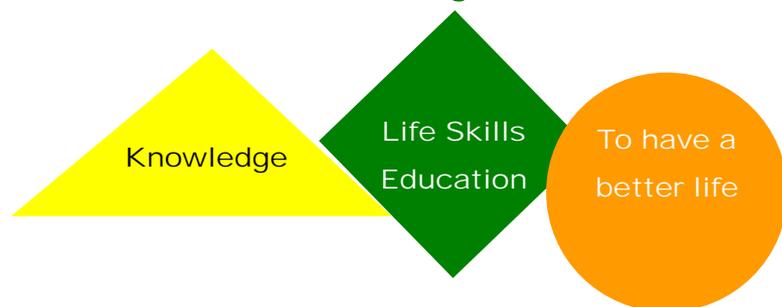


Life Skills Programs Manual



The Possibilities and Challenges

of HIV/AIDS Education

Life Skills Programs Manual

The Possibilities and Challenges of HIV/AIDS Education

Cooperation Bases System for Educational Cooperation in 2007

by the Japanese Ministry of Education, Culture, Sports Science and Technology

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Welcome to
the Life Skills
Programs
Manual

To improve the quality of education and empower children to have a better life

All over the world, countries aim to achieve universal primary education (UPE) by 2015. The quality of education and prevalence of HIV/AIDS, however, are serious obstacles to achieving UPE.

As a means of improving the quality of education, many international agencies are promoting “life skills education.” Our goal is the attainment of life skills, to serve as tools to translate knowledge into action in order to improve our lives. Life skills can be used broadly, in any place, including schools, communities and medical institutions. We sincerely hope that this manual will be used in a range of areas, such as community development, human rights and disaster rehabilitation.

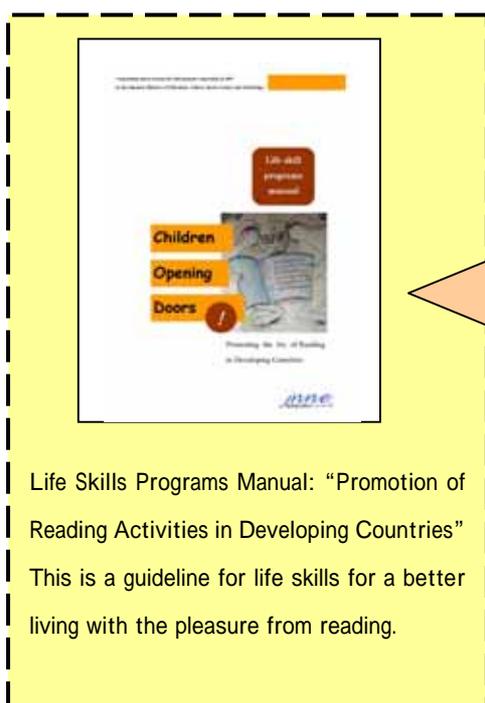
We would like to complete this manual with its readers. Therefore, we highly appreciate any chance to receive your knowledge and experience.

March 2008

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Life Skills Programs Manual: "Promotion of Reading Activities in Developing Countries"

This is a guideline for life skills for a better living with the pleasure from reading.

Another Life Skills Programs Manual

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This manual introduces ...

concepts of “life skills” for HIV/AIDS education and points for implementation of programs on HIV/AIDS in schools and communities.

With the rapid prevalence of HIV/AIDS, HIV/AIDS education is implemented in many countries. There are, however, many obstacles to advocating on HIV/AIDS in education and communities.

In these difficult situations, activities that place importance in life skills are needed for more effective HIV/AIDS education. This is not only learning, but also the attainment of self-management and communication skills, including actions for self-defense and attitudes to others.

Although there are various manuals dealing with HIV/AIDS education, this manual especially focuses activities in schools and communities from the perspective of life skills education. Also, it looks at perceptions, attitudes and behavioral changes of not only the children who receive HIV/AIDS education, but also the adults who carry it out. We believe that this manual provides new ideas to readers, including those who work in HIV/AIDS education.

The examples of activities and points made in this manual are mainly based on a 2006 survey. Kenya is one of the African countries with a high HIV infection rate (The national average was 6.7 percent in 2003). Therefore, HIV/AIDS issues relate to everyone’s daily life in Kenya. Moreover, HIV/AIDS education has been included in the primary education curriculum since 2001. Children learn about HIV/AIDS from the first year of primary school. Please note that some examples and points made in this manual do not always apply in areas where HIV/AIDS are not as prevalent as Kenya.

Schools

Headteachers are negative about the practice of HIV/AIDS education.

Teachers are not trained for HIV/AIDS education and do not have enough knowledge and confidence to teach children.

Teachers cannot give consideration to people with HIV/AIDS.

The curriculum on HIV/AIDS does not include condoms as a HIV/AIDS preventive method.

Headteachers try to avoid talking to parents about HIV/AIDS education.

Children

Even if they receive HIV/AIDS education, it cannot be realized as actual practices.

Even if entering schools, many children drop out before receiving HIV/AIDS education.

Parents and Communities

Many parents are negative about HIV/AIDS education at primary school.

They do not discuss what children learned about HIV/AIDS at home.

Highly infectious customs are practiced in the area.

HIV/AIDS carriers have difficulties in having counseling, tests and treatments due to discrimination and exclusion in the community,

Influential persons and leaders have fixed ideas about HIV/AIDS and encourage discrimination.

Support from Public and external organizations

The relationship between the education and health sectors is weak.

Structure of this Manual

Part1 Orientation

Partnerships between Education and Health

International Trends in HIV/AIDS Education

Part 1 indicates that knowledge alone is not enough for protecting ourselves from HIV/AIDS. Interpersonal and self-controlling abilities, as well as life skills, are necessary. It also shows how international agencies and NGOs should work for AIDS based on “life skills” as a keyword. The definition of “life skills” is explained based on child behaviors.

Part2 The Possibilities

What does HIV/AIDS education bring?

Possibilities and Challenges for HIV/AIDS Education as Life Skills Education

Part 2 analyzes what kind of behavioral change can be expected for teachers, children and people in the community through the attainment of knowledge on HIV/AIDS, desirable attitudes, and life skills. Also, it analyzes what limitations and challenges exist. Moreover, it examines what can be expected from administrative bodies.

Part3 Practices

Part3-1 Preliminary Survey for Implementation of HIV/AIDS Education

Part3-2 Life Skills for HIV/AIDS Education in Primary Schools

There are various difficulties in practicing HIV/AIDS education in schools. A clear strategy and finely-tuned considerations in every phase are important for making a quality HIV/AIDS education. This section explains this through examples.

This section also shows that teachers need to consider other people and attain life skills.

At the same time, the importance of sharing perceptions of HIV/AIDS among schools, parents and the society is indicated.

Part3-3 HIV/AIDS Activities engaged by Community

Participation in advocacy activities and care are good chances for adults and children to improve their life skills. Through their participations, people who need care reduce their anxieties about discrimination and isolation.

Part4 Appendix

In this part, there are questionnaires to teachers and the community, teaching plans, and materials about HIV/AIDS knowledge for the community.

Part1 Orientation

Partnerships between Education and Health

International Trends in HIV/AIDS Education

1 . "Life Skills": A Bridge between Health and Education

Cross-sectoral Issue

After the World Conference on Education for All (WCEFA) in 1990, the expansion of basic education has been an essential goal internationally. One of the cross-sectoral targets for Education for All (EFA) is to expand health education and life skills. However, not much has been done towards achieving this target. This may be because education and health are often seen as separated issues; it is difficult to regard them as one cross-sectional issue.

Expansion of Life Skills in "the Dakar Framework for Action"

"The Dakar Framework for Action," adapted at the World Education Forum in 2000, expressly advocated the expansion of life skills. Although the relationship between child education and health was noted, how health education should be practiced has not been discussed enough. There is not even an agreed concept for "life skills."

Life Skills Developed from Discussion about E F A

This manual focuses on HIV/AIDS based on past discussions about education and health. Moreover, this manual will discuss life skills that were developed from EFA as a concept of a bridge between international education and health. Life skills will play an important role in an international society aiming to achieve the Millennium Development Goals and the UN Millennium Declaration adopted at the UN Millennium Summit.

2 . Impacts of HIV/AIDS on Education

HIV/AIDS negatively impacts the education system from the aspect of not only the supply side of education (teachers) but also the demand side of education (pupils and students). In addition to Africa, these negative impacts are expanding in other continents.

2 - 1. Children miss education opportunities due to loss of teachers lives

Loss of Teachers Lives

One research study shows numbers and ratios that indicate that more teachers are dying due to HIV/AIDS.

For example, in Zambia, 20% of teachers are infected by HIV (Kelly 2000). Moreover, one study shows that more than 30% of teachers are infected by HIV in some areas in Malawi and Uganda (Coombe 2000). The loss of teachers from HIV/AIDS may cause missed educational opportunities for students.

In this situation, schools need to hire and train new teachers. However, the cost of this can become a heavy burden for the education sector. For instance, in Swaziland, the estimated cost of replacement teachers for those lost to HIV/AIDS by 2016 is estimated at about 233 million USD (Kelly 2000). This is above its national budget; making complete implementation impossible.

Frequent Work Absence and Interrupted Lessons

Even before the actual losses of teachers to HIV/AIDS, infected teachers are frequently absent from schools, and teachers often have to leave in the middle of their class schedule. This results in a decrease of the amount of time for education, which negatively affects quantity and quality of education. At least three reasons cause teachers' frequent work absence (World Bank 2002).

Firstly, teachers with HIV are absent from schools more and more as their sickness from HIV/AIDS worsens.

Secondly, when teachers have family members with HIV/AIDS, they need to take time off work in order to take care of them or prepare for funerals.

Thirdly, the psychological effects from HIV/AIDS cause work absence. When teachers or their family members suffer from HIV/AIDS, the costs of treatment or funerals financially damage the teachers. Also, repeatedly sad incidences cause major trauma to them. Loneliness and fear hinder teachers from continuing effective educational activities.

Infants lose their lives.

Although it is agreed that HIV/AIDS causes problems to educational supply, its impact

on educational demand is not clear.

It is believed that population of the infants is decreased due to HIV/AIDS, due to transmission from mother to child. However, the population of school-aged children has generally increased. Moreover, HIV/AIDS is not directly related to the death of school-aged children. The main infection route for infants is from mothers, and infants lose their lives. Only less than half of infants with HIV/AIDS reach to schooling age. Therefore, the number of children with HIV/AIDS aged 5 to 14 years tends to be smaller than that of other age groups.

Ages 5 to 14 years is the most important time for HIV/AIDS prevention.

When the youth enter puberty and have sexual desire, the infection rate of HIV/AIDS is increased. Among children aged from 15 to 24 years in Africa, the number of girls with HIV/AIDS is twice as high as the one of boys. This shows that women are more vulnerable than men (UNICEF, UNAIDS & WHO 2002). In this sense, ages 5 to 14 years is the most important time for the HIV/AIDS prevention.

It is difficult to show trends in the number of school-aged children. However, their enrollment rates tend to be decreased, especially among poor households. Due to HIV/AIDS, more households became poorer. This sometimes causes missed educational opportunities for children (UNFPA 2005).

HIV/AIDS Orphans without Opportunities for Education

The increased number of HIV/AIDS orphans is one of the negative causes for educational demand. Even if children are not directly affected by HIV/AIDS, infection of their parent(s) impacts their lives. The number of children under 18 years old who have lost their parent(s) to HIV/AIDS, reached to 15 million in 2003; eight out of ten children are from Sub-Saharan Africa. The number of HIV/AIDS orphans in Africa is estimated at over 18 million by 2010 (UNFPA 2005).

A recent survey showed that the attendance rate of HIV/AIDS orphans aged 10 to 14 years who had lost both parents was lower than that of those who had lost one (UNICEF 2004). This survey empirically indicates the fact that HIV/AIDS orphans lose opportunities for education.

2 - 2. Several international agencies support education for HIV/AIDS prevention.

The serious impact of HIV/AIDS on education has heightened a sense of urgency for development education workers. At the same time, the importance of education has been recognized in fighting against HIV/AIDS problems.

In March 2004, Global Initiatives on HIV/AIDS and Education was established by organizations, consisting of the Joint United Nations Programme on HIV/AIDS (UNAIDS); United Nations High Commissioner for Refugees (UNHCR), United Nations

Children's Fund (UNICEF), World Food Programme (WFP), (WFP), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC), International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO), and World Bank. Its main aim is to support governments to implement education programs for HIV/AIDS prevention.

3 . Suggestions for Life Skills from the Dakar Framework for Action

This chapter briefly addresses international approaches towards school health with a focus on health education.

The Dakar Framework for Action includes the importance of life skills in its targets 3 and 6. It also suggests creating “safe, healthy, inclusive and equitably resourced educational environments” as a strategy for achieving the educational development targets (Strategy 8).

Educational environments include “adequate water and sanitation facilities,” “access to or linkages with health and nutrition services,” “policies and codes of conduct that enhance the physical, psycho-social and emotional health of teachers and learners,” and “education content and practices leading to knowledge, attitudes, values, and life skills needed for self-esteem, good health, and personal safety.” (World Education Forum 2000).

Regarding Strategy 8 in the Dakar Framework for Action towards the achievement of EFA, Focusing Resources on Effective School Health (FRESH) is worthy to mention as an international approach.

3 - 1. Skills -based Health Education

At the World Education Forum held in 2000, WHO, UNESCO, UNICEF and the World Bank agreed to promote an effective school health program together. This is FRESH, including four core frameworks for action.

These are: (1) health-related school policies, (2) provision of safe water and sanitation towards a healthy physical and learning environment, (3) skill- based health education, and (4) school-based health and nutrition services. In order to strengthen these four frameworks, these three points are mentioned: (1) effective partnerships between teachers and health workers and between the education and health sectors, (2) effective community partnerships, and (3) pupil awareness and participation.

What are knowledge and attitudes?

Education through the development of knowledge, attitudes and skills

The third framework of FRESH is skills based on health education. Education here means to create and maintain healthy lifestyles and environment through the development of knowledge, attitudes and skills. Knowledge here means information and understanding of it. Moreover, attitudes here mean personal bias and preference.

Skills are classified into life skills and “other skills”.

What are life skills?

Life skills are defined by WHO as “abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life (UNICEF, WHO, *et. al.* 2003, p.13).” The main components of life skills are psychosocial attitudes and interpersonal skills. These skills help people make decisions based on enough information, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and healthily and productively manage their lives.

What are other skills?

“Other skills” mean practical skills in other areas, including hygiene control by washing hands.

3 - 2. Life Skills for Health Education

Knowledge, Attitudes and Skills for Healthy Action

When you plan health education, four steps (goals, targets, components, methods) need to be considered.

Goals, which give positive influences to health and other related social issues, will be shown generally by words. For instance, a goal can be solving health problems of pregnant women and children infected by malaria. Towards this kind of general goals, targets impact attitudes and situations more specifically. For the prevention from malaria infections, advising pregnant women and children to sleep in mosquito nets is a target. Another example of targets is to create an environment in which people infected by malaria can receive appropriate treatments.

Health education consists of specific knowledge, attitudes and skills, which help more people act healthily and create a healthy environment.

For instance, it is important to let people know that malaria is transmitted through the bites of infected mosquitoes (Anopheles). Then, we can give information how to properly use mosquito nets for avoiding bites from mosquitoes. In addition, we can encourage people to learn attitudes for protecting pregnant women and children at high risk.

Four Steps of Health education and “Knowledge,” “Attitudes,” “Skills”(Examples)

Goal	To prevent being infected with malaria			
Target	Use mosquito nets			
Components	Knowledge (information, understanding)	Attitudes	Skills	Life Skills
	Infection through bites of mosquitoes	People prefer not to be infected by malaria.	Interpersonal skills, comprehension of emotion, etc.	
	Understand how to use mosquito nets	People hope to protect everyone s health.	Try to promote the use of mosquito nets	Other Skills
Methods	Participatory Lessons “Child-to-Child” approach			

Importance of Sharing Messages for Promoting Knowledge and Attitudes among the Involved Parties

For promotion of certain knowledge and attitudes, it is important to share focused messages among parties involved in health education. As an international attempt towards an agreement on t common messages, “Facts for Life,” published by UNICEF, WHO, UNESCO in 1989, is essential. This book, which contains “information to live,” simply organizes knowledge for protecting health of children and women as the main messages in each section (HIV/AIDS, malaria, immunization, injury, disaster, urgency, etc). One of the features is that each section has only five to nine messages, because too many messages would make it difficult to understand.

”Facts for Life”



Life skills change behavior.

The following knowledge, attitudes, skills are the other components of health education. As mentioned before, skills are classified into cross-sector al life skills and other practical skills in each sector. In the case of malaria, life skills are for decision making and problem solving, such as a campaign for the promotion of mosquito net use for the prevention of malaria in the area.

Classification of life skills has many ways. Although Katsuma (2005a) classified skills into three areas, a classification into five skills is introduced here. These are: (1) decision making and problem solving, (2) critical thinking and creative thinking, (3) communication and interpersonal relationships, (4) self-understanding and empathy, and (5) dealing with stress and emotions.

The reason why life skills are important is because it is difficult to change behavior only through knowledge and attitudes. Even if people had knowledge about HIV/AIDS, the knowledge could not be used properly without attitudes for the promotion of health. Moreover, even if people have knowledge and attitudes, it is difficult to expect behavioral change without skills. Of course, “other skills,” such as how to access condoms and how to use them, are important. However, before that, it is important to have life skills of interpersonal relationships, for example, where people can effectively express opinions and politely refuse sexual intercourse if they do not want it. The above-mentioned five classifications of life skills will be explained later using examples of HIV/AIDS (p14).

4 . Health Education against of HIV Infection

In addition to sexual transmission by sexual intercourse, blood infection and mother-infant transmission and other infection routes for HIV. Blood infection includes sharing equipment and needles among drug addicts. Of course, it is important to deal with each infection route. However, since about three-fourths of the HIV infections are caused by sexual transmission, the most urgent need is to deal with sexual transmission through health education.

Transition from emphasizing knowledge to emphasizing Life Skills against HIV/AIDS

Generally speaking, it is expected that the higher level of education people receive, the lower the rate of HIV infection. However, when examining the individual educational levels in each country, the higher the level of education people receive, the higher rate of HIV infection. This is not necessarily evidence of a direct relationship between education and HIV infection. Rather, it can be explained that since people with higher education tend to have high income and expand their activity range, it results in an increased number of sexual intercourse with multiple partners.

Moreover, although we can expect behavioral change through education, some people believe that discussion on the relationship between education and the prevention of HIV/AIDS should not be based on research studies from the 1980s and 1990s. In fact, respondents for these research studies were infected with HIV before HIV/AIDS became known (Kelly 2000). Moreover, the content of HIV/AIDS education in schools was

general and placed emphasis on knowledge, which was far from the practical measures to prevent from HIV infection through sexual intercourses.

Therefore, it is assumed that HIV/AIDS education at the time did not change their behavior. It is against this background that health education based on life skills is currently needed.

Knowledge and Messages Agreed upon by Several International Agencies

UNFPA was involved in the second edition of “Facts for Life” in 1993, and UNDP, UNAIDS, WFP and the World Bank were also involved in the third edition in 2001. This means that “Facts for Life” was promoted by the agreement of eight international organizations in total (UNICEF, WHO, et al. 2002). It was also translated into 215 languages, and over 15 million copies are published in over 200 countries. This book has nine important messages about HIV/AIDS for all families and communities (UNICEF, WHO, et al. 2002).

The significance of the popularization of “Facts for Life” is the formation of an international agreement on minimum required knowledge and attitudes about HIV/AIDS (and other health sectors) for the public. This standardizes contents of international education.

Of course, we have to avoid simply practicing the uniform health education in different environments. However, we have to welcome this agreement as a start point for discussion among different actors (international NGOs, government, Ministry of Education, Ministry of Health, NGOs, teachers, medical workers etc.) to work for health education cross-sectorally.

Nine Important Messages for All Families and Communities

1. HIV/AIDS is a incurable disease, and a preventable disease.

HIV causing AIDS is transmitted by (1) unsafe sex (sexual intercourses without condoms), (2) transfusion of blood without examination, (3) use of contaminated needles and injective equipments, and (4) transmission from an infected mother to her baby in pregnancy, during delivery and lactation.

2 . Everyone, including children, faces the danger of HIV/AIDS.

Everyone needs information and education on HIV/AIDS as well as access to condoms to prevent from HIV/AIDS infection.

3 . If you have a possibility of the HIV infection, you should contact either medical workers or a HIV/AIDS center to have private counseling and examinations.

4 . The chance of the HIV infection through sexual intercourse can be reduced by the following ways:

(1) not performing sexual intercourses, (2) reducing the number of sexual partners, (3) keeping the same sexual uninfected partner, (4) performing safe sex (consistent use of condoms can prevent HIV and save lives.).

5 . Girls are especially vulnerable to HIV infection and need support to avoid any unwanted sexual intercourses and unsafe sex.

6 . Parents and teachers can support youth for prevention of HIV/AIDS.

Parents and teachers can teach how to avoid sickness and stop spreading it. Teaching appropriate usage of male and female condoms is one example.

7 .HIV is transmitted from an infected mother to her baby in pregnancy, during delivery and lactation.

If a pregnant woman or new mother might be infected with HIV infection, she should consult licensed medical workers for counseling and examinations.

8 . HIV can be transmitted by using contaminated needles and injective equipments. Using used razor blades, knives, equipment, which cut or pierce the skin, have a danger of the HIV prevalence.

9 . People with sexually transmitted diseases are more likely to be infected by HIV and more likely to transmit HIV to others. Those who have sexually transmitted diseases should receive treatment immediately as well as avoid sexual intercourse or have safe sexual relations (sexual relations without sexual intercourse or sexual intercourse with condoms).

Life Skills Application to HIV/AIDS

Components of Life skill	<u>Characteristics of a life skill [1]</u>	Examples of Life Skills at the Individual Level[2]
Decision making	It helps to make constructive decision about daily life	Discuss and decide how to help friends who cannot come to school because they take care of HIV infected parents.
Problem solving	It enables to cope with problems in their daily life positively.	One senior boy's group yelled at a girl and threatened her. She thought about how to deal with the same situation in
Critical thinking	It enables to analyze information and experiences objectively.	When a girl was walking alone, a stranger offered her a ride. She thought this was dangerous and declined it.
Creative thinking	It enables to think of several possibilities for problems and to make simulation before making a decision and finding a solution.	HIV-positive boys carefully think about their job options and consider what they should do to gain jobs in the future.
Communication	It helps to express themselves with either words or attitude, considering the background of the situation.	A child is afraid that her uncle is HIV positive. She was able to discuss her fear with her parents and brother.
Interpersonal	It helps to communicate with others in a preferable way.	A friend asked me to go to a nightclub and drink there on the weekend. Although I knew that she would tease me if I declined it, I said "no".
Self-awareness	It helps people to know about themselves, their own personal character, own strong and weak points, desire and dislike.	Girls recognize their sexual desire and are afraid that they cannot make rational decisions. This kind of recognition helps them avoid the danger of unsafe sexual relations.
Empathy	It enables people to understand and share other person's feelings, even when they have completely different lifestyle from theirs.	Children's groups think about how to help HIV/AIDS orphans.
Managing Stress and Feelings	Helps to identify the causes of stress in daily life, to find out its influence and to control it.	A girl learns how to deal with anger against her father who sexually abuses her. Children in similar situations share their experiences and deal with their pain. They set their goals to live positively.

[1] "WHO Life Skill Education Program" WHO (1997), translation by Tetsuro Kawabata, et al., Taishukan Publishing Co., Ltd. p.13-15

[2]based on Hanbury & Carnegie 2005, p.31

This table shows examples of life skills at the individual level. However, we have to note that relationships with adults, those of the same generation as the individual, and local communities do affect the behavior of the person. Moreover, we cannot think in the same way about societies where there is strong individualism and societies with strong collectivism.

“Child-to-Child” Approach

Health Education with participation by Children

Participatory approaches are desirable for health education in order for children to attain knowledge, attitudes to live healthily, and life skills. For instance, children are able to experience “central players” on HIV/AIDS by simulations through games and role-plays. Proactive behavioral change for children is expected.

Children are “Change Agents”

Among participatory approaches to health education, the “Child-to-Child” approach especially attracts attention. This is suggested by education and health specialists who monitored the role of children as change agents in 1979, the International Year of the Child. At that time, they expected to improve care of younger brothers and sister by elder children. However, it was found out that elder children can change the behavior of not only younger children but also their peers in the same age group. Moreover, they can also impact their parents, relatives and communities.

Attainment of Skills by Participation and Involvement of Families and Communities

As the idea of the “Child-to-Child” approach is developed, children as “change agents” are expected to educationally impact not only younger children but also larger groups of people. Education here is different from traditional health education in schools.

The “Child-to-Child” approach expects children’s participation at the stages of planning activities. And they relate what they learn to what they face in practice. Then, they encourage their families and communities to solve certain problems. This helps children have more knowledge about the problems and attain life skills through the proactive learning process (Hanbury & Carnegie 2005). These “Child-to-Child” activities are not limited in terms of time. They are continuous. These activities are followed with involving families and communities outside the schools.

To practice the “Child-to-Child” approach, a model consisting of six steps is suggested. Each step will be done by intercommunicating learning area (e.g. schools, health centers) and living areas (e.g. villages, towns). In each step, different life skills will be attained (Child-to-Child Trust 2005).

Six Steps of the “Child-to-Child” Approach

- Step 1 Choose one health issue with high preference and understand it well.
Creative Thinking, Decision Making, Communication, Problem Solving
- Step 2 Research how the problem impacts your family and community.
Communication, Creative Thinking, Empathy
- Step 3 Discuss what you learn after the research, and plan what you can do (either individual or collective actions).
Communication, Decision Making, Creative Thinking
- Step 4 Get into Action.
Communication, Interpersonal Relations, Problem Solving
- Step 5 Discuss your actions and think about whether they are effective.
Critical Thinking, Dealing with Stress
- Step 6 Learn lessons from the experiences, and consider more effective ways for next time.
Problem Solving, Decision Making, Communication

For Behavioral Change

Adding skills to knowledge and attitudes often leads to behavioral change. However, the cultural and social environment, the power structure and emotions of the individual sometimes make behavioral change difficult.

In order to awaken people and deepen their understanding, we have to use games and role plays, train peer educators, and increase their motivation.

When children do presentations, they can encourage parents to understand life skills and strengthen their knowledge and attitudes. Moreover, children can march in demonstrations on AIDS Day as an advocacy activity in a community.

In addition, communities need to know how positive People Living With HIV/AIDS (PLWHA) are in their life. One good example is HIV/AIDS learning sessions with PLWHA as instructors or speakers.

Example of Participatory HIV/AIDS education for Youth

in ASIA.



Youth group doing self-assessment on AIDS competence, Thailand



Youth learn how to use condoms and check their understanding of HIV/AIDS with their friends.

photo : SHARE(Service for Health in Asian & African Regions)

5 . Practice of the “Child-to-Child” approach needs partnership between education and health sectors.

“The Millennium Development Goals,” which international society aims to achieve by 2014, includes both international education and health.

The international education goal has two targets: (1) achievement of universal primary education (Goal 2), and (2) promotion of gender equality and empowerment of women (elimination of gender disparity in education) (Goal 3).

The international health goal has four targets: (1) reduction of child mortality (Target 4), (2) improvement of maternal health (Goal 5), (3) combat against HIV/AIDS, malaria and other diseases (Goal 6), and (4) sustainable access to safe drinking water (Goal 7, Target 10).

FRESH established by several international organizations and health education placed within FRESH show a common direction in international policies at the global level. Moreover, life skills developed from discussions on EFA play an important role to connect international education to international health.

How do these global movements translate into local movements?

As the FRESH approach, it is essential to develop relationships between the education and health sectors for promoting health education. Partnerships between the Ministry of Education and the Ministry of Health at the national level and partnerships between teachers and medical health workers are also important. The significant challenge is to incorporate the education and health sectors in the framework of aid coordination in each country. Efforts to localize the “Global Initiative on Education and HIV/AIDS” are needed.

As for the content of education, educational specialists and health specialists need to develop partnerships between the education and health sectors, then search for how to utilize the “Facts for Life,” which standardize knowledge to deliver. The content of education should be not only transmission of knowledge, but also encouragement for children to have attitudes about how to live healthily. And it is also important to consider the culture of each region and country.

It is difficult to change children’s behavior. Based on past experiences, the participatory “Child-to-Child” approach is regarded as an effective method. For practicing this, partnerships between teachers and medical health workers need to be strengthened.

Striving towards the global international development goals, international society has to make an effort to empower children at the local level, as well as strengthen capacities of teachers and medical health workers.

Part2 The Possibilities

HIV/AIDS education as Life Skills Education

1. Keys to Effective HIV/AIDS Measures: Participation and Cooperation

Before thinking about HIV/AIDS education, this section first briefly examines HIV/AIDS measures.

Four HIV/AIDS measures are currently taken: advocacy including campaigns for HIV/AIDS prevention, voluntary examination, treatment and care.

1 - 1. Three Points for Effective HIV/AIDS Measures Learned from Policies

The following three points are important for effective HIV/AIDS measures based on good practices from different countries.

Leadership by Governments .

When HIV/AIDS is regarded as an issue only for people with HIV/AIDS, proper knowledge and information cannot be transferred and that will cause discrimination and prejudice against people with HIV/AIDS. This may result in the breakdown of society as a whole. Therefore, it is important to recognize HIV/AIDS issues as a national challenge and to form new policies. In Uganda, the government took initiatives to solve problems on HIV/AIDS, worked on them, and had consistent policies. This led to the reduction of the infection rate of HIV/AIDS.

Political involvement is necessary, especially for removing discrimination and prejudice against people with HIV/AIDS, and for maintaining an environment to fight against the problem in the whole society.

Participation of those with HIV/AIDS and others around them

HIV/AIDS issues are related not only to the central parties (people with HIV/AIDS), but also various people around them, including their families, schools, medical institutions, communities, religious associations, governments and companies. Through the involvement of various people, social and comprehensive HIV/AIDS policies can be formed.

The most important thing is the involvement of people with HIV/AIDS as main actors in the planning of policies and advocacy for prevention.

This situation is the same with children with HIV/AIDS. Children have the right to know and suggestions from children are valuable. Moreover, it is expected that children encourage other children (“Child-to-Child” approach).

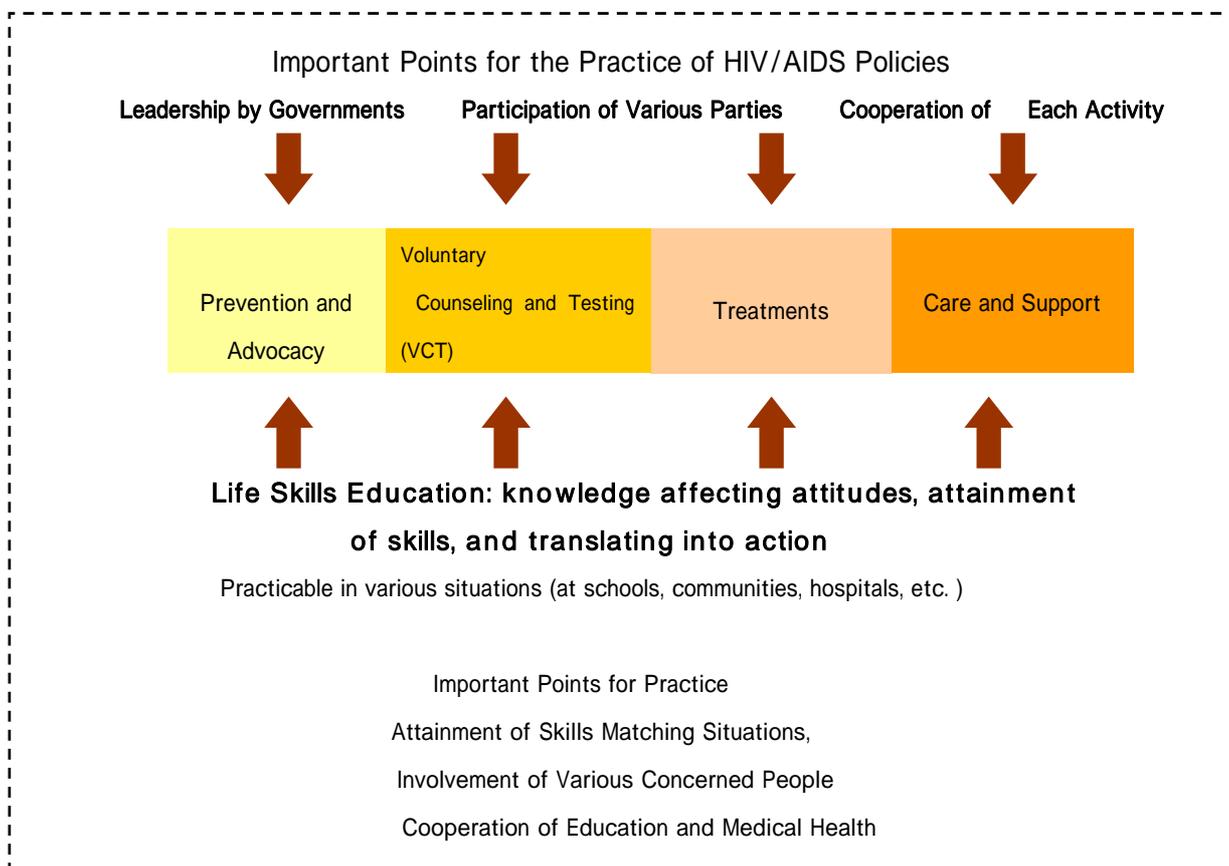
It is pointed out that involvement by people with HIV/AIDS leads to their zest for life and motivation, as well as avoids loneliness through the increase of contacts in society.

Cooperation of Each Activity

Activities for “prevention and advocacy”, “voluntary counseling and testing”, “treatments” and “support for care” cannot be carried out separately. They need comprehensive practices with the involvement of each activity.

For instance, through advocacy, although many people recognize the importance of voluntary examination, they would not take an examination if they had issues about the facilities and skills of examination. However, if the skills and facilities are of good quality, more people will undergo examinations.

In a society where advocacy on HIV/AIDS is not enough and the community has prejudices and discrimination, people with HIV/AIDS cannot express themselves. In these cases, it is difficult for them to have support from care services even if the services are organized well.



1 - 2. Life Skills education is necessary and can be utilized in all phases, from prevention to treatment.

For the effective processes of prevention, advocacy, treatment and care, various concerned people and specialists have to attain appropriate knowledge and special skills. In addition, they also need to have attitudes to face HIV/AIDS issues, appropriate interpersonal skills, and self-management skills.

Life skills education lets people have these skills and knowledge in various situations for HIV/AIDS measures. Schools, international NGOs, local NGOs, community organizations and medical institutions are expected to be leaders for life skills education. To practice life skills education, partnerships and coordination between the education and health administration offices are essential.

1 - 3. Three Keywords for Life Skills Education on HIV / AIDS

In addition to the above-mentioned points, the following three points are key to the practice of life skills education.

1 Involvement of Various Concerned People

People with HIV/AIDS, Families, Schools, Hospitals, Community Organizations, NGOs, Governments
Moreover, participation of those who produce educational materials, specialists and artists encourages people to become involved in life skills education.

2 Cooperation of Education and Medical Health

Collaboration of voluntary testing, treatment, and support for care and HIV/AIDS education based on its results and challenges

3 Attainment of Skills Matching Situations

Attainment of skills matching various activities for HIV/AIDS measures

In advocacy for prevention, not only appropriate HIV/AIDS knowledge, but appropriate attitudes are important.

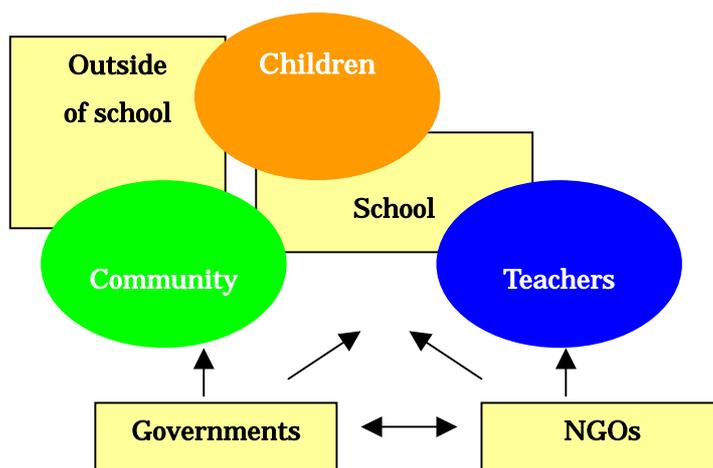
In order for people (with HIV/AIDS) to come for voluntary testing, not only a good medical environment of medical institutions and health administrative offices, but consideration of people with HIV/AIDS and safe system for them are essential.

In support for care, it is necessary to learn how to behave in the same class as people with HIV/AIDS

When someone is orphaned in a community, it is necessary to share concrete skills, knowledge and attitudes to live with him/her in the community.

2 . The Possibilities of HIV/AIDS Education

Teachers, children and community neighbors are all people concerned about HIV/AIDS issues. Through life skills education, what kind of results and challenges does each actor bring? What about governments and NGOs? This section will examine each possibility and challenge.



2-1. Expectations for Teachers

Appropriate Attitudes about HIV/AIDS Issues that Teachers Should Attain

In order for children to learn about HIV/AIDS as life skills, teachers need to have appropriate attitude on HIV/AIDS issues.

Otherwise, children would learn only superficial knowledge and classes would be based on the discrimination and prejudice of teachers. This would result in the possibility that children would not attain any understanding or attitudes regarding HIV/AIDS issues.

However, HIV/AIDS education was very recently placed in the educational policy and many teachers do not undertake teaching methods for HIV/AIDS education in the teacher training process.

Therefore, it is important for teachers to attain a consciousness of and teaching methods for the importance of children's life skills.

Desired Abilities in Teachers

To teach children the appropriate social HIV/AIDS issues

Understanding of customs, rules, sexual attitudes, social relations (including discrimination), and gender relations in the community

Ability to plan lessons based on social environment and children's understanding

Expectation of Teachers with Accurate Knowledge about HIV/AIDS

HIV/AIDS education is a new area for teachers. They can teach without any problems by attaining biological knowledge on HIV/AIDS and understanding problems of unsupported myths.

Teachers can objectively see prejudice against people with HIV/AIDS by understanding social and regional situations and human and children's rights.

Therefore, the improvement of teachers' life skills will also lead to the improvement of children's life skills.

Challenges

Examples of obstacles to practicing appropriate HIV/AIDS education at school:

The teacher is also a religious leader in the community and HIV/AIDS issues at school are completely different from what he/she teaches based on religious beliefs.

The teacher strongly believe that teaching sexuality will encourage children to have sexual intercourse.

Influential parents are against teaching sexuality to children and give the teacher pressure.

The teacher is afraid of receiving pressure from them.

The teachers is afraid of practicing HIV/AIDS education because of community norms on HIV/AIDS issues.

Expectation of Teachers with Appropriate Attitude and "Mainstreaming" of HIV/AIDS

Attaining teaching attitudes about human and children's rights and coexistence helps teachers avoid superficial teaching and discriminatory lessons about HIV/AIDS. This is expected for children to improve their life skills.

Moreover, in the situation where many children drop out of school, the "mainstreaming" of HIV/AIDS is important for all children to learn HIV/AIDS education. This is because "mainstreaming" of HIV/AIDS does not limit grades, subjects and lessons, and deals with various aspects of HIV/AIDS issues. Kenya is one successful example of mainstreaming HIV/AIDS education as a policy.

Challenges

The following are examples of obstacles to practices of HIV/AIDS education, even if teachers attain appropriate attitudes and t HIV/AIDS education is mainstreamed.

Parents are negative about HIV/AIDS education and sex education.

The community has a strongly-rooted prejudice against HIV/AIDS.

The school principal is negative about HIV/AIDS education.

The Possibility of Lessons about the “Child-to-Child” Approach

Peer education (whereby children teach each other) can lead to behavioral change of children through activities of their own.

Moreover, adoption of child-centered teaching helps students understand and creates an environment for children to ask questions comfortably.

Challenges

Peer education can be limited for lower grade children since peer pressure (pressure among children) is not so strong yet.

If training of peer educators fail, peer activities do not work well. Moreover, even if peer education works well at school, its activities tend to deteriorate after the graduation of the core peer educators.

Peer education does not work well in a society tolerant about adults' sexual abuses against children.

Teachers may only focus on child-centered teaching and forget about the content.

The Possibility of “Teacher-to-Child” Lessons

Children can attain appropriate knowledge and bases of peer education.

Teachers can teach community problems and human rights education in relation to HIV/AIDS education at school, which are harder issues for children to deal with.

Challenges

When school education cannot deal with condoms in government policy, teachers cannot teach appropriate knowledge on protection for children.

“Teacher-to-Child” lessons are difficult to practice when they are set apart from the current situation of the society. For instance, although girls would learn to refuse unwanted sexual intercourses as a right, they cannot say, “No.”. Another example is when a society has customs whereby women cannot refuse men, and children cannot refuse adults.

When an influential principal does not allow HIV/AIDS education at school, HIV/AIDS education from teachers to students is difficult to practice. (Peer education is also difficult in this situation.)

2 - 2 . Expectations for Children

Children are important actors in spreading messages and desirable behaviors to their friends, siblings and parents, not only now, but also in the future, when they become adults (UNICEF 2005). The following points are important in nurturing these important actors

Realize desirable behaviors

In order to realize desirable behaviors, people need to understand them properly and have motivations to attain these behaviors. To do this, it is effective to show a concrete model.

One practical example in textbooks is the invitation by an adult male on the way to or home from school. In this case, the desirable action is to decline the invitation. However, the following two points are necessary.

To know the words for declining. (“No thank you,” “I need to go. I have something to do.”)

To understand these words and how to say and use them.

To practice the two points above, it is important to show how:

Teach the words for declining.

Have the children actually say and use these words in role plays etc. (interactive learning)

Children can change these words and attitudes to fit their situation.

Knowledge from messages, including emotions, attitudes and social values, changes consciousness and behavior. For instance, in order to decline an invitation, in some places, ignorance is the most effective way, but elsewhere, ignorance is the rudest way. It is important to behave desirably, matching the cultural and social background in the area. The following are important points for appropriate behavior:

- What is the easiest way for children to make themselves understood with their words, way of saying them and attitudes?
- What way will avoid a negative reaction from adults? What kind of attitude or response is expected from adults?

Adults need to suggest appropriate behavior for children by exchanging opinions with them through interactive learning. The appropriate behavior resulting from this process conveys the message to the children of what behavior is desirable.

Depending on age, gender, group size, literacy level, understanding ability and languages of the targeted children, it is important to choose the right words, structure and content for their messages to be efficient.

Home is a good place for reaffirmation of what one has learned.

Home is the first place for children to practice what they have learned at school. Talking about what they learned with parents and siblings becomes a reaffirmation for children. Moreover, sharing with reliable others encourages children to attain desirable behaviors.

On the other hand, some families cannot discuss these things openly. One research study says that these cases often depend on the attitude of the adults (Child to Child Trust, 2005).

Promotion of Parents Understanding about HIV/AIDS

Practice of HIV/AIDS education at school highly depends on whether parents understand and support it. The actual behavior for infection and prevention of HIV/AIDS will be attained by support from families and communities (UNICEF, 2005).

Start HIV/AIDS Education in the Early School Years.

In order to spread knowledge to more community neighbors, it is desirable to start HIV/AIDS education in the early school years (ActionAid, 2003). In addition to the attainment of skills for children, improvement of the environment to practice such skills is also important for learning behaviors.



Lessons on HIV/AIDS Education at Primary School (Uganda)

Utilize teaching materials and supplementary materials that are appealing to five senses.

In order for children to understand the meaning of the messages properly, creativity in teaching, such as in making materials appealing to five senses including eyesight is important. It is essential to reflect the daily lives of children and to regard the HIV/AIDS issues as familiar problems by showing a “model” for practical applications. Furthermore, games and role plays are utilized for promotion of realization and understanding which lead to behavioral change. There are many manuals for these participatory activities. Please refer to them.

Promote learning among peer groups.

Learning among peer groups of the same gender and same age is effective for behavioral change (ActionAid, 2003). This helps children learn what their groups want to know and discuss issues openly in equal relationships. This also promotes the sharing clarification, and removal of problems and challenges. To do so, training of students taking the lead (peer educators) is essential.

Improvement of environment to practice what one has learned

Involvements of communities effectively and sustainably change behaviors (ActionAid, 2003). It is essential that messages from teachers who are trusted by communities, religious leaders and community leaders are consistent.

In a community with customs and culture against desirable behavior for HIV/AIDS, it is

necessary to form workshops with communities in considering specific situations in the area, practice advocacy activities and form systems to collect information .

Effective advocacy for families without children is possible by giving them chances to collect information. It is desirable that adults (teachers etc.) in communities play a role model as messengers for children.

Expectations from Attaining Accurate Knowledge about HIV/AIDS

Deep understanding about infection routes and prevention

Sharing information by children who have learned at school with parents, siblings and communities encourage people to have accurate knowledge.

Accurate knowledge motivates the attainment of behavior for prevention against the HIV infection

Sharing motivations with others helps people to form peer groups for leaning about HIV/AIDS.



Although children do not listen to their parents, they are sensitive about their peer's words and actions.

Challenges

Knowledge about HIV/AIDS stays only temporarily and is not utilized effectively.

Children should be a source of accurate knowledge. However, the level of understanding, maturity of children, as well as level of understanding of parents and siblings, prevent the spread of accurate knowledge.

In a society where it is difficult for children to express themselves, parents and adults do not take their comments seriously.

Knowledge that is taught falls behind the rapid development of medical skills and treatments.

The Possibility of Children's Behavioral Changes

Through the messages, including emotions, attitudes and social values, new knowledge changes consciousness and forms motivations to behave effectively for prevention against HIV infections.

These motivations promote the reduction of dangerous behavior, which cause HIV infection, and the avoidance of infection.

This is the reconstruction of personal relationships, which means that people need to judge various issues in their daily lives and express themselves to others. As a result, people attain life skills and methods of communication matching situations and places.

These experiences help people become confident and active.

By sharing messages, including emotions, attitudes and social values with others, more people are interested in HIV/AIDS and form study groups. Merging the messages and knowledge changes people's consciousness and motivates people to attain efficient behavior for t HIV prevention.

Moreover, the forming and sharing of new messages for different age groups encourage more people to become interested in HIV/AIDS issues and communicate actively. This also prevents wrong understanding and knowledge about HIV/AIDS and reduces discrimination and prejudice.

Challenges

Knowledge may last only temporarily and may be not utilized effectively. This will lead to unexpected behavior or problems.

HIV/AIDS issues are not regarded as their own problems due to social customs (other social influences, wrong information).

HIV/AIDS issues are ignored in a society where children and women cannot express themselves freely.

Even if people attain and practice life skills, the community does not understand them and prevents people from practicing the life skills.

2-3. Community Expectations for Parents and Communities

Community with Contradictory Information

In some communities, people are confused due to contradictory information.

For instance, the following two types of information are spread in Kenya: “Condoms are effective for prevention against HIV/AIDS,” and “Condoms are meaningless since an HIV virus is smaller than the density of a condom skin.”

Wrong information or myths are believed in some communities. For instance, “HIV/AIDS was made for destructing the African people.” Moreover, people sometimes only know that HIV/AIDS is transmitted by sexual intercourses, and they do not know other dangerous behavior that can cause HIV/AIDS infections.

Moreover, due to the understanding of HIV infections only through “immoral” sexual intercourses some people believe that people with HIV/AIDS have immoral behavior. Also, some people believe that HIV/AIDS can be transmitted in any way, so people try to remove HIV/AIDS-related people in the society.

Creating opportunities for people in the community to attain accurate knowledge on HIV/AIDS

In order for people in the community to attain standard biological knowledge on HIV/AIDS, creating lessons outside of school is an effective way.

However, there is no guarantee that the community as a whole changes their behavior. Therefore, it is important to have opportunities to talk about how to teach children about HIV/AIDS and how to protect children from HIV/AIDS in the community.

Potential after Adults come to Understand HIV/AIDS

By attaining accurate knowledge about HIV/AIDS, adults can protect themselves and their children from HIV/AIDS and learn attitudes for living together with people with HIV/AIDS. Also, it promotes change in the attitudes of adults. For instance, adults can discuss HIV/AIDS at home and in the community and protect children from HIV/AIDS.

It is possible for adults to teach outside of schools things that school cannot offer. For instance, in a country where condoms as a method of the HIV prevention cannot be taught at school, parents and the community can teach them this outside of schools. Moreover, through discussions between the community and teachers, it is expected that the practice and quality of HIV/AIDS education will be accepted in the community.

These are important points for children to attain appropriate life skills. Moreover, they give opportunities to reaffirm the importance of education within the family and community, which have not been recently evaluated.

Challenges

In order to tackle the completed HIV/AIDS issues by communities, it is essential for the community to have consensus. To do this, a high consciousness about HIV/AIDS issues in the community is important.

2-4. Expectations for Partnerships between Government and NGOs

Involvement of the government in HIV/AIDS issues is very important for sustaining HIV/AIDS education and preventing the limiting of HIV/AIDS issues to individual problems. When NGOs promote HIV/AIDS education as life skills education, partnerships between them and government are essential.

General Administration

Expectation for Advocacy to Citizens

It is expected that wrong beliefs and the delivery of distorted information in society will be corrected through standard information from public officers and official bulletins through public policy.

Partnerships between the government and NGOs help them avoid redundant training activities in the same area.

If NGOs support the governmental policy on the HIV/AIDS education, the sustainability of HIV/AIDS education is expected.

Challenges

Since it is difficult to give HIV/AIDS education to frontline officials, there is the possibility that the content of HIV/AIDS advocacy is superficial and that simple slogans are just repeated.

When officials superficially understand HIV/AIDS issues, or they are strongly affected by wrong beliefs or distorted information, HIV/AIDS education for officials is required before partnerships are made.

Educational Administration

Expectations for the Introduction of HIV/AIDS Education to School Curriculum Guidelines

By placing HIV/AIDS education as a method of improving life skills in the school curriculum guidelines, HIV/AIDS education is promoted.

At the same time, this idea helps outside aid agencies such as NGOs gain at least superficial agreements from the concerned people.

Challenges

Even if HIV/AIDS education is included in school curriculum guidelines, challenges regarding its daily practice in schools still remain, such as the production and spread of appropriate textbooks and training of teaching methods to teachers.

Teachers officially say that they teach HIV/AIDS education for the improvement of life skills. However, there are possibilities that they do not teach it due to various obstacles or teach it only superficially. It is difficult to check the actual situation in schools.

Also, when there is a lack of teachers and a large number of students per class, practices of HIV/AIDS education leading to the improvement of life skills is difficult.

Health Administration

In caring for people with HIV/AIDS, medical examinations and appropriate treatments are necessary as with other diseases.

However, HIV/AIDS is often perceived as a special disease due to prejudices and discrimination against its infection routes and symptoms after its outset. These lead to new forms of discrimination.

Generally, advocacy activities on HIV/AIDS are the responsibility of the Ministry of Education because these activities are done in schools. However, HIV infection tests and treatments are the responsibility of other sectors (ActionAid, 2003). Therefore, even if many people find out about their infection through advocacy activities in schools, medical systems for treatments as the next step are not well organized. This also causes wrong

perceptions about HIV/AIDS.

Rural areas in developing countries especially do not have enough medical systems even for many other prevalent diseases. Although there are many advocacy activities about HIV infection and prevention in many places, there is a big gap between rural and city areas regarding the structure of treatments and care for HIV/AIDS (Institute of Development Economies 2005). Moreover, it is pointed out that there is a close relationship between HIV infection, AIDS outset and poverty in rural areas (The Institute of Developing Economies 2005). New social problems such as loss of working population and increase of orphans are reported.

For effective HIV/AIDS measures, medical systems at the national level are essential. At the same time, strategic expansion of cross-sectoral programs with the cooperation of NGOs and civil organizations is needed.

Expectations for the Medical System

For activating HIV/AIDS measures at the regional and national levels, governments need to support Voluntary Counseling and Testing (VCT) and medical institutions financially, and develop systems for appropriate care in needy areas.

Moreover, governments need to promote the hiring medical staff, counselors and social workers that match the needs of each area. Moreover, they need to promote collaboration on HIV/AIDS among concerned organizations, such as ministries of education and social affairs, and exchange personnel among them. Governments also need to improve systems for protection and management of personal information of people with HIV/AIDS and their families at the national level.

Challenges

In addition to dealing with other general diseases, planning only for HIV/AIDS within a limited budget is difficult. This may cause uniform planning based on the central government's decisions in the center. Rural areas face many challenges. For instance, training appropriate medical staff is difficult in rural areas. Moreover, they do not have enough financial budget for human resources, and there is no industrial infrastructure in rural areas.

Part3 Practice

Part3-1 Preliminary Survey for Implementation

of HIV/AIDS Education

Important Points of Survey for Understanding the Situation of Regions and Teachers
for Effective HIV/AIDS Education

We have seen, in Parts 1 and 2, that HIV/AIDS education with knowledge, attitudes and life skills, including interpersonal skills, leads to high quality results. In forming HIV/AIDS education, understanding the situation of teachers, as those in positions of responsibility, and communities is essential. This section first examines an example of a preliminary survey on school health by an NGO.

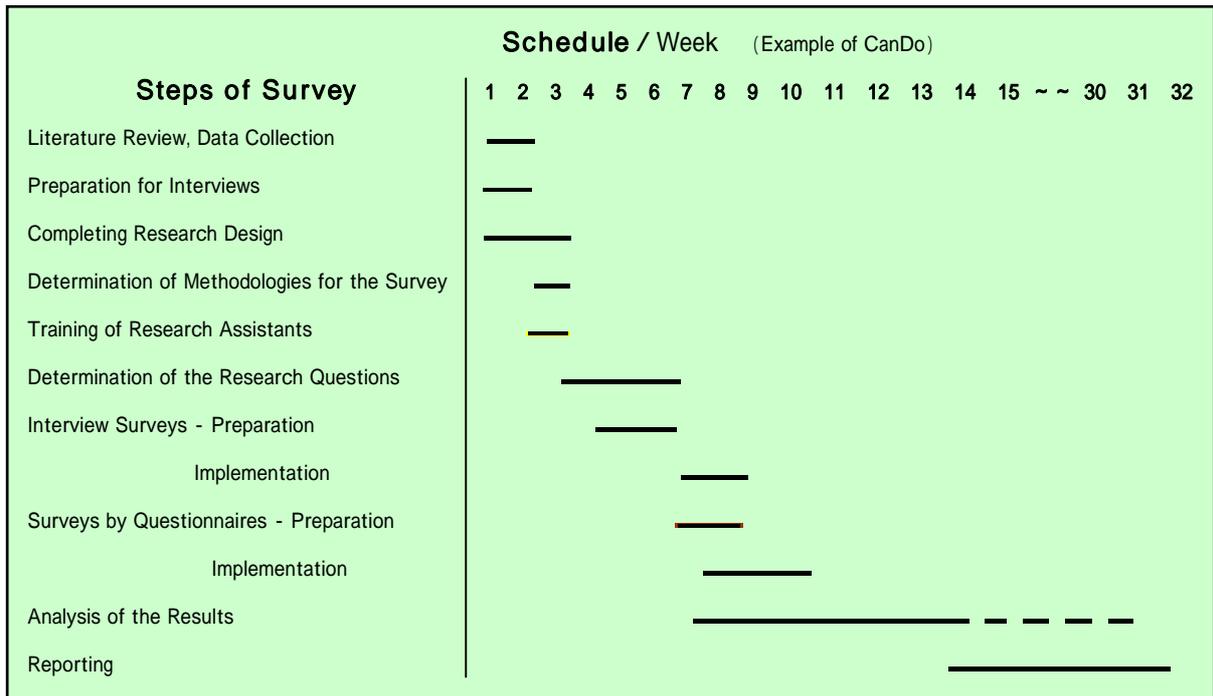
1 - 1. Before starting HIV/AIDS Education

Preliminary surveys are essential for avoiding whimsical speculations and useful for understanding the starting point situation and evaluating programs later. Moreover, preliminary surveys are done with people in the community, so they can also play a role in the preparation and orientation of the program.

People have expectations regarding surveys. If a field survey is done broadly at an uncertain stage of project implementation and the project ends up unimplemented, people will feel betrayed. This results in that implementers lose trust from people in the community.

Therefore, surveys need to be carefully done, watching and talking with people in the community while implementing other projects. This part examines a feasibility study in Nuu Division, Mwingi District, Kenya by CanDo. The main researcher was Japanese and her assistant was Kenyan.

1 -2. Understanding the area and seeking to enforce HIV / AIDS education



1 . Literature Review and Data Collection

A review of literature, including governmental policies on education and health and data regarding the country and project sites (statistics by governments and the United Nations).

2 . Completing Research Designs

First, clarify the goal of the survey. At the stage of the feasibility survey, this example first set two goals in considering school health broadly. HIV/AIDS was a part of them.

- (1). Clarify what situation the community is in, and what kind of knowledge, attitudes and understanding on health issues (including HIV/AIDS) the community has.
- (2). Investigate how (1) above affects HIV/AIDS education in schools in rural areas, and seek ways for strengthening HIV/AIDS education.

3 . Determination of Methodologies for Survey

Surveys are classified into quantitative and qualitative surveys. Methodologies are two: interview and questionnaire. This example took (1) qualitative surveys by interviews, and (2) quantitative surveys by questionnaires with the presence of researchers.

Qualitative Surveys/Interviews

For Teachers: Group Interviews (5 primary schools, 30 respondents)
For Parents: Group Interviews (4 primary schools, about 100 respondents)
For Teachers; Interviews to Focus Groups (2 primary schools, 15 respondents)
For Education Officers: In-depth Interviews (2 respondents)
For Female Parents: In-depth Interviews about female genital mutilations (FGM)
(1 primary school, 3 respondents) *(Numbers in the brackets show the number of respondents.)

Points

Survey methods depend on survey content
and the situation of the field

CanDo divided female and male parents for interview surveys in order for them to honestly answer questions about sexuality. When the number of female teachers is extremely small, interviews were done with female and male teachers together.

CanDo determined whether or not to inform about the survey in advance depending on the survey content.

Interviews with teachers and education officers were done in English (English is one of the official languages in Kenya). Interviews with parents were done in English and indigenous languages. The research assistant was from the targeted area.

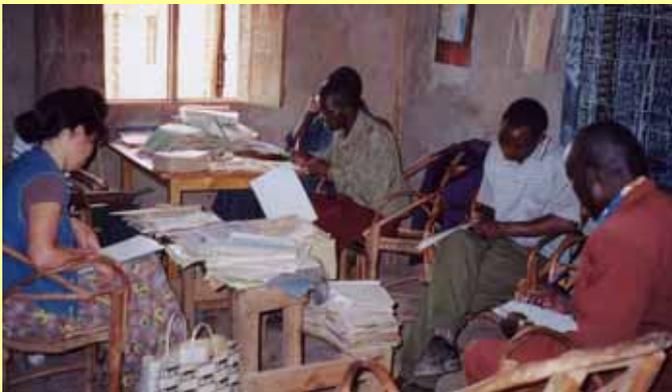
Refer to “Questioning Route” p.40, 41 for survey components.

Quantitative Surveys/ Questionnaires

CanDo conducted questionnaire surveys with teachers in all primary schools (28 schools) in the Nuus Division.

The research team (composed of 2-3 people) visited primary schools, asked all teachers to fill in the questionnaire, and collected them. The questionnaire surveys were conducted under condition of anonymity in order for the respondents to answer honestly. When a teacher was absent or not able to leave class, the researcher left a questionnaire with the director to collect later. In this survey, researchers collected 167 answers from 202 teachers. The collection rate was 82.7%.

To understand the situation more precisely



Conducting a survey at school.

Points

The reason why the research team visits schools is because they are able to understand the teachers' knowledge more precisely by watching how they answer the questionnaires. Also, researchers are able to make sure that teachers answer the questionnaires without consulting with their colleagues. This helps researchers understand the situation more precisely.

On the other hand, there is another way by which researchers send questionnaires to schools; teachers answer the questionnaires in their free time and return them to the researchers. One must choose the best way after considering research goal, cost (personnel, time, financial costs) and collection rates.

Refer research questions p.105 for the research contents

4 . Determination of Questions

Qualitative Surveys/ Interviews

If a researcher prepares points of questions and questioning routes, he/she is able to collect the right information through interviews. On the other hand, when questions are decided in too much detail, respondents are not able to answer freely. This may result in the respondents' ideas reaching the researchers. CanDo conducted a semi-structured survey and formed questioning routes.

Qualitative Survey <Focus Groups Group Interviews for Teachers> Questioning Route

Opening Question

"Please tell us about health problems in this area or school. Maybe you could begin by telling us what the biggest health problems are for each of you."

Introductory Questions

"How do you deal with these health problems in this school?"

"Could you explain about health education in this school? Do you have school curriculum on health education in any means?"

Transition Questions

"In your opinion, what would you really say is of particular importance to you in health education?"

Key Questions

"What do you think of AIDS education in primary schools? Who should be involved in AIDS education planning?"

"Could you tell us anything you know about HIV/AIDS? (knowledge, situation in the community) How did you get that information?"

"What would you think is the biggest challenge for teachers to deal with AIDS issues? Do you think the community members feel confident or comfortable in talking about AIDS?"

Ending Questions

“Are there any other issues relating to AIDS in your school?”

“Would you say that a workshop on AIDS could help you to deal with AIDS in your class?”

“Feel free to tell us if there is anything you think we left out that we should talk about”

Other questions

Access to materials on HIV/AIDS education

Expected support from the community when conducting AIDS education

Teachers' knowledge on AIDS and other health related issues

Early marriages in the area

School-drop out in relation to early marriage

Refer to the appendix 1, p.105 for the original questions.



In-depth Interviews for Parents Questioning Route

General questions on health in the community

“Could you tell us about health problems in this area?”

“What are the challenges people that have in the area when they are sick?”

“How do people treat their diseases? (Going to the hospital, *Wanganga*, traditional medicine)”

HIV/AIDS related questions

“What are the recurring sicknesses?”

“What do people feel towards people who die of untreatable diseases?”

“Could you tell us anything you know about untreatable diseases (AIDS) (infection, cure, prevention, risky behavior)?”

“Do community members feel comfortable when talking about AIDS? What are the obstacles to this, if any?”

FGM related issues

“What is the average age of girls to get married in the community? Why? Are they forced or willing?”

“How are the girls prepared for marriage?”

“Is there any traditional ritual for a girl to get married? If any, what and why?”

Refer to the appendix 2, p.106 for the original questions.



Quantitative Surveys/ Questionnaires

Questionnaires allow you to collect many answers in a relatively short time and understand the community situation. The list of questions from the questionnaire by CanDo is below.

< Questions from Questionnaire for Feasibility Study of School Health Project in Nuu >

Respondent Attributes

Gender, age, religion

Knowledge about HIV/AIDS

- Infection routes, difference between HIV and AIDS
- Information sources about HIV/AIDS

Practice of Health Education Activities

- Subjects in moral education class, percentage of health education in school
- Participation in workshops about health
- Topics about health for workshops

Knowledge about HIV/AIDS

- Important traditions
- Knowledge about people with HIV/AIDS
- Vulnerability of children against sexually transmitted diseases and HIV infection
- Vulnerability of adults against sexually transmitted diseases and HIV infection

Refer to the appendix 3, p.107
for the original questions.

5 . Preparation of Surveys

Gain permission from the district education officers and give schools documentary notice about the surveys.

6 . Conducting Surveys

Conduct surveys based on the prepared questions.

Every time you record interviews, you need to gain permission from the respondents.

7 . Analysis of results from the Survey

Results of the Qualitative Survey

Kenyan Government Policy for Health Education and Perception in Schools

- HIV/AIDS education by the Kenyan Government: Textbooks
- Mainstreaming HIV/AIDS education into academic subjects
- Challenges of HIV/AIDS education in classrooms: Lack of knowledge by teachers, Issues of condoms
- Involvement of health officers in health education in schools: Gaps between their public stance and reality. (Although the government encourages health and education officers to manage events on health education, they do not collaborate with each other.)

Health Problems

- Common health problems in the area: Malaria, Typhoid fever, skin infections, common colds, diarrhea
- Treatment: Health facilities and traditional herbs
- Challenges when people are sick: long distance from health facilities, lack of financial resources to pay fees, lack of information on diseases, and shortage or lack of medicine in health facilities,

HIV/AIDS

- Recognition and perception of HIV/AIDS in the community: a lack of sense of crises and accurate knowledge on HIV/AIDS
- Information sources on HIV/AIDS: Village meetings, churches, radios, newspapers, handouts from workshops
- Myths and misinformation on HIV/AIDS: Relation to witchcraft, social taboos, immoral life styles
- Situation of HIV/AIDS: Perception of HIV/AIDS as a real threat
- Customs and sexual behavior in the community: Polygamy, early marriages, FGM, *Kwate* (women-women marriage)
- Activities on HIV/AIDS in the community:
 - Village meetings: Messages without explanation. "We need to talk about HIV/AIDS." "Use condoms."
 - Workshops by a Community Based Organizations
 - Seminars for teachers by the Education Office: Emphasis on integration of HIV/AIDS Education into academic subjects
 - Challenges of seminars held in the Nuu Division: limited participants, accuracy of information, and acceptance of information
- Perception of HIV/AIDS in the community and preventive action: apathy and a sense of crisis, no preventive action by the community, environment in which condoms cannot be used, and doubts about effectiveness of condoms

Health Education and HIV/AIDS Education in Schools

- Understanding the necessity of this education, and desire for workshops by NGOs.

Four Challenges about the Community and HIV/AIDS Education

- 1 . Absolute lack of knowledge on HIV/AIDS including preventive measures
- 2 . Serious lack of participation in seminars and workshops by males
- 3 . Traditions and customs encouraging spread of HIV/AIDS: difficulty of interventions by outsiders to stop these practices
- 4 . Limitation of school education on HIV/AIDS: necessity of involvement by parents and the community in HIV/AIDS education

Results of the Quantitative Surveys

- The more accurate knowledge teachers have, the more often health education is practiced in schools.
- Teachers who practice health education in schools tend to regard sexual transmitted diseases and HIV/AIDS as immoral diseases.
- Teachers who notice vulnerability of children to sexual transmitted diseases and HIV/AIDS also tend to notice vulnerability of adults. However, vulnerability of adults is normally seen as stronger than vulnerability of children.
- Teachers who notice vulnerability of adults to sexual transmitted diseases and HIV/AIDS tend to be positive about working with people with HIV/AIDS.
- Teachers who notice vulnerability of adults and children to sexual transmitted diseases and HIV/AIDS tend to be positive about telling children about condoms.
- Teachers who think that condoms are effective for HIV prevention tend to think children need to have knowledge about condoms.
- Teachers who have accurate knowledge about HIV/AIDS tend to be highly concerned with vulnerability of adults and children to sexual transmitted disease and HIV/AIDS.
- There is no relationship between participation in workshops and knowledge and perception of HIV/AIDS

Findings about Teachers related to HIV/AIDS

- 1 . Teachers do not have enough accurate knowledge about HIV/AIDS
 - 2 . Teachers do not have enough opportunities to gain information and knowledge about HIV/AIDS
 - 3 . Teachers perception of HIV/AIDS depends on knowledge about condoms, HIV/AIDS, and vulnerability of people with HIV/AIDS.
- However, Christians do not necessarily have little knowledge about HIV/AIDS.

1 - 3. Strengthening HIV/AIDS Education

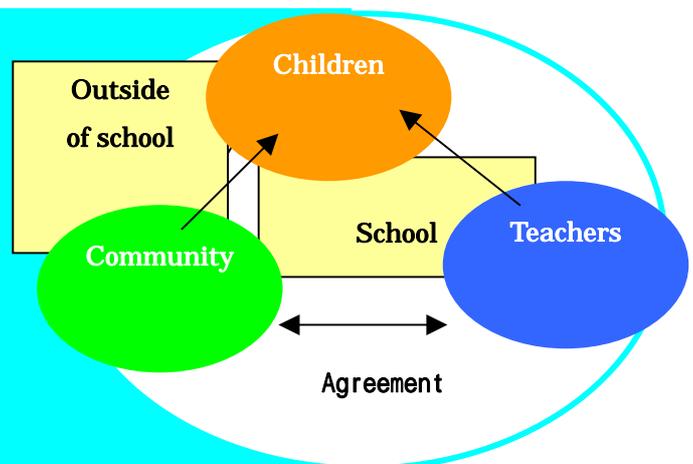
The analysis of the survey resulted in the following points for feasibility of HIV/AIDS activities. Roles of the community and teachers and the importance of their coordination are indicated. Moreover, life skills education is a necessity to gaining knowledge, as well as overcoming traditional perceptions and customs.

While encouraging males to be involved in HIV/AIDS activities, the provision of accurate information is important. Parents and teachers should hold workshops on HIV/AIDS in schools.

Teachers play an important role in giving children knowledge about HIV/AIDS. Trainings workshops for teachers to plan the health education, including HIV/AIDS, is needed.

Teachers need to gain knowledge about HIV/AIDS.

Cooperation of parents for HIV/AIDS education for children is essential. It is important for parents and teachers to discuss sexually transmitted diseases and HIV/AIDS and agree on what to teach.



Part3 Practice

Part3-2 Life Skills for HIV/AIDS Education in Primary Schools

Points and Approaches for Attitudes and Actions against HIV/AIDS

1 . Practices for Appropriate and Effective HIV/AIDS Education

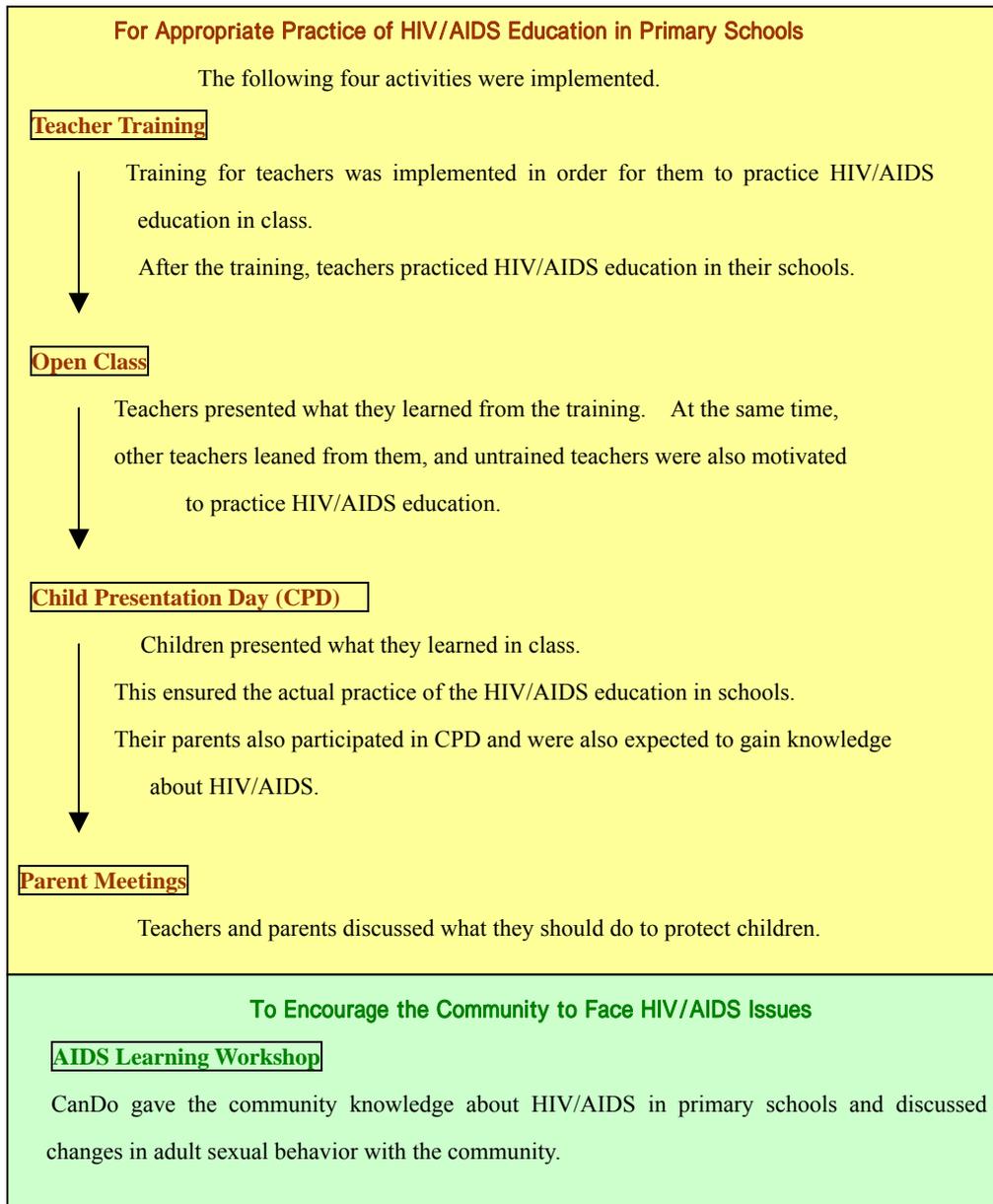
Practices of HIV/AIDS education in primary schools face various obstacles. Even if the structure is nationally formed, practices may be difficult due to social and cultural factors, as well as a lack of knowledge and the perceptions of teachers and directors. Moreover, even if HIV/AIDS education is conducted, children cannot gain appropriate knowledge, attitudes and actions without teachers' appropriate knowledge and attitudes. The survey also revealed that community participation and cooperation are essential.

In this situation, life skills play an important role for practicing appropriate HIV/AIDS education. Part 3-2 suggests important points, including approaches of life skills, by using the example of the preliminary survey in Part 3-1.



Group discussion among teachers from various schools within the district
The woman standing is a facilitator and monitors the discussion.

< HIV/AIDS Education Project an example of a project by CanDO >



This project was implemented in the Nuu division, Mwingi district, Kenya. The AIDS learning workshops were first started in 2004. In 2005, teacher training sessions, open classes, CPD at the school cluster level and stakeholders meetings were held in all 28 primary schools in the district. In 2006, CanDo selected highly motivated schools and conducted teacher training, open classes, CPD and parent meetings only in these schools.

2 . HIV/AIDS Education in Primary Schools, and Parent Participation and Involvement

2 - 1. Teacher Training

[Goal: To Practice lessons for the improvement of life skills]

In Kenya, the syllabus was renewed and HIV/AIDS education mainstreamed into each subject. The rules for HIV/AIDS education in classes were officially set.

However, the preliminary survey revealed that many teachers do not have enough basic knowledge, perception and understanding about HIV/AIDS to teach students; they do not have any opportunity to gain teaching methods.

Therefore, teacher training aims not only to tell students about superficial knowledge, but to also improve the life skills of students in order for them to live with people affected by HIV/AIDS at different levels, including prevention.

Improvement of Desired Life Skills
Children are able to prevent HIV infection
and live with people affected by HIV/AIDS.

[Preparation/Planning Details]

Project coordinators and education and health consultants, who teach in the training session, shared goals and important points of the project based on situation analysis and experiences. Throughout the discussion, they planned details of the project. For instance, the following points were discussed.

Scientific knowledge helps teachers gain confidence and notice discrimination and prejudice

Observations revealed that teachers were not able to do lessons with confidence since they did not have enough knowledge. Teachers were not able to answer students' questions or told students the wrong information.

Teachers need to have not only partial knowledge, such as infection routes, but also knowledge based on scientific facts. This helps them answer various questions precisely. With broader knowledge, the anxiety of teachers can be decreased; their motivations are increased. Moreover, scientific knowledge helps teachers notice discrimination and prejudice.

Although teachers are more interested in the infection routes and AIDS symptoms, it is important to have knowledge of symptoms before the onset of AIDS.

Decide the Content of Trainings

In addition to scientific knowledge, understanding of children and human rights need to

What is the mainstreaming of HIV/AIDS Education?

To deal with HIV/AIDS education not within a certain academic year, subject, or unit, but in various academic years, subjects and units, depending on the understanding level of the children. In these lessons, children are able to learn holistically and repeatedly about HIV/AIDS issues.

be considered. Sexual abuse of children and discrimination against people with HIV/AIDS in the community also need to be analyzed. Practices of planning lessons based on syllabus, mock lessons in groups, and methods of open lessons are included in the content.

Discuss aims to deal with knowledge

Related to the stages of HIV/AIDS, as well as care and support, preclinical people with HIV need to be considered. It is important for learning that infection does not equal to death. Also, it must be known that care and support for preclinical people with HIV are not only physical but psychological.

In training sessions, some people may say, “Care and support cannot be given to people without any symptoms,” or “It is important to know the infection status (HIV positive or negative).” At the stage of AIDS onset, people with HIV/AIDS are not always visible from the outside. Therefore, before knowing whether they are HIV positive or not, rumors spread; people with HIV/AIDS are discriminated.

One of the aims of dealing with knowledge is to discuss how participants think with the knowledge attained.

Think based on knowledge.

Training by which people know social facts as knowledge and discuss what to teach children is desirable. Consultants and coordinators also need to share this beforehand.

Gain and utilize opinions from participating teachers.

When training reflects opinions from participating teachers, teachers can learn more. Although consultants as facilitators listen to the participants, they sometimes proceed based on what they prepare. This is because consultants have problems of facilitating trainings (facilitation ability) or are not able to consider what participants suggest enough. In case the consultant does not have enough skills for facilitation, including in regards to his/her manner of speaking and expression, the coordinator must talk with the consultant beforehand.

Think of social factors of HIV/AIDS by making teaching plans.

Coordinators need to have explained to them about the content of facilitation by consultants beforehand in order to respond to participating teachers’ ideas, thoughts, and opinions.

Making the syllabus and searching for messages are good chances to have various opinions. Rather than simply making syllabus that include HIV/AIDS, it is important for training to allow participants to face actual HIV/AIDS issues and children’s environment and share social aspects of HIV/AIDS by making syllabus.

Points

Avoid a situation where motivated participants cannot participate in discussions.

In the example project in this chapter, teacher trainings were conducted in only motivated schools which applied for CanDo in the second year of the project.

It was assumed that applications were dependent on the headteachers, and some motivated teachers were not able to participate in training. Therefore, apart from the selected schools, the same teacher training was conducted during the school holidays for teachers in the district.

[Schedule of Teachers Training]

< Voluntary Teachers Trainings on HIV/AIDS Education >

Day 1	
9:00-13:00	Session Meanings and Significance of HIV/AIDS Education (Group Work)
	Session Model Lesson (Natural Science)
	Session How to find a message (Group Work)
13:00-14:00	Lunch
14:00-17:00	Session Basic Knowledge on HIV/AIDS
	Session Discriminatory Expressions (Group Work)
Day 2	
9:00-13:00	Session Model Lesson (Religious Education)
	Session Searching for units which can be integrated with HIV/AIDS issues
	Session Making a teaching plan (Group Work)
13:00-14:00	Lunch
14:00-16:00	Session Improvement of the Education Approach (Group Discussion)
16:00-17:00	Session Future Activity Planning

Session Meanings and Significance of HIV/AIDS Education (Group Work)

In this session, teachers understand the importance of gaining practical ability for HIV/AIDS education in order for children to live in a society with HIV/AIDS. Participating teachers are divided into groups and express their opinions.

< Importance of HIV/AIDS Education >

- Teachers give knowledge on HIV/AIDS to students.
- Teachers encourage students to be aware of HIV/AIDS
- Teachers let students learn the importance of health.
- Students learn methods of HIV/AIDS prevention
- Students learn about HIV infection routes
- Students become aware of symptoms of HIV/AIDS
- Students learn how to prevent HIV infection when treating people with HIV/AIDS
- Teachers change students' attitudes towards HIV/AIDS
- Teachers illustrate misunderstandings about HIV/AIDS and culture.
- Students are able to learn information regarding HIV/AIDS and share it to the community.
- Students learn how victims of HIV/AIDS live and how to take care of them.
- Students are able to take care of people with HIV/AIDS.

(* These are from actual opinions in Group Work) Refer to Session for "Victims of HIV/AIDS"

**Examples of
Opinions in the
Group Work**

Evaluation and summarization of group presentations

Facilitators (education consultants) give sum-up comments based on the group presentations.

In the presentation, the facilitator highly evaluated the fact that participating teachers did not regard the HIV/AIDS education as a factor in the improvement of the academic grades. She evaluated that participating teachers understand the importance of HIV/AIDS education itself.

However, this evaluation is not enough. This is because some teachers might think that HIV/AIDS education is not related to the improvement of academic abilities. If teachers think like this, they might not be motivated to practice HIV/AIDS education.

Therefore, the coordinator added that improvement of academic abilities as one of the goals of HIV/AIDS should not be denied and it is more important that children need to change their life.

For sum-up, the facilitator emphasized that children need to protect themselves or others from HIV infection and judge based on knowledge in order to live with people with HIV/AIDS.

The coordinator has to play a role to understand the aims of the training, and add and adjust discussions if necessary. This is very important for achieving the aims of the project.

Before the lesson, the facilitator told participating teachers about the importance of HIV/AIDS education in a society with HIV/AIDS. Also, she discussed with participating

teachers what to teach children through the lesson, what teachers should consider. Then, she discussed the unique community situations children face every day with teachers. Moreover, the facilitator emphasized the importance of the lesson on the assumptions of attendance of children affected by HIV/AIDS like orphans.

Based on these, the facilitator (education consultant) started a model lesson.

In Kenya, HIV/AIDS is dealt with in

natural science, education and Swahili classes. In natural science class, HIV infection routes are studied. After the lesson, participating teachers expressed their opinions and the facilitator reported the targets of this lesson and the process of the lesson planning.

Responding to practical questions and removing teachers' anxieties about lessons

In addition, the facilitator talked with teachers about various challenges in practicing HIV/AIDS education. The following conversation is one example.

Teacher : If children do not want to share things with a child with HIV/AIDS, what should I do as teacher?

Facilitator : Children have the right to share things. What will you do in order to avoid hurting the child with HIV/AIDS ?

Teacher : I would gently tell the other children to play with the child with HIV/AIDS in.

Facilitator : If you give the child with HIV/AIDS a special thing, other children may prejudice the child.

Other Teacher : When brothers share things, although one of them is seriously sick, how should I advise them ?

Facilitator : You have to take care of both children. I think you have to think about how you can take care of them in order for them to protect themselves from infection and to avoid being rejected by prejudice and fear.

* *

The facilitator summed up by saying, "These are not in the textbooks, but these things can happen. Therefore, teachers should consider them well and deal with different situations."

When a facilitator understands teachers' anxieties and fears and appropriately responds to them, teachers are able to practice HIV/AIDS education. Therefore, facilitators and coordinators need to prepare for possible fears and anxieties of teachers.

Importance of HIV/AIDS Education

- Students gain not only knowledge but also attitudes to protect themselves from HIV infection
- Students are aware of living with people with HIV/AIDS and not socially discriminating them

Points of an HIV/AIDS lesson

- Understanding of the community situation that children face
- Practicing lesson on the assumptions of attendance of children affected by HIV/AIDS

Refer open class p.69 and p.72 for the example of science class.

Before training

Organizers of training sessions, NGOs and facilitators need to prepare for responding to practical questions from teachers, which are not in textbooks.

Divide participating teachers into groups, select units for each, and think about what children should learn and what kind of messages should be told to children in class.

For instance, the following messages are possible when a natural science unit is selected for training and when a health education unit is selected for teaching infection routes.

“Actions that do not lead to HIV infection”

When students understand HIV infection routes, they learn that they do not need to be afraid of people with HIV/AIDS. By removing their fears, students can take care of people with HIV/AIDS properly.

“Steps of AIDS Outset”

People who look healthy might be HIV positive. Moreover, even if someone has symptoms known for HIV/AIDS, she is not necessarily HIV positive. Rather than guessing, students need to have attitudes for prevention from HIV infection.

“Care and Support”

When people talk about care and support, it is limited to physical support to people affected by HIV/AIDS. However, “care and support” have broader concepts; and they should not be regarded as support for “vulnerable people”. In the concept of “care and support,” people with HIV/AIDS should be treated equally with non-HIV infected people.



Teachers passionately discuss making messages from units.

Knowledge for Appropriate Judgment

This session aims for teachers to obtain knowledge as a basis of judgment in order to judge and respond to children's questions on HIV/AIDS. Facilitators are health consultants.

For instance, when teachers understand that excretory substances do not have HIV, teachers can judge that people are not infected with HIV by sweat, tears and urine.

Regarding infection routes, people are not infected with HIV just by sharing cutting tools. HIV infection is caused by the mixture of bloods when sharing cutting tools. There are possibilities of HIV infection when coming into contact with blood or body fluid. When teachers understand these infection routes, they can understand what kind of activities cause HIV infection.

Important points which tend to be disregarded

The teachers' attitudes and opinions revealed that teachers do not understand the needs of social care and support for the preclinical stage (time period from HIV infection until AIDS outset).

In training, the facilitator emphasized care at the preclinical stage for delaying AIDS outset and having a longer life. Moreover, she emphasized that appropriate care at the preclinical stage can prevent themselves and others from re-infection.

< Examples of Training Components >

Infection Routes

Preclinical Stage and Danger of Infection to others during this Stage

Care and Support for People Affected by HIV/AIDS (Especially, people with HIV at the preclinical stage)

Questions from
Teachers and
Perspectives of
Life Skills
Education

"Until they tell us..."

Teacher: Since we do not know who are infected with HIV until they tell us, we cannot support them.

Facilitator: In many cases, someone, who wants to know whether people are infected with HIV may intend to reject people with HIV/AIDS.

*

*

If someone confesses that she is infected, she might face rejection from others. If so, she would not tell the truth. However, others do not understand these feelings of people with HIV/AIDS sometimes. Training needs to include not only medical and scientific aspects of HIV/AIDS, but also social aspects in the community, which teachers might not notice. This is an important approach for life skills education.

This session aims for teachers to think of (1) situations where people talk about HIV/AIDS, (2) words and expressions often used in schools, and (3) their impact on people with HIV/AIDS.

Textbooks often have explanations with pictures and photos. And there are often some pictures of thin people as people with HIV/AIDS. If a teacher shows these pictures by saying, "Let's see what people with HIV/AIDS are like," what would children understand? These issues are discussed; teachers realize their perceptions of discrimination and prejudices as well as discriminatory expressions.

The participating teachers were divided into three groups; they discussed the following two issues.

"Does fear help students protect themselves?"

"What is wrong with asking students whether they have seen people with HIV/AIDS before? "

"I think children find out about people with HIV/AIDS by learning the symptoms of HIV/AIDS."

"I think children can protect themselves by being afraid of HIV/AIDS."

These reactions are often seen, and the method of giving children fears is popular. However, the facilitator (health consultant) pointed out, "When children who are afraid of HIV/AIDS see symptoms of HIV/AIDS from someone, they might avoid that person," and "Children can live with people with HIV/AIDS by understanding the infection routes and ways of prevention."

"Can we call people with HIV/AIDS "victims"?"

One teacher said, "If calling people with HIV/AIDS "victims" is not appropriate, how should we call them?" Other teachers suggested that they can call people with HIV/AIDS "clients" or "those suffering from HIV."

The facilitator suggested that "the infected" may be appropriate since it does not have any discrimination.

Questions from
Teachers and
Perspectives of Life
Skills Education

Prejudice and Discrimination against HIV/AIDS

Teachers must understand prejudice against HIV/AIDS. If they do not understand it, there is the possibility that they will encourage children to be prejudiced and discriminate against people with HIV/AIDS and their families.

Examples of Activities in Teacher Trainings

How to Proceed:

1. Divide participants into three groups and show them the pictures below. Each group chooses one of the pictures.
2. Each group discusses the issues below.

What is shown in the picture?

How does this picture show prejudice?

How is the prejudice expressed and what does it cause?

3. Discuss prejudice and discrimination against HIV/AIDS



1

Explanation:

Each picture shows a situation described below and illustrates prejudice at different levels, including the individual, family and community levels.

1: A man sits and eats alone, separately from his family.



2

2: A man on a bus sits alone. Other people get along with each other, and some look at him.

3: A man sits alone on a crude bed.



3

Prejudice causes loneliness, a sense of inferiority, misery, lack of confidence, hopelessness, depression, self-hatred, guilt, feelings of being abandoned, ignorance and fear. Prejudice appears in indirect ways, such as being avoided on the bus in picture #2, and in direct ways, such as eating separately from one's family, like in the picture #1. Moreover, prejudices are also found in schools, houses and safe places such as hospitals.

The definition of prejudice is as follows.

- Prejudice is rooted in people's minds, and discrimination is the actual behavior based on prejudice.
- People with prejudice think that certain people are different from "ordinary" people.
- Prejudice grows in the social process, and represents tensions and conflicts of relationships in social groups. Prejudice is structural and cultural, and relates to authority.

What does prejudice against HIV/AIDS cause?

- Fear
- Since many people do not understand the issue of HIV infections well, they feel safe by condemning people with HIV/AIDS.
- Forced HIV/AIDS examinations and the identification of groups with HIV/AIDS structuralize prejudices.

source: "Workshop Report: HIV/AIDS - Role of the Education Sector in Dealing with the Stigma and Discrimination", ASPBAE et al. 2006

When teachers discuss every question one by one, they are able to have various perspectives on HIV/AIDS.



**When a person confess that she is HIV positive,
can society accept her?**

Coordinator: “How would you feel if someone close to you had HIV/AIDS symptoms and you are asked if you have seen people with HIV/AIDS? ”

Teacher A: “I would feel uncomfortable.”

Teacher B: “I would wonder how to respond.”

Facilitator (Health Consultant): “The question whether children have seen people with HIV/AIDS makes children imagine sick people and leads to misunderstanding.”

* * *

Teacher A: “How can we know if someone is HIV positive or not?”

Facilitator: “We would not know until the person tells us. Many people are not able to tell us in the current society. With this situation, what do you think we can do?”

Teacher A: “Give them time to tell us.”

Teacher B: “It takes time for them to tell us. The person needs to have examinations and she has to prepare herself gradually.”

Facilitator: “The person needs to change herself by taking counseling and accepting her situation (infection).”

Coordinator: “This is not about individuals but about the society. I think that how people in society think about HIV/AIDS is a serious concern. Therefore, I think there is no meaning in only people with HIV/AIDS trying to change themselves. Society needs to be ready to accept people with HIV/AIDS. What do you think about this?”

* * *

The participating teachers nodded deeply to opinions by the coordinator, and strengthened their perspectives of the social situations for people with HIV/AIDS.

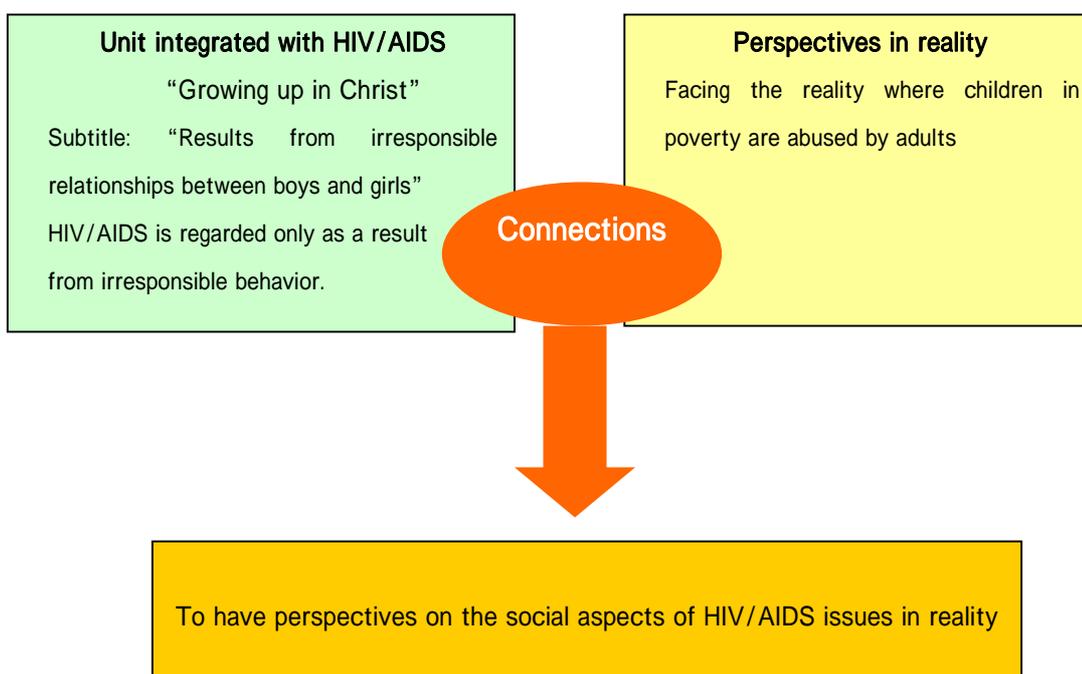
Day 2

Session Model Lesson (Religious Education)

Including HIV/AIDS Education into Religious Education.

The above-mentioned “Session Model Lesson (Natural Science)” is a subject which deal with HIV/AIDS directly. This Session selects subjects and units integrated with HIV/AIDS education, and expands knowledge and perception on HIV/AIDS. These lessons need high ability on the part of teachers. An example of a unit integrated with HIV/AIDS education is “Growing up in Christ” in religious education.

According to the syllabus, in the unit of “Growing up in Christ” for 5th grade, teachers have to mention pregnancy, sexual transmitted diseases, HIV/AIDS, child abuse and dropout by irresponsible relationships among teenagers. In the model lesson in the training session, the facilitator talked about children in poverty who were abused by adults to get something. By this lesson, the teachers understood the social aspects of HIV/AIDS issues in reality.



Is HIV/AIDS the result of irresponsible behavior ?

In the natural science class, students learn about the causal connection from infection routes to actual infection. On the other hand, in the religious education class, HIV/AIDS is the result of irresponsible behavior. This may give children a fixed idea that “ HIV/AIDS equals to irresponsibility,” and encourage them to have discrimination and prejudice against people with HIV/AIDS and their families. These issues are pointed out in the training and facilitators explain the importance of understanding various infection routes.

Like Session , the facilitator checked what kind of messages the participating teachers received and told them the meanings and messages of the model lesson after the lesson.

One participating teacher said, “Parents promote these abuses to their children. What should we do in these situations?”

The facilitator suggested, “It is important to emphasize that child sexual abuse by adults is wrong even if they give things or money to children. I think these situations will be better through discussions with the parents.”

Teachers should be concerned about social aspects of HIV/AIDS issues for practicing HIV/AIDS education as the next step to teaching simply based on textbooks. Implementors of training need to prepare well beforehand in order to point out when necessary in training.

Refer Refer to Appendix 4 (p.110) for an example of a lesson plan for “Growing up in Christ” integrated with HIV/AIDS education.

Session Searching for units which can be integrated with HIV/AIDS issues

The participating teachers were divided, and the syllabus for religious education and social studies were distributed to the teachers. They selected units that may deal with HIV/AIDS and discussed what kinds of HIV/AIDS issues were included in these units. The followings are some examples.

Religious Education (higher grades)

Unit	Potential Content
New life for Christianity	Prevention against HIV/AIDS
How Christians share talents and abilities with others	Care for people with HIV/AIDS
Challenges for living a new life	Child abuses
Christians support people with special needs.	Infection/Prevention/Care

Social Studies (higher grades)

Unit	Potential Content
People	Immigration and Migration (cause and impact of HIV/AIDS)
Population	Population Census (impact of HIV/AIDS)
Social relations and cultural behavior	Cultural aspects (Sharing cutting knives, HIV infection routes)

Social Studies (lower grades)

Subtitle: Various routes to the school

- On foot: Avoid walking with a stranger
- By bicycle: Refuse when a stranger offers you a ride
- Safe way to use roads: When you help someone who has had an accident, you have to touch the person using a plastic bag.
- Danger of talking with a stranger or following a stranger: rape, drugs, inducement, abductions

Points

A participating teacher said, “It is difficult to teach students in the lower grades. For instance, when I explain that a boy and a girl go on a trip and they are infected, I would only tell them that the girl touched the boy’s wounds or body fluid. What should I do? ”

The facilitator said, “When you teach HIV/AIDS issues, you have to consider the children’s level of understanding; however, you should not avoid explaining about sexual intercourses. You have to teach them gradually.” She also said “Even little children face sexual intercourse in society. They know about it to some extent.”

When teachers actually conduct HIV/AIDS education, they often face these problems. Facilitators need to prepare how to respond and answer them beforehand. Otherwise, they might lose the trust of participating teachers.

Session Making a teaching plan (Group Work)

Each group makes a teaching plan and teaching notebook for the unit integrated with HIV/AIDS education, and representatives from each group presents their model lesson. Other teachers play the role of students. They compare the messages that students receive with the actual planned messages of the lessons.

For steady integration of HIV/AIDS education

When the facilitator does not give appropriate instructions, participating teachers cannot understand the meaning of making the teaching plan. Moreover, the integration of HIV/AIDS into a lesson would not work well. In these situations, when participants almost finish making the teaching plan and lesson notebook, the facilitator needs to encourage participants to rethink how the HIV/AIDS approach is integrated in structured lessons. Facilitators have to listen to discussions of each group and work with the situation.

Refer to appendix 5
(p.113) for an example
of the lesson

The Expression “Suffering from HIV/AIDS”

One group used the expression “suffering from HIV/AIDS”.

The facilitator asked if people with HIV/AIDS were suffering or not. She said that the expression “suffering from HIV/AIDS” was coming from prejudice against people with HIV/AIDS (by feeling pity for people with HIV/AIDS). She added that many people with HIV/AIDS live positively. Before the actual model lesson, expressions leading to discrimination were discussed. However, this will not change teachers’ perceptions and remove all the discriminatory expressions completely. It is important for facilitators to listen to participants and repeatedly point it out, like in this example.

For Children in the Lower Grades

Discussions from a question on HIV/AIDS and sexual intercourse from a teacher who played the role of student.

Facilitator: When you teach children in the lower grades about HIV/AIDS, what kind of explanations and teaching ways should we use?

Teacher A: We can explain with easy words.

Teacher B: Do you think we can say, “Please cover wounds since there are diseases which are transmitted by blood?”

Facilitator: Even children in the lower grades have heard and know about HIV/AIDS in their daily lives.

Teacher A: What children in the lower grades understand through poems is that “HIV/AIDS is scary”.

Teacher B : Children know that many people die due to HIV/AIDS.

Teacher A : Although children know the word “HIV/AIDS”, they do not know what HIV/AIDS is and its infection routes.

Facilitator : No, they don’t. We need to think about what we teach children by considering their situation and level of knowledge.

Questions from
Teachers and
Perspectives of
Life Skills
Education

Session Improvement of the Education Approach (Group Discussion)

Discussion about giving fear to children

This group session is aimed at discussing the approach of giving fear of HIV/AIDS to children. This session helps students avoid unnecessary fear, prejudice and misunderstandings by HIV/AIDS education.

Students with unnecessary fear of HIV/AIDS may perceive that HIV/AIDS is uncontrolled. This causes relying on traditional medicine, losing perceptions of practical prevention and care, and avoiding HIV/AIDS issues. The participating teachers discussed these issues in this session.

Question

The expressions “HIV/AIDS leads to death.” or “incurable disease” increase fear for children. Why is this a problem for children when they have HIV/AIDS education?



Opinions from the Teachers

- When children are scared of HIV/AIDS, they avoid listening to HIV/AIDS issues.
- When you explain that HIV/AIDS is an incurable disease, children believe that people with HIV/AIDS die soon.
- When children think that people with HIV/AIDS die soon, they do not dare take care of people with HIV/AIDS.
- Children will not ask people with HIV/AIDS why those people are infected with HIV.
- If children have a relative with HIV/AIDS, they might avoid the person.
- Misunderstandings about HIV/AIDS are left without being corrected.

Suggestions from the Facilitator

“Giving children fear covers the truth. Fear of HIV/AIDS may lead to misunderstanding of HIV/AIDS (e.g. HIV/AIDS is uncontrollable.) and resignation. And this will spread HIV infections and prejudice against people with HIV/AIDS.”



(To Next Page)

Improvement Plans by Teachers

- Teachers should not relate HIV/AIDS issues to death
- Teachers should perceive that HIV/AIDS is a real disease, and emphasize that HIV/AIDS is dealt with like other diseases
- Teachers should tell the truth of HIV/AIDS with careful words.
- Teachers should tell students that HIV/AIDS, as well as other diseases, causes deaths. At the same time, they should explain that HIV/AIDS is not the only disease that causes deaths. Malaria and typhoid also cause deaths without proper care.
- Teachers should explain about prevention and treatment methods for HIV/AIDS as they explain about other diseases and sanitation. This helps children prevent HIV/AIDS like other diseases.
- Teachers should explain not only that HIV/AIDS causes deaths and does not have a medical cure, but also that HIV/AIDS is preventable and manageable.
- Teachers should invite someone who knows about HIV/AIDS very well and ask him/her to explain how to deal with HIV/AIDS.

Discussion

Should we call a resource person (including the people with HIV/AIDS)?

Teacher A: If we invite a person with HIV/AIDS and ask her to talk in class, children might have psychological prejudices.

Teacher B: However, children are able to understand real HIV/AIDS by listening to stories by a person with HIV/AIDS.

Facilitator: Inviting a person with HIV/AIDS for class is meaningful if we avoid the environment where children have prejudices and discriminations against people with HIV/AIDS.

Teacher B: I heard KENEPOTE (one group consisted of teachers with HIV/AIDS) will send a teacher who can talk in class.

Coordinator: If children are ready to understand a talk by a person with HIV/AIDS, having someone with HIV/AIDS in class may be meaningful. However, inviting a person with HIV/AIDS once does not change the mindset of children about the HIV/AIDS issues immediately. Teachers need to think what they can do for children.

Teacher A: It is important for us to teach about HIV/AIDS in our daily classes.

The training is not the end. Think about ways to promote HIV/AIDS education. The NGO that implemented the training suggested that the participating teachers hold “open classes” and “Child Presentation Day”.

School teachers who experienced Child Presentation Day, said, “Adults were able to learn through the presentation by children,” and “Children change their behavior by gaining knowledge about HIV/AIDS.” For instance, when a child played alone and was injured, other children took care of her by avoiding touching her wound directly and using paper.

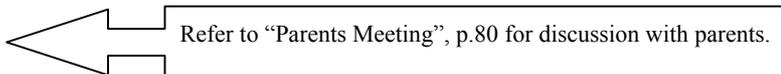
Teachers should discuss, plan and make sure to hold future activities with NGOs. This guarantees that they will practice what they learn in the training in classes.

Teachers and parents should have time to discuss.

After Child Presentation Day, someone reported that everyone had agreed that all parents needed to talk to children with responsibility.

Teachers and Parents should discuss and agree on the importance of HIV/AIDS education. By understanding the content of HIV/AIDS education, what teachers learned in training will be practiced in class.

In general, teachers tend to avoid talking with parents. Therefore, it is important for facilitators to point out the necessity of their discussion with parents for promoting HIV/AIDS education.



Refer to “Parents Meeting”, p.80 for discussion with parents.

NGOs should give information to communities with multiple perspectives

The NGO told participating teachers that they were ready for AIDS learning workshops for parents if parents want to attain basic knowledge on HIV/AIDS.

Multiple work with schools and communities towards HIV/AIDS are necessary. Therefore, NGOS need to give communities information by planning activities with multiple perspectives.



Refer to “AIDS Learning Workshops”, p.84.

[Evaluation of Teacher Training]

The following is the evaluation of the teacher training.

Teachers thought about what they can do in class

For instance, there are some teachers positive about talking about sexuality. Some teachers were negative in explaining about sexuality to children in the lower grades. On the other hand, one teacher said that the problem is that teachers are embarrassed to explain about it. She added that teachers need to have caution and confidence. Although there are not many teachers who are positive about talking about sexuality, their impact on the participating teachers is big.

Think of realistic measures against HIV/AIDS and motivate other teachers.

When children in the lower and higher grades are together and teachers cannot teach them equally, someone suggested that special lessons for children in the higher grades should be conducted. Sharing realistic measures and efforts motivate other teachers.

Teachers do not have the confidence to answer to detailed questions in class.

A mock teacher training session found out that teachers do not have the confidence to answer detailed questions. This is because of a lack of holistic knowledge. Moreover, in the evaluation session of the mock lessons, many people criticized certain individuals; some teachers lost their confidence.

Some teaching ways causing discrimination, prejudice, and misunderstanding

Teachers learned the importance of teaching necessary knowledge and skills for children to live, as well as the importance of co-existence in a society with HIV/AIDS through the discussion. Moreover, they considered situations for children and understood the importance of telling them social messages. However, these ideas could not be connected with the actual messages in class. Some teaching ways had possibilities of leading to discrimination, prejudice and misunderstanding.

Lesson planning in order for children to think and judge in society is still incomplete.

Another significance of HIV/AIDS education is that children will be able to think and judge by themselves in society based on the knowledge and skills they learned. However, the facilitator did not get into that point enough. Therefore, teachers were not able to plan lessons in order for children to think and judge their real situations.

Summary for the Teachers Training

1) Training content needs to be modified all the time.

It is very important for the coordinator to understand training content and orientation, and modify training based on the situation. This leads to the success of the project. The coordinator needs to respect the facilitator, and listen to discussions in the group work. When necessary, the coordinator intervenes in the training.

2) Preparation for responding to teachers' anxieties and questions.

The facilitator and coordinator have to notice and respond to questions and anxieties of teachers. This helps teachers learn how to practice HIV/AIDS education in class. If the facilitator is not able to respond to anxiety and questions often asked, he/she might lose the trust of the teachers. The facilitator and coordinator need to prepare for responding to possible anxieties and questions. Moreover, in case the consultant does not have enough capability for facilitation, the coordinator must talk with the consultant beforehand.

3) Integration of the social aspects of HIV/AIDS into training.

The coordinator integrates the social aspects of HIV /AIDS issues, which teachers do not notice, into training. This affects the quality of HIV/AIDS education as life skills education.

Since teachers have not thought of the social aspects of HIV/AIDS (e.g. discriminatory expressions) before, they cannot change their perceptions immediately. Implementers of the program listen to the participating teachers and point out these issues repeatedly.

4) Think of different methods

Many people think that giving children fear about HIV/AIDS can protect children. By pointing out that this teaching way reproduces social discrimination against HIV/AIDS, the quality of HIV/AIDS education as life skills education will be higher.

5) To guarantee the practice in class

Having discussion time after the research and making sure for future planning can guarantee that what they learned in the training will be practiced in class.

6) Multiple approaches, such as information sharing with the community

For dealing with HIV/AIDS issues, which need multiple approaches, thinking activities with multiple approaches, as well as giving information to the community, are important.

2 - 2. Open Class

[Goal: To have confidence and motivation for practicing HIV/AIDS education]

Open class is aimed for teachers to understand the importance and meaning of what they learn in training, as well as motivate participating teachers to practice it.

The internal goals for NGOs as implementers are the followings:

1. To give teachers high confidence and motivation for practicing HIV/AIDS education. (To encourage them to participate in the next training session during school holidays.)
2. To realize HIV/AIDS education which does not produce discrimination, prejudice and misunderstandings. (Teachers understand the importance of thinking, judging and explaining. (Enforcement of knowledge and understanding will be done in the next training, session)
3. To re-understand and share the significance of HIV/AIDS education with other teachers
To plan lessons based on the significance of HIV/AIDS education, as well as share how to think. (To judge how much you can expect by examining the response from schools and teachers. The highest preference is to understand the significance of HIV/AIDS education.)
4. To improve the quality of HIV/AIDS education through discussion of HIV/AIDS education among teachers.

[Preparation: Detailed planning, coordination with schools which hold open class]

Implementers plan details of open class based on evaluation of the teachers training, and coordinate it with the school.

The schedule of open class is the following:

- (1) The teachers participate in the training practice lessons in their schools; other teachers look at the lessons.
- (2) After each lesson, teachers and NGOs discuss the content of the lesson.

If people evaluate the open class in discussion after the lesson, the representing teacher may shrink back (lessons learnt from evaluation of the teachers training in the previous section). Therefore, the discussion is aimed at talking about the significance and practice of HIV/AIDS education with teachers.

Expectation to teachers participating in teacher training to play leading roles in discussion

The implementers expect that the teachers participating in the teacher training play a leading role, such as sharing how they plan the lesson, based on what kind of ideas. Through this, the implementers expect other teachers to learn effectively.

In order for the host school and representing teachers to have Child Presentation Day (CPD) based on the results of open class, discussion about planning of CPD at the end of the discussion session was internally scheduled beforehand.

The role and involvement methods for NGOs

Regarding the participation of an NGO in open class and the discussion session, roles and involvement methods for NGOs were decided as follows:

Role of the NGO in discussion

- To ensure that teachers are motivated and improving their confidence towards the practice of HIV/AIDS education
- To suggest discussion on the realization of HIV/AIDS education without discrimination, prejudice, misunderstandings, and planning lessons based on the significance of HIV/AIDS education and sharing ideas.

Intervention of NGOs in discussion

As much as possible, an education consultant, not coordinator, will facilitate it. Particularly when an NGO critically intervenes, the educational consultant, who has a good relationship with teachers, should facilitate the discussion; she has to be careful not to lose the teachers' motivation and confidence.

Wrap-up meeting by the host school after the lesson

The NGO should respect procedure orders for the meeting and initiative by the school. The NGO can expect that information will be shared within the school, and the school has an initiative of HIV/AIDS education, which results in continuous discussions on HIV/AIDS education.

Role of the education consultant

The role of the education consultant, who play the role of facilitator, is the following:

- When there is wrong information or information leading to misunderstandings in open class, the education consultant should not correct those points directly. Rather, she should encourage participants to discuss the misunderstanding, and to have questions and perceptions.
- By emphasizing good points, the education consultant helps teachers have confidence.
- In order for participants to perceive the important points, the consultant leads discussion on purpose.

The way to hold open class

The participating teachers gave various opinions for good and wrong points about the model lesson in the teacher training before open class. However, the facilitator did not talk about them. Therefore, the implementers decided to make sure the above-mentioned points were considered beforehand.

On the other hand, the implementers judged that it is difficult for the facilitator to point out the problems with opinions, and avoid being negative to the teachers for a short time. Therefore, the coordinator participated in the discussion between teachers and the facilitator and intervened in the discussion, in order for teachers not to miss points from the teacher training.

【Open Class】 Good Examples with High Quality

Participants: 8 teachers in the host school (9 teachers in total), coordinator, education consultant, and health consultant

Content of Open Class: Presentation Natural Science for 5th grade (HIV infection routes, HIV prevention, classification of the HIV stages)
Presentation Natural Science for 7th grade (care and support for people with HIV/AIDS and those affected)

- * The primary school system in Kenya is for 8 years, from the age of 6 years.
- * Each presentation took about one hour.

Presentation Natural Science for 5th grade (HIV infection routes, Safe routes for HIV, classification of the HIV stages)

Firstly, the definition of HIV/AIDS was explained in the lesson.

----HIV Infection Routes----

The teacher explained that HIV is transmitted by contacting body fluids such as blood, saliva and seminal fluid. She asked students about HIV infection routes and explained details regarding sexual intercourse and blood transfusion, wounds, kissing, mother-child infection, and sharing cutting knives as HIV/AIDS infection routes. For instance, sexual intercourse transmits sperm through seminal fluid; kissing is dangerous for HIV infection by saliva, especially with a wound or sore in mouth; HIV is transmitted to the baby from her mother by blood and a wound of the mother during delivery and lactation.

Moreover, the teacher emphasized that HIV is transmitted when infected body fluid goes into the blood of someone else. She added sharing cutting knives and traditional circumcisions as examples.

--- Safe Routes for HIV---

The teacher stated that no one needs to be afraid of contacting others. She explained insect bites, playing together, sharing toilets, hand shaking, hugging, sitting down beside a person with HIV/AIDS, and living together are examples of safe routes for HIV.

The teacher did not just explain these examples, she also explained that there are some possibilities of HIV infection by contacting body fluid when playing or living together. She emphasized that students need to be careful about contacting body fluid and blood.



Natural Science for 7th Grade. Female and male mixed class.

----Classification of the HIV Stages----

The teacher explained that HIV has stages, from infection to death, although HIV is incurable. She explained that when a blood test shows HIV positive, there are possibilities of transmitting HIV to others in the first stage. And she added that people with HIV in this stage look healthy.

She explained that the second stage is still a symptomless period for about 6 weeks to a maximum of about 12 years from infection. Although people in this stage are HIV positive in the test, they can live healthily.

The teacher explained that various symptoms are seen in the third stage, and symptoms become very serious in the AIDS stage as the fourth stage. Moreover, the teacher mentioned Voluntary Counseling and Testing (VCT) and how people with HIV/AIDS are treated at VCT centers. Also, she added that people are able to seek advice about HIV prevention methods there.

In this lesson, the teacher started from the definitions of “the infected” and “the affected”. She defined “the affected” as relatives of people who died by HIV/AIDS. Like the natural science class for 5th grade, the teacher emphasized that people are able to live with people with HIV/AIDS, since HIV is not infected by living together. She also explained how we can care for and support people with HIV/AIDS.

One student said, “We can share time with people with HIV/AIDS.” And the teacher responded, “We should not exclude them. We have to take care of them so they can feel they are part of the family and society. And these attitudes show love to them.”

The teacher also asked the children how they can care for people affected by HIV/AIDS other than by financial support.

Evaluations after the Lesson • What teachers learned

Education consultant— “What do you think children learned from the lessons?”

Teacher (Presenter): “Children learned the importance of accepting people with HIV/AIDS and those affected with care and support. Also, they learned the importance of respecting life and living together with people affected by HIV/AIDS.”

Female teacher (without teacher training): “By learning the infection routes and the prevention methods, children are able to protect and take care of themselves.”

Other female teacher: “I myself did not know that the HIV infection has different stages and that there are symptomless periods.”

Teacher (Presenter): “I was able to correct misunderstanding by pointing out that infection will be found only through examinations in the lesson.”

Teacher (with teacher training): “When people with HIV/AIDS are cared for by others, they are able to feel that they are accepted by society and are able to continue their lives.”

Coordinator: “I think the children thought by relating this to their actual lives, since the explanation was done based on their situation in the lessons.”

Female Teacher: “I think we should show affection for people with HIV/AIDS and shake hands with them normally. However, if the person with HIV/AIDS is injured in her hand, should we still shake hands with her? ”

Teacher (Presenter): “I always emphasize that there is no infection without contacting body fluid.”

Coordinator: When children understand the structure of the infection and importance of care and support, they can decide their actions depending on the situation.

【Open Class】 Examples of Failure to Provide Appropriate Intervention

Participants: 11 teachers in the host school (12 teachers in total), a teacher from a neighboring school (who had participated in the teachers' training), a coordinator, education consultant, health consultant, and field assistant

Content of Open Class:

Presentation Natural Science for 5th Grade (Infection routes, care and support)

Presentation Natural Science for 7th Grade (Infection routes, care and support)

* Students were a mixed class of 7th and 8th grades

Presentation Natural Science for 5th Grade
(Infection routes, care and support)

The lesson started by asking children about the meaning of HIV/AIDS, its infection routes and prevention methods. The teacher clearly mentioned that HIV is infected by body fluid, including sexual discharge from reproductive organs.

Mainly children discussed the infection routes and prevention methods, and the teacher did not add explanations very much. This resulted in that the lesson had little substance.

The teacher showed pictures with symptoms of skin diseases, diarrhea and vomiting as examples of HIV/AIDS symptoms. She intended to show symptoms and explain what kind of care and support for people with HIV/AIDS is needed. However, the pictures of diarrhea and vomiting lead to laughter from children, as well as mockery from some teachers.

The teacher also showed another picture indicating the response of people with HIV/AIDS. This picture showed a person with HIV/AIDS first finding out about her infection with shock, experiencing anger, sorrow, confusion and loneliness, and finally accepting her infection and living positively.

Presentation Natural Science for 7th Grade
(Infection routes, care and support)

The teacher started with a supplemental explanation on infection routes, which was not explained in the lesson for 5th grade.

Regarding the difference between “the infected” and “the affected,” most of the teachers in the teacher training misunderstood “the infected” as sick people. In this lesson, the teacher clearly explained “the infected” are people who have HIV. However, she was confused while she explained it. She was also confused by the meanings of HIV and AIDS.

The teacher asked the children what kind of support and care they can provide, and responded to their questions. She also explained that people with HIV/AIDS should not

be isolated and should be accepted as part of society. She showed pictures in which people are having meals and living together with people with HIV/AIDS.

Children asked the teacher some questions, such as the origin of HIV/AIDS, why HIV is transmitted only among humans, and drug treatments for people with HIV/AIDS. The teacher was not able to answer them and asked the health consultant for the answers.

Evaluations after the Lesson –Perceptions of Teachers

The teacher who presented shared messages she wanted to deliver with other teachers. However, one teacher just read the lesson book made by the education consultant for the teacher training.

* * *

A teacher from a neighboring school pointed out, “The explanation of circumcision as an example of an infection route was not enough. The teacher should have explained what causes the infection.” Although the chairperson of the evaluation meeting accepted this opinion, he was not able to elaborate on it in discussion.

Since some teachers asked for NGO opinions, the education consultant explained the significance of HIV/AIDS education and how to think of it. When teachers were asked their opinions after that, they just repeated what the education consultant explained.

* * *

Regarding using pictures, the coordinator asked teachers, “In the class where there might be children affected by HIV/AIDS, when children laugh about pictures of people with HIV/AIDS, how should teachers react?” The teachers responded, “We do not have children affected by HIV/AIDS.” and “There is no problem since we can control children.”

The coordinator said, “As there are children in various family and social situations and there are some who know someone with HIV/AIDS symptoms, how do they feel? How should teachers respond to this?”

Teachers answered, “I will explain clearly.” and “I will explain various infection routes.”

However, there was no discussion about consideration for people with HIV/AIDS and people affected by HIV/AIDS. The discussion was ended by talking about the importance of thinking about children’s situations.

* * *

A teacher said, “It is difficult to teach about sexuality to children in the lower grades. If we mention about sexuality, children will have curiosity.”

The education consultant indicated, “If we do not teach them properly, children might gain wrong information from other sources. Therefore, it is important for teachers to teach children by considering their age.”

[Evaluation: Failure example without proper intervention]

The education consultant talked like she would in her lecture.

Since the education consultant talked about the significance of HIV/AIDS education and how to plan lessons like in a lecture, teachers lost chances to think for themselves and share information from the teachers who participated in the teacher training. On the other hand, since the education consultant made good relationships with the teachers, her comments seem to be thought-provoking for many teachers. This shows that the participating teachers at least shared the important points for having HIV/AIDS education.

Comments from a teacher was not elaborated in discussion.

In the meeting, although one teacher pointed out that the explanation of infection routes was not enough, the issue was not elaborated in discussion. Therefore, teachers lost the chance to think about how and what they should explain.

Visual aids were not used for a point of discussion.

Although there were many evaluative points in the presentation, they were not pointed out and the teachers did not discuss them. Therefore, teachers were not able to have concrete images and think of approaches for children's needs. The teacher showed a picture indicating the response of people with HIV/AIDS. This picture showed a person with HIV/AIDS who first finds out her infection with shock, experiences anger, sorrow, confusion and loneliness, and finally accepts her infection and lives positively. These visual aids can be used as an effective way of teaching if teachers properly explain about them. However, the teachers did not have any chance to discuss it. Only the negative impacts of visual aids were pointed out, as they encourage people to have prejudice against people with HIV/AIDS.

Open Class --- Summary of the Points

(1) Do not provide too much information.

If implementers give a lot of information, teachers would lose opportunities to think and share information with other teachers.

(2) Elaborate opinions in discussions.

The coordinator needs to elaborate good points for discussion into actual discussion.

(3) Do not forget to evaluate good points.

When implementers evaluate good points adequately, teachers will have images of good examples. This also leads to confidence of teachers.

2 - 3. Child Presentation Day

For making sure that HIV/AIDS education is practiced in normal lessons, schools hold “Child Presentation Day” on which children present what they learn.

When we say “presentation” for children, plays, songs, and poems are often used. However, in presentation for HIV/AIDS education, children sometimes do presentations by using diagrams on large sheets of paper. In either case, teachers need to understand HIV/AIDS issues holistically and assist children in the preparation of presentations.



[Goal: To share perception of HIV/AIDS issues with teachers and the community]

Internal purposes for the NGO, who organized the program, as well as external purposes for sharing with teachers and the community were set.

Internal Purposes

Understand the significance of the roles of teachers and the community

Teachers and parents think about how to protect children in a society with HIV/AIDS; they are motivated to deal with the HIV/AIDS issues as a community. It is important for the NGO to understand the significance of teaching about the roles of teacher and community.

To make a good environment for practicing HIV/AIDS education

Having meetings for teachers and parents to talk about HIV/AIDS education will encourage them to work for HIV/AIDS education as a community and practice HIV/AIDS education in schools.

Adults think about their behavior.

Through the presentations by children, adults think about their behavior (perceptions of HIV infection risks, child sexual abuse, HIV prevention, and living with HIV/AIDS).

Teachers have confidence.

Teachers are motivated to learn the HIV/AIDS education, gain confidence, and understand the HIV/AIDS education deeply.

The community works on HIV/AIDS issues.

Through the presentation about HIV/AIDS education in primary schools, the community has a chance to think about HIV/AIDS issues and understand the significance of working on HIV/AIDS issues.

External Purposes

Teachers and parents think of important issues for children to live in society with.

Parents (the community) learn about HIV/AIDS.

Parents have information on HIV/AIDS and understand how to think about HIV/AIDS.

Teachers practice HIV/AIDS education.

Teachers practice HIV/AIDS education with the aspect of how children can live in society.

Children learn about HIV/AIDS.

Through the presentations, children gain more knowledge on HIV/AIDS. They also attain aspects and ways of thinking about living with HIV/AIDS.

Children play a role

Children play a role in advocacy activities for participating parents (the community),.

[Preparation]

Those involved (e.g. education officers, teachers) understand and agree that Child Presentation Day (CPD) is aimed for children to present outcomes of HIV/AIDS education in the lessons. Teachers prepare for practicing HIV/AIDS education.

From teacher training to Child Presentation Day

This program consists of **Teacher Training** → **Open Class** → **Child Presentation Day** → **Parent meeting**. Teacher training is for teachers to practice HIV/AIDS education. In the future planning session of the training, teachers agree to have CPD in each school. Through discussion with teachers, the following points are agreed upon regarding Child Presentation Day.

School will be the host for Child Presentation Day.

To clarify what to deliver through the presentation

The influence of CPD should be considered

Child Presentation Day with proactive involvement by school

Presentations can be done either by using existing items or by making unique items by teachers or students. The NGO respects what each school plans and prepares; the NGO's intervention should be minimum. This results in that schools regard Child Presentation Day as their own activity, and work towards HIV/AIDS education proactively. This also helps schools become motivated to continue their work, as well as creates a school structure for it.

To prevent the creation of misunderstandings about and discrimination against HIV/AIDS

If only the schools are involved in preparations for Child Presentation Day, there are possibilities for presentations that are discriminatory regarding HIV/AIDS and people with HIV/AIDS.

It is essential for the presentations not to have misunderstanding and discrimination against HIV/AIDS. This is a minimum requirement for the presentations. In the actual project, teachers shared ideas about human rights and living with HIV/AIDS and talked about them in the teachers training. Moreover, open class encouraged teachers to

understand the fear about and influence of their unconscious actions that can create misunderstandings or lead to discrimination. .

Coordination with the Divisional Education Office

The NGO reached an agreement with the Divisional Education Office regarding Child Presentation Day (CPD). Each school also coordinated with them when they decided guests for CPD.

[Child Presentation Day]

Students and parents are invited for Child Presentation Day. In Kenya, primary school is for eight years, and many student presenters are older than 4th grade. What students learn about HIV/AIDS is presented through poems, songs, plays and conversations.



Example of a Play

Play of doctor interviews on TV or radio program: It gives audiences knowledge about HIV/AIDS, its infection routes and safe actions against HIV/AIDS. Also, it includes what people with HIV/AIDS need and what are important points for caring for people with HIV/AIDS.

* * *

Explanation of opportunistic infections; Children, who play the role of immunity, make a circle and protect people inside of the circle from children who play the role of bacteria. However, through HIV infection, the immunity circle is broken and the children inside it are attacked by bacteria.

Examples of Songs and Poems

"Sugar Daddy and Sugar Mummy" shows child sexual abuse by adults in exchange for money and things. This has messages to adults for the protection of children who are still young.

Child Presentation Day helps playing children, as well as watching children, understand HIV/AIDS well.

Moreover, inviting parents also impacts adults in the community. When the means of instruction in schools is different from their mother tongue, teachers need to explain the content of the presentations in their mother tongue.

Meeting with teachers, parents and adults in the community after CPD is useful in order for parents and adults to use this opportunity in facing HIV/AIDS issues. In meetings, they can discuss how to protect children from HIV/AIDS and teach HIV/AIDS to children.

Points

In order to not promote discrimination and prejudice, teachers need to improve their life skills.

Songs and poems may be repeated with the same slogan, such as “HIV/AIDS brings death” or “sexual intercourse causes the HIV infection and children need to listen to parents.” Plays may reflect only superficial understanding about HIV/AIDS issues, such as that HIV is transmitted by immoral acts such as extramarital sex, and that HIV causes death.

These activities not only prevent students and audiences from learning about HIV/AIDS issues, but also promote and strengthen discrimination and prejudice against HIV/AIDS. CPD reflects understanding and attitudes of teachers, who play a supervising role. Therefore, enough training to teachers and the improvement of life skills for teachers are necessary before CPD.

Refer to “Parent Meeting”, p.80.

[Evaluation: Day 1 and 2 of Child Presentation Day]

Through this project, CanDo conducted CPD in each school cluster for all 28 schools in the division in 2005. Moreover, CanDo separately conducted CPD in six active schools in 2006 (some CPD included neighboring schools). The following are evaluations from these two years.

From Competition to Maintaining Quality

In the first year, all primary schools in the division participated in CPD and competed each other. The focus of CPD became acting, and some content of plays were discriminatory. The quality of CPD was lower than the minimum level.

Since CanDo criticized this situation, the number of participating schools drastically became small. However, the quality of plays became higher. Factors of competition became less and schools were able to focus on the content of their plays. Also, participation by six primary schools that understand the significance of HIV/AIDS education led to the improvement of quality.

Moreover, in the second year, human rights and social aspects of HIV/AIDS were promoted in the stage of teacher training. Therefore, the presentations required quality.

Continue cooperation among teachers for broader impact

By expanding knowledge and attitudes on HIV/AIDS from active teachers to other teachers, it was expected that the practice of HIV/AIDS education is expanded in the whole division. However, its impacts were only in limited schools

By conducting training for teachers repeatedly, implementers need to look for active teachers and continue cooperation among teachers who have a broad impact.

Points

To have a high quality of presentation content

Discuss social aspects of HIV/AIDS and living together with people with HIV/AIDS in the stages of teacher training and open class.

Reduce competition and ceremony, and focus on the content.

2 - 4. Parent Meeting

After CPD, teachers and the community (audiences of CPD) discuss HIV/AIDS education. In the project by CanDo, meetings for people related to the school clusters (especially influential people in the area), including some parents, were held in 2005. In 2006, when CPD was held in individual schools, CanDO held meetings for all parents and concerned individuals in the community.

[Goal: For teachers and adults in the community to work with HIV/AIDS issues]

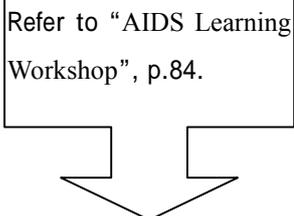
Implementers have to understand the significance of working with HIV/AIDS issues in the area (thinking about children's living). The parent meeting is aimed at the actual practice of HIV/AIDS education, as well as behavioral change of adults in the community.

[Preparation: meetings for all the parents]

In order to think about how to hold parent meetings, the situation was analyzed beforehand.

This project consists of **Teacher Training** → **Open Class** → **Child Presentation Day** → **Parent meeting** for HIV/AIDS education in schools, and **AIDS Learning Workshop** for the community.

Refer to "AIDS Learning Workshop", p.84.



In the stage of teacher training, some teachers said, "It is difficult to practice HIV/AIDS education in schools when we think of the reaction of parents." The implementation of AIDS learning workshops for teachers and parents were limited to a few schools.

In order to work with HIV/AIDS issues, the community as a whole needs to work together. However, parents do not coordinate with teachers in some schools. Therefore, parent meetings were not limited to influential people in the area, and were open to all parents. After watching CPD in schools, parents discussed how children live in a society with HIV/AIDS based on the children's presentations. It is expected that the community has an agreement to practice HIV/AIDS education.

On the other hand, there was the possibility that meeting open to all parents might result in superficial discussions. However, professional consultation was possible through CanDo.

Points

Who should we consult with before CPD? Headteachers negative about HIV/AIDS education

In a school, the coordinator repeatedly talked about having a parents meeting with its headteachers. However, on the day, the headteacher suddenly cancelled a parent meeting after CPD.

As seen in this example, headteachers in some schools are negative about HIV/AIDS education. The reason is because some headteachers are also religious leaders, who do not have enough knowledge about HIV/AIDS and condoms. These headteachers tend to avoid talking with the community about HIV/AIDS.

To have CPD and parent meetings, the coordinator needs to discuss it not only with headteachers, but also responsible teachers.

[Content of Parent Meeting: Discussion among teachers and parents --- example of teacher with low perceptions]

CPD was held in six primary schools that are positive about the HIV/AIDS education. However, parent meetings were held only in two schools. The following shows the discussion in the parent meetings.

What they learned from CPD

Deputy headteacher: What did you learn through the poems, dances and plays today?

Female Parent A: I learned that people with HIV/AIDS should not be isolated.

Female Parent B: If a relative is infected, we should take care of her.

Male Parent: HIV/AIDS is not a disease from the gods. People have to accept HIV/AIDS.

Children also need to learn about this. We need to protect children as well as tell children about this.

Parent: I learned that we should not share sharp objects.

To prevent children from infection

Deputy headteacher: What did you learn about the prevention of HIV infection for children?

Male Parent A: Since blades are used by barbers for everyone, we need to be careful with haircuts. I did not know that this could transmit HIV. For instance, we can buy a blade only for our child and cut their hair at home.

Deputy headteacher: The parent can go to barber shop with his/her child.

Female Parent: I learned that HIV can be anywhere around us. We need to advise children what to do for HIV prevention.

Teacher: How will you advise children to avoid HIV infection? What did you learn from the presentations by children?

Parents: Sharing blades, sexual intercourse.

Deputy headteacher: What about traditional customs? For example, what is done to girls every August?

Male Parent B: These customs can transmit HIV. (1)

Male Parent A: Parents need to advise and teach children.

Deputy headteacher: Parents also have a role in protecting children from the infection.

(1) This implies female genital mutilation (FGM). With FGM, the wound takes time to heal and it makes people bleed unexpectedly. Although FGM is prohibited by law, it is practiced in every August, over the long holidays.

Where should we learn about condoms?

Teacher A: Sexual intercourse causes HIV infection. Parents should understand that children have sex. If your child is close to a person of the opposite sex, what would you do? They might have sex. Will you tell them not to have sex?

Parent A: I am not ready to tell them.

Teacher A: If you are not able to tell the children, they might become infected. What do children understand about the meaning of sexual intercourse? If they knew that HIV is infected through sexual intercourse, they would not do it.

Parent B: Why don't they check if their partner is infected or not, when they have sexual intercourse?

Teacher A: I think they should check themselves when they have sexual intercourse.

Teacher B: What can parents do if they do not know about the sexual intercourse of their children? What about talking with children openly at first? I think this is important to change behavior.

Female Parent: I learned that the use of condoms is one of the methods for HIV prevention.

Teacher B: Children should not learn about condoms in schools (2). However, they learn about how to use condoms after school. This is because they have sexual intercourse.

Teacher A: I think someone can teach them about condoms after the children finish school.

(2) Teachers have different opinions about teaching about condoms in schools. Some teachers think that they should teach about it based on the reality of sexual intercourse by children. On the other hand, some teachers think that teaching about condoms leads to acceptance of children's sexual intercourse. In Kenya, teaching about condoms is not mentioned in the education policy. Also, it is not included in textbooks.

[Evaluation: To have discussions with parents.]

CanDo implemented parent meetings in the second year (in 2006) of the project after finishing CPD in each school. In the first year (in 2005) when CPD was held for each school cluster, the parent meeting was not implemented. Instead, meetings only for influential people in the area were held. The following are what CanDo learned from these experiences over two years.

- In order for teachers and parents to talk about the issues of each school and school area, an event for multiple schools was not appropriate. When multiple schools are together in the meeting, they think of competition and entertaining. This does not lead to practical discussions. In the second year, only one school invited teachers, parents and students from the neighboring schools. By inviting the neighboring schools, CPD ended up in like a ceremony, and it was difficult to have practical discussions among teachers and parents.

- Teachers tend to avoid discussions with parents, especially when teachers do not think they can gain the upper hand by discussing it with them.

When teachers have chances like CPD to show their outcomes and discuss their results, they tend to feel they have an upper hand over the parents and to have meetings with parents more easily.

2 - 5. AIDS Learning Workshops

[Goal: The community attains knowledge and skills regarding confusing information, and discusses behavioral change.]

In the targeted area, different information on HIV/AIDS was supplied from religious people, traditional medicine men, politicians, administrative officers, medical workers and others. The preliminary survey revealed that the community did not know which information is true.

Therefore, basic knowledge and skills for HIV/AIDS were supplied for parents and the community. CanDo also had held learning workshops with teachers in primary schools. This workshop was regarded as a good chance to teach HIV/AIDS to children and discuss sexual behavioral change for adults.

[Preparation]

Making teaching materials and facilitation notes

The health consultant made teaching materials in English based on reference materials, and translated them in the indigenous language. Since she played the role of facilitator, she also prepared facilitation notes and planned the content of the AIDS learning workshops with the coordinator.

Venue: Classrooms in schools

The AIDS learning workshops were held in classrooms of the targeted primary schools. Educational activities for the community are often held under a big tree or in the market where many people gather. However, CanDo chose classrooms with desks and chairs in order to create an atmosphere for learning.

The headteacher and school management committee submit an application form reflecting opinions from the community.

CanDo suggested the AIDS learning workshops at teachers' meetings for headteachers and school management committees. When they are willing to have the workshops, they first discuss the needs of the AIDS learning workshops with parents. Then, the headteacher and school management committee submit an application form with signatures of the headteacher and school management committee. The application form has a part indicating what they discuss with parents (e.g. what they want to learn).



CanDo staff displayed the flyer at shops in the community.

Keep everyone in the community informed about the AIDS learning workshop

If only some people have information about holding a workshop, the workshop might be disturbed on purpose. CanDo has experienced that people did not come to the workshops many times before. Therefore, when CanDo visited schools for other purposes, such as

school construction projects, they had permission from the schools and tried to inform many parents about the AIDS learning workshops. CanDo made flyers and passed them out at the schools. If the flyers were not displayed, CanDo displayed them at places where people gather to collect water and markets in the community.

Even if people in the community have a high interest in HIV/AIDS and strongly hoped for the AIDS learning workshop, there is a possibility that the AIDS learning workshop was not held due to a power balance in the community. It is important for implementers to analyze what the obstacles are to holding an AIDS learning workshop and think about how they can remove these obstacles.

[The Program of the AIDS Learning Workshop]

The AIDS learning workshop was planned as a half-day program. Classrooms were used after the lower grade students left. CanDo considered that the workshop did not disturb school lessons and that the burden of school was small.

Time	Contents
14:00-14:30	Fill in questionnaires Orientation
14:30-15:00	Background Information Difference between HIV and AIDS HIV infection routes
15:00-15:30	Prevention (how to use condoms)
15:30-16:00	Methods for delaying the AIDS outset To live positively
16:00-17:00	Practice of using condoms Discussion (group work)



Parents who participated in an AIDS learning workshop

< Standard Biological Knowledge on HIV/AIDS (Lecture) >

The participants received teaching materials entitled “Basic Information on HIV/AIDS.” The facilitator taught about HIV/AIDS issues based on the facilitation notes prepared beforehand. The following shows the big picture of the content.

Background Information

- E.g. national disaster declaration by the president in 1999, more than 700 deaths per day, reasons for high infection rates among young women

Difference between HIV and AIDS

- Human immunodeficiency virus (HIV) causes AIDS. By destroying cells, HIV makes immunity lower.
- AIDS is a status of low resistance against infection. Opportunistic infection.

HIV Infection Routes HIV

- Body fluid with HIV, excretory substances which do not include HIV
- Danger of wounds and sharing cutting knives (e.g. needles, knives, circumcision, tattoo, tooth extraction, pierced earrings)
- Mother-child infection, Prevention of mother-child infection in medical institutions

Prevention (how to use condoms)

- Safe sexual intercourse, how to use condoms properly

Methods for delaying the AIDS outset

- To know the status (HIV positive or negative)
 - The role of VCT (voluntary counseling, examinations)
- Acceptance, living positively, open disclosure
 - ◇ Disclosure and last will to close people (challenges for people with HIV/AIDS)
 - ◇ Removal of prejudice and discrimination against HIV/AIDS (challenges for society)
 - ◇ HIV is preventable, and we can live with HIV
 - ◇ Existence of groups of people with HIV/AIDS
- Nutrition, balanced meals, foods obtained in the community, keeping body clean, public health
- Response to opportunistic infection
- ARV, not curative medicine, expensive, must take for life, side-effects
- Safe sexual intercourse
- Support, care and understanding of family and the community

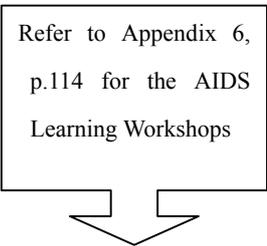
Children and sexual intercourse

- Voluntarily sexual intercourse
- Irresponsible sexual relationships by adults (sexual relationships between adults and children)
- Sexual aggression, rape, sexual abuse

Customs, taboos, perception about HIV/AIDS

- Sexual intercourse with children (Children not infected with HIV, HIV is curable by sexual intercourse with a virgin.)
- To separate HIV/AIDS from traditional medicine and immorality

Refer to Appendix 6,
p.114 for the AIDS
Learning Workshops



< Practice of Using Condoms >

In order for condoms to be effectively used as a prevention method against HIV, it is important for condoms to be used properly. In the program, the facilitator showed how to use condoms properly and the participants practiced using it.

Points are the following:

- Check the expiration date of condoms
- Do not bite away the packaging of condoms
- Make sure the condom is the right side out.
- Gently press out air at the tip of the condom before putting it on.
- Unroll the condom over the entire length of the erect penis.
- After ejaculation, avoid touching the semen inside and tie the condom closed.

Decide whether co-gender or single-gender practice

Depending on the participants, the coordinator decides whether the practice of using condoms is done in co-gender or single gender groups.

If the coordinator feels that men might make fun of the practice, groups are separated by gender to keep a good learning environment, even if someone says that it should be done by co-gender groups.

On the other hand, when male and female participants think that they should discuss HIV/AIDS issues and practice using condoms together, co-gender groups are applied. These decisions are made by the coordinator.



Practice of using condoms. The two pictures show the co-gender practice.

< Discussion (group work) >

The discussion points are the following:

Discussion Point 1

“HIV/AIDS prevailed beyond generations. Some human behaviors and customs promote HIV infection. Please indicate examples of these behaviors and customs and discuss how we can stop the spread of HIV/AIDS.”

“Also, please explain why people do not want to use condoms.”

Discussion Point 2

“Is it important for children to attain proper knowledge about HIV/AIDS? If you think that it is important, how will you teach about HIV/AIDS without shyness? If you think that it is not important, please explain why you think like that. What kind of information on HIV/AIDS do you think children should have?”

Discussion Point 3

“Even if you have proper knowledge on HIV/AIDS, you cannot tell them due to shyness and difficulty sometimes. What are the difficulties? And how should we remove these difficulties? ”

What do outsiders (NGOs) do regarding customs that are a danger for HIV infection?

Discussion point 1 aims to ask about dangerous behaviors and customs with the possibility of infection. These behaviors and customs include traditional customs, such as polygamy and women of a certain status who have sexual intercourse with multiple men. CanDo gave lectures and facilitated discussions by not encouraging people to stop certain sexual customs. CanDo, as an outsider, provided holistic information on HIV/AIDS issues and showed options leading to prevention against HIV infection and about living with people with HIV/AIDS. Moreover, CanDo gave opportunities for the community to discuss and promoted self-sustained problem-solving by the community.

[Evaluation of the AIDS Learning Workshops]

CanDo implemented the AIDS learning workshops from 2004 and evaluated them as follows.

Even if the community hoped to have the AIDS learning workshop, there are many cases whereby headteachers disturbed holding the workshops. CanDo used to talk with headteachers and asked them to talk with parents and people in the community. However, when CanDo relied on only the schools, people in the community did not know about the workshops. Without community understanding, it is difficult to have workshops.

The AIDS learning workshops are also aimed at having opportunities for teachers and parents to protect children. However, this did not happen in many cases. This is because many teachers were absent from the AIDS learning workshops, or workshops were not held. Implementers need to make sure that the AIDS learning workshops are held. And rather than opportunities for discussion, learning opportunities for the community should be prioritized.

Summary of Points for the AIDS Learning Workshops

1) Importance of analysis of obstacles and appropriate responses

Even if people in the community have a high interest in HIV/AIDS and strongly desire the AIDS learning workshop, there is a possibility that the workshop is not held due to various factors and the power balance in the community. Appropriate analysis of the current situation and principles for response are needed for examining what factors disturb having the workshop and how these factors are removed. For instance, when only some people have information on the AIDS learning workshop and its information is not shared with others, the workshop is disturbed on purpose. It is important for implementers to tell many parents directly on various opportunities, and communication methods need to be chosen depending on situation.

2) Importance of Judgment by the Coordinator

When participants are not ready to learn about HIV/AIDS, male participants might make fun of talking about sexuality. In these cases, the coordinator needs to judge and deal with it in order to keep a good learning environment, such as practicing using condoms in single-gender groups. The coordinator needs to judge whether a co-gender group is possible or not.

3) Understanding of Customs in the Community

CanDo, as an outsider, provided holistic information on HIV/AIDS issues, gave opportunities for the community to discuss them, and promoted self-sustained problem-solving for dangerous customs that lead to HIV infection by the community.

Part3 Practice

Part3-3 HIV/AIDS Activities Engaged by Community

For living together by various people's participation

We have seen that HIV/AIDS education in schools is strongly related to community engagement in HIV/AIDS in the previous chapters. Part 3-3 examines community engagements for HIV/AIDS.

World Vision implements Area Development Programs (ADP) in order to care for people with HIV/AIDS and organize "Community Care Coalition" for support for HIV/AIDS orphans. This chapter examines, through an example, how NGOs work with the community and create activities, as well as what kind of challenges they face.

1 . Organization of Community Groups for Care

In order for the community to care for people with HIV/AIDS, resources in the community (e.g. human resources, social systems) need to be used effectively. NGOs need to make an organization and form activities based on characteristics of the community.

1 - 1. Understanding the Current Situation

The community, which is the main body of the organization, and the NGO, which supports the community, understand the characteristics, current medical services, social rules, and situation of HIV/AIDS in the community.

• What kind of area?

To understand characteristics of the area, including population census, population distribution, industry, education/literacy levels, ethnicity, language, dietary pattern and religions.

How is the social system, including medical services?

- When people in the community receive medical services, what kind of system is working and what kind of services do people receive?
 - the number of public and private medical institutions in the community
 - transportation methods and distance to each medical institution
 - medical costs, necessary cost for medical services
 - the number of staff in each health center, the number of medical goods in stock
 - What kind of treatments and care HIV/AIDS people in the community are able to receive
- How laws and social rules are formed

HIV/AIDS situation in the community

Collect data from literature and listen to people in the community and public officials, who are responsible for the health sector, about the current situation.

1 - 2. Forming a Community Organization

In order to form a community organization, the NGO clarifies its goal and encourages people who can be responsible for activities.

Aims for Forming a Community Organization (An example of World Vision)

- To understand the HIV/AIDS situation and proactively participate in activities for prevention.
- To care for people with HIV/AIDS and HIV/AIDS orphans who need support from someone.
To consider long distance areas that the government cannot reach.
- To find and teach human resources for people in the community to work for activities proactively.
To form an administrative structure for the sustainability of activities of the project

< Steps for Forming a Community Organization >

Decide on the people to be given responsibility

Based on the collected information, make an activity plan which meets the needs of the community. Moreover, decide on the people who will be mainly responsible, who can lead the community. For example:

- People who socially play a leader role in the community.
→ Their opinions are easily accepted in the community.
- Opinion leaders who have a big impact on society.
→ Their opinions are easily accepted in the community.
- Targeted people who are impacted by HIV/AIDS
→ Their awareness of the HIV/AIDS issue is high.
- People who work for schools or health centers in the existing social system.
→ They know the characteristics of the area and can cover them.

Secure a public place (e.g. school, public hall) to have workshops with 20 to 30 people

Share the current situation and aims of the organization

Representatives, who were decided in stage , hold a workshop to share the current situation, awareness of HIV/AIDS issues and aims of activities with others.

Participants in the workshop hold other workshops for the community in their activity areas.

Form a care team in each area, mainly by advocates

Form a regional or community organization, which includes representatives of care teams in each area and specialists of different sectors as a parent organization for every care team.



Workshops about forming a community organization for leaders in the area. (Kenya)

By World Vision——

World Vision decided that representatives of the church/mosque, which strongly influence social/moral values in the area, should be the main responsible body for the community organization because of the trust of information and sustainability of activities. Each care team was also formed mainly by the church.

Moreover, local administrative bodies, politicians, and representatives from different areas (e.g. private sector) are involved in care teams. Through the usage of public resources and existing systems, effective advocacy education and care for people with HIV/AIDS and HIV/AIDS orphans are expected.



Invite people in the community to the meeting and decide to form a community organization. (Kenya)

1 - 3. Deciding Components of Activities

Understanding and mapping the situation of HIV/AIDS orphans and people with HIV/AIDS in the area.

- Statistical data
- Accumulation and management of data and results of survey by visiting house holds

Understand the needs in the area based on the above-mentioned results.

Decide activities based on the needs.

Questionnaires
for survey p.106

< Four Activities by Community Care Coalition >

The following are responsible for each activity:

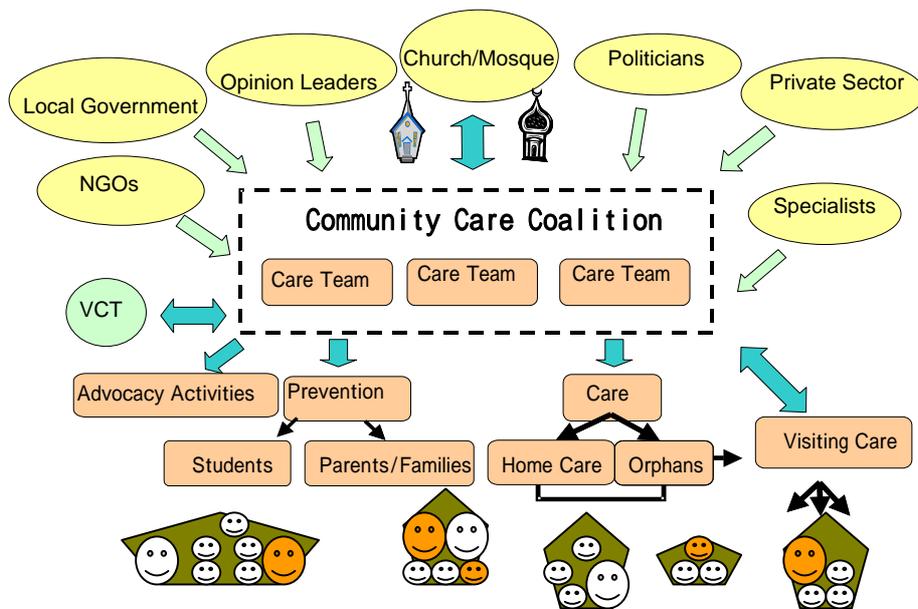
Preventive Education ··· teachers who do extracurricular activities (2)
children (4), youth (2)

Care ··· social workers in the community (2)

Treatment by collaboration of VCT (Voluntary Counseling and Testing) and health centers
··· staff of the health center in the area (1), health volunteer(1)

*Numbers in the brackets show the number of people

Advocacy activities for the whole area

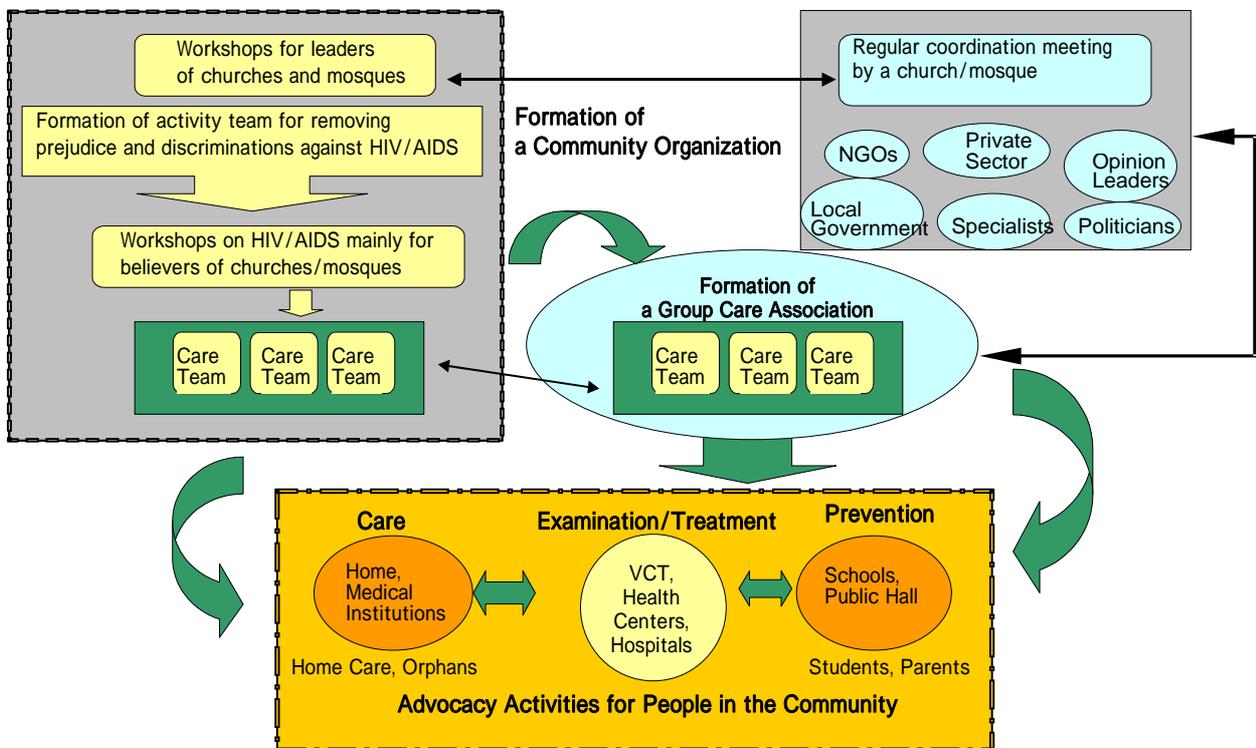


Each care team forms responsible teams consisting of 4 to 5 people for each activity.

Each responsible team forms activity teams, including people in the community, and makes a structure that allows them to move more easily in a broader area.

Each team plans activities and implements its plan.

Care teams have a regular meeting every month and ensures the activity process and aims of activities. If necessary, activity aims and plans are modified for further activities that meet the needs in the community.



2 . HIV/AIDS Activities by Community

2 - 1. Preventive Education



Training in Kenya

Targeted people

Children, their parents and people in society

Implementing Bodies

- Care Group members · · teachers who do extracurricular activities (2) children (4), youth (2) *Numbers in the bracket shows the number of people
- Care team members formed in each area
- Activity teams consisted of people in the community (care team members mainly organize this.)
- People in the community who attended workshops and training sessions about HIV/AIDS

Facilitator

- People in the community who attended workshops and training sessions about HIV/AIDS (including care members)
- Specialists in the health centers and local administrative offices in the area
- Teachers and volunteers in the area, who received training about basic sanitation including the HIV prevention organized by the Areal Development Program or local government, teach children in the area.

Teaching Materials

Some countries have their own textbooks for HIV/AIDS education and provide schools and health centers with them. There are many textbooks issued by the United Nations and local NGOs. Teaching materials with pictures are suitable for the area with low literacy rates.



Teaching Materials by World Vision



Students read (left), sing songs (below) and perform a play about HIV/AIDS (right).

Points



Secure a public place (e.g. school, public hall) to have workshops with 30 to 50 people

Sessions on preventive education should be organized as extracurricular activities by using lunch time and after school time. This is easier for children to gather.

When knowledge on basic sanitation (e.g. washing hands before meals, how to wash body, how to brush teeth) are included in the HIV/AIDS prevention, parents tend to accept it.

When presenting what students learn by playing, reading poems and singing in a school play, students can use learning topics in textbooks.

When children create the content of their presentation, staff or teachers have to teach preventive education. By leaving textbooks and including original material, the children's level of understanding is examined.

By opening a school play for the community, illiterate people can enjoy it and learn about health issues

To families without students and people who live far from schools and health centers:

- Care teams visit and open workshops there
- With the coordination of local administrative bodies, facilitators or people who can be responsible for care team activities visit and form care teams.
- With the coordination of leaders of churches/mosques and community elders, implementers work for more people in the community by using time after plays in churches/mosques and through women's associations in the area.



Mobile HIV/AIDS learning workshop

These activities cannot be done without coordination with religious bodies, opinion leaders, local governments, politicians, and the private sector. Care groups need to have representatives from each sector, exchange information in regular meetings, and build cooperative relationships.

2-2. Care

Targeted People

People who need support to live, such as orphans, one-parent families and poor families.
By survey through questionnaire, staff understand the targeted people.

Implementing Bodies

- Care team members in each area
- Activity teams, consisting of people in the community, formed by care team members
- People in the community who have attended workshops and training sessions about HIV/AIDS
- Specialists who belong to health centers and local governments in the area

Activity Plan

Activity teams regularly visit families, and make sure support provided meet each situation.

Based on this, the teams think about and decide on the following points:

- Budget (cost for activities, financial resources)
- Number of people (number of people a member can care for)
- Necessary materials (e.g. disposable gloves, antiseptic solution)



Staff visits each family and listen to them.

By World Vision——

The care group checks the budget plan made by each care team and applies the budget for the Area Development Program. The care group has two social workers who know about price and care methods. In order for people in the community to manage activities and finance, World Vision holds workshops for program management, including budget planning and implementation, and forms the organization structure.

2 - 3. Utilization of VCT and Health Centers

People in the community can receive examinations and treatments for HIV/AIDS at Voluntary Counseling and Testing (VCT) centers, public and private hospitals and health centers in the area.

At VCT centers, various services specifically for HIV/AIDS, including checking the infection and giving people prevention methods, are expected to be available. However, HIV infection routes are closely related to privacy and many people believe that visitors of VCT centers are people with HIV/AIDS or “sinners.” Therefore, it is difficult for people just to visit a VCT center; VCT centers are not utilized enough. The structure by which people can use VCT centers like other medical institutions is essential.

Components of Activities

Training for People in the Community/Health Education

·Facilitators (staff of VCT and health centers) give training and health education to nursing volunteers in the community. They provide knowledge about simple sterilization, treatment for bruises and bedsores, and how to hold patients, as well as new information about HIV/AIDS treatments, to improve information necessary for visiting care.

Finely-tuned Response to Needs

·When representatives of VCT centers and health centers become members of care groups, they try to respond to various needs.

Regularly Sharing Information

·Through the regular care group meetings, information about people who need medical support is shared, and support which meets needs becomes possible.

By closely exchanging information among administrative bodies and health institutions in the community, administrative bodies are able to understand the current situation. And they may be encouraged to use public finances and resources in cooperation with other bodies, as well as to secure necessary stocks of medial goods and medical staff. Opinions and consultations from families during home visits are reflected in these meetings.



People waiting for clinical examination at a health center in the area

By World Vision

World Vision introduces institutions that meet the needs of the people who need examination for HIV infection. World Vision closely coordinates with VCT centers, public health centers, hospitals and health posts. Staff of the health centers and health volunteers also work as care group members.

< Potentials and Challenges of VCT centers >

VCT centers need to improve VCT functions and coordinate with other sectors in working on problems that needs other sectors' support. (e.g. preventive education, advocacy activities)

Expectation (potentials)

VCT staff members need to clearly explain the procedures, from concrete examination to results notification, to visitors and people who are interested in VCT. Follow-up after results notification in particular need to be explained well. VCT staff members give advice for their lives if they are HIV positive.

VCT centers have proper management structures not to reveal private information, including information about people who undertake examinations. Moreover, it is important for VCT centers to coordinate with churches and mosques that are influential in the area, and to gain trust of VCT staff from them, since VCT centers have highly private information.

Challenges (Limitations)

HV/AIDS has a series of issues, including preventive education, advocacy activities, HIV blood testing, follow-up after results notification, and care for people with HIV/AIDS. Among these issues, VCT centers deal with a part of it. Therefore, only VCT centers and activities at VCT centers are focused, and there is a possibility that VCT centers are isolated in the community. For effective preventive activities, it is important for VCT centers to coordinate with other departments and institutions that do other activities.



Staff in the VCT section of a public hospital



Staff at a VCT center in a district hospital

[Example 1: Activities of Care Teams]

2004 Hold meetings for all priests in area.
World Vision invited about 50 people from nine different religious schools to participate in the meetings.

Purpose: To understand the situation of HIV/AIDS in the area, organize one group consisting of different religious schools and religions and do advocacy activities.

To train and educate local people engaged in the activities

To form concrete active plans for a desirable society

2005 35 people formed a care group association.

26 out of 35 people then created 26 care teams using the church as a base

The care teams started home visits to understand the current situation and began life skills training.

2006 The representatives of the care teams got together periodically and formed a regional group care association with specialists and regional leaders.

The care union held its first workshop.

2007 onwards **To understand HIV/AIDS orphans and people with HIV/AIDS in the area.**

Divided the 2,900 households in the project areas into 4 regions and assigned members do home visits.

To practice advocacy activities for prevention at school

“Health Club” (refer to 100page) has a meeting every week after school.

To reduce prejudice and discriminations against HIV/AIDS

After the members visited the homes of people with HIV/AIDS, people started talking about HIV/AIDS. This contributed to a decrease in prejudice and discrimination.

Events for Advocacy

Holding football matches, which is popular in the area, and using these opportunities for advocacy.

Suggestions to the local government

For better activities against HIV/AIDS, care teams collaborate with the Ministries of Education and Health and promote activities using existing public facilities and specialists.



Results:

- * Local administrative officers and heads from the districts and villages started participating in the training unofficially and officially. They positively learned many things and used that in policy making..
- * A support group for people with HIV/AIDS was formed, and it received funds from local governments.
- * People from the central government visited the program areas, observed the activities, and introduced the experience in the area to other regions as examples.



Members of Care Activities

Regional Group Care Association

Roles	
Technical Support/Specialist Advice	Local Administrative Officers
	Representatives of Specialists from Different Sectors
	Politicians, Opinion Leaders
Representatives from Different Groups	Representatives from Different Religions and Religious Groups
	Representatives from each NGO/CBO in the area
	Representatives from Home Visiting Care Staff of Care Teams
Representatives of Beneficiaries	Representatives of Orphans
	Representatives of People with Chronic Diseases and HIV/AIDS

Care Team

Members	
Religious Leader (Priests, Board member)	5
Male Villager	2
Female Villager	6
Youth Group Member	2
Primary School Teacher	2
Social Worker	2
Church Member	3
Representatives of Children	4
Total	26

Teams	
Prevention	7
Care Support	7
Treatment	5
Advocacy	7
Total	26



[Example 2: Health Club]

On the basis of the counseling sessions for individual guidance in 2003, a health club was formed in 2004. The member students were 68 at the time. The number of members increased to 149 students out of 221 total students in 2006. This is about 67 percent of the total number of students at the school. All responsible teachers finished one of the HIV/AIDS trainers seminars run by the Kenyan Ministry of Education, World Vision Regional Development Program or other NGOs.



Date and Time: About one hour, every Tuesday after school

Qualification of Participants: Students aged 13 years old and above who are interested in Health Club activities. No participation fee. (We allow children aged 10 years old and above to participate in the club, since they have enough ability to understand.)

Content: We study the issues below using textbooks.

▽HIV/AIDS—prevention of HIV infections, attainment of life skills, advocacy of issues about HIV/AIDS, care for people with HIV/AIDS (home care)

▽Environmental Sanitation — suggestions of concrete ways to make living environments clean

▽Basic Sanitation — how to keep clean and how to protect ourselves from danger

▽Essay Writing — write thoughts about what has been learned in the clubs and submit them.

Question Box

— Students can write about what they are unsure of and questions from the class.

▷ This question box helps teachers grasp the level of understanding of students. This gives feedback opportunities to students.



Guest Speakers

— On the basis of questions in the question box, teachers invite appropriate specialists and trainers and ask them to answer students' questions.

▷ Parents can also listen to guest speakers. These opportunities help parents understand the activities and encourage them to cooperate with the club.

Presentation Day

— Presentation Day is held once in three to six months on the bases on the learning content.

▷ Presentation Day is open to the community, so that Illiterate children, people without children, and children not attending school can effectively access information and share the content of the class.

Results :

* Children started accepting HIV/AIDS issues naturally and talking about HIV/AIDS openly.

* The community shared information which was used to be only for doctors and nurses. And people in the community started supporting and understanding each other.

[Example 3: Training of Peer Educators]

▽Students aged 13 years old and above with recommendation by teachers can become candidates for peer educator.

▽ Teachers recommend one student from each class based on academic performance and personality, but in many cases, class representatives are chosen.

Peer educators help teachers who are responsible for the health club and they gain more knowledge by learning of the process of health club activities. Moreover, peer educators partly teach classes, explain the content of the class and answer questions. Also, they sometimes answer questions in the question box when they are asked to by teachers.

Peer Educators: :

- * Prepare classes for Health Club (Health Club)
- * Support teachers in classes
- * Explain the content of the class
 - Teach one session
- * Counsel other students
- * Provide support for events about HIV/AIDS and health organized outside of school



Twenty peer educators have been trained so far, and eight of them stopped their activities after leaving school. How to influence the community by utilizing the experience of peer educators after graduation is a challenging issues.

[Example 4: Care for Orphans and People with HIV/AIDS]

World Vision classifies the situation of orphans into three groups and specifies priority orders for assistance.

Priority	Classification of Orphans	No. of People
1	No Parent	15
2	One Female Parent	51
3	One Male Parent	
4	One Female Parent in Poverty	86
	Total	152

On the basis of hearings from care team members' home visits, World Vision supports the healthy growth of children from three perspectives; education, nutrition and periodical monthly visits by members.

①-1. A girl with no Parent

The girl knows about HIV/AIDS since a doctor told her grandmother that her mother's death was caused by AIDS. She has four siblings. After her parents died, all of them were adopted into different families. She lives with her grandmother now. However, the crude house is badly ventilated and she has eye troubles due to the bare mud floor. They sleep on cloth bags which do not keep them warm enough. She has only one unclean clothes. They eat food from the two-acre plots that her grandmother cultivates. They eat only twice a day and share the food that is supposed to be only for her grandmother. Therefore, the food is not enough for two people.

World Vision supports this HIV/AIDS orphan by providing her with an education and clothes.

①-2. A Woman who lives with seven grandchildren who have no parents

She lived with her son, son's wife and four grandchildren. However, her son and his wife went mad and died. After one year, her daughter lost her husband, got sick, and came to her with three children. Her health became worse, and she went mad and died, too.

The seven grandchildren were left, and they share food from s two-acre plot in the garden. Although the room is not big enough for eight people, they share a few rush mats and blankets. The bare mud floor is unsanitary and one of the grandchildren got bacteria from a toenail, which caused edema in his left foot.

One World Vision staff who started activities in the village heard about the situation and identified that these seven children are HIV/AIDS orphans. She registered the family to receive support. This family will receive an education and clothes from World Vision. They are also currently registered as a candidate family for house construction support.

②One Female Parent (The mother is the income earner.)

She has three children who go to school. She cultivates a 1.5-acre plot and has four cows, four sheep and four goats. Since she has asthma strokes when the climate changes, it is difficult for her to do physical work.

Children started going to school with the support of World Vision. Moreover, they are also on the waiting list for clothes support since their clothes are damaged and unclean. Periodical care team visits are kept short (within one hour) because the mother is busy with work.



③Female Income Earner

She raises five children as a single mother. She gathers charcoal for fire in the woods and sells it for a living. There is not enough food and her children are always hungry. They are often absent from school since they do not have physical strength. They do not have enough money to buy school uniforms and stationary. Even if

they can go to school, it is difficult for them to catch up with other students. Although they discuss their future sometimes, they are busy trying to surviving each day.

World Vision gave the three children educational support and gave the family a goat for nutrition. They can gain nutrition by drinking goat milk. Also, they can promote the goat to mate with other goats and sell the offspring at the market. They can gain animal protein by eating goat meat.

When World Vision judges that the unsanitary environment hurts health conditions, it provides corrugated iron and wood for a roof and renovates the house with care team members and communities. It also provides support for the treatment and examination fees of people with HIV/AIDS based on their needs, which meet the criteria set by the care group association and their activity plan.

A bus which takes people to the hospital for treatment and examination every week

World Vision covers the transportation fee for going to hospitals.

More recently, since income generation programs for people with chronic diseases (goat raising, job training etc.) help people pay for transportation fee, the support from World Vision is decreasing.



4 Children who lost their parents to AIDS live in this house.

Their neighbors who know World Vision activities reported them to World Vision. The two elder brothers stopped going to school in order to work for living. However, they could not get work because they are still young (one of them is only 14 years old). They just helped their neighbors to get some food, and share it among them.

World Vision renovated their house, supported the three children in getting an education, and gave the eldest brother training in wooden furniture making.



Before
Renovation



After
Renovation

[Example 5: When an activity plan is formed....]

We need to know the uniqueness of the area, including the main cause of infections, in order to do effective advocacy activities. The ordinary routes of infections are, of course, written in the existing manuals. However, infection routes are sometimes rooted in unique culture, custom and practices in the area.

In one program area in which 98 percent of people are Masai, people live with their traditional customs and practices. Among various customs, female genital mutilation (FGM), which is one of the possible factors of HIV infections, is normally practiced in the area. People in the area need time to understand that what they normally practice as their traditional custom has a danger of HIV infection. In the program, World Vision does advocacy activities for HIV/AIDS prevention. However, World Vision needs to change each villager's idea about FGM in order to do effective advocacy activities.

For instance, although FGM is banned in Kenya, people still practice it in the program areas. Denying FGM means not only denying marriage with Masai men but also leaving Masai society for women. They have to move to other area. Therefore, mothers who practiced FGM force their daughters to do it. Even if mothers know the negative effects from FGM, it is difficult for women to deny FGM in Masai society.

In this situation, World Vision started advocacy activities against FGM this year. It shows the community how FGM damages girls' lives and the negative effects that FGM might cause in their lifetimes on the bases of rights of children and women. World Vision implements programs which bring behavioral change, including the prevention of HIV infections.

[Example 6: Utilization of VCT Centers]

We need to not only impart knowledge about the prevention of HIV infection, but also act against actual infections for effective advocacy activities. To do so, each villager has to take an examination, understand his/her condition, and do appropriate actions based on the result of the examination.

VCT centers provide examinations for HIV infections and their aftercare (treatment, counseling). However, in some areas, centers are not accepted before they can properly function in this way. Even if a center has quality medical staff and the necessary medical equipment, people in the community sometimes think that a visit to the VCT center means that there is a HIV/AIDS infection involved or that the person going there is "someone who did something risky for infections. Although these people understand the importance of VCT centers, they cannot utilize them due to their underlying emotions.

This also relates to discrimination and prejudice against HIV/AIDS in the area. Moreover, in the areas where many children and villagers die from diarrhea, malaria, and other infectious diseases, including tuberculosis, VCT centers, which only deal with HIV/AIDS, sometimes provoke antipathy with discrimination against HIV/AIDS.

In this area, there are few people who have officially died from HIV/AIDS. However, there are many villagers who went mad before they died. Therefore, regional health centers estimate that many people died from AIDS. People cannot accept that their family member died because of AIDS since they will be discriminated in the area.

In order to deal with this situation, World Vision forms VCT sections in the existing regional medical centers or health centers, or health posts which also provide treatment for ordinary diseases.

The care group association and care teams periodically hold meetings and try to do support activities which meets the actual needs based on the reports from responsible staff.

Focus Group Interviews for Teachers Questioning Route

Opening Question

1. Please tell us about health problems in this area or school.

May be you could begin by telling us what are the biggest health problems for each of you.

Introductory Questions

2. How do you deal with those health problems in this school?

3. Could you explain about health education in this school?

Do you have school curriculum on health education in any means?

Transition Questions

4. In your opinion, what would you really say is of particular importance to you in health education?

Key Questions

5. What do you think of AIDS education in primary schools?

Who should be involved in AIDS education planning?

6. Could you tell us anything you know about HIV/AIDS? (knowledge, situation in the community)

How did you get that information?

7. What would you think is the biggest challenge for teachers to deal with AIDS issues?

Do you think the community members feel confident or comfortable in talking about AIDS?

Ending Questions

8. Is there any other issues relating AIDS in your school?

9. Could you say that a workshop on AIDS could help you to deal with AIDS in your class?

10. Feel free to tell us if there is anything you think we left out that we should talked about?

Other questions

Access to materials on HIV/AIDS education

Expected support from the community when conducting AIDS education

Teachers' knowledge on AIDS and other health related issues

Early marriages in the area.

School-drop out in relation to early marriage

Appendix 2: Questionnaire for a Feasibility Study of School Health Project in Nuu
In-depth Interviews for Parents Questioning Route

General questions on health in the community

1. Could you tell us about health problems in this area?
2. What are the challenges people have in the area when they are sick?
3. How do people treat their diseases?
Hospital,
Wanganga,
Traditional medicine

HIV/AIDS related questions

4. What are the recurring sicknesses?
5. What do people feel towards people who die of untreatable diseases?
6. Could you tell us anything you know about untreatable diseases (AIDS)?
Infection, Cure, Prevention, Risky behaviour
7. Do the community members feel comfortable when talking about AIDS?
What are the obstacles, if any?

FGM related issues

8. What is the average age of girls to get married in the community?
Why?
Forced or willingly
9. How are the girls ready for marriage?
10. Is there any traditional ritual to be taken for a girl to get married? If any, what and why
11. What do you think is the danger of early marriages/FG

Appendix 3: Questionnaire for a Feasibility Study of School Health Project in Nuu
Questionnaire for a Feasibility Study of School Health Project in Nuu

Please fill in this form and put it in a bag. There is no need to give your name.

1. Are you

a man or a woman?

2. How old are you?

In the twenties In the thirties In the forties Over fifty

3. What is your religion?

Catholic Protestant Muslim None Others []

4. In Guidance and Counselling, which topics have you dealt with in your class or school?

(Choose as many answers as you like.)

Girls' education Morality Environment activities and conservation
 Career guidance HIV/AIDS Children's rights and act
 Drugs and smoking None Others []

5. How much information on health issues do you cover in your class?

As much as a syllabus requires Add more information than a syllabus requires
 a little less than a syllabus requires None

6. What health activities do you practice in your class or your school?

7. On what topics do you want to get information in a workshop with CanDo?

(Choose as many answers as you like.)

Nutrition Ordinary diseases and their preventive measures
 Sanitation and hygiene HIV/AIDS and its preventive measures
 First aid Others []

8. Have you ever attended seminars or workshops dealing with health issues?

None Once Twice More than twice

9. In your opinion, which practices should be retained as tradition in the community?

(Choose as many answers as you like.)

Early marriages Kaweto Female circumcision
 Male circumcision Polygamy Traditional medicine
 Wife inheritance Wanganga Others []

A SAMPLE LESSON PLAN

Class Std 5
Subject C.R.E.
Topic Growing up in Christ
Subtopic Effects of irresponsible boy/girl relationships
Objective By the end of the lesson, the learners should be able to know that being responsible in their relationships can save them a lot of pain, regrets and sufferings

References Primary C.R.E. teachers guide pages 6-7
 Primary C.R.E. pupils book 5 pages 10-12
 The Bible: 1 Corinthians 6:12-20

Teaching/Learning Resources
 The bible, Pupils books page 10-12,

Presentation

	TEACHERS ACTIVITY	PUPILS ACTIVITY
STEP I	Through asking oral questions and discussions, teacher connects the lesson to the previous one or boy/girl relationships	Give oral answers from the previous lesson.
STEP II	<ul style="list-style-type: none"> · Teacher guides learners to act a drama to elicit a discussion on effects of irresponsible behaviour, and from which, brings out other effects like school drop out, sexually transmitted infections. · Teacher reads 1 Corinthians 6 and advises learners on how to use their bodies. Asks the learners, to say how bodies can be misused. 	<ul style="list-style-type: none"> · Act the drama and discuss some points they learnt from it. · Listen to the Bible reading and say how they think bodies can be misused.
STEP III	Teacher infuses emerging issues by sensitizing learners on HIV/AIDS and child abuse through explanation and discussion	Mention some responsible behaviours regarding HIV/AIDS and some child abuses they know.
STEP IV	Teachers assigns learners to answer questions on Page 12 of their books to summarize the lesson.	Answer questions to bring out the main points of the lesson.
CONCLUSION	Teacher marks pupils work giving corrections where necessary.	Do corrections appropriately.
REMARKS		

Lesson Note (for facilitation)

EFFECTS OF IRRESPONSIBLE BOY/GIRL RELATIONSHIPS

Step

Objective:

- learners to learn/acquire attitude to be responsible for themselves, respect their bodies and others bodies.

(i) Explain the importance of being responsible for their bodies as one matures and coexists with others in various activities

-God designed bodies in his image and likeness and are meant to be holy as they are the temple of the holy spirit

-As one matures there is need to have self acceptance, be responsible for his/her behaviour to avoid any serious effects.

Question: what is one supposed to do to make his/her body the temple of the holy spirit?

Message: One needs to be responsible, have respect for his/her body.

(ii) Explain what irresponsible behaviours are and their effects

These include-

(a) ·Irresponsible sexual behaviour which may lead to teenage pregnancy leading to school drop out.

·One needs to have a baby when they are mature enough and can take good care of it

(b) ·Sexually transmitted infections like syphilis, gonorrhoea, chlamydia and herpes.

·This is sinning against the body 1 Corinthians 6: 12-20.

Question: What is the impact of irresponsible relationships between boys and girls?

Message: Need to have responsible relationships for they complement each other in various activities in school or society to avoid contracting STIs, and continue learning.

Step

(iii) Responsible behaviour regarding HIV/AIDS

Objectives:

- not just telling modes of transmission of HIV as emerging issue but need connecting the issue of HIV with responsible behaviour which is the main theme of this topic.
- By knowing other ways of transmission of HIV, learners to learn all the responsible behaviour as well as sexual behaviour.

(Review knowledge of HIV/AIDS transmission)

·There is need for one to be honest and faithful to their partner

·Blood transmission-need thorough screening

·Sharing sharps with infected persons

Message:

·One needs proper knowledge to avoid the risk of infectious for living in an HIV/AIDS society.

·Irresponsible sexual behaviour is not the only way through which HIV is transmitted

·Be able to give positive influence and direction to the society

·Be responsible on their behaviour regarding others and respect others.

(iv) Responsible behaviour regarding Child abuse

Objectives:

- Learners to learn how child can be abused sexually and acquire skills to defend themselves from abuse and be assertive to avoid the situation which may cause misuse.

Explain what child abuse is.

·Children can be abused by grown-ups sexually through:

·Rape

·Being lured into prostitution

·Incest

·Children learn to be assertive and say no to what is not right for them to do.

·Adults need to change attitudes towards children

Question: what is the importance of children getting information on child abuse?

Appendix 4: A Sample Lesson Plan and Lesson Note (for facilitation)/ Religious Education for 5th Grade

Message:

- Should have the proper information to avoid situations leading to abuse and report any cases of any form of sexual abuse by adults to any relevant authority
- Childs rights should be upheld by all in the society they live in.

ELABORATION ON RESPONSIBLE BEHAVIOUR REGARDING HIV/AIDS

- (i) Responsible behaviour to protect themselves and others from HIV infection (including other modes of transmission)
- Be able to explain that irresponsible sexual behavior is not the only way the HIV is transmitted
 - Be able to use sharps responsibly and be able to advise others on the same to avoid HIV infections especially those who carry out some traditional practices in the society they live in.
 - Covering wounds properly to avoid infection of HIV through them in case they come into contact with infected blood
 - Use protective materials when assisting an injured person
 - Boys/girls to respect each others bodies by not engaging in sexual activities and avoid inadequate behaviour.
 - Should be able to say no if one suggests some form of irresponsible behaviors
 - Children not to allow adults to misuse themselves sexually
- (ii) Responsibility for living in the society with HIV/AIDS including other people
- Should interact freely and responsibly, respecting each others ideas and status, as they perform various activities both at school and the society they live in
 - Discuss and share information on various modes of HIV transmission and precautions to take to prevent the transmission
 - To give positive influence and direction to society towards protective (prevention?)of HIV/AIDS infections
 - Make an impact in the society by being a role model
 - (Influence)Adults to have appropriate attitudes towards children
- (iii) INCLUDING OTHER POINTS FROM OTHER STEPS
- Childs rights to be observed by adults for not abusing them sexually
 - Children to be assertive enough and say no to what is not adequate for them to do. In case they are forced, they should report immediately to the relevant authority.
 - Avoid situation which might lead to sexual abuse.
 - Encourage self acceptance regardless of ones situation be confident enough in their situation so that can stay away from risks caused for their wants.

Group A-1

CLASS: STANDARD 5**SUBJECT:** SOCIAL STUDIES**TOPIC:** INTERACTION**SUB-TOPIC:** SOCIAL RELATIONSHIP IN THE NEIGHBOURHOOD**OBJECTIVES:**

By the end of the lesson pupils should be able to;

State at east five ways in which people interact

REFERENCE:

Social Studies Pupils Book 5 Pg 68-69

PRESENTATION

STEP	TEACHER S ACTIVITY	PUPILS ACTIVITY
I	Ask oral questions to review previous learnt lesson e.g. what is interaction? How did people in the past interact?	Answer orally in turns
II	Lead a discussion on the social relationships in the neighborhood	Participate actively in the discussion by giving examples on the questions e.g. youth groups, religious groups
III	Infuse HIV/AIDS as an emerging issue in every group mentioned	Give examples of irresponsible behaviors which can be brought about by the groups
IV	Give notes in form of blank spaces	Write notes and fill the blank spaces
CONCLUSION	Mark and give corrections where necessary	Do correction appropriately

Lesson notesIntroduction

How did people interact in the past?

Trade

Inter-marriage

Games and sports

Sharing of food

Discussion

Social relationships (explain)

Are things done by people living in the same area either in rural areas or urban centers

- Religious groups e.g. evening fellowships, choir, youth camps etc. Guidance and counseling (visiting the infected and affected)
 - Youth groups e.g. football clubs. Engaging the youth to avoid idleness; allowing members without discrimination against the infected
 - Welfare societies e.g. funeral societies. Assisting and caring for the affected e.g. orphans
 - Co operatives e.g. harambees/fundraising towards care of the HIV/AIDS affected
 - Women groups e.g. discussing on modes of HIV/AIDS transmission, Prevention, care of the HIV/AIDS infected and affected.
- Contributions towards assisting HIV/AIDS infected/affected mem

BASIC INFORMATION ON HIV/AIDS

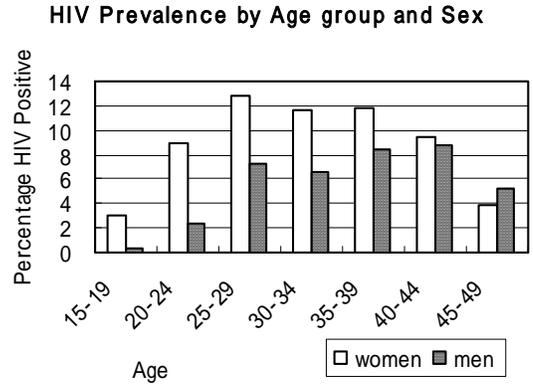
~Handout for HIV/AIDS Training in Mwingi District~
2nd Edition, May 2005

1. BACKGROUND

HIV/AIDS is now a serious issue that has increased mobility and mortality among the people in many parts of the world, especially in Sub-Saharan Africa. In Kenya, HIV/AIDS is a very serious matter among other parts of Africa as a whole.

Already it has been declared a national disaster in our country in 1999. Adult HIV prevalence rose from 5.3% in 1990 to 13.1% in 1999 [NACC 2000].

In the year 2004, the prevalence rate was announced to be 6.7% according to Kenya Demographic and Health Survey 2003, it doesn't necessarily mean that the prevalence has dropped because the methodology of data collection is different. Also it is important to note that the rates differ from male to female. 700 Kenyans were said to be dying from the disease each day [NACC 2003].



Mwingi District is not left out, and therefore, the importance of incorporating the HIV/AIDS basic facts to the teachers and the school communities, given the fact that, the community should have the facts so as to change the risk behaviour in the society as well as to pass them to the youth.

2. WHAT IS HIV/AIDS?

HIV is the virus that causes AIDS. HIV is short for **Human Immunodeficiency Virus**.

- Human - the people/persons
- Immune - resistance against diseases
- Deficiency - lack of resistance to infections
- Virus - smallest organism that cause diseases

* HIV causes AIDS by reducing the ability of the body to defend itself against infection.

AIDS stands for **Acquired Immune Deficiency Syndrome**.

- Acquired - something you get (not born with)
- Immune - the resistance against infections
- Deficiency - lack of - in this context, lack of protection against infections
- Syndrome - a group of or patterns of signs symptoms

3. HOW IS HIV TRANSMITTED?

As it has been seen, a person can get HIV infection through several ways. 3 major modes of transmission of HIV are:

(1) Sexual intercourse

Penetrative sex always carries risk of HIV infection. In addition, some of the sexual practices have higher risk of transmitting the virus because of increased possibility of breakages of skin.

Anal sex (sexual intercourse using anus)
“Dry” sex - when the vagina is or gets dry, the friction can lead to bruises or abrasion.

When either of the partner has STIs.

Through sex



Through blood



(2) **Contact with blood or other body fluids**

- blood transfusion from a person who has HIV
- practices by sharing contaminated instruments (needles, syringes and knives)

* These include circumcision of both males and females, skin piercing, scarification, traditional healing like tattooing and others.

- birth attending
- burial practices where the body fluids may come to contact.

(3) **Mother to child**

- in the womb, during birth, and breast feeding



Through Circumcision



Through breast feeding

4. HOW ONE CANNOT GET HIV?

HIV is not transmitted through casual contact with another person. This includes holding hands, hugging, kissing, sharing food or drink. HIV cannot be transmitted by mosquitoes or biting insects.

YOU CAN'T GET HIV FROM:

- Mosquitoes, flies or other insects
- Sharing latrine or toilet
- Sharing food, drink or cooking utensils
- Holding hands, shaking hands or hugging
- Dancing, swimming
- Coughing or breathing
- Living together

It is important to show normal care and affection to people living with HIV and AIDS.



SHARING CUP



HUGGING



SNEEZING



SHAKING HANDS



MOSQUITO

We can work, study or live with a person with HIV/AIDS without getting too much concerned, if we are fully aware of how HIV can be transmitted and how it cannot be transmitted in our daily lives.

5. HOW THE INFECTION OCCURS?

When the HIV virus enters the body, then the person becomes "HIV infected" or "has HIV." For a few weeks to months, it's difficult to detect even in a laboratory. This is called the "window period." We should be able to know that one can get infected through the above listed ways and that once a person becomes infected, he/she will always remain with the virus in the body.

The immune system tries to fight the HIV infection with antibodies, but they cannot eliminate the virus because it hides inside the cell and becomes part of that cell of the body. So once a person is HIV infected, they cannot be cured of the virus unless the cell is destroyed and therefore the person.

The antibodies that people who are HIV infected produce are used to test for HIV. Those who have HIV antibodies are then referred to as "HIV positive" to describe someone who has HIV, and "HIV negative" to describe someone who does not have HIV virus or the antibodies.

A person may be infected for many years before showing the serious symptoms of AIDS. But it is said that the virus will multiply and bring about full blown AIDS case at one time. To slow down this process, one has to know his/her HIV status, as early as possible. Therefore people are encouraged to get counseled and tested for the HIV status.

During this time the virus is multiplying but the immune system is able to

control the amount of the virus. We say that the virus load is low, but the person can still infect another person with HIV through sex, from mother to their infants, or through contact of blood or other body fluids.

6. HOW TO PREVENT SPREAD OF HIV?

In the earlier stages of infection, an HIV positive person has minimal or no signs of diseases and therefore looks as healthy as before. But the person is capable of passing the HIV to anyone.

◆ Practice of Safer Sex

Penetrative sex always carries risk of getting the virus from or passing the virus to the partner. If you decide to have any sex, you can reduce the risk of infection by practicing safer sex.

Safer sex is any sexual practice that reduces the risk of passing (transmitting) HIV from one person to another. The best protection is obtained by choosing sexual activities that do not allow semen, vaginal fluids or blood to enter the mouth, anus or the vagina, or to touch the skin of the partner where there is an open cut or sore.

Safer sex practices include:

- staying in a mutually faithful relationship where both partners are confirmed to be HIV negative.
- using condom (as demonstrated) properly and systematically (one new condom for every sexual intercourse) and for all types of sexual intercourse (oral or vaginal).

* HIV/AIDS and STIs have correlations in the following ways:

- STIs (Sexually Transmitted Infections) increase the chances of getting HIV infection.
- HIV makes it difficult to treat STIs effectively.

◆ Prevention of Mother to Child Transmission

There is risk for a HIV positive woman to transmit HIV to her baby, but there is also possibility for her to deliver a baby free from HIV infection. First of all, it is important for a pregnant woman to go for counseling and testing before giving birth. If you are found HIV positive, it is necessary for you to consult a qualified health worker in order to have enough information on necessary considerations not to pass HIV to your unborn baby.

7. AIDS STAGE

This occurs when the body immune system has been reduced to very low levels.

Opportunistic infections:

This is a condition in which the person infected with HIV develops signs of repeated, often prolonged illnesses as a result of the lowered immune system (ability to defend against diseases).

These prolonged and serious illnesses due to the lowered immune system may occur after someone has had HIV for two, three or more years. Some cases have been known to take as long as 10 or 15 years for someone to develop AIDS.

It is emphasized that if these infections do occur, then the person should seek treatment at the earliest possible time. Treatment should be given by a qualified health worker, and at no one time should self-medication be practiced.

How to use condom



“Open the condom package carefully. Don’t open it with your teeth.”



“Put the condom on the erect penis; be careful no to scratch it with your nails”



“Check if the condom is put on with correct side, not inside out.”



“Unroll the condom to the end of the penis; leave a teat at the top.”



“Remove the condom after the sexual act.”



“Tie a knot to avoid spilling the semen when disposing.”

COMMON SYMPTOMS AND CONDITIONS OF AIDS

The symptoms of AIDS differ from one person to another.

Some of the symptomatic AIDS related illnesses and major action to be taken:

General

- General malaise (*need treatment and nutritional support*)
- Loss of weight (*need nutritional support*)
- Pain (*need pain killer*)
- Swollen glands (*need treatment*)
- Swelling of limbs (*need treatment*)
- Hair loss (*need treatment*)

Skin and hair

- Itching (*need treatment*)
- Boils (*need treatment*)
- Rashes/ skin lesions, ulcerations, wounds (*need treatment*)
- Fungal infection (*need anti-fungal treatment*)
- Thinning of hair (*need nutritional support*)
- Hair change (*need nutritional support*)

Chest

- Fever, cough (*need treatment*)
- Chest pain (*need treatment*)
- Difficulty in breathing (*need treatment*)
- TB (*need treatment*)

Gastroenteritis track

- Diarrhoea (*need fluid replacement*)
- Difficulty in swallowing (*need treatment*)
- Poor appetite (*need fruit juice*)
- Sore mouth (*need treatment*)
- Nausea and vomiting (*need fluid replacement*)
- Abdominal pain (*need treatment*)

Nervous system

- Headache (*need treatment*)
- Memory loss and confusion (*need support & treatment*)
- Tingling and numbness of limbs (*need treatment*)
- Anxiety and depression (*need counseling and emotional support*)
- lack of sleep (*need emotional support*)
- Herpes zoster (*need treatment*)

Ways to delay the multiplication of the HIV virus leading to AIDS case➤ **Nutrition**

Good nutrition is extremely important for a person with HIV virus. A well-balanced diet will help the person to stay healthy longer by providing the nutrients the body needs to fight diseases.

Requirements and sources for good nutrition:[0]

- *Energy-giving foods: maize, sorghum, cassava, rice, millet, potatoes, avocados and lemons*
- *Protective foods: papaya, oranges, mangoes, bananas, green vegetables, pumpkin, cabbage, carrots and tomatoes*
- *Body-building foods: meat (all), fish, eggs, milk, beans, peas (all) and groundnuts*

* As much as possible select locally available foods and ensure that the 3 food groups above are covered in everyday meals.

➤ **Safer sex**

For a person with HIV/AIDS, it is important to use condom every time s/he decides to have sexual intercourse. It can prevent new infection to the partner, and it can also reduce the risk for re-infection from the partner who also has HIV. If a person with HIV gets re-infection, it promotes the virus to multiply, leading to AIDS stage due to added virus that damages the immune system.

➤ **Hygiene and sanitation**

These include keeping the house and compound clean. It is very important especially for the household which has a member who is infected with HIV to ensure that the living quarters are clean, safe and pleasant to support physical and emotional health, because a person with the HIV

tends to have weaker immune system compared to the uninfected person, which means s/he is more susceptible to diseases.

- **House cleaning**
 Since family members are in close contact with each other, it is very easy to spread germs and illnesses to the whole family. It is more important to keep the house clean when there is a sick person because sickness reduces the body's ability to protect itself from ordinary illnesses.
 This is done to maintain good hygiene to prevent infections and the spread of the same.
- **Cleaning the compound**
 Weeds, rubbish and leftover food can attract rats, flies, mosquitoes and other pests that carry germs.
 The environment should be maintained clean so as to minimize the spread of diseases and make it a pleasant place to live in.

8. ANTIRETROVIRAL DRUGS (NOT FOR TREATMENT)

Antiretroviral drugs inhibit important enzymes that are needed for HIV to replicate or multiply. By doing this, ARVs slow down the replication of HIV, leading to maintain strong immune system. ARVs are not a cure to HIV/AIDS.

They have some advantages and some serious disadvantages.

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"> • Restore immune function or slow the decline of immune system. • Prolong life and improve quality of life. • Improve symptoms of AIDS. • Decrease risk of illness and hospitalization. • Improve health and strength; patients may return to work. 	<ul style="list-style-type: none"> • ARVs are not a cure and may raise false hopes. • They must be taken for the rest remainder of a patient's life. • At least 3 drugs must be taken together to be effective. • Most of the regimens have complicated schedules to be strictly followed. • Some side effects may impair quality of life. • If resistance develops, the drugs no longer work effectively. • ARVs are expensive medicines.

9. IMPORTANCE OF COUNSELLING AND TESTING FOR HIV

Counseling helps persons to understand HIV and AIDS, to get information to prevent the spread of HIV, and to help those who were found positive to cope and live in a more resourceful way.

Every time a person is going to have an HIV test there should be counseling by a trained HIV counselor or a medical personnel.

Some other diseases like cancer, TB or malnutrition can look similar to AIDS, and require different treatment approach than HIV/AIDS. People should be tested to confirm their symptoms are due to AIDS or to some other diseases. When a person has proper information about HIV/AIDS, it is quite important to get tested to establish your status, and therefore know how to take care of oneself.

Counseling and the tests can be done in health facilities and in the available voluntary counseling and testing centres (VCT). In VCT centres, the testing is usually done anonymously.

10. WHAT IS IMPORTANT FOR PEOPLE LIVING WITH HIV/AIDS?

Persons living with HIV/AIDS, in most cases, need special considerations. It is the responsibility of everyone in the community to understand their needs and to support them, so that the persons with

HIV/AIDS can enhance quality of their lives in supportive environment.

➤ **Support from the family and community members**

Persons with HIV/AIDS needs support from the family members as well as from the community members, socially, emotionally and sometime even materially. Stigmatization involves very negative connotations or discrimination towards persons with HIV/AIDS, which could be articulated through verbal or non-verbal communications such as careless remarks and uncaring behaviour. When there is a lot of stigmatization towards persons with HIV/AIDS, they tend to feel isolated or neglected, and in worse cases, they feel discriminated. It is our responsibility not to stigmatize persons with HIV/AIDS in the society, so that they can live positively and take necessary actions to manage the diseases caused by the virus.

It is important to remember the following points when dealing with persons with HIV/AIDS in the community:

- * understand their needs and difficulties they have
- * being understanding, supportive, gentle and responsive
- * maintain usual/normal relationship

If someone in your family gets infected with HIV, it is necessary for you to make sure that you protect yourself from coming to contact with the blood or body fluids of the family member who has HIV, so as to avoid another casualty in your family. Especially when the person with HIV develops AIDS symptoms, other family members would need to provide intensive care for him/her, which is called Home-Based Care. The detailed information on how to take care of the person with HIV/AIDS can be obtained from the health facilities or VCT centres.

➤ **Living positively with HIV/AIDS**

Positive living for the persons with HIV/AIDS is very important for them to be able to cope with the situations and enhance the quality of life as well as to delay the multiplication of HIV and progress of AIDS.

Positive living involves the following aspects:

- * to accept your status as HIV positive
- * to disclose your status to a person whom you can trust
- * to eat well balanced diet with nutritious foods
- * to seek for medical advice and treatment for opportunistic infections and other AIDS related diseases and conditions as soon as possible
- * to adhere to the prescriptions for taking ARVs when appropriate and available
- * to keep good hygiene and sanitation
- * to avoid certain lifestyles such as smoking, drinking, taking addictive drugs (as they weaken your body immune system) and getting stress
- * to do simple exercises
- * to have enough rest and sleep
- * to join or form a support group for persons with HIV/AIDS to share experiences, information, views and problems, so as to support each other in many aspects through networking.

Networking:

[O]A networking is a group of individuals or organizations that on voluntary basis exchanges information or undertakes joint activities in a way that strengthens and extends the individual capacity of each member. Networking and coordination are a process that promote information exchange, builds alliances, and facilitates the creation of complementary programs. Networking provides learning atmosphere and it improves ability to address complex problems.

11. SEXUAL ENCOUNTERS FOR CHILDREN

It is very sad that some of the adults in our society are sexually exploiting our children despite the fact that they are supposed to be care takers of our children. Such cases include irresponsible sexual relationship between adult and a child called “Sugar Daddy” or “Sugar Mammy.”

As parents, we can communicate with our children in a way that enables them to tell us if anything unusual happens, so that we may take the appropriate steps.

From a very young age we can train our children:-

- Not to go with strangers.
- To stay away from secluded places.
- To report to us any older person offers them gifts or sweets.

In addition, we need to address the social injustice for the fact that some of the sexual aggressions are targeting our children. They include:-

- Sexual harassment
- Rape
- Defilement
- Sexual abuse

Also in Kenya today, many youths are becoming infected with HIV/AIDS by the time they are ten years old. This means that they are playing sex that early, either because they decide for themselves or because other people influence them. It is collective responsibility of the community to give appropriate information to the children before they start engaging in sexual activities without knowing the possible negative consequences.

12. HIV/AIDS PERCEPTION, CUSTOMS AND TABOOS

Some people in Kenya today are intentionally having sex with a very young child as a way of making sure that they themselves will not get infected with HIV/AIDS.

Many people wrongly believe that sex with a virgin or a young child is a cure for sexually transmitted infections including HIV/AIDS. It is important for the community to have the correct information and to reach to a consensus on changing a certain social behaviour and practices of the society.

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Questionnaire 1 – Households of OVC
Respondents – Caregivers of OVC

A: Social demographic and Economic characteristics of households of OVC

Name of the household head:.....

Name of the main caregiver:

1. Age of the main caregiver (yrs) []
2. Sex of caretaker 1=Male 2= Female []
3. Marital status of caregiver
1=Married monogamous
2=Married Polygamous []
3=Single
4=Widowed
5=Divorced/separated
6=Cohabiting
7=Other Specify: _____
4. What is the relationship of the main caregiver to the child?
1=Father 2=Mother 3=Grandparents 4= Self []
5= Other relative Sp
5. What is the main occupation of the main caretaker? []
..... []
6. What are the main sources of livelihood for the household?.....
.....
7. Define the income source for the household as per the scale below:
1= Regular 2=Seasonal 3=Sporadic 77=None []
Specify.....
8. Approximate income from all sources last month (K.sh) _____
77=Do not know
9. Land size (approximate acreage) []
10. Portion of land under cultivation (acres) []
11. Main food crops cultivated []

.....
 12. No. of livestock owned by the household
 a cows
 b goats
 c sheep

13. What would you say is *the most* persistently pressing need of this family? (**List in order of importance**)
 1= Food 2= Clothing 3=Education 4= Access to healthcare
 6=Money 6= Shelter 7= Access to water 8= others
 Sp.....

14 Are you involved in any Income Generating Activity (IGA)?
 1=Yes 2=No

15. If yes, which one?

16. Who supports the IGA and what kind of support do you get?

B: Information on HIV/AIDS

17. Have you ever heard about HIV/AIDS? []
 1=Yes 2=No

18. If yes, what is it _____

19. How did you *mainly* learn about HIV/AIDS? []
 1= In church
 2= In a chiefs baraza/meeting
 3= Told by friends
 4= Heard on radio
 5= Read about it
 6= In a community meeting
 7= Others sp _____

20. How do people get HIV/AIDS?
 1=Sexual contact with an infected person
 2=Sharing needles and other sharp objects
 3=Blood transfusion

4=Mother to child transmission

[]

5=Others Sp_____

21. Are there ways in which people cannot get HIV/AIDS?

22. Are there some practices among the Masaai which expose them to HIV/AIDS?

1= wife sharing among age sets

2=moranism

3=female genital mutilation/circumcision

4=manyattas

[]

5=cultural festivals

6= polygamy

7= others specify

23. How can someone know if they have HIV/AIDS?

24. How can the spread of HIV/AIDS be prevented among the Masaai community?

C. Profile of orphaned and vulnerable children (OVC)

25. Category of OVC - Index child(ren)

1=Orphaned 2= Chronically sick Parent (s)

[]

26 3=Others sp:_____

27. If orphaned, category of orphan 1=Single 2=Double

[]

28. Total number of OVC (< 18 yrs) in the household

[]

29. If orphaned, number of orphans in household

[]

88=Not applicable

30. Number of other children (< 18 yrs) in the household

[]

31. Do all the siblings live together?

1=Yes 2=No

[]

32. If yes, are they living on their parents land?

1=Yes 2=No 88=Not applicable

[]

33. If no, in how many other households do they live in? []

34. State the age, sex and category of all OVC Living in the household in the following table:

Name	Age	Sex (M/F)	Category	Category
	Yrs/Mths	1=Male 2=Female	1= single 2=Double	1=Orphan 2= Family
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

35. Does the child attend school?
1=Yes 2=No []

If yes, Name of school _____

36. If yes, is attendance of school regular?
1=Yes 2=No Reason _____

37. If doesn't attend school, what is the main reason?
1=Looking after other siblings
2=Looking after sick parents []
3=Child refused
4= Lack of parental attention
5=School is far
6=Looking after animals
88=Not applicable

38. If out of school, which class did the child reach? []
88=Not applicable

39. Does the child suffer from any illnesses?
1=Yes 2=No

40. If yes, what kind of illness?
1=malaria
2=chest problems, coughing etc []
3= diarrhoea
4= skin rashes
5= Any other: Specify

41. How frequent are the illnesses?
 1 = frequently every week
 2 = sporadic every month
 3 = rarely, once in several months [-]
42. List the 3 main chores for the child at the household level:
 1=Fetching firewood []
 2=Fetching water []
 3=Washing dishes
 4= Caring for other siblings []
 5=Cleaning the house
 6=Looking after animals
 7=Others Sp: _____
43. What are the sleeping facilities for the child?
 1=Bed 2=Floor 3=Mattress 4=Sacks
 5=Others Sp: _____ []
44. Are there any insects that could bite the child while sleeping?
 1=Yes 2=No
- 45 If yes, which ones?

45. How are children prevented from these bites?

- 47 On average, how many times is the child given meals on a typical day: []
- NB ; Observe for evidence of Kitchen Gardens in the Homesteads**
 1 Yes 2 No
44. Does the caregiver belong to any community group?
 1=Yes 2=No []
45. If yes, list the two main activities of the group:

46. (*For those who have lost both parents*), how are family resources land/animals

managed?
 1=Available to the child for use
 2=Taken by relative(s)
 3=Held in trust
 4=Held in trust - Informally
 5=Others: Specify []

47. *(For the orphaned children)*, has the child ever received any external assistance?
 1=Yes 2=No []

48. If yes, what kind of assistance **(Tick all mentioned)**
 1= food
 2= clothes []
 3= school fees
 4= shelter
 5 = other specify

49. What was the source of the assistance(s) **(Tick all mentioned)**
 1=From the community
 2=From NGO []
 3=From government
 4= From Faith Based Organizations (churches)
 5=Others: Specify:.....

50. **List the legal rights of an orphaned child** *(as many as the caretaker can remember, but do not ask any leading questions)*

SCHOOL ABSENTISM AND ACHIEVEMENTS
(Get this from Information from school records for the last 3 terms)

Child's name	Name of school	Total times absent Previous 3 terms	Average score marks Past 3 terms	Category of orphan Single/double	Category of OVC 1=Orphan 2= Family
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

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