIs
- Identify the reasons someone might use to try to persuade another person to have sex and the ways to say "no"
- Demonstrate decision-making, communication, and negotiation skills that can be used for choices about sexual activity

Methods: Brainstorming, large-group discussion, role play

Materials: Chalkboard and chalk or flip chart and marker

Time: 55–65minutes

Overview: The teacher presents information about ways to protect oneself against HIV and other STIs. Students brainstorm and discuss the reasons someone might use to try to persuade them to have sex when they do not want to and the ways to say "no". Then they do role plays in groups of four using some of the persuading reasons and the responses.

Procedures:

Part 1: 20-25 minutes

1. Introduce the objectives of the activity to the class.
2. You might start by saying: "Sometimes, we feel pressured by others to act in ways we do not want to act or we are unsure about. This pressure may be from our partner and/or other peers or family members. By practising communication and negotiation skills, we can prepare ourselves for responding in a way that positively affects our health and reduces our risk for HIV."
3. Provide the following information about ways to prevent HIV and other STIs:
 - Not having sex is the safest way to protect yourself from HIV.
 - If you are having sex, using condoms is the best way to protect against HIV and other STIs.
 - If you and your partner do not know your HIV status, both of you should get tested to find out your status.
 - Avoid high-risk sexual activities, such as having sex without a condom or having sex when using alcohol or drugs.
 - Avoid sex with multiple partners. The more partners, the greater the risk.
 - When making decisions about whether to have sex, it is very important that both partners listen to each other and respect each other's concerns and decisions.

Ask if there are any questions.
4. Ask participants to list the reasons someone might use to try to persuade them to have sex when they do not want to. Write the reasons on a flip chart or chalkboard. They might include:
 - Sex is exciting.
 - Everyone else is doing it.
 - I have a condom, so there is no reason not to have sex.
 - I don't feel sick, so I don't have HIV or any other diseases.
 - If you don't have sex with me, I'll force you to or find someone else.
 - If you don't have sex with me, I will not give you help and money.



Activity 2: Communicating and Negotiating Decisions About Sex

5. Ask participants to list reasons to say “no” to having sex. Write the reasons on a flip chart or chalkboard. They might include:
 - I don’t want to get HIV or another STI. People who do not feel sick can have HIV and other diseases and pass them on to others.
 - I don’t want to get pregnant.
 - We don’t have a condom.
 - I don’t feel like having sex.
6. Ask participants to list persuasive statements that they might hear from someone who wants to have sex. Write them on a flip chart or chalkboard.
7. Next, ask participants how they can say “no” to having sex to someone who says these things.

Examples of Persuading Statements and Responses

Persuading Statement: I’m sure I don’t have a disease. Do I look sick?

Response: No, you look fine, but sometimes you can have a disease and not know it. I want to take care of myself and not take any risks.

Persuading Statement: If you really loved me, you’d have sex with me.

Response: I do love you, but I just don’t want to take any risks right now. Let’s do some other things that are loving, like kissing and stroking each other.

Persuading Statement: I don’t have/can’t get a condom.

Response(s): Let’s wait and have sex another time when we have a condom.
 Let’s do other things that will make us both feel good, like kissing and stroking each other.

Persuading Statement: Everyone else is having sex. It’s exciting. Do you want to be the last one?

Response: I know that not everyone is having sex. Besides, I just don’t want to have sex right now.

Persuading Statement: You’re my girlfriend, so you have to do what I say, or I’ll find someone else.

Response: No, I don’t have to do what you say! I don’t feel good when I am pressured to have sex. Don’t you care enough about me to respect what I want to do?



Activity 2: Communicating and Negotiating Decisions About Sex

Part 2: 35–40 minutes

8. Divide the students into groups of four. Ask two students in each group to create a role play using one of the sets of persuading statements and responses. The goal should be for the person who does not want to have sex to convey that to the other person in a respectful way and convincing way. The other two students serve as observers to help in providing feedback. Allow about 3 minutes for the role play.
9. Ask each group to discuss what happened, what went well, what did not work, and what could be improved. Consider the following questions:
 - How did it feel standing up for your decision? What were the challenges?
 - Was the person who said “no” both convincing and respectful? Why or why not?
 - Do you think the other person will respect his or her decision?
10. Ask the groups to do the same role play again but switching roles so that the observers become actors and the actors observe. The new actors should incorporate what they just learned. Then each group discusses this second role play.
11. Reconvene the large group to discuss issues that came up, what went well, what did not work, and what could be improved, including addressing the questions in #9 above.
12. You could end the activity by saying: “In this activity, you have gained knowledge about how to prevent HIV and other STIs, ways someone might try to persuade you to have sex, and how to say ‘no’ to sex. Now you can communicate your decisions more clearly to your partner to help you both stay healthy.”

Optional Homework Assignment: Encourage learners to discuss sexuality with their parents or guardians. How have things changed since they were your age? What advice do they have for your generation? Discuss students’ experiences in the next class.

Sources:

- World Health Organization, Education International, & Education Development Center. (2004). Activity 4.2: It’s okay to wait. In Teachers’ exercise book for HIV prevention (pp. 115–121). Geneva: World Health Organization.
- Education International, Education Development Center, Inc., and World Health Organization. (2008). Activity 4: Skills to protect ourselves: Communicating and negotiating for safer sex. In Leadership in the HIV and AIDS response: A toolkit for teachers’ unions to promote health and improve education.

Notes



Activity 3

All About Condoms

Purpose: To build skills in using condoms so that students can protect themselves from HIV and other STIs

Learning Objectives:

- Explain issues related to condom use: how condoms can help reduce HIV and other STIs and where condoms can be obtained
- Demonstrate correct use of a male condom
- Explain correct use of a female condom

Methods: Large-group discussion, demonstration of condom use, practise using condoms in pairs

Materials: Male and female condoms, model of a penis or a substitute, information sheets on male and female condoms

Time: 50–60 minutes

Overview: The teacher poses several questions for large-group discussion about using and obtaining condoms and their effectiveness in preventing HIV and other STIs. The teacher demonstrates correct use of a male condom and discusses additional issues about condom use. In pairs, students practise putting on and taking off a male condom using a model penis or a substitute. The teacher then explains how to use a female condom.

Procedures:

Part 1: 40–45 minutes

1. Introduce the objectives of the activity to the class.
2. You could start by saying: "Condoms, if used effectively, can prevent the spread of HIV and other STIs. However, sometimes even when both partners agree to use a condom, they are not always sure how to use them correctly, or they do not know where to get them. Let's talk about condoms before we practise."
3. Engage the large-group in a brief discussion about the following:
 - Do you think most people your age know what a condom is?
 - Can you talk with your friends and partners about condoms?
 - If not, what could help you be able to talk with them about condoms?
 - Where can you get condoms?
 - Can both boys and girls get condoms?
4. Hand out the information sheet How to Use a Male Condom
5. After the demonstration, engage the group in a conversation on the following issues:

Factual Issues

- How to avoid breakage during condom use?
 - o Check the expiration date.
 - o Do not use a condom that is brittle, sticky, discoloured, or damaged.
 - o Do not use a condom that has been stored near heat, light, or humidity.



Activity 3: All About Condoms

- o In opening the package, do not use fingernails, teeth, scissor, knife, or anything else that could damage the condom.
 - o Do not reuse a condom.
 - o Do not use two condoms at once.
- What lubricants to use with condoms?
 - o Use water-based lubricants, such as glycerine, silicone, or lubricating gel.
 - o Do not use oil-based lubricants.
 - o Do not use condoms with a lubricant containing Nonoxynol 9 because this ingredient increases the risk of spreading HIV and other STIs.
 - Using spermicides with condoms?
 - o Using spermicides with condoms does not increase protection from HIV and other STIs any more than just using a condom.

Open to Discussion

- How to increase sensuality while using a condom?
- How to get a condom on and off without disrupting the mood?

The responses will depend in part on what works for the individual and couple. Possible responses to increase both sensuality and intimacy might be to have the other partner put on and take off the condom or both partners do it together.

Allow time for participants to ask any other questions they may have about condoms and for the group to discuss responses. These might include:

- Do condoms break easily?
 Not if used correctly. See information above on avoiding breakage and lubricants to use.
- Can a condom get stuck inside a vagina or anus?
 Not if used correctly. Be sure to hold the rim of the condom firmly to the base of the penis to keep it from slipping off.

6. Divide the group into pairs. Give each pair a male condom. Encourage participants to check the expiration date, examine the condom, and become familiar with it. If participants are willing, ask them to practise putting on and taking off a condom using a model penis or a substitute. Ask one participant to demonstrate while the other checks what is being done. Then they switch roles so that everyone gets a chance to practise.

Note: Students who feel uncomfortable during this activity should not be required to participate.

Part 2: 10–15 minutes

7. Hand out the information sheet on using a female condom and pass around a few samples for participants to look at. You can say that the female condom is another, although less common, option that may be used instead of a male condom. It gives women more control over protection from HIV and other STIs and can be inserted before having sex. However, female condoms are more expensive than male condoms and are not as easily available. Just like a male condom, a female condom should be used only once.



Activity 3: All About Condoms

8. Go over the instructions on the sheet about how to use the female condom correctly. Provide information on how female condoms can be obtained in the local community. Ask if there are any questions.
9. You could end the activity by saying: "HIV, AIDS, and other STIs are preventable. Using condoms is one of the main ways that people can protect themselves from getting infected. By educating ourselves and becoming comfortable with how to use condoms, we can do a lot to protect ourselves and the ones we love."

Sources:

- World Health Organization World Health Organization, & Education International, Education Development Center. (2004). Activity 5.2: All about condoms. In Teachers' exercise book for HIV prevention (pp. 171–173). Geneva: World Health Organization.
- Education International, Education Development Center, Inc., and World Health Organization. (2008). Activity 6: Using male and female condoms. In Leadership in the HIV and AIDS response: A toolkit for teachers' unions to promote health and improve education.

Notes



Activity 3: All About Condoms

HOW TO USE A MALE CONDOM TO PREVENT HIV AND AIDS AND OTHER STIs

⌘ ⌘ ⌘ DO NOT REUSE THE SAME CONDOM ⌘ ⌘ ⌘

1. Male condoms are very effective in preventing the spread of HIV and other STIs if they are used correctly all the time. Incorrect use can cause the condom to slip or break.
2. Be sure you have a condom before you need it.
3. Use a new latex condom for each act of vaginal, anal, or oral intercourse.
4. Latex (rubber) serves as a barrier to HIV. 'Lambskin' or 'natural membrane' condoms may not be as good because they have pores. Look for the word 'latex'.
5. Check the expiration or manufacturing date.
 - Avoid using a condom that is past its expiration date. Use it only if a newer one is not available.
 - Do not use a condom that is brittle, sticky, discoloured, or damaged in any way.
 - Do not use a condom that has been stored near heat, light, or humidity, or in your wallet for a long time.
6. Use the condom throughout sex—from start to finish.
7. Put on the condom as soon the penis becomes erect and before it comes in contact with your partner's mouth, genitals, or anus.
 - Open the wrapper carefully so that the condom does not tear (do not use teeth, fingernails, scissors, a knife, or anything else that could damage the condom).
 - When putting on the condom, hold it so that the rolled rim is on the outside.
 - If the male is not circumcised, first pull the foreskin of the penis back.
 - Leave a small space in the top of the condom to catch the semen so that it does not spill out, or use a condom with a reservoir tip.
 - Pinch the tip of the condom and unroll it onto the erect penis, all the way down to the base. Make sure that no air is trapped in the condom's tip.
 - The condom should unroll easily. Do not force it because that could cause it to break during use.
8. Do NOT use oil-based lubricants.
 - Use enough lubrication to prevent condom breakage, but use only water-based lubricants, such as glycerine, silicone, or lubricating jellies (e.g., KY jelly).
 - Oil-based lubricants, such as petroleum jelly, cold cream, lotions, or oils (e.g., baby, cooking, coconut) will weaken the latex condom and can cause it to break.
9. If you feel the condom break while having sex, stop immediately and pull out.
10. Do not continue until you have put on a new condom.
11. Withdraw from the partner right after ejaculation while the penis is still hard.
 - Hold the rim of the condom firmly to the base of the penis to keep it from slipping off and to keep semen from spilling out.
 - Wrap the condom in paper until it can be thrown out in the trash or a pit latrine. Do not put condoms in a flush toilet because they can cause plumbing problems.

⌘ ⌘ ⌘ DO NOT REUSE THE SAME CONDOM ⌘ ⌘ ⌘

Source:

- World Health Organization. (2007). Male condoms, Chapter 13. Family planning: A global handbook for providers. Available from http://www.infoforhealth.org/globalhandbook/book/fph_chapter13/index.shtml



Activity 3: All About Condoms

HOW TO USE A FEMALE CONDOM TO PREVENT HIV AND AIDS AND OTHER STIs

Female condoms are effective in preventing the spread of HIV and other STIs if they are used correctly all the time. Incorrect use can cause them to slip or break. Each condom is effective for only one use—a new condom is necessary for each act of sexual intercourse.

⌘ ⌘ ⌘ DO NOT REUSE THE SAME CONDOM ⌘ ⌘ ⌘

1. Open the package carefully. Do not use scissors or knife to open it.
2. Make sure the condom is completely lubricated on the outside and the inside. Rub the condom to spread the lubricant.
3. Choose a position that is comfortable for insertion—squat, stand with one foot on a stool or low chair, sit, or lie down.
4. While holding the sheath at the closed end, grasp the soft, flexible inner ring and squeeze it with your thumb and middle finger so it becomes long and narrow.
5. With the other hand, separate the outer lips of the vagina.
6. Gently insert the inner ring into the vagina as far as it will go. Place the index finger inside the condom, and push the inner ring into place. The outer ring should stay on the outside of the vagina.
7. During sex, gently guide the penis into the vagina. Make sure that the penis is not entering to the side of the condom.
8. If the condom is pulled out or pushed in, there is not enough lubricant. Add more to either the inside of the condom or to the outside of the penis.
9. To remove the condom, twist the outer ring and gently pull the condom out. Pull it out before standing up to avoid any spillage.
10. Wrap the condom in the package or a tissue, and throw it in the trash or a pit latrine. Do not put it in a flush toilet because it can cause plumbing problems.

Other important points to remember:

- The female condom can be placed in the vagina any time up to eight hours before sexual activity or immediately before intercourse.
- The female condom does not have to be immediately removed after intercourse.
- Avoid using a female condom past its expiration date. Use it only if a newer one is not available.
- The female condom is made of polyurethane that is not affected by differences in temperature and humidity and can be used with an oil-based lubricant or a glycerine or silicone lubricant.
- Practise inserting the condom several times before having sexual intercourse to feel comfortable with how it works.
- For protection against STIs, the female condom can be used at the same time as an IUD (intrauterine device, a small t-shaped device inserted into the uterus to prevent pregnancy), hormonal methods, and sterilisation.
- The female condom can also be used as a barrier method for anal intercourse.
- The female condom should not be used at the same time as a male condom since friction will cause the male condom to slip off and the female condom to be pushed in.

⌘ ⌘ ⌘ DO NOT REUSE THE SAME CONDOM ⌘ ⌘ ⌘

Sources:

- World Health Organization. (2007). Female condoms, Chapter 14. Family planning: A global handbook for providers. Available from http://www.infoforhealth.org/globalhandbook/book/fph_chapter14/index.shtml
- World Health Organization and UNAIDS. (2000). Explaining the female condom to potential users. In *The female condom: A guide for planning and programming*. Available from http://www.who.int/reproductive-health/publications/RHR_00_8/RHR_00_8_chapter5.en.html



Activity 4

Overcoming Barriers to Using Condoms

Purpose: To build skills in overcoming barriers to using condoms, including negotiation skills, so that students can protect themselves from HIV and other STIs

Learning Objectives:

- List reasons people do not use condoms
- Describe ways to overcome these barriers
- Demonstrate communication and negotiation skills for negotiating with a partner about condom use

Methods: Brainstorming, large-group discussion, role plays

Materials: Chalkboard and chalk or flip chart and marker

Time: 55–65 minutes

Overview: Students brainstorm and discuss reasons why people do not use condoms and then ways to overcome these barriers. Then they do role plays in groups of three, incorporating some of the reasons people do not use condoms and giving responses including negotiating for condom use.

Procedures:

Part 1: 15-20 minutes

1. Introduce the objectives of the activity to the class.
2. You could start by saying: "Although we have learned that condoms, if used effectively, can prevent the spread of HIV and other STIs, sometimes we or our partner may find reasons to not use them. In this activity, we will discuss those reasons and the ways you can overcome them by talking with your partner."
3. Ask students to list excuses they might hear from someone who wants to have sex without a condom. Write these excuses on a chalkboard or flip chart.
4. When the class has agreed on a list, ask students what they think they could say back to someone who uses each excuse.

Examples of Excuses and Possible Responses

If they don't have a condom:

Excuse: *I don't have/can't get a condom.*

Response(s): Let's wait and have sex another time when we have a condom.

Let's do other things that will make us both feel good.

Excuse: *I don't know where to get condoms.*

Response(s): I think I know where we can get condoms. Let's try to get them at (fill in the locations in your community) before we have sex.

Let's ask (fill in someone who might know) where we might be able to get condoms. Until we find out, let's do other things that will make us both feel good.

Excuse: *Condoms cost too much.*

Response(s): I know where we can get them for free.

I'll help you pay for them. I really care about our health.

Until we get condoms, let's do other things that will make us both feel good.



Activity 4: Overcoming Barriers to Using Condoms

If they have a condom:

Excuse: Condoms kill the mood for sex.

Response(s): I won't be in the mood if I'm worried. Feeling safe will make me much more relaxed.
 We can put them on together and make it part of our sex play.

Excuse: None of my friends use condoms!

Response(s): Maybe they aren't as responsible as you are.
 Maybe they don't know where to get them. You can tell them.

Excuse: I heard that condoms can get stuck inside you and make you sick.

Response: I know that is not true. If a condom is put on the right way, it will not come off.

Excuse: Condoms are for people with diseases. Do I look sick to you?

Response: Not at all. But a lot of times, you cannot tell by looking at someone if he or she has an STI. I just want both of us to be safe.

- If the class has not yet talked about where condoms can be obtained in their community, be sure to discuss that now. Likely places to obtain condoms include health centres, VCT centres, family planning clinics, health education programmes, chemists/pharmacies, and other stores.

Part 2: 40–45 minutes

- Divide students into groups of three. Ask them to create a role play using one of the sets of excuses and responses. The goal is to convince your partner to use a condom. The third person serves as an observer to help in providing feedback. Allow about 3 minutes for the role play.
- Ask each group to discuss what went well, what did not work, and what could be improved.
- Ask the groups to do the same role play again, switching roles and incorporating what they just learned, and then discuss this role play.
- If time permits, ask the groups to switch roles one more time and choose a different set of excuses and responses to act out. This will also allow each learner to play each role and also be an observer.
- Reconvene the large group to discuss issues that came up, what went well, what did not work, and what could be improved. Use the following guiding questions:
 - Which situations did you choose? Why?
 - What alternatives did you suggest?
 - Which situations were the hardest to role play? Which were the easiest? Why?
 - Did you feel that your responses were effective?
 - How would you change your response now that you have seen its effect?
- You could end the activity by saying: "It might seem hard at first to try to convince someone to use a condom or to do things that are not as risky as sex without a condom. But since you have just practised using a condom, you now can stand up for having safer sex."

Sources:

- World Health Organization, Education International, & Education Development Center. (2004). Activity 5.1: What's risky and how do i stay safe? In Teachers' exercise book for HIV prevention (pp. 165–169). Geneva: World Health Organization.
- World Health Organization, Education International, & Education Development Center. (2004). Activity 5.4: I have no condoms. In Teachers' exercise book for HIV prevention (pp. 181–185). Geneva: World Health Organization.
- Education International, Education Development Center, Inc., and World Health Organization. (2008). Activity 4: Skills to protect ourselves: Communicating and negotiating for safer sex. In Leadership in the HIV and AIDS response: A toolkit for teachers' unions to promote health and improve education.



Activity 5

HIV Voluntary Counselling and Testing

Purpose: For students to learn how to take steps to find out their HIV status

Learning Objectives:

- Explain the process and benefits of HIV voluntary counselling and testing (VCT)
- Demonstrate communication and negotiation skills in discussing whether to obtain HIV VCT

Methods: Brief presentation, brainstorming, large-group discussion, role plays

Time: 55–60 minutes

Overview: The teacher describes the process of HIV VCT, and students brainstorm and discuss the benefits. Next, they do a role play in groups of three to practise explaining and discussing the benefits of getting HIV VCT.

Procedures:

Part 1: 20 minutes

1. Introduce the objectives of the activity to the class.
2. Ask participants to share what they know about HIV status and about the counselling and testing process.
3. Explain what HIV status is and how to get tested. It is recommended that you cover the following information:
 1. How does a person find out if he or she has HIV?

The only sure way to find out if a person has HIV is to have a blood test done by a health-care professional. The most commonly used test is an HIV antibody test, which checks the blood for antibodies that are produced by the immune system to fight HIV. If antibodies to HIV are found, it means the person has HIV. If the person has the virus, then his or her status is 'HIV-positive.' If the person does not have the virus, the status is 'HIV-negative.'

Most people do not develop antibodies to HIV that can be detected until 6 to 12 weeks after exposure to HIV. Therefore, it is usually recommended to wait three months after possible exposure to HIV to be tested and to abstain from unprotected sex or injection drug use during that time. However, during the period when the antibodies are not detectable, the person may already have high amounts of HIV in his or her blood, semen, vaginal fluids, or breast milk, so he or she can pass the virus on to other people. In some cases, it can take up to six months for antibodies to be detectable, so it may be good to have the test done again six months after exposure.

2. What help does a counsellor provide to a person seeking testing?

A counsellor provides an individual with counselling both before and after the test.

- Pre-test counselling: The counsellor explains the testing process, the meaning of positive and negative test results, your risks in getting tested, ways to reduce risk, and your intended plan of action once you have received the test results.
- Post-test counselling: The counsellor helps to prepare you to face life decisions (whether you test negative or positive for HIV) by providing clear, factual information to help you make choices that will enable you to stay as healthy as possible, practise safer sex, and get treatment if you are HIV-positive.

3. Is counselling and testing confidential?

Yes, test results and all information shared in counselling sessions are kept confidential. No one will know your results or anything that you and the counsellor have discussed. In addition, it is your choice whether you get tested. That is why the HIV counselling and testing is often called voluntary counselling and testing (VCT).



Activity 5: HIV Voluntary Counselling and Testing

4. Where can you get HIV counselling and testing?

HIV counselling and testing is offered at a variety of different places, including local health clinics or centres, hospitals, centres specifically for VCT, and doctors' offices.

4. Ask participants to brainstorm the benefits of getting HIV counselling and testing and knowing their HIV status. Be sure the following benefits are discussed:
- If you have HIV, you can get the treatment and support you need and make lifestyle changes, such as eating a healthy diet and getting enough exercise and rest, in order to stay as healthy as possible, slow the disease, and live longer.
 - Whether or not you have HIV, you can learn about and use safer sex practises to protect yourself and your partner from getting HIV or becoming re-infected.
 - If you have HIV, you have the responsibility to advise any recent sexual partners you have had to seek VCT.
 - If you have HIV and you are pregnant or thinking about getting pregnant, you can take medication to reduce the chances of passing HIV on to your child.

Part 2: 35–40 minutes

5. Divide the students into groups of three to do a role play. This scenario involves two people in a relationship who have not had sex together and are considering whether to get tested for HIV before having sex. One participant explains the benefits of HIV counselling and testing to his or her partner and tries to convince her or him that it is important and worth going through. The partner states his or her concerns and asks questions that the other person needs to respond to. Both people should interact in ways that convey respect for the other person's perspective and concerns. The third person serves as an observer to help in giving feedback. Allow about 5 minutes for the role play.
6. After doing the role play, students stay in their small groups and discuss how the role play went, including whether the student was convincing and whether each person respected the other's perspective and concerns.
7. Have students do the role play again, with each person taking a different role. Incorporate what was learned in the discussion to improve the interactions. Then discuss how this second role play went.
8. Reconvene the large group and discuss the following questions:
- Was the partner convinced about the importance of getting HIV counselling and testing? Why or why not?
 - What issues came up because the two characters in the scene were in a relationship and would like to have sex for the first time?
 - Did each person respect the other's perspectives and concerns?
 - How could the student improve what he or she says in order to be more convincing and respectful?
- Finally, emphasise again that for people who are sexually active, it is important for them and their partner to get tested once each year and share their status with each other. Ask students if they have any thoughts, questions, or suggestions.
9. You could end the activity by saying: "If you decide to have HIV counselling and testing, you now have information about it. Although finding out that you are HIV-positive can be a difficult experience, with the information you have now, you can deal with the situation in a way that is healthy and constructive for both you and your partner. If you find out that you do not have HIV, you can still learn a lot from the counselling about how to protect yourself from getting HIV."

Adapted from:

- Pulizzi, S., & Rosenblum, L. (2008). Grades 10–12, Activity four: HIV counselling and testing. In HIV and AIDS activities 1–8 (Year 1) for youth in KwaZulu Natal, South Africa [Project document]. KwaZulu Natal, South Africa: Mpilonhle Mobile Health and Education Project.
- Education International, Education Development Center, Inc., and World Health Organization. (2008). Activity 5: HIV counselling and testing. In Leadership in the HIV and AIDS response: A toolkit for teachers' unions to promote health and improve education.



Activity 6

Learning About HIV and AIDS Services

Purpose: To learn what health and social services exist in the community and how to access the ones that focus on HIV, AIDS, and other reproductive health issues so that students can get the services they need and help others get services

Learning Objectives:

- Discuss what health and social services are and why they are important
- Identify the health and social services available in the community that can help with physical health; emotional support; spiritual health; and education, employment, and financial needs related to HIV, AIDS, and other reproductive health issues
- Develop skills in interviewing organisation staff to gain information
- Organise and present information on how individuals can access HIV- and AIDS-related services

Methods: Brainstorming, large-group discussion, interviewing exercise, brief learner presentations

Preparation for Teacher Before Class:

Find out the names, addresses, and telephone numbers of organisations that provide HIV- and AIDS-related services in the local community. If possible, get names of people for students to contact for interviews.

Materials: Chalkboard and chalk or flip chart and marker, list of HIV- and AIDS-related organisations in the community, map of the community

Time: 2 class periods of 50–60 minutes each, with homework to be done between them

Overview:

Class A: Students brainstorm why health and social services are important. Next, they identify services in their community related to HIV, AIDS, and other reproductive health issues. Then, they learn interviewing skills to use for gaining information when visiting organisations in their community.

Homework: In groups of two or three, students visit an organisation that provides HIV- and AIDS-related services in their community. They interview staff to learn about the services the organisation provides and how to access them.

Class B: Note: This class needs to be held after all students have had a chance to visit an organisation. Students place their organisation on a map of the community. Each group gives a brief presentation about the services provided by the organisation they visited and how to access those services.

Procedures:

Class A: 50–60 minutes
 Part 1: 25–30 minutes

1. Introduce the objectives of the activity to the class. Explain that this activity will take place over two different class periods with homework in between that involves visiting a local organisation in small groups.
2. Ask students to discuss what health and social services are and why they are important. Include services that help with physical health; emotional support; spiritual health; and education, employment, and financial issues related to HIV, AIDS, and other reproductive health issues. Emphasise the value of using these services to help stay healthy, prevent problems, and deal with any problems as soon as they arise to keep them from getting worse.
3. Ask the group to brainstorm and describe the health and social services that they may have used or heard of. Write each one on a chalkboard or flip chart. The following types of services might be mentioned and discussed.



Activity 6: Learning About HIV and AIDS Services

For a variety of needs, including HIV and AIDS:

- General health care
- Family planning and prevention of STIs
- Palliative care (care to manage pain and other distressing symptoms)
- Traditional healing methods
- Emotional, social, and spiritual support
- Support in obtaining education and employment
- Financial support

For HIV and AIDS specifically:

- HIV counselling and testing
- Anti-retroviral treatment (ART): A type of treatment with medication that can slow the progression of HIV to AIDS but cannot cure HIV or AIDS
- Prevention and treatment of opportunistic infections for people who have AIDS
- Prevention of mother-to-child transmission. Medication can be given to a pregnant woman to keep her from passing HIV to her baby during pregnancy, birth, and breastfeeding.

4. Ask the group to brainstorm where the different types of services they discussed are provided and by what types of practitioners. Note that one centre or organisation may provide several or many different services. Providers that may be mentioned include the following:

Organisations

- Community health clinics
- HIV VCT centres
- Hospitals
- Social welfare agencies
- Faith-based organisations

Individuals (They may be practising on their own or as part of an organisation)

- Doctors
- Nurses
- Nutritionists
- Social workers
- Counsellors
- Health educators
- Community health workers
- Spiritual leaders
- Traditional healers

Part 2: 25–30 minutes

5. Explain that students will go in groups of two or three to visit an organisation in the community to learn about the services it provides and how to access those services. Ask students to brainstorm the types of questions they will ask during their visit. Write them on the board or flip chart. Be sure the following are mentioned:
 - What services does your organisation provide?
 - Which of your services address HIV, AIDS, and other reproductive health issues?
 - How can a person obtain those services?
 - What effect do those services have on people's lives?
 - What other similar services are provided in the community?



Activity 6: Learning About HIV and AIDS Services

Ask students to write these questions down so they can bring them to their interview.

6. Divide the class into groups of two or three. Assign each group an organisation to visit and provide the address, telephone number, and contact person.
7. Explain that one person in each group should contact their organisation as soon as possible to set up a time for an interview for the group with one or more staff members. The goal is for all interviews to be completed within the next (you set the amount of time) week(s) so that each group can present its findings to the class on (enter date). Ask if there are any questions.
8. Give each group about 5 minutes to meet and discuss when they would like to schedule the interview and who will schedule it.
9. You could end this part of the activity by saying: "Through visiting an organisation that provides HIV- and AIDS-related services and interviewing one or more staff members, you will learn more about the services available in your community. In the next class, we will all benefit by hearing the information each group has learned."

Adapted from:

- Pulizzi, S., & Rosenblum, L. (2008). Grades 10-12, activity five: Accessing health and social services in my community. In HIV and AIDS activities 1-8 (Year 1) for youth in KwaZulu Natal, South Africa. Project Document. KwaZulu Natal, South Africa: Mpilonhle Mobile Health and Education Project.

Class B: 50–60 minutes

1. Explain the objectives for this class.
2. Ask students to share briefly how their interviews at their organisations went. What went well? Were there any challenges?
3. Ask each group to mark their organisation on a map of the community you have hung on the wall and to talk briefly about the services provided by the organisation and how to access them. They can use the interview questions as a guide for their presentations. Determine the amount of time to give each group depending on how many groups there are to present. Consider 3–5 minutes each.
4. After all of the presentations, ask for any comments or questions from students. Then provide a brief summary of the information presented.
5. You could end the activity by saying: "In this activity, you have learned about services provided in your community and how to access them. You have also gained skills in interviewing that you can use to find out other information about health or other issues in your life. You can also use these skills to help other people get information they need."

Adapted from:

- Pulizzi, S., & Rosenblum, L. (2008). Grades 10–12, Activity five: Accessing health and social services in my community. In HIV and AIDS activities 1–8 (Year 1) for youth in KwaZulu Natal, South Africa. Project Document. KwaZulu Natal, South Africa: Mpilonhle Mobile Health and Education Project.

Notes



Activity 7

Coping with Emotions and Stress in a Healthy Way

Purpose: To develop skills to deal with emotions and stress in a healthy way and help others do the same so that you and others can cope better with stressful situations, including those related to HIV and AIDS

Learning Objectives:

- Describe the types of situations that cause stress, the feelings that people experience when under stress, and the support that can help people cope with stress
- Perform ways of asking for support when you are under stress and providing support to someone who is experiencing stress

Methods: Brainstorming, large-group discussion, role plays

Materials: Chalkboard and chalk or flip chart and markers

Time: 50–60 minutes

Overview: In the large group, students brainstorm about the types of situations that might cause them to experience a lot of stress, the feelings they might have, ways of coping, and the kinds of support they need. These situations may include living with or being affected by HIV and AIDS. In pairs, students role play the suggested scene in which one friend is providing support to another friend whose mother is sick with AIDS.

Procedures:

Part 1: 20 minutes

1. Introduce the objectives of the activity to the class.
2. You could start this activity by saying: “Everyone experiences stress and strong emotions at some point in his or her life. There are many types of events and situations that can cause stress and strong emotions—from the illness or death of family or friends to changes in relationships or work situations. People under stress need to be given support, and those experiencing stress need to learn to ask for support.”
3. In the large group, ask students to brainstorm responses to the following questions. Write the responses on a chalkboard or flip chart.

- a. What types of situations might cause a person to experience a lot of stress?

The following could be mentioned:

- o Illness of the person, family member, or close friend
- o Death of a family member or close friend
- o Difficulties in school
- o Loss of job
- o Difficulties in relationships
- o Stigma or discrimination directed toward the person, family member, or close friend

- b. What might a person who is coping with a very stressful situation feel or experience?

The following could be mentioned:

- o Shock, numbness
- o Disbelief, denial
- o Sadness, depression
- o Loneliness
- o Anger, frustration



Activity 7: Coping with Emotions and Stress in a Healthy Way

- o Guilt
- o Anxiety
- o Hopelessness
- o Rejection or fear of rejection by others

c. What are positive ways to cope with stress and these feelings?

The following could be mentioned:

- o Take time to reflect on the situation
- o Pray or meditate
- o Take a walk or get other exercise
- o Get enough rest and relaxation
- o Talk about your problems and feelings with other people you trust, including adults and friends
- o Do things you enjoy, such as playing games with friends, dancing, or singing
- o Join a support group with people going through the same kinds of stresses

d. When experiencing stress, each individual needs support tailored to his or her particular situation and needs. What kinds of support might you or others need to cope with stress?

The following could be mentioned:

- o To be listened to
- o Understand your own feelings and those of others
- o Empathy and emotional support
- o Help getting support from others, such as family, friends, support groups, counsellors, spiritual leaders, and the community
- o Understand how your life is affected by the situation, such as relationships with family members or friends, school work, job responsibilities, household responsibilities, finances

Part 2: 30–40 minutes

4. Divide the participants into pairs to perform a role play.
5. Ask each group to read the scenario below and do a five-minute role play.
 The mother of a close friend of yours is very sick with AIDS. Act out a scene where you go to visit your friend for the first time since his or her mother got very sick. Consider what you want to say and how you might support your friend.
6. Ask each group to discuss what happened, what went well, what did not work, and what could be improved. Also ask the participants to comment on how it felt to play their role:
 - How did they feel in the situation? What were the challenges?
 - What effect did the other person's words or gestures have on them?
7. Ask the groups to do the role play again, switching roles and incorporating what they learned from the first role play. Then discuss how this second role play went.
8. Reconvene the large group for 10 minutes to discuss the issues that came up, what went well, what did not work, and what could be improved. Ask the two friends to share how they each felt in their role.
9. You could end the session by saying: "In this activity you have learned what it feels like to cope with emotions and stress and what a person's needs might be when they are under stress. Now you are better prepared to support yourself and others who are experiencing stress and strong emotions."

Adapted from:

- Education International, Education Development Center, Inc., and World Health Organization. (2008). Activity 7: Dealing with emotions and stress in a healthy way. In *Leadership in the HIV and AIDS response: A toolkit for teachers' unions to promote health and improve education*.



Activity 8

Consequences of Gender Inequalities and Overcoming Them

Purpose: To understand the negative consequences that traditional gender roles can have, including in sexual relationships, and the ways to overcome them

Learning Objectives:

- Explain the negative consequences that traditional gender roles can have, including in sexual relationships
- Identify alternatives to traditional gender roles that have more positive results
- Demonstrate communication and negotiation skills that challenge traditional gender roles, including in sexual relationships

Methods: Brief presentation, large-group discussion, role plays

Time: 55–60 minutes

Overview: The teacher describes ways in which traditional roles for men and women can make women more vulnerable to HIV, other STIs, and violence, and explains that men and women should have the same rights, opportunities, and responsibilities. The teacher then encourages a brief discussion of these issues. Next, in groups of four, students do role plays. The first time they perform the traditional roles. The second time, they perform different and more equal and respectful roles that lead to healthier decisions and results.

Procedures:

Part 1: 20 minutes

1. Introduce the objectives of the activity to the class.
2. Present the following information:

The roles that society assigns to men and women based on their gender are referred to as ‘gender roles’. These roles have a significant impact on how men and women relate to one another and the power dynamics between them. As a result, they lead to the social, cultural, and economic reasons why women are more vulnerable to HIV than men.

The common gender roles in most cultures place men as dominant over women, who are supposed to remain submissive. This leaves women disadvantaged in terms of education, access to information and resources, income, rights, decision-making power, and the ability to assert and protect themselves. Women often have limited options for supporting themselves financially, which may lead to dependence on men for financial support. Women may then lose their ability to influence with whom, when, where, and how they have sex and to negotiate for safer sex options. As a result, women become more vulnerable to unwanted pregnancies, violence from men, and getting HIV and other STIs. On the other hand, when women have more rights, greater access to education, and better employment options, they have more lifestyle options and can achieve greater self-esteem, independence from men, and power in sexual relationships, and, as a result, stay healthier.

Women deserve to have the same rights, opportunities, and responsibilities as men. Because gender roles are created by cultures and not determined by nature, they can be changed. So, new roles that allow women and men to be treated equally can be developed. The solutions need to involve both women and men.

3. Ask if there are any questions. Next, encourage a brief discussion of the issues just presented. Some questions that can be used to stimulate the discussion include:
 - In what ways have you seen traditional gender roles put girls and women at a disadvantage?
 - What are some pressures that traditional gender roles put on boys and men?
 - How might gender be interpreted to improve the health and wellbeing of males and females?



Activity 8: Consequences of Gender Inequalities and Overcoming Them

Part 2: 35–40 minutes

4. Divide students into groups of four to carry out two role plays. In the first one, two students create a scene in which a man and a woman are playing traditional roles in a decision they are making. The other two students serve as observers to help in providing feedback on the role play. Allow about 5 minutes for the role play. Examples of decisions they could make include a man and woman who are partners are deciding:
 - who will work outside the home and who will take care of which household responsibilities and child care.
 - which children in a family go to school when resources are limited and more income is needed
 - when and how to have sex
5. Ask the small groups to discuss the role plays. Questions to address include:
 - How did each character feel in his or her role?
 - What are the consequences likely to be of the roles they played and the decision(s) they made?
 - How might the woman and man be at a disadvantage or at greater risk?
6. Now ask the members of the small groups to switch roles so that the observers become actors and the actors observe. The new actors do a 5-minute scene in which they act out alternative gender roles. Encourage them to use the same scene as in the first role play but to change the way the characters interact and the decision they make.
7. Ask the small groups to discuss this role play. Questions to address include:
 - What are the ways the characters could reach a decision in a respectful way?
8. Reconvene the large group to discuss the role plays. Ask for members of the different groups to share their experiences. Ask what conclusions they may have reached about the ways that men and women can interact and the roles they can play that feel fair and result in men and women being treated equally.
9. You could end the activity by saying: "In this activity you have examined traditional and alternative gender roles that men and women can play. Now you can make decisions that have a greater chance of leading to fairer and more positive results for both men and women."

Optional Homework Assignment: Encourage learners to discuss gender with their parents or guardians. How have things changed since they were your age? What advice do they have for your generation? Discuss student's experiences in the next class.

Adapted from:

- Education International & Education Development Center, Inc. (2007). Building a gender friendly school environment: A toolkit for educators and their unions, Education International
- UNESCO & International Bureau of Education. (2006, December). Tool 5: Learning objective, essential thematic areas, and time allocation, Theme 3: Gender issues. In Manual for integrating HIV and AIDS education in school curricula, 3rd version. UNESCO

Notes



Activity 9

Taking Action Against Stigma and Discrimination

Purpose: To develop skills to deal constructively with stigmatising statements and actions made against people living with or affected by HIV and AIDS

Learning Objectives:

- Identify different kinds of stigmatising statements and actions made against people living with or affected by HIV and AIDS
- Demonstrate communication and assertiveness skills in standing up against stigma and discrimination

Methods: Brainstorming, large-group discussion, role plays

Materials: Chalkboard and chalk or flip chart and marker

Time: 55–65 minutes

Overview: In the large group, students brainstorm different kinds of stigmatising statements and actions made against people living with or affected by HIV and AIDS, and they discuss the harm these cause and the ways to end use of them. Then, in small groups of three, students do role plays in which they practise intervening when they hear someone making stigmatising remarks.

Procedures:

Part 1: 20-25 minutes

1. Introduce the objectives of the activity to the class.
2. You could start the activity by saying: "Sometimes individuals are treated unfairly because they are different in some way. The differences stir up fear and hate due to myths and misunderstanding. These individuals may experience stigma and discrimination from others because of physical, intellectual, or economic differences or differences in gender, race, ethnic background, religion, sexuality, or HIV status. Stigma and discrimination add to their emotional stress and affect their ability to cope with their illness and get support, services, employment, and education. In this activity, we will examine stigmatising statements and actions and identify the ways we can help end the use of them."
3. Review the definitions of 'stigma' and 'discrimination'. Stigma is viewing people negatively and not valuing them. Stigma creates or reinforces inequalities among individuals and usually leads to discrimination. Discrimination is any type of action based on stigma that violates individuals' rights.
4. In the large-group, ask students to give examples of stigmatising statements and actions. Write them on a chalkboard or flip chart. Examples might include:
 - People who are HIV-positive are promiscuous and immoral.
 - We should not help people who are HIV-positive. They got what they deserved.
 - A child will not play with someone he or she thinks has HIV.
5. Choose two or three of the examples given and discuss the following questions:
 - Why are these statements and actions hurtful and stigmatising?
 - Where did they come from?
 - What would it feel like if you were the one being stigmatised?
 - What can you do to help end the use of these statements and actions?



Activity 8: Consequences of Gender Inequalities and Overcoming Them

Part 2: 35–40 minutes

6. Divide the students into groups of three to do a role play based on the following scenario:

Two students are talking at a lunch table in a negative way about a classmate whose mother is known to have HIV. (For example, they might be saying that the classmate's mother probably was sleeping with lots of different men, and it is not safe to get near the classmate and the mother because they might spread HIV.) The third student, who is listening, interjects in a firm but constructive way by saying that the other two are saying things that are hurtful and not true about the classmate and the mother. This student explains how HIV is and is not spread, and that no one can assume that someone has HIV because you cannot tell just by looking at them. In addition, everyone who has HIV or has a parent with it needs support and help rather than rejection.

The other students ask a couple of questions and then realise they should treat their classmate with understanding and support rather than rejecting him or her.

Allow about 5 minutes for the role play.

7. Ask students to discuss the role play in their small groups, including what was realistic, what worked, what did not work, and what could be improved.
8. Ask the students to switch roles so that the observers become actors and the actors observe. The new actors do the scene again and incorporate what they learned from the first role play and/or try different ways of responding. If time permits, have the students discuss this role play in their small groups.
9. Reconvene the large group and discuss the role plays. Questions to ask include:
- What was especially challenging for the person intervening?
 - What strategies and statements did and did not work well in helping change the views of the students who were making the stigmatising statements?
10. You could end the activity by saying: "In this activity, you discussed some things that people may say and do that are stigmatising, and you practised helping people understand the harm that stigmatising causes. Now you have some new ideas for how you can support people who are experiencing stigma and discrimination."

Adapted from:

- Education International & Education Development Center, Inc. (2007). *Building a gender friendly school environment: A toolkit for educators and their unions*

Notes



References

1. EDUCAIDS, UNESCO, & UNAIDS. (2007). HIV and AIDS education in primary school. EDUCAIDS Technical Briefs. Component 2: Content, curriculum, and learning materials. Available from <http://www.educaids.org>
2. Mangrulkar, L., Vince Whitman, C., & Posner, M. (2001). Life skills approach to child and adolescent healthy human development. Pan American Health Organization.
3. World Health Organization. (2007). What is a health promoting school? Available from http://www.who.int/school_youth_health/gshi/hps/en/print.html
4. More information on FRESH (Focusing Resources on Effective School Health) available from http://www.unicef.org/lifeskills/index_7262.html
5. World Health Organization. (2003). Skills for health: Skills-based health education including life skills: An important component of a child-friendly/health-promoting school. Geneva: Author.
6. Wodarski, J.S., & Feit, M.D. (1997). Adolescent preventive health: A social and life group skills paradigm. *Family Therapy*, 24(3), 191–208.
7. Wilson, D., Mparadzi, A., & Lavelle, E. (1992). An experimental comparison of two AIDS prevention interventions among young Zimbabweans. *Journal of Social Psychology* 132 (3), 415–417. As cited in *Skills for Health, 2003*, Geneva: World Health Organization.
8. Tobler, N. (1998). Principles of Effectiveness of School-Based Drug Prevention Programs: The Rationale for Effective Peer Programs. *Peer Facilitator Quarterly* 15, 109–115. As cited in *Skills for health, 2003*, Geneva: World Health Organization.
9. Kirby, D., Laris, B.A., & Rolleri, L. (2005). Impact of sex and HIV education programs on sexual behaviors of youth in developing and developed countries. Youth Research Working Paper No.2. Research Triangle Park, NC: Family Health International, YouthNet Program.
10. Caribbean Community (CARICOM). (2000). Multi-Agency HFLE programme manual for facilitators of life skills based HFLE programmes in the formal and non-formal sectors. Georgetown, Guyana: CARICOM. As cited in *Skills for health, 2003*, Geneva: World Health Organization.
11. Caribbean Community (CARICOM), & UNICEF. (1999). Health and family life education: Empowering young people with skills for healthy living [An information package]. Bridgetown, Barbados: Author. As cited in *Skills for health, 2003*, Geneva: World Health Organization.
12. Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.
13. Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
14. Becker, M. H. (1974). The health belief model and personal health behavior. *Health Education Monographs* 2, 324–373.
15. Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention and behaviour. An introduction to theory and research*. Reading, MA: Addison-Wesley.
16. Ajzen, I. (1988). *Attitudes, personality, and behavior*. Buckingham: Open University Press.
17. Hamilton, N. E., Belzer, E. G., & Thiebaut, H. J. (1980). An experimental evaluation of the KAP model for health education. *International Journal of Health Education* 23(3), 156–161.
18. Kirby, D., Laris, B.A., & Rolleri, L. (2005). Impact of sex and HIV education programs on sexual behaviors of youth in developing and developed countries. Youth research working paper no.2. Research Triangle Park, NC: Family Health International, YouthNet Program.
19. Aaro, L. E., Schaalma, H., & Astrom, A. N. (2008). Social cognition models and social cognitive theory: Predicting sexual and reproductive behaviour among adolescents in sub-Saharan Africa. In K-I. Klepp, A. J. Flisher, & S. F. Kaaya (Eds.), *Promoting adolescent sexual and reproductive health in East & Southern Africa* (pp. 37–55). Cape Town, South Africa: HSRC Press.
20. Eaton, L., Flisher, A. J., & Aaro, L. (2004). Unsafe sexual behavior in South African youth. In Y. K. Djamba (Ed.), *Sexual behavior of adolescents in contemporary sub-Saharan Africa* (pp. 65–109). Lewiston, New York: Edwin Mellen Press.
21. Action Aid. (2003). *The sound of silence: Difficulties in communicating on HIV/AIDS in schools: Experiences from India and Kenya*. ActionAid. Available from http://hivaidsclearinghouse.unesco.org/ev.php?ID=2043_201&ID2=DO_TOPIC





Photocopy Masters





Activities Ages 10–14

Activity 1: Learning and Discussing Information about HIV and AIDS

Questions/Statements You Might Hear About HIV - Worksheet

- a. What is HIV?
- b. What is AIDS?
- c. How does someone get HIV?
- d. Who can get HIV?
- e. How do I know if I might be infected with HIV?
- f. I'm too young to get AIDS.
- g. I don't think I should hang around her too much because I heard she is HIV-positive.
- h. I heard there is a cure for HIV.
- i. I don't think he has AIDS. He looks too healthy.
- j. I feel nervous using the toilet after she has because I'm afraid I'll get HIV.

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Activities Ages 10–14

Activity 2: The Choices We Make

What Can You Do? - Worksheet

You are returning home from school when you see a family friend talking with some other adults on the street. The friend asks you where you are going, and you tell the friend that you are walking home. “Come, I will walk with you,” the friend says. Even though you want to walk alone, you say okay. When you get to an open field, the family friend takes your hand. You feel uncomfortable. You do not feel you need to have your hand held. Then the friend suddenly hugs you and says, “Why don’t we stay here a little while and rest.” You are not sure why, but you start to feel afraid.

OR

You are talking with your friend and she suggests that you try to get some beer. She says “come on, it will be fun to get drunk.” You feel uncomfortable but your friend keeps encouraging you. When you resist the encouragement turns to threats.

Questions:

- Why might you feel afraid?
- What can you do or say to the family friend? Write a list in the box below of the things you can do or say.
- What might happen as a result? Write a list of these things.

What Will You Do or Say?	What Might Happen?



Activities Ages 10–14

Activity 3: Examining Risky Behaviours and Making Healthy Decisions

Risky Behaviours Exercise - Worksheet

Instruction: Draw a line between each risky behaviour in the right-hand column and the possible negative result in the left-hand column that can occur from doing the behaviour.

<i>Types of Risky Behaviours</i>	<i>Possible Negative Results</i>
Having sex at an early age	Feel tired and cannot study well
Having sex without a condom	Get HIV and other STIs Have unwanted pregnancy
Not washing your hands and bathing regularly	Get HIV and other diseases
Riding in a car without a seat belt	Get HIV and other STIs Have unwanted pregnancy
Touching blood from a cut of someone who has HIV	Get in a car crash
Not getting enough sleep	Get HIV and other STIs Have unwanted pregnancy
Eating food high in fat, sugar, or salt, and not getting enough exercise	Get hurt more seriously if get in an accident
Driving under the influence of alcohol or drugs	Get more stressed because problems get worse
Not doing school work on time	Gain too much weight and have less energy. Get heart disease or diabetes.
Having sex when under the influence of drugs or alcohol	Get HIV and other diseases
Sharing razors	Get poor grades
Not getting support when you have problems	Get health problems, such as diarrhoea, scabies, lice



Activities Ages 10–14

Activity 5: My Own Values

My Own Values

Jaro and Yoweri are classmates. Yesterday, in a class break they met each other.

Jaro: *Look at you. Why are you smiling?*

Yoweri: *I am happy. I think I'm falling for that girl I told you about.*

Jaro: *Wow! That girl Chimeza?*

Yoweri: *Yeah . . . we have been dating for the past couple of months. And in fact, I'll be meeting her again tonight.*

Jaro: *Excellent . . . that's why you're excited. So, how is she in bed?*

Yoweri: *No, it's not like that.*

Jaro: *Oh, come on! You said you both are in love?*

Yoweri: *Yeah . . . we're in love, but we decided that we are not ready to have sex. I love her, and I can show her without having sex.*

Jaro: *Yeah, but tonight, you both can have a lot of beer and then you will be ready.*

Yoweri: *I don't think so.*

Jaro: *C'mon, man, what's wrong with you?*

Yoweri: *She trusts me, and I don't want to violate that trust by forcing myself on her.*

Jaro: *Okay. I got it.*

What Are My Own Values?



Activities Ages 10–14

Activity 10: Supporting People Living with HIV and AIDS

I'd Rather Stay Away from Him

Jeanette and Odile are 12 years old. They are friends and in the same class. Pierre is also in their class. The three of them get along well and sometimes meet after school to go for a walk. But a few days ago, Pierre suddenly left school. Jeanette and Odile wonder why.

Jeanette: I really don't understand why Pierre dropped out of school! I wonder what's wrong. I haven't seen him since last week, and I don't even know where he lives.

Odile: I was wondering myself . . . he said he enjoyed coming to school. He didn't say a word, did he?—I mean about leaving . . . it's not very kind on his part!

Jeanette: Have you heard nothing about him?

Odile: Well, actually my mother mentioned something, but it's hard to believe.

Jeanette: What do you know? Come on, tell me the whole story!

Odile: I don't know if it's true, but my mother said that his mother died.

Jeanette: Ah . . . I'm sorry . . . can you imagine how he must be feeling about that?

Odile: It's hard. I can't even think of it. He must be feeling very lonely. No one can fill the love of one's mother.

Jeanette: But his mother was quite young, wasn't she? Was she ill?

Odile: According to what my mother was told, she died of AIDS, and Pierre might also be infected with AIDS.

Jeanette: He lost his mother, and he is infected with AIDS! It can't be true. I'm really concerned about him. He's only 12 . . . I can't believe it.

Odile: My mother told me to stay away from him. I really don't know what to do . . . perhaps we should avoid him! We might catch the disease.

Jeanette: Hmm . . . we learned that AIDS can't spread by meeting with infected people. I think he needs our support. After all, he is our friend.

Odile: Maybe you're right. How can we support him?

Jeanette: Without his mother I am sure he will need help in the house. I also remember my father saying a way to support a person affected by AIDS is to continue the friendship: spend some time with the person so that he or she can share feelings and get support. Imagine how we would feel if you or I lost our mother and people were avoiding us.

Odile: Yes, I would feel scared and lonely. Let's not waste time . . . let's go and meet him.

Jeanette and Odile went to Pierre's place. They talked, played football, and made dinner. Pierre was happy to have friends like Odile and Jeanette.



Activities Ages 15+

Activity 1: Examining Risky Behaviours for HIV

Determining the Risk Level of Different Behaviours for Getting HIV - Worksheet

Instructions: Decide whether each of the behaviours listed below is high, low, or no risk for getting HIV. Mark the correct level of risk next to each behaviour.

1. Touching someone who has HIV _____
2. Having sex without a condom _____
3. Dry kissing _____
4. Using toilets in a public washroom _____
5. Sharing needles _____
6. Sharing clothes with someone who has HIV _____
7. Having sex using a condom correctly _____
8. Self masturbation _____
9. Cleaning up blood without gloves on _____
10. Sharing eating utensils with someone who has HIV _____
11. Having sex with a condom that broke _____
12. Being bitten by a mosquito _____
13. Having sex with multiple partners _____
14. Wet (deep) kissing _____
15. Reusing a needle that was cleaned just with water _____
16. Swimming with someone who has HIV _____
17. Having sex using the same condom more than once _____
18. Mutual masturbation _____
19. Body-to-body rubbing with clothes on _____
20. Sharing a razor to shave legs or face _____
21. Sharing same needle for drug injection _____





Learning for Life:

Classroom Activities for HIV and AIDS Education

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