

LIFE SKILLS PROGRAMME FOR SOUTHERN SUDAN

HIV & AIDS

Information and activity book for mentors



Acknowledgements

UNICEF is grateful to the following people and organisations who have made this project possible:

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The following organisations for allowing us to use their materials and facilities:

JRS

Africa education Resource Centre

CRS

NSCC

Oxfam

The UNICEF management and support team:

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Published by UNICEF in association with...

Illustrated by Mashet Ndlovu

Photographs by ...

Printed by...

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Part 2 Learners' activities

Part one
Background information
and activities for mentors



Welcome

Welcome to the HIV/AIDS module of the Life skills programme. The module has two parts – an information section with activities for mentors to do and a learners’ activity section for mentors to use with the learners. There is also a separate methodology booklet and sets of posters.

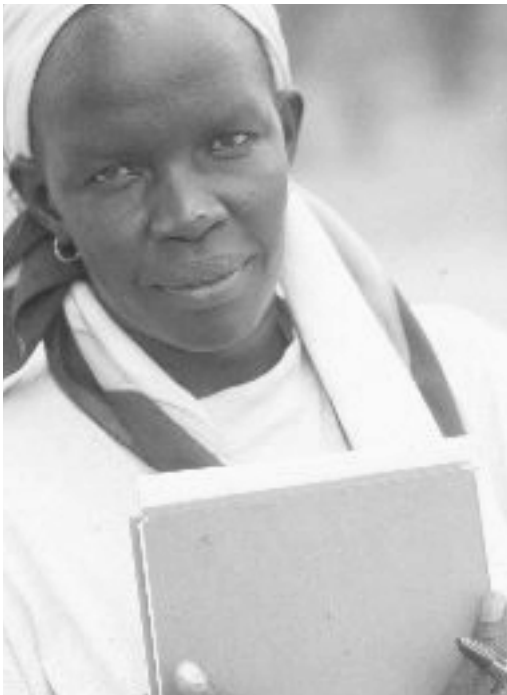
Part one gives you background information about HIV and AIDS so you are confident in dealing with this topic with your groups. It doesn’t give you all the medical details about HIV and AIDS but it gives you enough to know what questions to ask. Depending on the questions your groups ask, you may need to consult experts on some aspects of the disease.

Why mentors?

In this programme we describe you as mentors instead of teachers, trainers or facilitators although you will also be fulfilling these roles. The choice of the word ‘mentor’ is more accurate in relation to your responsibilities in the programme. Your role is not to just tell, teach, judge or preach, it is to listen, learn and demonstrate, to provide an atmosphere to encourage talking and exchanging ideas and to offer support and safety in a world that is difficult to understand, often confusing and disappointing.

The dictionary definition of a mentor is ‘a wise and trusted adviser or guide’ and that is exactly what you will need to be to your learners. Wisdom is not factual knowledge — it is being able to see beyond the facts and into the heart of the matter. The ability to see beyond the surface is essential in dealing with this topic. Sex is shrouded in secrecy in most communities so you will need to find a way to uncloud the issues and confront them.

This is where the other aspect of being a mentor comes in — you need to be trustworthy. Only if the learners trust you with their feelings, thoughts, fears and faults, will you be able to help them deal with all of these and more.



How do we become mentors?



Part one uses the participatory and interactive methods which you will be using with your own groups in Part two. So you will have some first-hand experience and be able to assess what works, what doesn't work or how you can make it work better. There is a separate methodology booklet for the programme which gives more detail about the recommended approaches.

Facts are useful but as a mentor in life skills, attitudes and feelings are what really matter. A doctor working at a clinic made this comment when talking about a teenager who was sexually involved with one of her teachers:

'She has learnt all the facts about the dangers of HIV and AIDS at school but she doesn't seem to relate these facts to her own lifestyle.'

The learning did not work for that that teenager. The facts about AIDS seemed as remote to her as the ice age in her history class.

Facts are not enough. As mentors, you need to help the learners make the connection between the facts they learn at school and their lives; between their actions and the consequences. They need to adopt attitudes that will keep them relatively safe and also help them deal with the realities of AIDS in our midst.

Ideally, you will be able to work through this book in a group situation where you will benefit from other peoples' ideas and insights.

How do I use this book?

Part one presents ideas and facts interspersed with activities. You will use it when you are learning to be a mentor but also when you are a mentor. The learners' activity section (part two) will give you activities to use with learners when you are covering this topic.

Don't take any shortcuts. The activities are as important as the information. Here is a description of the types of activities included:



Time to talk

This is a discussion activity. Have the discussions in small groups of 3 to 5 and report back anything interesting that the whole group should hear.

You will find a list of questions designed to stimulate and direct your discussions. Do all the discussion activities — they will provide a rich resource for the programme. Much of the information you need can only come from your own communities. You need to know how people think, what they believe, how they feel or what they fear to be an effective mentor.



Think about it

This is similar to the discussion activity but usually raises issues which require you to re-think your ideas or examine your own beliefs. If you exchange ideas with the group, you may come across views or insights which you would never have thought of yourself.



Act it out!

There are a few role play exercises in this book but you may add more of your own, relating directly to your local situations. Role play gives you the opportunity of putting theory into practice, albeit in an imaginary situation.

In role play you can act out completely ‘off the cuff’ (with no preparation) or you can do a rough outline of the role play before you act it out. Both ways have merit. The spontaneous approach will probably lead to more honest responses but the partly prepared role plays would make sure you don’t sidetrack from the main issues.



Find out

This is the research element in the programme. Don’t underestimate its value. We often think we know what our communities think or how they would respond but there are often big surprises too. This research will form the basis of much of your planning for your life skills sessions. It will reveal areas which need attention.

Understanding your own communities is a major part of being a successful mentor.

Wherever you are, be attuned to what people around you are saying so that you can incorporate these ‘on the ground’ views and experiences into your programme.

Once you are a mentor, this ‘research’ will become second nature. Wherever you are, be attuned to what people around you are saying so that you can incorporate these ‘on the ground’ views and experiences into your programme. These will be authentic reflections of the community and will make you an effective mentor.

Enjoy the programme and good luck with your role as mentor!

1 Facts and myths

This booklet is going to tell you some of the important facts about HIV and AIDS. There are also many myths about HIV and AIDS.

As mentors you will need to know the facts. Myths are made-up stories which are so well-known that people don't question whether the ideas are likely or even possible.

As mentors, make sure you know which myths are common in your own communities. Talk informally with people to find out what they believe. Include these beliefs in your discussions with the learners, making sure they understand where the truth ends and the myths begin.



Time to talk

- What myths about sex or HIV and AIDS have you heard about in your own communities?
- Can you work out where the myths came from?
- Talk about how you would prove that the ideas are just myths and have no basis in fact.
- Write down the myths that everyone in your group talked about. Start your myth collection now!

EXAMPLE BOX

Myth

You can get HIV from mosquitoes.

Where it came from

This myth probably arose because people wanted to find another reason for finding themselves or people close to them HIV positive. It was too embarrassing or incriminating to say that they got the HIV from sex.

To prove it false

If mosquitoes spread HIV then everyone of all ages would be infected to the same extent. This is not true. The people infected tend to be either very young babies or children under five and people old enough to be sexually active. The exceptions would be children who have been sexually abused by adults.

2 Coping with embarrassing topics

As mentors, you will have learn to talk about topics which you used to find embarrassing. They may be topics which you thought people should not talk openly about. Now you will need to get over this reluctance and learn to talk quite comfortably about any topic.

Once you start talking about these topics, it will get easier. It is usually only the first few times that it is difficult and embarrassing. Your learners will find the same — if everyone is communicating openly, it will become easier to do so.

Even if some learners don't ever feel able to talk about these previously embarrassing topics, they will benefit from everyone else's discussions.



The words you use

Talk to young people in your community to find out what words or terms they use for anything that might be considered 'taboo'. Getting to know the words they use will also give you some idea about their attitudes.

Find out

Find out and record what terms are used in everyday speech for the following:

love	sexual intercourse	any sexual activity
HIV/AIDS	homosexuality	sexual abuse
the penis	the vagina	an orgasm
masturbation	prostitution	rape
sexually transmitted diseases		pregnancy outside marriage
a girl who is thought to be promiscuous*		
a boy who is thought to be promiscuous		



You will probably come across other words or phrases.

Make a note of these terms and keep adding them to your list. Knowing what the learners will understand gives you a good starting point.

*To be promiscuous means to have sex with lots of different people.

Where appropriate you can use the terms when you want to talk about these subjects. It will make the learners feel that you are 'one of them' and can be trusted.

But if the terms carry attitudes which you want to discourage, especially wrong attitudes to women and girls, switch to more accurate terms and steer your learners away from words which promote prejudice.



Time to talk

Talk with your colleagues about the words and terms you know of that your community uses for anything to do with sex.

- Are the terms appropriate or not?
- Can you easily see where the terms came from?
- Do they show a certain attitude?

EXAMPLE BOX

The terms for a promiscuous girl and a promiscuous boy should be similar and yet look at the difference between these terms which are common in some communities:

A promiscuous girl is called a 'slut'.

(The slang word slut means dirty and immoral.)

A promiscuous boy is called a 'stud'.

(The slang word stud means a strong, sexually active man.)

Obviously there is some admiration for the promiscuous boy and yet there is only disapproval for the promiscuous girl.

This information shows that you need to emphasise boys' responsibilities in relation to sex and stress that both boys and girls are involved. Girls cannot be considered more blameworthy than boys if they have sex before marriage.

Using a friend's problem

Another way of dealing with embarrassing or difficult topics is to always make the person with the problem or question someone else — a friend or a friend of a friend. This is a common technique when dealing with sensitive or embarrassing topics. Most people find it easier to talk about someone else's problem, especially if they are unsure about the reaction they will get. If they get a positive reaction, they might be brave enough to admit that it is their problem or question.



**Time
to
talk**

- Who are you most likely to confide in about a personal problem?
- Do you find it easy to talk about personal problems?
- If you wanted to find out about a sexually transmitted disease because you thought you had one, how would you go about it?
- What are the dangers of people being too embarrassed to talk about a problem?



**Act it
out!**

In pairs, take turns to play out a situation:

- One of you is a nurse or doctor. The other is someone who may have a sexually transmitted disease.
- Mix around the situation — play a man if you are a woman.
- Then talk about the problems you had and how you dealt with them.

3 Culture and HIV

The word ‘culture’ is used to cover many different things. There are a lot of wonderful, rich aspects of our different cultures which are well worth preserving. But there are also aspects of our cultures that are no longer relevant in our communities.

Unfortunately, the word culture is often used when people don’t want to change something or even to discuss it. The word can behave like a full stop! Once you say ‘It’s our culture’, there is no more to be said.

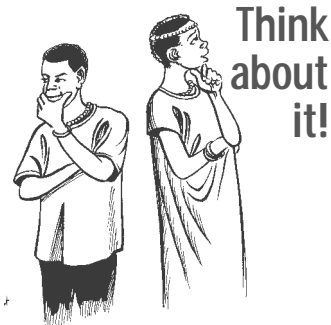


**Time
to
talk**

- The most powerful weapon we have against HIV/AIDS is knowledge and awareness. Are there aspects of your culture that might prevent the spread of knowledge and so encourage the spread of HIV?
- What aspects of your culture are useful in stopping the spread of HIV? Are people still practising these things? How can you use culture in the campaign against AIDS?
- HIV is spread primarily through sex but also through sharing needles or other cutting instruments. Are there cultural practices which actually put people in your community at more risk of contracting HIV?
- Young people are more likely to be infected if they have sex with an infected person. The delicate skin in a girl’s vagina can tear easily and so there is a greater chance of bleeding. Do people marry young in your culture? Are teenage girls married to older men? How could this worsen the spread of HIV?

- Are there any rituals in your culture where people have sex outside marriage — for example, during initiation ceremonies?
- Are there any rituals in your culture where people share cutting instruments and so increase the risk of spreading HIV?
- Does culture change? Can you think of examples where cultural practices have changed in your community? Have they changed for the better or for worse?
- If there are aspects of your culture which could actually worsen the spread of HIV, how could you encourage your communities to change them?





Here is what one person said about their community:

In our culture, people don't have sex before marriage.

Is this a true statement in your own culture? This would certainly help to stop the spread of HIV. But even if it is part of the culture, do people always stick to it?

Which statements below are true (really true) for your own community?

- When people get married both the man and the woman are usually virgins.
- When people get married both the man and the woman are sometimes virgins.
- Women are often virgins when they get married.
- Men are often virgins when they get married.
- Men are sometimes virgins when they get married.
- Women are sometimes virgins when they get married.
- Bridegrooms are hardly ever virgins.
- Brides are hardly ever virgins.



What other statements about this would be true in your community?

Is what people do and what people say different?

How do things need to change now that there is such a threat from HIV?

4 Gender and HIV/AIDS

As mentors, you will need to be constantly on the look-out for any bias you have in favour of boys or girls and men or women. We are brought up in societies which are built on inequalities. We are completely blind to prejudices which we have grown up with. It takes an effort of will to take a step back and examine why we automatically believe some things.

Talk with the learners often and about as wide a range of topics as possible. Casual discussions about sport or friends will reveal their attitudes about each other.



- How could prejudices about boys or girls affect young people's futures (or even their present lives) ?
- How could you dispel unfair attitudes which you know are a part of your communities?
- Do people laugh when you suggest that the women should take the dominant roles? Why?
- Are there common myths about men and women's having different brains or one being more intelligent than the other?
- How could any unfair attitudes to women and men put them at greater risk of contracting HIV?

EXAMPLE BOX

Here is a story which was used to find out what prejudices people had:

A boy and his father were involved in a serious accident. His father was killed in the accident. The boy was rushed to a hospital and on his arrival, the doctor came rushing out and said, 'My son!, My son!'.
Who was the doctor?

In response to this story, even amongst the most educated, there was a range of possible answers — the father's brother, a priest and so on. Only after some time did anyone even consider that the doctor was actually the boy's mother!

In many communities, girls leave school earlier than boys, if the girls are lucky enough to get to school. They very often end up with a lower level of education. People tend to not associate women with important positions in society.

QUICK ATTITUDE TEST

Answer this as honestly as possible. No-one else needs to know how you answered it. Your answers will tell you if you have an attitude problem which you need to work on.

- 1 Women are better managers than men.
- 2 You can't dispute the biological fact that women were designed to look after babies.
- 3 Women are more sympathetic than men when it comes to emotional problems.
- 4 Men can run the home just as well as women.
- 5 Women have to take the responsibility of keeping the family fed.
- 6 If you have to choose between sending your son or your daughter to school, you have no option but to send your son.
- 7 Girls are quite clever in primary school but boys do better at secondary school.
- 8 Boys are more practical so they are better at science.
- 9 Boys are keen to get married quite young.
- 10 You expect girls to want to experiment with sex.

	Agree	Disagree	Not sure
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

YOUR TURN!

Make up a quiz like this for your learners? Work out questions that will help you find out what attitude problems are common amongst young people in your communities.

Are men and women, girls and boys all equal to you?

If yes, you'll make a good mentor!



5 Your own attitudes to sex

What are your attitudes to sex and relationships? Have you had any bad experiences? Are you rigid in your thinking or open to other people's ideas?

As mentors, you will have your own sense of what is right or wrong — your own values. Make sure that these values don't affect your ability to interact with your learners.

There are two ways that your own attitudes or behaviour could detract from your effectiveness with the learners.

If you are known to treat relationships lightly or to have a low opinion of women or men (depending on your gender), learners will not take you seriously. When you attempt to steer their thinking away from casual relationships, they will accuse you of double standards — of doing one thing and yet saying another! Look, the mentor below likes to tell young people what to do but he does the opposite!

Don't be like this mentor!

You mustn't have more than one girlfriend

This morning...



Later...



This situation can be salvaged if you ‘own up’. You can use some of your own mistakes as an example of how things can go wrong, especially if you have decided to take a different approach and now have a happy monogamous relationship (one girlfriend or boyfriend only).

The most effective campaigners against AIDS are people who have contracted it or been close to people with it. They don’t speak from a pedestal. Their true life experiences carry the extra impact of first-hand knowledge and very real regrets.



Time
to
talk

- Do you know of anyone who has dramatically changed their ways and used to lead a promiscuous life and now promotes restraint and faithfulness in marriage?
- How far does the behaviour of people who are well-known or admired affect young people’s own behaviour?

Mentors who are too judgemental won’t be effective. If you are quick to condemn learners for ideas or suggestions that don’t reflect your own, the learners will merely say what they think you want them to say.

You might not always know that you are being judgemental. If you get a negative reaction or the learners obviously stop talking to you, go over everything you said afterwards.



Think about it!

Think about some of these issues:

- What tone of voice did you use when talking to the learners? Were you irritated or too self-righteous (sounding like only you can be right)?
- Did you take time to listen to what the learners were saying? Sometimes you have to listen 'between the lines' to get a better idea of what is worrying them. Sometimes learners behave badly because they are frightened or unhappy.
- Although you may never have had sex outside marriage, what are you saying to learners who have already had sex outside of marriage or had relationships they are unhappy about? They need to have hope and to be accepted.
- Young people can become involved in relationships out of their own control. Many young people are sexually abused by adults. If you are too quick to condemn, these young people will feel they are to blame. Are you aware of any learners who may be in this situation?

Don't be like this mentor!





Time to talk

- Do you know anyone who has been raped or sexually abused?
- Do people talk openly about rape or sexual abuse?
- How does the community regard people who are the victims of rape or sexual abuse?
- How do they regard the people who rape or sexually abuse others?
- Are young people in danger of being sexually abused or raped in your communities?
- As mentors, do you need to try to change the way people think about the victims?
- How could you do this?
- What advice could you give young people to protect them from sexual abuse or rape?



Act it out!

- Act out situations where young people have been sexually abused or are in danger of it. They have decided to confide in the mentor and ask for help.
- Take turns in being the mentor and being the distressed young person.
- Vary the situations, basing them on the kinds of incidents that are common in your own communities.

6 The facts about HIV and AIDS

The next section will look at the medical facts about AIDS before we look again at attitudes to HIV and AIDS and people who are infected or suffering.

Get to know the facts well so that you can confidently dispel any obvious misconceptions (wrong ideas) that the learners have. If you have any doubts or questions yourself, consult medical experts in your areas so that you can be absolutely clear. If the learners ask questions that you are unable to answer, tell them you will find out the answers for them.

If possible, invite an expert who can answer any questions that the learners have.

If there is anyone with HIV or AIDS who is willing to talk to the learners, arrange this. Prepare the learners so that they treat the visitor with respect and consideration.

Never dismiss learners' questions as they usually reflect their anxieties and need to be answered as honestly and openly as possible.

The quiz that follows will help you work out what you already know and what you need to find out more about!

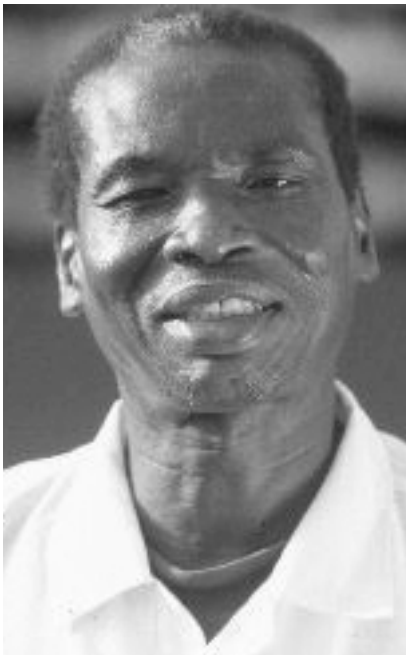
QUICK QUIZ

How much do you know about HIV/AIDS?

Are these sentences true or false?

	TRUE	FALSE
1 You can see if a person is infected with HIV.		
2 The main way that people get infected with HIV is through sex.		
3 A mother who is HIV positive will always have an HIV positive baby.		
4 You shouldn't eat from the same plate as someone with HIV or you will get infected.		
5 There is no such thing as safe sex.		
6 If you already have a sexually transmitted disease, you are 5 to 10 times more likely to be infected with the HIV during sex.		
7 Drinking alcohol might interfere with your judgement and put you at greater risk of contracting HIV.		
8 People usually die from AIDS-related diseases rather than AIDS itself.		
9 Most symptoms of AIDS are symptoms of other diseases, too.		
10 You cannot get infected with HIV by ordinary daily contact with a person who has HIV.		

Answers
1 False 2 True 3 False 4 False 5 False 6 True 7 True 8 True 9 True 10 True



What is HIV?

HIV stands for:

H uman

I mmuno-deficiency

V irus.

It affects people, not animals so it is 'human'. It stops your immune system from working well, so it is called 'immuno-deficiency'. It is a virus which is a tiny living thing that you cannot see with the naked eye. You can only see it under a powerful microscope.

What does HIV do?

Once HIV enters the body it gradually weakens the body's ability to fight other diseases. The HIV eventually destroys the body's immune system. Your immune system is your defence against any infections and illnesses. This means the body cannot fight against infections and diseases.

An infected person becomes more likely to get illnesses and less able to deal with them. Over a period of time HIV positive people begin to suffer from many different diseases. One or more of these diseases can eventually cause their death.

Where is HIV in the body?

HIV is only found in human blood and other body fluids such as semen, vaginal fluid, saliva and breast milk.

Can you see when people have HIV?

People who are HIV positive — people who are infected with the human immune-deficiency virus — usually look very well for quite a number of years. At first no one can tell that they are HIV positive. But they can still infect other people.

What is AIDS?

AIDS stands for **A**cquired
Immune
Deficiency
Syndrome

AIDS is caused by HIV which weakens and finally destroys the body's immune (defence) system.

- It is acquired because AIDS is widespread and is passed from person to person through various routes.
- Immune-deficiency (lack of defence) refers to the breakdown of the body's ability to fight infections.
- It is called a syndrome because there are a number of different symptoms which are not always found in each case or together.

Once the immune system breaks down, the body weakens and cannot resist other infections.

How is HIV passed on from person to person?

- Sexual contact is the main way that people become infected with HIV.

Other ways of spreading HIV are:

- through blood transfusions
- through other contacts with blood (from needles or sharp instruments through open sores, for example)
- from mother to child (in the womb, at birth or sometimes through breast milk).

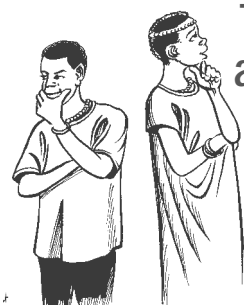
Can you get infected with HIV in any other way?

You **CANNOT** get infected through:

spitting coughing
sneezing sweat
tears
bites from mosquitoes
or other insects



Time
to
talk



Think
about
it!

No. You cannot get infected with HIV by ordinary contact with HIV positive people. It is OKAY to...

- play sports together
 - work together
 - shake hands
 - hug each other
 - kiss on the cheek or hands
 - sleep in the same room
 - breathe the same air
 - eat and drink together
 - share utensils like plates and cups
 - share towels
 - use the same shower or toilet
 - use the same washing water
 - swim together
-
- How can you make sure that learners understand the difference between HIV and AIDS?
 - What ideas about what a person with HIV will look like are common in your communities?
 - How can you convince your learners that you can look very healthy but still be infected with HIV?
 - What words do you think learners will find difficult to understand? How could you explain them more effectively?
-
- Is there any stigma attached to HIV and AIDS in your communities? A stigma is when it is a disgrace — something to be ashamed of — to have anything to do with people with HIV or AIDS or to have it.
 - Do you believe that you cannot get HIV from casual contact — sharing things and being together? If you have any doubts, the learners will notice it.
 - If you know anyone who has HIV or AIDS, meet with them and talk to them. They will help you understand their problems and also help you get rid of any prejudices you have about people with HIV and AIDS.

What is safe sex?

- Sex within a mutually faithful relationship, where both partners have never had sex with anyone else, is safe.
- Sex within a mutually faithful relationship where either person has had sex with other people in the past cannot be considered safe unless both partners have been tested and found to be negative. If they have tested negative at least three months after any sexual contact, then this would also be safe sex.

What is safer sex?

Safer sex does not mean that you cannot become infected but you reduce the risk. You can have safer sex by...

- using protection like a condom during sex;
- having non-penetrative sex where the penis doesn't actually go into the vagina;
- withdrawing the penis before ejaculation.



Time to talk

- What aspects of your culture or religion could make it difficult to tell learners about safe sex or safer sex?
- How could you make sure that learners have the information they need about this?
- Do people in your community only have sex within marriage?
- Are both men and women in your community virgins when they get married?
- What could young unmarried couples do to delay having sex? Brainstorm all the things that couples can do together so they enjoy themselves without having sex — can they touch in other ways?

EXAMPLE BOX

How can you get HIV from a blood transfusion?

Blood transfusion services test blood before it is given to a patient to make sure it is safe.

But there is what is called a 'window period' between a person being infected with the HIV and when it shows up as positive in a blood test. This is where there is a very small risk in having a blood transfusion. Very often the patient may face a greater risk of not recovering from an illness without the blood transfusion.

Haemophiliacs (people who suffer from a disease where they have to have regular transfusions) were at great risk before the dangers became evident.

Important notes for anyone giving blood

- Be totally honest in answering any questions you are asked.
- Don't give blood if you have put yourself at risk of contracting the HIV within the previous six months.
- Never use the blood transfusion service as a way of having an HIV test.
- Ask yourself if you would be completely happy to receive your blood if you were ill.

What contact with blood is unsafe?

Blood is not a very common way of spreading the HIV. Certain groups of people are at high risk.

Here are some situations which could put you at risk:

- 1 If you use drugs by injecting them and you share the needle with other drug users.
- 2 If you are cut by a sharp instrument like a razor blade, knife or a syringe, for example, which has just been used to cut or inject someone else, without sterilising it.
- 3 If you have any open sores, cuts or grazes which come into contact with open sores, cuts or grazes on someone who is HIV positive. This is avoided by always wearing gloves if there is any danger.

Before there was full AIDS awareness, doctors and nurses were at greater risk when treating HIV positive patients.

Now the carer professions — health workers, nurses, doctors and social workers — insist on high standards of protection to avoid any possibility of being infected. They use gloves and often they use disposable syringes that are only used once.

How can HIV be transmitted to a baby from the mother?

There are three main ways that an HIV positive mother can infect her baby:

- 1 When the baby is still in the womb, there is a possibility that the virus could enter the baby through the placenta.
- 2 During birth, especially if there is any tearing, the baby can be infected. A caesarian birth is considered less risky.
- 3 Once the baby is born, if the mother breast feeds, there is a small chance that the HIV could be passed on through the mother's milk..

However, in many situations, it is far more risky to not breastfeed a baby as there is a greater risk of malnutrition, especially where formula milk for babies is expensive or not easy to get. Also, the baby could be at high risk of getting diarrhoea from unclean water or containers.

Find out

Visit local clinics and hospitals to find out how many babies are born HIV positive.

Talk to midwives and mothers and fathers about the issue of HIV positive people and parenthood.

What can mothers in your communities do to put their babies at the very least risk?



Time to talk

- If you were HIV positive but in a stable relationship, would you decide to have a baby?
- If you did decide to have a baby, what would you do to make the baby as safe as possible?
- If you decided not to have your own baby, what other options are there?
- If a learner asked you if it was wrong for an HIV positive woman or man to have a child, what would you say?

Where did HIV come from?

No-one knows where HIV came from originally. Many ideas have been put forward but none has been proved right. AIDS is a new disease which was recognised and reported in 1981 among homosexuals in the US.

AIDS is real. It is a serious problem, affecting our families, communities, nations and the world at large. HIV/AIDS is an enormous threat to our lives and the lives of everyone around us.

Can HIV /AIDS be cured?

No. There is no cure for HIV or AIDS although research is being done all the time to find a cure for it.

Can HIV /AIDS be treated?

Yes. There are many treatments which help to fight the effects of AIDS. Some drugs to help to fight the disease are available easily and others are not available or are too expensive.

What can people with HIV or AIDS do to stay healthy for longer?

Although there is no cure for HIV or AIDS, people who have the virus can do a lot to stay healthy..Some simple rules for a healthy lifestyle are:

- Eat a healthy, balanced diet.
- Get regular exercise
- Have enough rest.
- Be positive about yourself and your situation.
- Spend time with friends and family

Find out

- 1 Visit the nearest clinic or talk to the health worker in your area to find out:
 - what treatments for HIV/AIDS are available and what they cost.
 - what the most common ailments are in your area and what treatment is usually given
- 2 Talk to people in your community as well as farmers or health workers to find out:
 - what foods are grown locally;
 - what healthy foods are freely available;
 - what healthy foods are not available and why;
 - what foods people know about that have healing qualities.
- 3 Does anyone in your community know a lot about food and nutrition? Talk to them to find out what they know about local foods.



Eating a healthy diet

The following guidelines were drawn up by an organisation working with HIV and AIDS in southern Africa. The suggestions are not all suitable for your part of the world. Now that you have found out what is available or could be made available in your area, draw up your own guidelines.

WHAT TO DO

- Eat lots of fresh vegetables and fruit. Start your own vegetable garden.
- Make your own bean sprouts — they are full of goodness.
- Eat unrefined grains like sorghum and millet.
- Eat yoghurt daily to help prevent diarrhoea
- Eat as much garlic as you can — in food and as whole cloves.
- Eat seaweed to stimulate the immune system.
- Eat eggs for protein and vitamins.
- Eat fish for protein and to help the immune system.
- Use spices — many of them help digestion and have healing qualities.

WHAT NOT TO DO

- Don't drink water from an unprotected source — boil or filter water to make sure it is clean.
- Don't drink too much alcohol.
- Don't eat food with preservatives in it — canned foods or food from packets.
- Don't eat refined food.
- Don't eat food grown with pesticides
- Don't spend too much time alone — it might make you depressed.
- Don't have sex without protection even if your partner is also HIV positive.
BEING RE-INFECTED CAN WORSEN YOUR HEALTH.

What can put you at greater risk of getting HIV?

Here are some of the situations that would put you at great risk of getting infected with HIV:

- Having sex with many different partners;
- Having sex with people who already have a sexually transmitted infection (STI) such as gonorrhoea or syphilis;
- Through wife inheritance where the inherited wife may be infected by her dead husband;
- By having sex with male or female commercial sex workers;
- Through sharing razor blades or needles;
- Through sharing blades during circumcision or other ceremonies;
- Through blood transfusions with contaminated blood;
- From an HIV positive mother to her child;
- Through an accident involving someone with the HIV. where there is a lot of blood and broken skin;
- By infected adults abusing children.

Why are young people at risk?

- They are often very active sexually, even though they are meant to wait until they are married.
- Some older men or women prefer to have sex with young people.
- Young men may have sexual intercourse with older women as part of the rites of passage
- Young people have fragile or delicate sexual organs which are more likely to tear and bleed.
- Peer pressure from other young people leading to drinking and drug abuse and sex at an early age.
- Young people easily become infatuated and they lack the judgment to resist sexual advances;
- There may be very few good role models in the family or even in the community.
- There are often no places for young people to relax and few opportunities for training so they end up in unsuitable relationships for the wrong reasons.
- In a damaged community, young people may have little self esteem, self awareness or respect for others.
- Gender biases can make it impossible for girls to refuse sexual intercourse or early marriages.
- Young people can be drawn into being sexually active by adults and they don't have the authority to say no.





- What are the common risks that young people in your community face?
- Can young people easily avoid these risky situations?
- Do the adults in your community know the facts about HIV and AIDS?
- If not, how can young people help teach the adults in their communities?
- How can you encourage young people to make the right decisions about relationships and sex?
- Can girls and young women in the community refuse to have sex, even if adults encourage it?
- How could you persuade young people to think carefully about their sex lives without telling them what to do?
- Can you think of stories from your own communities which you can use to help young people make the right decisions?

Find out

People often say that it is against their culture to talk about sex.

Find out if this is true.

- Do young people talk about sex amongst themselves?
- Do boys talk to other boys and girls talk to other girls about sex?
- Is it true that people don't talk about sex or do they talk in certain groups?
- When do people use the words about sex that you collected?

Report back on what you find. It could be very useful information for your jobs as mentors



What are the symptoms or signs of AIDS?

IMPORTANT REMINDER

All of the symptoms of AIDS are also symptoms of other diseases. People cannot be sure they are suffering from AIDS until they have had a test to find out if they are HIV positive — this would mean they have the virus in their bodies.

A NOTE ON TUBERCULOSIS (TB)

With the onset of the AIDS pandemic, cases of tuberculosis (TB) have increased in Africa again. It is one of the most common diseases affecting people who are HIV positive. But this does not mean that anyone with TB is also HIV positive.

The symptoms of AIDS are also symptoms of other diseases. These are called opportunistic diseases. They take advantage of the body's weakness. If the body has no defence, it is likely to be affected by a number of illnesses.

A sign of AIDS could be a number of different symptoms at the same time or one after another. But this could also be a sign that a person is run down or malnourished. Remember that the only way you can properly diagnose AIDS is by a blood test.

AIDS is a syndrome — the symptoms vary from person to person. Some people have skin infections, others develop pneumonia or severe diarrhoea. Once the virus takes control of the body major signs and symptoms begin to appear.

Major symptoms

The major symptoms, which could all be symptoms of other diseases, are:

- losing weight
— a loss of ten per cent of body weight within a short time.
- diarrhoea that doesn't go away
— it goes on for more than a month
- fever that won't go away
— it goes on for more than a month

Minor signs

- a cough that goes on for more than a month;
- itchy skin lesions (dermatitis);
- recurrent herpes zoster (shingles);
- oral candidiasis (thrush);
- chronic herpes simplex (cold sores);
- enlarged lymph glands.



Time to talk

- Are symptoms and signs similar to those of AIDS common in your community?
- What other diseases are there in your community that have similar symptoms?
- Are the learners likely to suffer from some of the symptoms described?
- As mentors, how can you make sure learners don't immediately jump to conclusions about their own HIV status or that of friends or family?
- How would you respond to learners coming to tell you that they or members of their family are HIV positive or suffering from AIDS?

How to prevent HIV and AIDS

- Do not have sex with many partners. Stay faithful to one partner.
- Never share needles, blades, razors, toothbrushes
- Always cover cuts or abrasions.
- Do not have sex before marriage and stay faithful within marriage
- If you have unsafe sex, use condoms properly and with every sexual act to reduce the risks.
- Treat other sexually transmitted diseases as soon as you notice signs of them
- Use only sterile needles and syringes for injections.
- Make blood transfusion services as safe as possible by testing blood and screening donors
- Handle blood and blood products and body fluids very carefully by covering hands with plastic bags or gloves when touching fresh blood and body fluid.
- Make sure you have a lifestyle that keeps you safe and promote this lifestyle within your community.

7 Living with HIV and AIDS

Your 12–14 year old groups should be relatively AIDS-free. But they may well have to deal with the reality of AIDS amongst their families and friends.

As adolescents, they are at a vulnerable age. Their bodies are mature but they may be emotionally unable to cope with some situations — especially those involving sex.

There may be some young people in your groups who have already been exposed to the risk of HIV. Child marriages and child rape are not as rare as we would like to think.

In all your sessions be constantly aware that some of your group may be living very close to the AIDS problem. Never show any prejudice or disgust for those who are suffering as this will badly influence the group.

If you have noticed any anxiety in any of the group's questions, take the time to talk about how HIV is spread and not spread again. Invite anyone who wants to talk privately to you about anything to come and see you after the session is over. Have a question box where learners can place their questions anonymously.

Invite someone with AIDS to come and talk to the group so that they lose the 'fear' of being near people with AIDS. Let them see that people with AIDS are like people with any other life-threatening illness. They need love, care, consideration and hope.

Do the following attitude test to find out if you need to re-examine how you feel about people with HIV and AIDS. You need to be sure that you believe what you are telling the learners about people with HIV or AIDS.



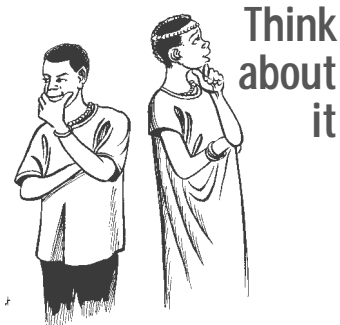
ATTITUDE CHECK

This attitude test will help you find out how you really feel about people with HIV and AIDS. This is a private test, you don't need to tell anyone about your answers if you don't want to. Be completely honest.

Choose the answer that most accurately reflects your feelings. Then decide what your responses say about your attitudes. If you feel you can discuss your feelings, this could help you overcome some of your problems.

- 1 You have heard that your cousin is HIV positive. You meet him at the well where you are having a drink. He asks to share your water mug. What would you do?
 - A Offer your cousin the mug but not use it again yourself.
 - B Offer your cousin a drink and then drink from the cup yourself to make sure he knows you feel fine about that.
 - C Make an excuse to rush off so that your cousin doesn't get to use your mug.
 - D Share the mug without any hesitation.
- 2 Your sister's friend is visiting. You have heard that she is always seen with the truck drivers going through the village. People say she must be HIV positive. She greets you by asking you to come and give her a hug. What would you do?
 - A Give her a hug — she hasn't done anything to you anyway.
 - B Make an excuse to rush off.
 - C Tell her as long as it is only a hug it will be alright.
 - D Tell her that you can't hug someone who may have AIDS.
- 3 Your brother has come back from working in Labone. He is thin, his skin is bad, he has a cough and he seems to have diarrhoea. You believe he must have AIDS. What do you do?
 - A Act politely towards him but make sure you do not spend much time at home with him.
 - B Ask him why he has brought this terrible deadly disease to your home and threaten to run away if he stays.
 - C Spend as much time with him as possible, trying to talk to him and cheer him up.
 - D Try to find out as much as you can about the disease and what foods will help to make him better so you can help him.

- 4 You have been asked to recommend someone for the librarian's job at the school. You know a person who would be perfect for the job but you have heard that she is HIV positive. What would you do?
- A Recommend the person anyway. After all she is not sick and could have many healthy years of working left.
 - B Find someone else to recommend for the job because you don't want anyone to blame you when it all comes out.
 - C Recommend the person for the job but tell everyone] concerned about the possibility of HIV.
 - D Say you don't know anyone suitable.
- 5 A new community group has started up. At the group's planning meeting, one member suggests that group members and their families look after people suffering from AIDS in the community. What would you do?
- A Agree but suggest that the group raises money to pay trained nurses who understand about hygiene rather than their own families who know nothing.
 - B Agree and suggest ways that everyone could be involved in helping in different ways — giving moral and physical support.
 - C Disagree because none of you knows enough about the disease and you don't want members to be at risk.
 - D Agree but suggest that the group itself needs some training before the project begins.



Think
about
it

What attitudes about HIV positive people and people with AIDS did the test show up? Do you have fears which you cannot explain? Can you work out why you have these fears? How can you deal with any fears that you have?

Do you believe that people with AIDS 'brought it on themselves'? Is this true?

How can you persuade learners to adopt an AIDS-aware approach to sex but at the same time stop them from 'blaming' people who have the disease?

Find out

Talk to people in the community and make up your own attitude test to use to find out how they feel about people with HIV or AIDS.

Remember that what people say doesn't always match what they do. You will need to observe closely to see if there are differences. An attitude test should not be too obvious or everyone will know what they should say and you won't get any idea of their true feelings.

Talk to people with HIV or AIDS to find out what they experience. Are people supportive or do they condemn them or blame them for their situation? Do they have ideas about how people could find out more about HIV/AIDS?



Caring for people with AIDS

Here is some basic advice about caring for someone with AIDS from Helen Jackson's book called *Living with AIDS*.

Spiritual and emotional support

It's important to be ready to listen and to talk to people suffering from AIDS.

- Sit and talk with patients, giving them the opportunity to chat or remember old times
- Find out what patients need and want — to eat, to pass the time, or who they would like to see
- Ask patients how they are feeling, and help them to talk about any worries or concerns they have
- Help to make patients less lonely by being there, sharing the day's events, including them in discussion and decisions, making them feel part of the family.

Physical care

Providing physical care to someone with AIDS is a very sure way of showing them you love them. here are some basic rules of hygiene:

- Avoid skin contact with blood; if blood gets on your hands, wash them as soon as possible in soapy water. Do the same for other body secretions such as urine or faeces.
- Cover any cuts or sores on your hands with waterproof plasters.
- If plastic or rubber gloves are available, use these to cover your hands when dealing with blood or soiled linen; you could also use plastic bags if you dont have gloves.
- Boil soiled laundry for twenty minutes and/or use bleach (one part bleach to nine parts of water) to kill any virus present.

**Where can I get
up-to-date
information?**

Knowledge about HIV and AIDS is changing all the time. As a mentor, you will need to keep up with all the latest developments if you are going to be well equipped to advise your learners.

Here are some organisations that deal with HIV/AIDS in the southern Sudan region. Contact them for their latest information materials regularly.

List of organisations and publications/videos to be inserted here after further research

UNICEF
Frontline Fellowship
WAR child

VIDEOS
No need to blame
Yellow card

Part two

Activities for learners



The HIV and AIDS module

This module is broken up into six sections:

- 1 Sexual relationships
- 2 The facts about HIV and AIDS
 - What is HIV?
 - What is AIDS?
 - How you can get HIV
 - How you cannot get HIV
- 3 Avoiding HIV
- 4 HIV, gender and culture
- 5 HIV and violence
- 6 Living with HIV and AIDS and caring for someone with HIV and AIDS

There is going to be some overlap in all the topics in this programme and you can constantly refer back to topics and situations covered in other sessions. For example, this module begins with a session on relationships. The learners will have already talked a lot about relationships when you were looking at families and friends. This means you will have a good starting point.

This booklet suggests an outline for each of the sessions in the HIV/AIDS module. But remember, they are only suggestions. The situation you are in or the learners you have may mean you need to change some of the approaches or modify some of the activities. Feel free to do so but make sure that the key points and main objectives of each section are well covered.

Timing

The timing for each session will depend on the response you get from the learners. Some learners may want to spend a lot of time on a particular topic. Other learners may be impatient to move on. You will need to judge what time you need to spend on each aspect of the programme while being sure that everyone has understood everything about it.

Most of the sessions should not last more than forty-five minutes. Within that time, make sure there is a variation in activities and an opportunity for the learners to interact. Let

The structure of the sessions

them move around — perhaps going into groups outside or just having a walk around as a break.

The sessions should never seem too long. If learners take too long over an activity, come back to the session again another time. Once they lose interest or concentration, they will stop gaining anything from the session so never make it seem too long.

If you use the informal communicative methods, you should find that learners enjoy the programme and actually look forward to the next session. These sessions should never seem to be a chore!

Each session will include the following:

- 1 A list of key points and objectives
These will help you guide the learners throughout the session, steering them back to the key points if you think they have gone off at a tangent.
- 2 An introductory stimulus
This could be a story, poem, play, a picture or poster, a quiz or an activity which raises the issues you want to look at.
- 3 Suggested activities
Once you have introduced the topic, there will be a range of activities for the learners to do. Not all of them will suit every group and you may not need to do every activity but make sure that you do enough to cover the information or ideas listed in the key points for each session.
- 4 Summing up
At the end of each session, you need to leave time for a summary of what you have discussed. This will give you the opportunity to assess how well the learners have understood everything you have done and also whether you need to spend more time on that aspect of the topic.

1 Relationships

You may need at least three sessions for this section. If you have already covered relationships, you may be able to cut the discussions down but make sure learners understand the main issues.

Objectives

Learners will...

- 1 Identify different relationships — friendships, family relationships and love relationships.
- 2 Identify different kinds of love and assess the sincerity of expressions of love
- 3 Talk about their own relationships with friends and family
- 4 Talk about touching — safe and unsafe
- 5 Talk about sexual relationships
- 6 Make their own resolutions about relationships that they would like to have with their future wives or husbands

Introduction Picture talk

Show the learners poster 1 and ask them to talk about the different relationships they can see in their groups. When they report back, ask them what other relationships they know about. Here they may suggest different family relationships or relationships with other members of the community.

Point to the photo of the older man and the younger girl and ask what relationship this could be — an uncle and niece, a father and daughter, a teacher and pupil or a husband and wife? Now do the same with the photo of the older woman and the teenage boy.



Act it out!

Learners act out some of the relationships in the poster in pairs. Ask them to choose one of the role plays and do it for the group. The group has to say which relationship they are trying to depict and how they can tell. Make sure they think about what they say and how they approach the other person.

As there is a danger that the learners will just act out the way relationships are meant to be, ask them to introduce a conflict. They have to act out an argument between the two people. It will be revealing to identify the kinds of arguments that they think will arise between the different people.

What is love?

Introduce the idea of love by either choosing stories from the role plays they have done or telling a series of stories like this:

Ana and Loron

Ana is in love with Loron. Loron is Susan's brother and Susan is a good friend of Ana's. Ana met Loron last week when she went to see her friend. She saw that he was very tall and strong. He had a very special smile and he seemed to be very kind to his sister. Ana says she is now sure that she will one day marry Loron .

Peter and Yemisi

Peter loves Yemisi. He has known her for two years now and he has got to love her more and more. Yemisi is very clever and she is going to go to university next year. Peter has just left school and he has just started working. He wants Yemisi to finish her university before they get married. He knows that she really wants to be a doctor and he just hopes that she will still love him when she is qualified.

Robert and Miriam

Robert wants to marry Miriam. Miriam is the daughter of Robert's old school friend and he saw Miriam when he was visiting a few weeks ago. He hasn't spoken to her yet but he will be talking to her father about marriage when he goes back to the village next week. He is sure that this will work because he has made a lot of money in the city and Miriam looks like a very beautiful girl.



Let's talk

Learners talk about the three stories in their groups. They have to report back on which story they think is about real love.

Ask learners to talk about their own feelings too. Is there anyone that they love, other than their own families? How do they treat the people that they love? How do they know that they love them? Which story can they identify with?



Act it out!

Good and bad touches

Ask the learners to get into pairs and act out the three stories without using any words. They will be miming. This way they will have to use touching — the physical expression of the relationship. Let them act out the stories for the whole group and then everyone can talk about these questions:

- What touching is right between boyfriends and girlfriends?
- What touching is right between a friend of your father or mother (or guardian) and you?
- What touching would you like to have with your girlfriend or boyfriend?



Let's talk

Go back to the love stories and then introduce them again:

Peter and Yemisi again

Yemisi is leaving next week to go to university. Peter won't see her for three months. He is worried that Yemisi will meet someone else at university and fall in love. Peter and Yemisi usually hold hands and kiss and hug but they have not had sex. Should Peter ask Yemisi to sleep with him before she goes? Then he will know that she really belongs to him. What do you think? Talk about this and report back what you think Peter and Yemisi will do and what they should do if it is different.

Robert and Miriam again

Robert sees Miriam at the store. Although he hasn't spoken to her yet, he wants her for his wife. He knows that she will have to treat him with respect because he is her father's friend. Perhaps he could ask her to come with him for a walk and she will have sex with him. She looks very beautiful and so young. What will Miriam say when Robert asks her to go with him? How should Robert behave towards a person who could be his daughter? Talk about what you think will happen.

Loron and Ana again

Ana is so excited. She told Susan what she felt about Loron and Susan told Loron. Now he has asked Ana to meet him in the banana grove. She wonders what they will talk about. Loron is excited too. He noticed that Ana had very lovely thighs and she is obviously ready to do what he asks. But then she is just fourteen and a friend of his sister's and he is already 18 ... What should Ana and Loron do? Will they touch each other? Will Loron want Ana to have sex with him?



Think about it

Your future wife or husband — what's important? Ask the learners to think about their own relationships. If they don't have boyfriends or girlfriends, they can describe the boyfriend or girlfriend they would like to have. They can do this privately if they like.

Then ask them to think about the future. If they have never had a sexual relationship, can they imagine what they want their first sexual encounter to be like?

What kind of person will the partner be?

Now ask them to think about their future husbands and wives. What kind of people will they be? What will they look for in their spouses?

Anyone who is happy to report back can do so but don't make everyone report back to the group. Some of the learners may be embarrassed or may have already had some bad experiences. You would not want to make anyone feel threatened or judged.



2

The facts about HIV and AIDS

Objectives

By the end of this section, the learners will:

- 1 understand that HIV is a virus which harms the body's ability to fight disease
- 2 understand that AIDS is caused by HIV and there is no cure for it.
- 3 know that there are three main ways of getting HIV — through sex, which is the main way, from mother to child and through contact with blood.
- 4 understand that you cannot get HIV from normal daily contact.
- 5 realise that you cannot tell when a person is infected with HIV as there may be no symptoms for many years.

Introduction

Picture talk

Ask the learners if they can tell the story from the pictures. Go through picture by picture discussing what is happening. Give the characters names so that they can talk about them as people — ask learners to choose names common in your community.

The story is about a man and woman who get married and although they seem to be happy, when the wife is pregnant with her first child, the man has already brought home a second wife. The child is born and makes them happy at first.

But the baby soon gets ill. At the clinic the nurse points out that the baby has AIDS and shows the mother the poster about it at the clinic.

The first wife is not feeling very well herself and she now fears that she has the virus and she knows she must have got it from her husband.

The baby dies and the first wife decides to warn the second wife because she is now pregnant too.

Meantime the husband is going out a lot now that the first wife is not well and the second wife is pregnant. The two women decide to tell the husband what has happened and tell him that he has brought disease to the home and danger to the lives of his children and wives.

Let's talk

Ask learners to get into their groups and talk about the story and what they know about HIV and AIDS. Ask them to report back everything they know or have heard about it. This will give you the opportunity to find out whether they know about the disease and whether they have any strange beliefs or attitudes about it. There are a lot of myths about HIV and you will need to find out what they have heard and believe.

Ask them questions like the following if they haven't already talked about it:

- Who gave the baby HIV?
- Who gave the mother HIV?
- How do you think the husband got HIV?
- Is the second wife in danger?
- Is her baby in danger?
- Does the husband realise what he is doing?
- What would you do if you were: the first wife; the second wife; the husband; a friend?

If the learners are reluctant to talk about what they know about HIV and AIDS, start by asking them if statements are true or false or asking them quiz-type questions about the disease.

For example:

- Is it true that you can cure HIV by having sex with a virgin?
- Is it true that you can get HIV by using the same toilet as someone else?
- Who knows what the letters HIV stand for?
- If you have HIV, do you also have AIDS?

Summing up

After the discussion, sum up to make sure that they have gathered the correct information. If the learners have been talking about their own beliefs, some of them may get the wrong ideas. It is important that you summarise the facts, as follows.

What is HIV? Make sure that they understand that HIV stand for human immunodeficiency virus and it is a virus that attacks your immune system. Your immune system protects you from diseases.

It is a sexually transmitted disease and anyone who has other sexually transmitted diseases is at higher risk of getting HIV.

What is AIDS? AIDS is caused by HIV. A person can carry the virus for a long time before showing signs of AIDS. AIDS stands for acquired immune deficiency syndrome. When people have AIDS they become ill from many other illnesses and so you cannot tell if someone has AIDS unless they have an AIDS test.

How you can get HIV? HIV is spread in three main ways:
1 through sex
2 from mother to baby
3 through contact with infected blood — for example, through needles or razor blades

How you CANNOT get HIV You cannot get HIV from normal daily contact. It is perfectly safe to share cups and plates, toilets and showers, sleep in the same room and shake hands or hug people with HIV and AIDS.

Is there a cure for AIDS? There is no cure for AIDS yet although scientists are working on it all the time. But if you treat illnesses as soon as possible and lead a positive, healthy life, you can live for a long time even with the HIV.

Quick quiz Learners get into groups and make up five to ten questions about HIV and AIDS for the other groups to answer. Allocate each group a topic so there is not too much overlap but there is no harm if there is repetition. That way you will be sure that learners know the facts.

Check on the answers and quickly correct anything that is untrue or unclear.

3

Avoiding HIV

Objectives

In this section learners will:

- 1 learn who is at greater risk of contracting HIV.
- 2 understand how they can avoid contracting HIV.

Introduction

Picture talk

Learners get into groups and talk about the poster which you have put up. Ask them to report back on who is at risk of getting HIV/AIDS. Ask them to think of any other people at risk or other risky situations to add to the poster list.

In the report back session, go through the poster picture by picture and ask for each group's ideas about what is going on. Refer to your information book to make sure you have the complete list but remember there will be many other risky situations that the learners may think of.

They must understand the following key points:

- If people have more than one sexual partner or if their single partner has more than one sexual partner, they are at great risk.
- If you have another sexually transmitted disease, you are at great risk of getting HIV too. Some sexually transmitted diseases mean you have sores or broken skin around the genitals, making it easy for infections to spread.
- Sharing any kind of cutting instrument with other people without sterilising after each person has used it, puts you at great risk.



Let's talk

Why are young people at risk?

Ask learners to get into groups and talk about why young people are at risk of getting HIV. Get each group to report back and make a list of their suggestions. You may find that they have extra inside information about the dangers that young people face so take note of everything they say.

Refer to your information book to make sure they cover the main ideas.

Drawing up a code of conduct

Now that the learners have a lot of background about HIV, ask them to get into groups of 4 or 5 and draw up a code of conduct so that they can stay free of HIV.

What do they need to keep themselves safe? Let them report back and then make a list for the whole group. Make sure they include the information outlined in your information book.

These are the main points but let them use their own wording:

- 1 Don't be afraid to talk about sex — this could be a matter of life and death!
- 2 Don't have sex before you are married.
- 3 Stay faithful to your marriage partner.
- 4 Never share needles or blades or knives when doing any kind of body-cutting or piercing
- 5 If you do have sex, make sure you protect yourself against contracting any sexually transmitted diseases by using a condom.
- 6 If you are forced to have sex against your will, report it quickly and get treatment as quickly as you can, especially if you think the person may have had a sexually transmitted disease.

Remember to allow learners to make their own rules — they will be more likely to follow the rules they have made for themselves.

A song

Once learners have made up their code of conduct, they could make up a song about it. Encourage them to choose a 'catchy' tune from a well-known or popular song so they will enjoy singing their song.

4

HIV, gender and culture

Objectives

Learners will...

- 1 understand that gender roles can make them more vulnerable — whether they are boys or girls;
- 2 understand that some aspects of their culture can protect them from HIV.
- 3 realise that other aspects of culture may cause the spread of HIV.

Introduction

Story time

Tell the learners these stories or make up similar stories using examples from your own community if these don't seem suitable.

1 Ndungu's worries

Ndungu is a very worried boy. He is already 17 years old and yet he has never had a girlfriend. He has lots of friends who are girls — in fact girls seem to like him. They find him gentle and considerate — not like other boys they know.

But Ndungu was out with some of his friends the other day and they were talking about the girls they had. They all seem to have sex with these girls, even though they are not married. Then they started asking Ndungu about his girls. They even started asking about his friends and asking how many of them he had slept with. Ndungu became angry and upset. He hated the way they talked about his friends as if they were only good for sex and nothing else.

Then the boys started mocking him and calling him names, asking if he had never been initiated and telling him he should join the little ones at the cattle camp and go back to playing boys' games.

Let's talk

Ask learners to talk about Ndungu's problem:

- Is there something wrong with him?
- Why did his friends mock him?
- Do many boys think they must have sex with lots of girls?
- Do young people often do things just because their friends are doing it?
- If you were Ndungu what would you do or say?

Summing up

In summary, make sure that the learners understand that Ndungu is under peer pressure to behave the ways boys think they are meant to behave. He doesn't want to sleep with his friends who are girls but his friends say this is what grown boys should want to do. He is suffering because of supposed gender roles which are forced upon young people.

2 Baby wife

Let's talk

Ask learners to talk about the baby wife story (see opposite). Ask them to think about these questions:

- Should Yemisi have been given in marriage at 10 years old? What could she do about it?
- How was she treated by the other women?
- Why did Yemisi run to her grandmother?
- Yemisi has gone against her father's wishes. Is she wrong to do this? Who do you agree with in the story?
- Does this happen in your community? What can you do about it?
- Yemisi already has a sexually transmitted infection. Do you think she might have HIV?
- If you were Yemisi, what would you have done?

Summing up

Point out in summary that, as a young girl, Yemisi has no control over her life. When she runs away, she is very brave but her father is very upset with her. In her culture, she is not meant to go against the wishes of her father. What other aspects of culture could cause the spread of HIV?

A debate

The motion: *If we were true to our culture we could stop the spread of AIDS.*

Learners debate the above topic with one side talking about the negative impact of culture on the spread of AIDS (as seen in Yemisi's story, for example) and another group looking at the positive impact of culture — the idea of faithfulness, no sex outside marriage and so on.

Choose two people to put forward the arguments for the 'motion' (topic) and two people to put forward the arguments against the motion.

Choose learners who are not too shy to talk and give them time to prepare their ideas. Help them with their arguments if they find it difficult. Choose a chairperson to control the debate or, if you think they won't manage, do it yourself.

Allow contributions from the 'floor' (the rest of the group) but make sure you also contribute especially if you think some of the ideas are going off the subject or are not accurate or useful for the session.

At the end of the debate summarise the main points and remind learners that the debate is not straightforward because some aspects of culture help spread the disease. Also point out that other aspects of our culture have broken down and these could have helped to stop the spread of HIV.

A research project

Ask learners to find out about attitudes to sex and marriage and HIV or AIDS in their own communities. Here are some suggestions of questions they could ask:

- What age do girls get married?
- What age do boys get married?
- Do men and women believe sex before marriage is wrong or right?
- How many girls have babies outside marriage?
- How many men have more than one wife?
- Do a lot of people in their community have sexually transmitted diseases (they could visit the local clinics and talk to the people in charge)?
- Is AIDS a problem in their communities?

This topic will be sensitive so give them some ideas about how to approach people without offending them. If it is too difficult, they could find out information from the clinics and make assumptions based on that. For example, if a lot of unmarried people have sexually transmitted diseases, they must be having sex outside marriage. The clinic may reveal figures and marital status although obviously not the identities of the patients.

5 Violence and HIV

Objectives

In this section learners will...

- 1 make a connection between violence and the spread of HIV
- 2 realise that a war situation makes people more vulnerable
- 3 find out how to react to acts of rape and violence
- 4 work out strategies to avoid situations where they could be raped.

Introduction

True life testimonies

Read these testimonies from rape victims to the learners. Ask them to imagine being Elizabeth, Ruth and Mary

Elizabeth

I was outside when the soldiers came. They took what they wanted from my hut then they set it on fire. They made me go with them and carry my own things for them. Later, when we stopped for the night, they took it in turns to rape me. I tried to stop them but they beat me. After some days, I managed to run away when I went into the bush to relieve myself.

Ruth

I was fetching water from the river. I heard a noise and looked up. A was man standing looking at me. I had seen him before in the village. He sometimes spoke to my father. I greeted him but he came towards me and grabbed me and pulled me into the bush. I screamed but he punched me in the face and then he raped me. When he finished he said I should not tell anyone or he would hit me again.

Mary

I was friends with David. I used to talk to him and we joked together. Then one night when I was already sleeping, I heard a noise outside. David was suddenly standing at the door to my hut. I thought something was wrong and I called out. He told me to keep quiet. His voice was different. He came towards me saying that he loved me and when I tried to run out, he pushed me down and raped me. Now I am so ashamed.



Let's talk

Learners discuss the true-life testimonies and the poster of a rape victim (see on next page).

- Could Elizabeth, Ruth or Mary have stopped the rape?
- Do boys and men get raped too?
- Why was Mary ashamed? Did David really love her?
- How do people treat victims of rape — do their families and friends support them?
- Can you think of ways to avoid rape?

Take turns to be the victim of rape and an aunt or friend. Tell your aunt or friend what happened. What words will you use? How do you feel?

Now imagine your niece or friend is telling you about her ordeal. What will you say?

A research project

Learners find out about violence in their own communities:

- Is violence brought by outsiders?
- Do people hurt each other at home?
- Why do people commit acts of violence and rape?
- What can a rape victim do?



6

Living with HIV and caring for people with HIV and AIDS

Objectives

In this sections, learners will ...

- 1 find out how people with HIV can live positively
- 2 realise that people with AIDS need love and care
- 3 understand that they should not be prejudiced against people with AIDS.

Introduction

Letters

Read the learners these letters from people suffering from AIDS. Translate them into their home language so that they can understand them fully. They are letters from a woman and a man to their families.

Dear mother and father and all my brothers and sisters

This is not an easy letter to write. I have been away in Kampala for so many years and never visited home.

I have been a lonely man away from home and I have had lots of girlfriends to make the time pass quickly. But I know my beautiful Paulina is waiting for me there at home.

But I have to tell you that I am not the man I was. I have discovered that I have the HIV virus. I heard about the dangers of HIV and AIDS at a meeting at the university. I went for a test because I didn't want to come home to Paulina and make her sick

I am not unhappy any more. I have spent some time feeling sorry for myself. Now I feel I still have a lot of life ahead of me. I am living a good life — I have lots of exercise and lots of rest. I am eating a good diet and I have a group of friends who make me feel relaxed. I don't go out drinking any more but I read a lot and spend time with my friends.

Things will never be the same for Paulina and me. I am sorry about that most of all. But please don't worry about me. I am fine and i will come to visit very soon.

Your loving son
Peter

Dear Mama

I am so so sorry. I don't know how this terrible thing has come to me. I am sick all the time. My body is thin and weak. I have no control over my body . I saw my face in the river — I don't know who that person is. Oh mama, please can you help me.

I now know I have AIDS. I think my husband Jules must have it too. They say it is from sleeping with someone who has the virus. I only slept with my husband, mama.

I need you to come. I think I will die soon. What did I do to deserve this?

Your daughter Lisa



Let's talk

Learners talk about their reactions to the letters:

- How do they feel about Lisa?
- How do they feel about Peter?
- How did Lisa find out about HIV and AIDS?
- How did Peter find out he was HIV positive?
- Has Peter got AIDS?



Think about it

What can you learn from these two letters? In groups discuss:

- Is it better to know that you are HIV positive before you get ill?
- What can an HIV positive person do to live positively?



Act it out!

Act out what happens when Peter goes home to visit his family. First act out when Peter meets his family. Then act out when Peter meets Paulina.

- What will you say to one another?
- How does everyone treat Peter?
- How does Peter behave?

Summing up

Using the poster (below) sum up issues of being careful when caring for people with AIDS and the value of kindness and caring. Go over how you **cannot** get AIDS by caring for someone with AIDS.

Talk about prejudice — referring to Peter's homecoming role plays. How did the learners feel? Were they happy to give Peter a hug? Remind learners that we all have to fight prejudice — first of all within ourselves.