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Understanding HIV and AIDS:
A Guide to Education and Prevention.

The background of the entire page is a solid teal color. Overlaid on this background is a faint, stylized illustration of two hands, one from the top and one from the bottom, gently cupping a heart shape in the center. The lines of the hands and heart are a slightly darker shade of teal, creating a subtle, symbolic graphic.

Understanding HIV and AIDS: *A Guide to Education and Prevention.*

by **Logan Cochrane,**
Working To Empower

In collaboration with:
Iona Lister and March Schaeffer, RESPECT International
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1. Introduction



1.1. About the author

Logan Cochrane

Founder and main director of WTE, Logan is the project manager for the HIV education project for 2006 as well as its focal teacher. Logan currently lives in Victoria, Canada.

1.2. Working To Empower

Working to Empower is a non-profit and non-governmental organization that fundamentally asserts the equality of all peoples. It is our view that unequal distribution of goods, rights, education, and other resources produce unequal opportunity for certain peoples. It is our motivation to equalize these resource in order to empower people so that needed social changes can occur. We take this stance in response other campaigns that label certain peoples as needy, which may have an effect on those who require help as they lack certain resources. In response, WorkingTo Empower asserts the equality of all people and works to equalize resources and opportunities so that the opportunity for change, such as in immediate health concerns, can occur.

Working To Empower become a society registered in Canada on November 1st of 2005. Number S-49876 with Name approval number NR1141754

Procedures and Actions

- Working To Empower seeks to empower through a variety of means:
- Empowering Through Education
- Empowering through financial means
- Empowering through changes in socio-politics
- Empowering through awareness
- Empowering through support and care

1.3. RESPECT International

RESPECT is committed to raising awareness among international youth about refugees and refugee issues, encouraging activism among youth and further empowering refugee children and communities through letter and cultural exchange, through the donation and transport of education-related material aid.



RESPECT International was incorporated in September 2002 and has its headquarters in Winnipeg, Manitoba, Canada. RESPECT has an ever growing number of affiliates around the world. A list of the current affiliates can be found on the affiliates' page.

Our Three Steps

RESPECT has three main goals:

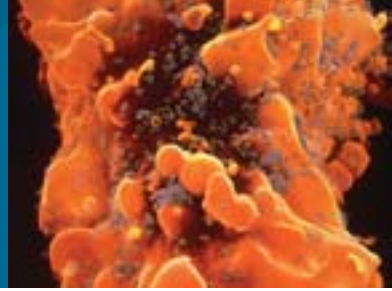
- To build awareness of refugee issues among youth around the world.
- To connect international youth to refugee youth by pen friend letter exchange.
- To encourage young people to organize events to teach others about refugee issues and to raise funds for their refugee school.

1.4. RESPECT Europe

RESPECT Europe was born in early 2005, when David Gonzalez, volunteer from RESPECT International decided to start carrying on RESPECT International's activities also from Europe, under a new organisation but following the same principles, sharing the same brand and collaborating together for the benefit of those most in need.

RESPECT Europe established its headquarters in Brussels in May 2005 and started building the core infrastructure needed to execute its projects. Since then, RESPECT has been working mostly with volunteers to achieve its goals.

2. Introduction to Teachers



This teaching manual is intended to provide teachers with a source of information that can be used as a foundation for teaching students about HIV and AIDS. The first chapter deals with specific details about the virus and its transmission. The second and third chapters are intended to be more proactive and will hopefully be used as a basis for teaching programs. Examples of various approaches have been outlined, however each cultural situation will be different and so teachers will have to adapt their programs in order to be socially appropriate. Our goal is to provide a reliable source of information while helping teachers when approaching prevention. We hope to provide viable solutions for teachers when teaching about HIV and AIDS, however this manual is an overview and teachers are encouraged to send their questions and comments to Logan Cochrane, at the address below. This manual has been written in a very general and basic sense so that many peoples in various countries can use it. The broad distribution of this manual has resulted in a non-specific approach, however it is our hope that the following information is useful and beneficial to both teachers and students.

It is not the role of teachers to organize efforts for the prevention of HIV, however we believe that local teachers can aid in the prevention of further spread of HIV and AIDS by informing their students about the transmission and facts of HIV and AIDS. Comments and questions about the manual can be forwarded to:

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This publication has been written with the support of RESPECT International and RESPECT Europe and comments about this publication or information about other programs can be sent to:

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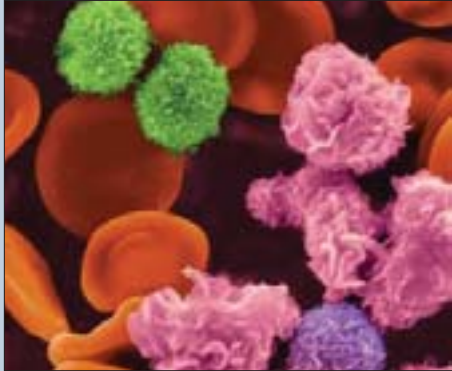
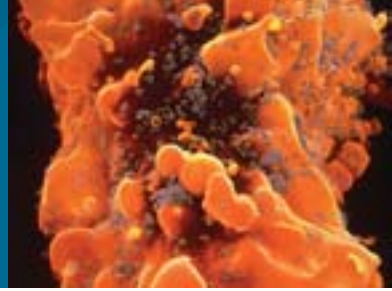
2.1. HIV and AIDS

HIV is an acronym for Human Immunodeficiency Virus. Many types of viruses cause different diseases, this one in particular affects the immune system. In order for a virus to infect a person it must come into contact with a susceptible cell. HIV needs to be introduced into the human system and does not infect individuals through skin contact. HIV is a retrovirus that is part of a subgroup of retroviruses known as lentiviruses (Fan. et al.: 2004). Since the virus is so small it cannot be seen without the aid of a microscope.

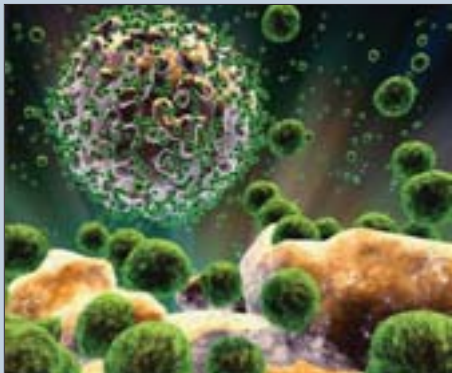
The Human Immunodeficiency virus attacks certain parts of the immune system. The immune system is a process the body uses to fight off disease, one might think of this as the body's first line of internal defense. The immune system is composed of microscopic cells found within the fluids of our body. Blood is circulated throughout our body, via the circulatory system, in order to bring vital oxygen and nutrient supplies throughout the body. Blood also carries other important substances that combat infections and repair injury.

Humans are composed of countless small cells and these microscopic structures can be transmitted between people through many routes, some of which can cause disease. HIV is microscopic, so small that thousands of tiny viri structures are about the size of a grain of sand. The virus itself is weak when not found within humans, when exposed to a few seconds at room temperature the virus dies away (Singhal, Rogers: 2003). Since the virus is vulnerable outside of the body, touching, coughing, sneezing, or even kissing cannot transmit HIV. Mosquitoes do not transmit HIV. As will be discussed later, the main route of HIV infection is from sexual contact. HIV is a fatal infection that is mainly transmitted sexually; since HIV can be transmitted sexually it is classified as a sexually transmitted disease (STD). Upon first contact with HIV the body may have a short period of flu-like symptoms, after which no visible effects can identify a person carrying HIV. The virus can be carried without any symptoms for long periods of time. A person showing no effects is called asymptomatic.

AIDS is a result of a viral infection, the Human Immunodeficiency Virus, which results in a weakening and disabling of the human immune system. As the immune system is weakened the body becomes more vulnerable to other infectious diseases. The virus attacks a portion of the immune system, specifically the cells which carry the CD4 molecule. The functions of the immune system are interrupted as T-cells are eliminated. T-Cells, also known as T- lymphocytes, are required for proper function of the immune system.



T-lymphocytes (green), tissue macrophages (pink/purple), and human red blood cells.



The green particles are HIV particles, which are infecting the much larger T-lymphocyte cell.

More on T-Cells

Microscopic cells within the human body that protect against foreign substances are called Lymphocytes. The substances to which lymphocytes react are called antigens, such as a virus. There are two types of lymphocytes, B-lymphocytes and T-lymphocytes, however only the T-lymphocyte, or T-cell, is affected by the Human Immunodeficiency Virus. The introduction of HIV into the human body results in an attack upon the CD4 molecule, which is one of the cells that compose the immune system. The virus unites two cells together that have the CD4 molecule, more specifically the T-cells. As the weakened immune system cannot protect the body, the virus binds T-cells and the infected person will experience a drop in T-cells, often associated with flu-like symptoms. HIV slowly kills T-cells while the body's replacement of T-cells cannot match their destruction. "Clinical AIDS" is when a persons CD4+ T-cells drop below 200/mm³, while a non-carrying person has about 900/mm³. At this point the body cannot protect itself from other diseases, such as Tuberculosis (Mycobacterium Tuberculosis).

T-cells produce needed proteins that target antigens by binding to them. Lymphocytes move throughout the body within the blood and through the lymphatic system. HIV and the immune system work against each other in a relatively equal match until a person who has the virus becomes weakened by a serious illness. A person who carries HIV without any illness or detrimental effects is considered to have HIV. Once a person is exposed to an illness, the weakened immune system cannot withstand the virus and the carrier develops AIDS.



2.2. HIV Transmission

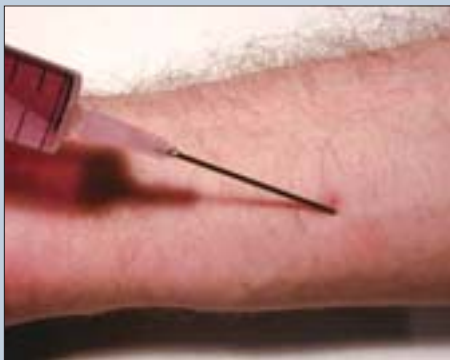
HIV can be transmitted sexually, or by susceptible cells coming in direct contact with bodily fluids carrying the virus. Sexual transmission accounts for the highest percentage of infections while re-use of syringes, vertical infection (from mother to child), and blood transfusions are also routes of transmission. The World Bank estimates that three-quarters of all infections are passed sexually, the majority of which are passed heterosexually (between male and female). One exposure to HIV does not always cause an infection, while many single exposures to HIV do result in transmission.

The main route of HIV infection is from human sexual intercourse in which bodily fluids are exchanged. There are some factors that increase chances of sexual transmission, such as the presence of sexually transmitted diseases (STD's). This is commonly referred to as a "co-factor" since its appearance increases the transmission probability. In order for a person to become infected with HIV the virus has to be passed from an individual carrying the virus through contact with another individual in which bodily fluids, such as blood or semen, enter the non-infected individual.

People may also become infected with the virus by medical and non-medical injections. Syringes (needles) that are re-used without sterilization can transmit microscopic HIV to the following person to use the needle. The transmission of HIV in medical situations accounts for a very small fraction of transmissions (about 5%) while non-medical needle sharing results in a higher proportion of virus transmission (World Bank: 1999). Less often medical personnel become infected through pricking themselves with a needle, when an instrument that comes into contact with the blood or internal bodily fluids of a patient carrying HIV is accidentally introduced into the medical worker.

Another, more uncommon route of transmission, is mother-to-child infection through breastfeeding and birthing. This route of transmission is much less dangerous and has a lower transmission rate, although infants can contract the virus by contacting the mother's blood during birthing or later during breast-feeding. Studies find that in some areas 9% of infants receive the HIV virus from their mothers through breastfeeding (Alcom, K., Georgeson, J., 2004). This form of transmission can only occur if the mother carries HIV and accounts for a vastly smaller percentage of infections in comparison to sexual transmission. However, this transmission route cannot be ignored because it affects thousands of children each year.

Mother-to-infant transmission, also known as vertical transmission, can be prevented with antiretroviral drugs during the pregnancy. It has been proven that mothers who carry HIV can reduce the chances of vertical transmission with antiretroviral treatment. Such drug treatments may prevent many children from being born with HIV (World Health Organization: 2004b). The chances an infant whose mother carries HIV will become infected, without any treatment, is about 40% (Singhal, Rogers: 2003). It is important that pregnant women are tested for HIV because if not they may unknowingly pass the virus to their infant. A mother can take precautions, such as voluntary testing and antiretroviral treatment, and significantly reduce the opportunity that their child will be born with the virus.



When Getting Medical Treatments:

When getting any medical treatment that involves injections ask the doctor:

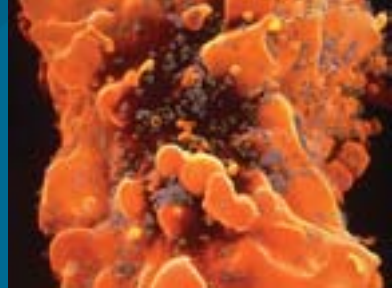
- Has the needle been sterilized?***
- If you have been working with an HIV-positive patient could you please use new and/or sterilized instruments?***

When ever a treatment involves a blood transfusion ask the doctor:

- Does the hospital screen blood donors for HIV?***
- Has this batch in particular been scanned for HIV?***

Try to be as polite as possible, if one acts impatiently or as a superior the doctor will not be pleased to help you. Doctors in general want to help and care for their patients, however these precautions can help prevent unnecessary HIV infections.

To date no cure or vaccination has been found for HIV nor are there any impending prospects for the immediate future. Today the greatest hope is found in antiretroviral treatments and prevention. Behaviour change is part of prevention as well as promoting safer choices. These options will be discussed in the following sections about prevention.



2.3. The History of HIV

The location and events that produced the Human Immunodeficiency Virus are largely unknown. Many guess that the virus was transmitted through an animal host, also known as a zoonotic disease. Some research suggests that HIV-1 may have been transmitted to the human species from the Central African Chimpanzee. Dr. Gallo at the National Cancer Institute in the United States identified the virus in 1983. At the time of discovery the scientific community was surrounded in controversy since Dr. Montagnier was completing parallel research in France. After much debate it was decided that HIV could actually be found in two forms, HIV-1 being the more deadly version.

During the late 1970's it became clear to doctors and the Center for Disease Control in America (CDC) that a new disease was circulating within its population. Many patients contracted rare diseases that raised an alarm that something unordinary was occurring. The virus was first diagnosed in the United States, however infections are small in that country in comparison to other nations around the world.

The rate of HIV spread is very fast as it grows exponentially, passing through personal networks of people. Early on it was known that HIV was not like other diseases, it could not be passed through water or food, as found in typhoid and cholera. It is also does not infect individuals through an animal or insect vector, as seen in malaria. HIV is not transmitted through the air as tuberculosis is, nor does it infect individuals through physical touch (Singhal & Rogers: 2003). The transmission of HIV requires an exchange of bodily fluids, such as blood or semen, in order for an individual to become infected.

Twenty years after the discovery of HIV the virus has expanded its grasp on humanity. In 2004 over 45 million people carried the virus. HIV disproportionately affects the world's poorest nations, however is still a global pandemic. The ease of world travel combined with commercial-sex-trade and drug abuse has exposed many millions of peoples and nations to the virus. Much work and money has been invested to find treatments and a cure, however the direct future for a cure does not look promising. Instead, today we have to try to prevent infections from occurring in the first place. These efforts will help to raise the next generation with significantly less HIV incidence than what we see currently. This guide was written for teachers because they are local people who are trusted and accepted within their community, and because they have a unique opportunity to influence the coming generations. It is our goal that this manual can provide a source of information as well as a means to understand different approaches to teaching about HIV and thus hopefully preventing students from contracting this deadly virus.

3. Prevention



The following sections will deal with various ways of prevention or activities that help prevention. This is not an exhaustive list, however the major prevention methods have been included with brief detail. These descriptions are far from complete and further information can be sent via mail or email regarding any of the following methods. The summary method has been used for the sake of keeping medical jargon to a minimum since all people's medical knowledge differs. Again, correspondence is highly encouraged. Ideally teaching these topics should include all of the following topics since one prevention method will provide students with only one route of prevention. Hopefully teachers can provide many prevention strategies so that students can be prepared to confront any situation they might encounter. Since some of the topics are of a sexual nature teachers may want to incorporate understood metaphors or other socially acceptable means of talking about sexual topics.



3.1. VCT

VCT is an abbreviation for voluntary testing and counselling, which provides free ways for people to find out if they are infected and also often provides education about the disease and its implications. VCT programs raise awareness for prevention needs and help reduce cultural misconceptions of HIV and AIDS. Voluntary processes such as these are most effective in areas where education programs exist as well. Targeted VCT use can also be effective without

an education foundation. For example, 90% of pregnant women in West Africa will accept VCT (Coovadia, 2000), thus VCT use not only informs people of their HIV status but can also directly prevent vertical transmission with the proper precautions.

VCT programs promote acceptance of those infected and reduce stigma by increasing status knowledge and sharing HIV information during counselling. VCT centers can provide quick results with small costs to reduce the number of people who do not attend or follow up their test results (Wang & Celum: 2001). Often tests are accompanied with support and information so that participants understand the test results. Recently the World Health Organization promoted a new approach to prevention and care based upon people's knowledge of their HIV status in which VCT centres are central (2003a). VCT use prevents vertical transmission, enables partner



protection, allows for risk reduction of future infection, and increases male condom use (Wang & Celum: 2001).

Teaching about VCT can be challenging since many societies face social stigmas against those who have HIV. It is recommended that teachers first provide students with a basic foundation about HIV so that they may understand why knowing their HIV status is important. One way to approach this, which has been successful elsewhere, is to target specific groups or actions. Explain to students that babies can be prevented from being born when HIV mothers have a short-antiretroviral treatment. Again, in order for such prevention to occur, mothers must be willing to be tested for their status. If students understand how this aspect is important, regarding the vertical transmission, they will be encouraged to support VCT since HIV can be prevented through this means.



3.2. Anti-retroviral Drugs

A series of drugs have been developed that help restore the body to a normal state, not providing a cure, but prolonging life. One such drug is known as AZT (Zidovidine) and costs are continually decreasing. This drug delays the detrimental effects of HIV as they disrupt the virus lifecycle and interrupt its destruction of the immune system. The drugs can potentially reduce a viral load so that it is nearly

undetectable. Such drugs are not miracles, as they are accompanied by very unpleasant side effects (Singhal, & Rogers: 2003). Random mutations of the virus during reproduction (billions of cells are reproduced each day within a person who is infected with HIV) can result in drug resistance. These mutations and the very fast reproduction rate make a vaccination difficult to develop. Today many new drugs are being developed and used, however the virus is changing and adapting and slowly becoming drug-resistant.

Antiretroviral drugs are most important for expecting mothers. It has been clearly demonstrated that drug treatment during pregnancy can result in much lower probabilities of vertical infections (mother-to-infant). One major problem with such treatments for people with HIV is that antiretroviral treatments are expensive, however today many organizations and governments are



working to provide free drugs. For example, the World Health Organization hopes to have 3 million people on antiretroviral treatments by the end of 2005. Some countries also offer free treatments. It must be emphasized to students that the antiretroviral drugs are not a cure, in some areas there has been an increase in high-risk behavior as individuals falsely think that medical treatments can cure them of the virus. Secondly, the non-availability of antiretroviral drugs cannot be associated with despair. Students should try to include family and friends who carry HIV so that they are not abandoned and alone. This form of palliative care increases lifespan by having a strong social support system. It is also important that individuals within society learn about HIV from those who experience it.

3.3. Protection

Condom Use: Although abstinence is the only way to stop sexual transmission of HIV, condom use has a high success rate and is the only birth control method that protects against the virus. Consistent and effective use of condoms provides individuals with a 93% prevention rate when engaged in sexual intercourse with an infected person (Pinkerton, S. & Ambramson, 1997), and thus a biologically appropriate prevention method (McGrath 1991; 1992). In order for condom



promotion during HIV prevention programs to be successful the teachings have to be culturally sensitive. Often sexual intercourse is associated with emotional feelings and thus condom use might not be the first reaction. Teachers should emphasize this method as protective, while also talking about the various other methods, such as voluntary testing, ensuring that students understand the risks involved. Teachings multiple methods of prevention will also equip students with knowledge of how to take care of themselves against an infection. It our goal as teachers that the information provided will help students remember these prevention methods while entering into sexual acts.

The symbolism and meaning of condoms is highly important when these issues are approached. As we have seen, the use of condoms is beneficial in preventing an HIV infection. One problem that teachers may face in regards to this issue is that social meanings and social symbolisms



about HIV can influence people not to use this protection. Since these various cultural meanings cannot all be discussed here teachers can try to overcome these barriers and correspond if they would like suggestions about how to approach their particular situation.

Other currently developing methods include microbicides that allow females to protect themselves without the male having any knowledge (Henry J. Kaiser Family Foundation: 2001). A Microbicide will be a gel that can be applied before sex and neutralize the HIV virus, thus preventing HIV infections. Various microbicides are currently being developed, most of which are outlined in the Henry J. Kaiser Family Foundation article (2001). Microbicide prevention would allow people to protect themselves without their partners' knowledge, and can be targeted to high-risk groups like sex trade workers and young women. Although they have not successfully been developed thus far, there is much more hope in Microbicide development than in finding a cure.

3.4. Safe Choices

Since a vaccination has not been developed, the next best thing to do is to decrease infectious contact with the disease. Prevention of disease transmission through this approach can be accomplished by helping people to make safer choices and to help decrease high-risk behaviors. These approaches deal directly with personal choices and can be influenced through education, peer support, and social acceptance.

"Risk" is a concept that is hard to understand since all actions have some sort of risk, however this chapter will refer to risk in reference to "high-risk behavior" (HRB), which are related to high probabilities of becoming introduced to HIV. An example of a high-risk behavior is entering into sexual intercourse with a person who carries the virus, or using a needle, which has not been sterilized, after it has previously being used by an individual who has HIV. Individuals want to decrease contact with the virus, however this does not mean that those who carry HIV are supposed to be marginalized and segregated. This is not the case. As explained earlier physical contact, such as handshaking, cannot transmit the disease, therefore marginalizing and ostracizing those who carry HIV is not a positive thing to do.



Talking To Students

One way to introduce this topic to students might be talk about the costs versus the benefits of certain activities. For example, the use of injection drugs produces a short lived perceived positive effect, while the long term effects may be life threatening by contracting HIV. This method can also use the analogy of sexual acts, the momentary pleasure versus the possibility of receiving the virus. You might ask the students which risks are more beneficial in the long term. Another way of introducing this topic to older students might be to provide them with solutions to the problem. For example, we cannot suggest to all our students to never engage in sexual intercourse, but we can help them make safer choices. As shown in the previous sections, condom use is a highly effective way to reduce the probability of contracting HIV, and thus introducing prevention strategies in the analysis helps students find solutions. Although teachers have to make it clear that the use of condoms does not provide 100% protection. Another method you might suggest to students is to have partners tested at voluntary clinics. Any sexual act with a person who carries HIV will naturally be riskier than with a person not carrying the virus. It might be useful to incorporate metaphors that students understand if the direct use of some sexually natured topics are associated with social stigma.

- Promote testing so that persons who carry HIV' know of their status*
- Promote the "cost-benefit" model so students think about the long-term effects*
- Promote protection during sexual acts*

It has been suggested that such cost-benefit analysis do not occur in most unstructured events and thus this approach can be mostly a thought experiment so that students understand the consequences of certain actions.



Studies actually show that forcing those with HIV out of the community or having a social stigma against those with HIV increases HIV's prevalence (prevalence is the number of people who are infected with the virus). This increase occurs because if there is a social stigma against HIV then people will be afraid to be tested and will not want to know if they carry HIV, thus making prevention nearly impossible. Instead, it is appropriate that people avoid only those actions that are infectious, as high-risk behaviors, and it is those that are suggested to change. These high-risk behaviors are actions that pass on the virus, while actions that do not transmit HIV are not considered to be risky. There is no risk of being near people with HIV, risk only occurs when bodily fluids, such as blood or semen, are exchanged between individuals.

A message often heard from religious officials is that of monogamy and marriage. These concepts of abstinence and fidelity are related to the prevention of HIV. If one does not engage in sexual activities there will be no contact with the virus. Being careful, as explained above can be very useful as well. The final step is also an important one as well. The use of condoms directly reduces the transmission of HIV during sexual acts however, does not provide full protection. Teachers can use the messages promoted locally to help build upon, and reinforce the information taught in the classroom. If the government or a non-governmental organization is working in the area it would be beneficial to see what methods they are promoting so that teachers can build credibility by referencing other work going on in local areas.



Using Other Messages as Reinforcement

The Catholic church is renowned for promoting the ABC's: Abstinence, Be careful, use Condoms. Teachers can use these messages to help promote discussion about HIV and about sexuality. Ask students what religious leaders say, ask them if they think those methods are productive and if they have any suggestions. In many places the discussion of sexual topics and HIV are relatively rare, it is our goal as educators to change that. Our first goal should be to make the discussions about HIV open so that students feel free to contribute and ask questions.



3.5. Cleanliness & Disease Protection

As explained above, HIV develops into AIDS as the weakened immune system becomes susceptible to disease. As long as the body is not introduced into serious diseases HIV can remain dormant for many years. Keeping oneself and ones household clean and

free from opportunistic disease is a small precaution that can aid in keeping HIV dormant within the body. When used in combination with other treatments, such as antiretroviral drugs, this precaution can have positive effects on the health of a person who carries the virus.

A second line of defense is treatments against secondary diseases. For example, a person with HIV is more at risk of becoming infected with tuberculosis (TB), however treatments against tuberculosis can have major benefits for infected individuals. Not only can the tuberculosis be cured, but also the health of an HIV-positive person can be prevented from developing into AIDS if such secondary diseases are treated.



3.6. Nutrition

Dr. Foster from the University of Victoria has been working on relationships between HIV and nutrition, he has found an inverse relationship between areas of high HIV rates and Selenium rich soil (2002). He is currently running tests by giving people with HIV

nutrient supplements that might help health recovery. Early results show an 85% success rate. Although this is not a cure for HIV/AIDS it is another method that can be used to help increase health and life spans of those infected, and possibly a form of HIV protection. The nutritional supplements are comparatively low in cost and Dr. Foster believes that this method could be very useful in the fight against AIDS throughout the world.

Healers often provide a second line of nutritional approaches that offer herbal remedies when in addition to, or as a supplement to, antiretroviral drugs. This practise generally occurs because of the high costs of antiretroviral drugs (Singhal & Rogers: 2003). In some cases there has been reports of some success, however without any medical evidence, the success may be attributed to the additional nutrition in the diet, a placebo effect, or a combination of the two.

4. Education:



The youth of society are the ones most affected by HIV, and will continue to be so unless some changes occur. Elsewhere it has been noted that misconceptions about HIV act as hindrances to changing people's behaviour (Amuyunzu-Nyamongo: 1999). It is the goal of RESPECT International that this information will provide a means for these misconceptions to be changed so that high-risk behaviour can also be changed. Another hoped for result is that with increased discussion of HIV and AIDS social stigma and taboos will be slowly eroded as people become more open to discuss these issues, we think the classroom is an ideal setting for this sort of discussion to be open and free from stigma. Since teachers are the members of society who help educate and mould our children, teachers are also a support for children. This support is both social and physical and in regards to HIV/AIDS this support may be more important than any other area.

As the generation of HIV-infected youth are becoming sexually active it is important that they understand HIV and its transmission. These students need to be aware of their own status so that prevention methods can be used, by taking extra precautions. In order to prevent further spread of HIV from those already infected, prevention programs and education are required so that the seriousness of HIV can openly be discussed. It is important that students who carry HIV have safe places, integrated with the community, to ensure their acceptance into society. Such places already exist in many places, which provide healthcare, education, and housing. These programs are involved with the community and are highly successful (Bihiira, Keith, et al: 2000). Such socially acceptable and needed programs need to be expanded and reproduced to ensure the following generation of students does not become equally as HIV-infected.

Information about HIV is critical, however it is often not enough. Education can decrease some high-risk behavior, teach students how to avoid becoming infected, reduce unsafe sexual encounters, and help alter unsafe behaviors. It is clear that knowledge of, and experience with, HIV is directly related to behavior change of students. Targeting lessons to specific groups of people and/or actions can be an effective way to approach one aspect of HIV transmission at a time. Although it is very important that such teachings do not result in stigmatization of such groups. For example, expecting mothers are nearly always willing to search out treatment if they know they are HIV positive. Such changes are very beneficial for society and the individuals who follow them, but they require knowledge of status. Also, larger problems such as commercial sex-trade or drug abuse affect the spread of HIV. Since this manual is for teachers' use these macro-scale problems will not be discussed here however their existence should not be downplayed.



Often with education individuals do not internalize the fact that some of their own actions are actually high-risk. For example, some students might easily answer questions about condom use making sex safer, however outside of the classroom don't realize their own behavior puts them at risk of becoming infected. Some ways to overcome these complications might be to have student's role play events that involve high-risk behavior. As well as role-playing games teachers can ask groups of students to create a short drama about HIV/AIDS. In this approach students are given the opportunity to expose their ideas and fears about HIV/AIDS while also acting as a very effective teaching tool. Suggest to students that the dramas should be about how to make safer choices or how to talk to friends and family about HIV. If available maybe even hold a contest in which students compete with each other to present the best HIV/AIDS drama.



Role Playing Examples

The following are examples that students might use in order to further understand how to overcome issues of protection and also realize what behaviors are high-risk:

1. Tell the students to pretend that they have found a needle on the ground. One of them wants to pick the needle up, while another suggests they should not. Have students try to explain to their peers why the needle might be unsafe.

2. Have students pretend they are adults and married, as married they might engage in sexual acts yet and are discussing the options, such as protection or being tested for HIV.

3. Have one student pretend that they have become pregnant. Have one student argue that there is no need to be worried about HIV while another explains why it might be important to have an HIV test.

Since HIV is a sexually transmitted disease these role-playing exercises might be difficult to implement since these topics are often not openly talked about. Remember that these are only examples and if you can think of more culturally appropriate role-playing games be sure to use them. Although this is not the only method for teaching, role-playing and drama games are an effective tool since teachers clearly see what elements students understand since they have to do the explaining. These formats also have students teach each other as a peer group, which is an effective learning tool.



As teachers we have to realize that our students are going to face many different situations in life. It is the purpose of this manual, and any HIV prevention effort, to provide students with a defense against this deadly virus. It is our hope that your program provides students with an intellectual basis of understanding HIV and logical reasons regarding how to protect themselves from becoming HIV positive. In addition to this intellectual defense, we hope that teachers can provide an emotional connection with students to enforce the importance of these messages. This deeper emotional connection will build upon the knowledge of HIV and ensure a life-long memory of your teachings. These emotional and intellectual connections will hopefully result in positive behavior changes that can result in decreased exposure to the virus. Since this manual is non-specific and based as an information package for teachers we are leaving the cultural adaptations and social specifications to be done by the local teachers. In approaching these issues we highly encourage contact with the author, Logan Cochrane, who will gladly respond to any questions and help to develop and understand any local specific situation that you may encounter. It would also be wonderful if teachers wrote and let us know how their programs are running, the address is:

Logan Cochrane

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Victoria, British Columbia
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It is highly encouraged for teachers to write and ask questions. I will be more than willing to listen to concerns and your experiences regarding HIV and AIDS. This manual was written for teachers' use, however can be used by anyone as a source of information and all are encouraged to write with questions and/or comments.

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