

MODULE 10

**HIV/AIDS Counselling
for Children and
Young People**



UGANDA

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MODULE 10

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FOREWORD

African Ministers of Education have long been aware of the growing number of social problems which affect the lives of young Africans, particularly girls, and determined some time ago that their education systems had to play a much more active and positive role, in promoting the growth and development of the young people entrusted to their care.

Before taking action they took into account the declarations and recommendations of the Pan-African Conference on the Education of Girls (Ouagadougou, Burkina Faso, 1993), and the Fourth World Conference on Women (Beijing, China, 1995), and other international gatherings on matters related to women. They then convened a series of technical meetings in English and French-speaking countries, at both the regional and the national level, to decide in greater detail what should be done. The consensus reached was that Guidance and Counselling should be an integral part of the education of children, and should be included in teacher training programmes.

This coordinated effort resulted in the establishment in April, 1997, of a Board of Governors, made up of African Ministers of Education, who would be responsible for policy decisions, and for establishing procedures in the development of the Guidance and Counselling Programme. In preparing the programme African countries would collaborate so that it would benefit from the best African expertise. It was also agreed that **'The Guidance, Counselling and Youth Development Centre for Africa'**, designed to provide training for teacher trainers and youth and social workers from all over the continent, would be set up in Malawi. While this programme was intended for use with boys and girls, its content and organization are such that special attention is given to the needs and requirements of girls.

Assistance is being given by a number of international and regional agencies such as UNESCO, UNICEF, UNFPA, FAWE (the Forum for African Women Educationalists), DANIDA, the Rockefeller Foundation, and from countries such as Finland and the USA.

A training package on Guidance and Counselling has been prepared by African specialists from various countries in consultation with other competent persons. It consists of eight training modules – *Guidance, Counselling, Social Work, Behaviour Modification, Gender Sensitivity, Guidance and Counselling Programme Development, Adolescent Reproductive Health, and Workshop Administration and Conduct Guidelines*. The modules encourage the use of non-threatening approaches, particularly with regard to sensitive issues, and are accompanied by charts, transparencies, and video films as teaching aids. Supporting materials are also drawn from other relevant programmes being implemented in the respective countries.

Although intended for use in the training of trainers, the suggested activities are also generally suitable for use with school-age children. Each module is comprised of units, and sets out objectives and activities for small and large groups.

This Module 'HIV/AIDS Counselling for Children and Young People', prepared by Uganda, gives a counselling and education strategy for dealing with issues related to HIV/AIDS. Special Consideration is given to peer counselling and self-help groups in addition to conventional counselling techniques.

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MODULE 10

HIV/AIDS Counselling for Children and Young People

INTRODUCTION


For over two decades now, Africa has endured the terrible effects of the HIV/AIDS pandemic. This has left Africa with millions of orphaned children. These orphans have helplessly watched their childhood snatched away from them, as they are thrown into adult responsibilities, like nursing sick parents and heading families, sometimes in addition to dealing with their own affliction.

It is estimated that over 50 per cent of the new infections of HIV/AIDS now occur in the 10 – 24 age group. This age group accounts for about 30 per cent of the population in developing countries. It is also estimated that about 7,000 young people worldwide are infected by the virus every day, and 5 people are infected every minute.

Adolescent girls are more vulnerable compared with boys of the same age. For example, in Uganda it is estimated that the ratio of infection is 6:1 in the 14 – 19 age group.

UNAIDS estimates that in Botswana, the proportion of HIV cases among young pregnant women in towns and cities is 44.9 per cent in 2001. This pattern is similar in most of South Africa, Zimbabwe, Namibia, and Swaziland. This implies that many more children are being born HIV positive.

In West Africa, a UNAIDS report indicates that there is a recent rapid spread of HIV. Data from Cameroon confirm this assumption. Nigeria, the most populous country in sub-Saharan Africa now has its life expectancy ratio at 47 years compared with 62 years before AIDS.



In Uganda, UNAIDS confirms success in reversing the epidemic, through a concerted campaign against the disease, with prevalence rates continuing to drop from 8.3 per cent in 1999 to 5 per cent of Ugandans in 2001. Senegal has also registered considerable progress.

It is in the light of the above observations that urgency in dealing with HIV/AIDS is more than ever needed. Besides prevention, treatment and care programmes to tackle the crisis immediately, other interventions, especially guidance and counselling for affected individuals, can play a significant role in mitigating its impact on society.

This module, therefore, offers a counselling and education strategy for dealing with issues related to HIV/AIDS. Special emphasis is given to peer counselling.

The module is divided into five units, Unit One covers the meaning, transmission, and the general consequences of HIV/AIDS, Unit Two covers the effects of HIV/AIDS on youth, Unit Three covers strategies for dealing with the effects of HIV/AIDS among young people, Unit Four deals with the prevention of HIV/AIDS infection, and Unit Five deals with creating a safe environment for young people.

UNIT 1

HIV/AIDS

RATIONALE

This unit looks at background information and the meaning of HIV/AIDS, ways in which it is transmitted, and ways it is not transmitted, the vulnerable groups, and the impact of the scourge on the economy, education, the family, and health.

LEARNING OUTCOMES

By the end of this unit you should be able to:

- Explain the meaning of HIV/AIDS.
- Explain how it is transmitted.
- Evaluate the risk factors for different groups.
- Analyse the dangers posed by the pandemic to the economy, education, family and health.

CONTENT

This unit includes the following areas:

Topic 1: Background of the HIV/AIDS Pandemic

Topic 2: What is HIV/AIDS?

Topic 3: The Impact of HIV/AIDS on the Economy, Education, Family and Health

Topic 1.

BACKGROUND OF THE HIV/AIDS PANDEMIC

In recent years, the HIV/AIDS virus has affected the whole world, yet the poor regions of the world are those which suffer most from it. AIDS has not only affected human and socio-economic development, but has also had an effect on productivity and output.

The dramatic consequences of AIDS, particularly in developing countries, has taken more lives, and proved more devastating and destructive, than any armed conflicts.

According to estimates made by the joint United Nations Programme on HIV/AIDS (UNAIDS), and the World Health Organization (WHO), more than 33 million people are living with HIV/AIDS, and over 16 million people have died from the disease since it was discovered in the 1980s.

Our challenge is to find ways to ensure that every child victimized by this disease receives the needed care. Therefore, interventions for children infected and affected by HIV/AIDS, should be made a top priority in planning and activities.

In Uganda, for example, HIV prevalence has been falling since 1992, and it is now approximately 8 per cent; particularly in the age group 15 – 29, following an aggressive public health campaign. The anti-AIDS activities have been coordinated by the Uganda AIDS Commission (UAC), with a strategy of disseminating a message that emphasizes empathy and support for AIDS victims, abstinence, faithfulness in sexual relationships, and the use of condoms during sexual intercourse. This has been a joint effort made by national and international agencies and religious organizations. Behavioural changes have been documented as a result of this strategy.

Topic 2.

WHAT IS HIV/AIDS?

HIV stands for:

Human (male and female).

Immune – Deficiency (lack of protection against infection).

Virus (germ).

What AIDS means:

Acquired (Something you get. You can only get AIDS from someone else).

Immune (Protection against infection, the body has cells which protect it).

Deficiency (Lack of; a person with AIDS lacks protection from diseases).

Syndrome (A group of different signs and symptoms; a person with AIDS shows signs of many diseases).

How is it transmitted?

Ways of transmission:

HIV/AIDS, like syphilis and gonorrhoea is a sexually transmitted infection (STI) which is spread through:

- Sexual contact.
- Using infected blood (direct contact).
- Sharing instruments like razors and syringes.
- Mother to child transmission at birth, or through breast-feeding.

Ways in which HIV/AIDS may not be transmitted:

- Casual contacts with an HIV/AIDS infected person.
- Sharing instruments which do not cut and pierce the skin.
- Touching or sharing items, including household ones, exposed to an HIV/AIDS infected person.
- Nursing an HIV/AIDS infected person (however, in cases where the patient suffers from diarrhoea, or has open wounds, gloves must be used when handling the patient to avoid contact with the patient's body fluids).
- Saliva does not transmit HIV/AIDS.
- Mosquito bites do not transmit HIV/AIDS.

Vulnerable groups

The three largest groups of people who get AIDS are:

- (i) Sexually active people.
- (ii) Intravenous drug users.
- (iii) Blood transfusion recipients.
- (iv) Babies from mothers (mother to child transmission through childbirth or breast-feeding).

Topic 3.

THE IMPACT OF HIV/AIDS ON THE ECONOMY, EDUCATION, FAMILY AND HEALTH

The HIV/AIDS pandemic has had a profound impact on the economy, education, family and health. It has not only affected children, but also adolescents and adults.

The following are the areas on which HIV/AIDS has had an enormous impact:

The Economy:

In addition to the loss of thousands of human lives, many people are leading difficult lives due to economic hardships. This is because the majority of people affected and infected with HIV/AIDS, are energetic young people, who should have contributed to the growth of the economy. Affected people contribute little or nothing. Other people who are not affected, spend valuable time looking after their relatives who are sick with AIDS.

The problem in Africa is compounded, since the economy is basically agricultural, which requires the contribution of the young people. This situation has paralysed the workforce, thereby slackening economic growth.

Health:

The health sector in most African countries is greatly affected by the HIV/AIDS pandemic. Over 50 per cent of most hospital beds, at least in referral hospitals, are occupied by AIDS patients. The cost involved in treating random diseases associated with HIV/AIDS is enormous in the health sector. Many hospitals are short of essential drugs, and their facilities are over extended.

Education:

Impact on the students:

Particular attention is paid to three categories of students: those orphaned by AIDS, those responsible (in whole or in part) for the care of parents and guardians who are sick, and those students who are HIV positive themselves. The findings are that the effects of HIV/AIDS on the above-mentioned children resulted in a gradual decline in enrolment, variable repetition trends, high dropout rates, absenteeism, and a decline in school performance.

Impact on the teaching staff:

Within the context of HIV/AIDS, teachers have two major roles – helping to protect the young by giving them the required knowledge and skills for safer sex and abstinence, to protect themselves from becoming infected. Those who are infected also need access to treatment and advice on positive living. Teachers' deaths were reported in most schools, although this was a period far back in 1991.

Teachers were burdened by the cost and demands imposed by sick relatives, and by attendance at funerals. This called for a specific policy statement to deal with issues of sensitization regarding students, staff, and parents. Visitors were brought to schools to promote HIV/AIDS awareness.

The highest contribution to mortality in teachers was in 1997, when it constituted 25 per cent among primary teachers, and 31 per cent among secondary teachers. A recent WHO publication estimated that 21 per cent of adult mortality in Africa is caused by AIDS.

Estimated teacher mortality rate from HIV/AIDS, at both the primary and secondary levels, is approximately half that of the general population. Sick teachers had a variety of problems that had an impact on the school, e.g. absenteeism, low morale, and financial pressures. Sick teachers are generally discriminated against. There has been a reasonable behaviour change, although ostracism still takes place in schools and elsewhere in the community.

Activity 1.1

Divide participants into four groups and ask them to discuss the effects of the HIV/AIDS pandemic on

1. The economy.
2. Education.
3. Health.
4. The family.

**The Effects of
HIV/AIDS on Youth****RATIONALE**

In HIV/AIDS counselling, it may be of significance for the counsellor to know the effects it has created on the individual, the family, and the community. It is important to understand how HIV/AIDS has touched the lives of young people in the schools. This involves looking at the relationship between HIV/AIDS and the education sector.

Because of its prevalence in the age group, 15-40 years, young people can be considered to be doubly affected, i.e., being infected by contracting the disease, and being affected through the loss of parents, guardians and relatives.

Consequently, knowledge about the effects enables the guidance counsellor to plan to manage the situations associated with HIV/AIDS.

LEARNING OUTCOMES

By the end of this unit, you should be able to: -

- Identify the effects of HIV/AIDS on youth.
- Identify the positive cultural, traditional and religious practices that can be used to overcome the effects of HIV/AIDS.
- Develop intervention programmes for each type of effect.
- Design an activity for coping with the effects of HIV/AIDS on young people, using the strategy of counselling, information-giving, etc.

CONTENT

This unit includes the following areas:

Topic 1: Categories of HIV/AIDS affected children.

Topic 2: Negative Consequences

Topic 1.

CATEGORIES OF HIV/AIDS AFFECTED CHILDREN

While HIV/AIDS is a global phenomenon, African countries are at the heart of the epidemic. A UNAIDS report in 2000, estimates that African countries alone account for 74 per cent of new infection. Moreover, most of the new cases are mainly young people aged 15-25 years. A great deal more of the young people and children of between 1-15 years are orphaned by HIV/AIDS; with great impact on the quality of their lives.

HIV/AIDS has affected children and young people in a number of ways. The following are some of the ways in which youth and children are affected by the HIV/AIDS pandemic:

Children born HIV/AIDS positive

Sometimes children are born HIV positive. This means that they receive the disease from their parents, especially during birth. HIV positive children mainly die before their fifth birthday. At the school others may treat these children unkindly. They are also often sickly, frequently absent from school, and always show signs of a lack of parental care.

Often, when properly cared for, many of them can survive to their twelfth birthday. Proper care means:

- Feeding them on protein and vitamin rich diets,
- Always giving proper medical care, especially when they fall sick from random diseases,
- Giving them warm clothing,
- Housing them in good houses with a clean environment,
- Giving them psychological support to make them feel worthy and loved,
- Allowing them plenty of time to play and relax.

Children orphaned by HIV/AIDS

UWESO, an indigenous NGO in Uganda, defines an orphan as a child less than 18 years old who has lost both parents. The Uganda AIDS Commission defines it as a child under 18 who has lost one or both parents. Culturally, however, an orphan is a child who has lost a father.

Since it is only in a very few cases that one of the two sexual partners may not be HIV positive, despite the other being affected, AIDS has claimed both parents of most children. In a situation where one parent is lost, the other one may be sickly, and also gradually wasting to death, eventually leaving the children orphaned.

Orphans are normally under a lot of pressure, and in some cases have to earn money by themselves, despite their tender age, for school needs. This, in some cases, especially for the girls includes selling sexual favours.

Most orphans lack parental guidance, particularly in the areas of morals and correct behaviour. This has forced some into delinquency.

They also suffer anxiety about their future, HIV status, and are stressed as a result of discrimination. They end up with mental stress, or end up behaving incorrectly.

Most orphans survive high-risk situations on the streets, and often receive poor medical care. However, in the rural areas, where culture is still strong, orphans are integrated into the community, since relatives take care of them.

Activity 2.1:

Divide participants into groups and ask them to discuss the following:

1. The challenges faced by children born with HIV.
2. How can they cope with these challenges?
3. Counselling strategies for dealing with children born with HIV.
4. A programme for the care of children born with the HIV virus for (a) children living in the family (b) children living in child and youth care centres/homes.

Children traumatized by the loss of parents, relatives, and AIDS carers

The loss of anything valued in one's life dispossesses that person. The loss of a parent likewise dispossesses children of parental love and care, and this can be traumatic.

Children normally suffer from watching the deterioration in health and the suffering of loved ones. This depresses them and often distracts them, even if they are playing, or attending a lesson in class. The emotional attachment they had to their parents normally leaves emotional scars when they lose them. This needs careful handling.

The psychological trauma for children and adults dealing with illness and death on a large scale is, therefore, enormous, and calls for attention by a counsellor.

Children responsible in whole, or in part, for the care of parents and guardians who are sick

AIDS normally brings much suffering in an infected person. It also brings a lot of suffering on the part of the person nursing the sick. AIDS comes with multiple ailments, which are, in most cases prolonged, but gradually waste the affected person until death. This long process of wasting normally makes one nursing an AIDS patient lose a lot of valuable time in less productive work.

In many homes, people are too poor to be able to take an AIDS patient to a hospital. This means that the patient will not receive good care, and the person doing the nursing is also exposed to risks.

Nursing a sick person drains family resources, as people are compelled to try all possible means to sustain the life of the patient. This is made worse by the lack of time for productive work.

On school-going children, it normally affects school attendance, as well as performance, since they are frequently asked to stay at home to help. There are, therefore, a number of drawbacks as a result of nursing a sick person.

Children with sick parents suffer financial hardships, because of the medical expenses and irregular work of their parents. Where they are wholly responsible for looking after the sick, it leads to a lack of concentration in class, and even absenteeism and dropping out of school.

Activity 2.2:

Recall the time you lost a very valuable person in your life.

1. Describe what you went through as a result of the loss.
2. How did you eventually overcome the loss?
3. What role, if any, did your friends, workmates; relatives, etc., play in making you overcome the loss?

Topic 2. NEGATIVE CONSEQUENCES

School performance and dropouts

Repetition, absenteeism, school interruption and dropping out are some of the negative consequences of young people losing their parents, guardians or relatives, or even suffering from HIV/AIDS.

Although the repetition of a class may not be so much tied down to the loss of parents and guardians or relatives, absenteeism and school interruption are common with deaths and sicknesses. In many cases, students miss school when death occurs at home, or when they themselves are sick. Likewise, school is interrupted when a teacher or a worker dies.

Students whose both parents have died, and have got no one to look after them, may drop out of school due to the lack of facilities. It may also be necessitated by the added adult responsibility that they now have, for instance, for looking after young ones, fending for survival, including looking for employment in order to sustain the younger members of the family.

Students who absent themselves from school most often spend time in markets, earning money. Sometimes they are sent away by the school authority to look for school fees.

Activity 2.3

Allow participants to discuss the strategies a school can adopt to help children affected by HIV to cope with schoolwork.

Child-headed family

Although in most societies other close family members absorb orphans, the existence of child-headed families is on the increase. Most often, too, such child-headed families have no assets and, therefore, lead a miserable life.

Children in a child-headed family lack adult guidance. They also lack the warmth, love and care of parents. They lack the basic provisions for life. This has an impact on their psychological well-being.

In addition, children in a child-headed family lack security and are, therefore, susceptible to harm from both bad elements in society, and harmful things in the environment.

In many situations where society has failed to absorb such children, they may be in a position to receive the necessary attention and adult patronage from children's homes.

Activity 2.4

Divide participants into groups. Ask them to discuss:

1. The challenges faced by children heading families.
2. How can they be helped to perform this role?
3. The long-term sociological effects of children heading families.

Child labour

Because of the lack of parents to fend for them, HIV/AIDS orphans normally go into gainful employment for the sake of survival. They:

- Work as housegirls and houseboys
- Samba boys
- In quarry pits
- On building sites as porters
- In the market or roadside stalls as vendors
- They also work as baby sitters, etc.

Because they are young they are normally exploited, since they lack the power to negotiate their payments (wages). Also they work under strenuous conditions, without protective gear, exposing them to injury and accidents as well as infections.

Activity 2.5

1. Look at the International Labour Organization (ILO) policy on child labour. How can you use this information to protect children from child labour?
2. Identify some of the policies and laws of your country which are meant to protect children from child labour.
3. What are some of the cultural practices that promote child labour? How can they be addressed?

Child abuse

Child abuse takes many forms.

- It takes the form of exploiting the labour of a child.
- Exploiting a child sexually through rape, defilement and sodomy.
- Beating.
- Denying the child food, shelter, and clothing.
- Exposing the child to a risky situation e.g. sending a child on an errand at night.
- Quarrelling and shouting at a child, etc.

Children who are orphaned by AIDS normally suffer more from such abuses, as there is no one to look after them.

Activity 2.6

1. Look at some of the common features of child abuse in your community.
2. What can you do to empower children to overcome such abuses?

Stigmatization

Stigmatization is pointing an accusing finger at someone. It promotes inaction relating to AIDS in society. Children whose parents have died as a result of AIDS normally suffer from stigmatization as others discriminate against them. By referring to them as orphans of HIV/AIDS, makes them psychologically unstable.

Young people suffer more stigmatization when they are themselves infected with the AIDS virus. The labels given them such as “victims”, “walking corpses”, etc., enhances stigmatization, and makes them psychologically unstable, and traumatized. Children suffering stigmatization may lose schooling, and suffer abuse as a result of their HIV condition. They are also subjected to discrimination.


Poor health

When youth and children are affected with the AIDS virus themselves, they will eventually fall sick. Frequent sickness makes them lose school time, and also sometimes lose hope. It is important to develop hope in HIV/AIDS infected persons so that they lead a normal life.

Poverty

Poverty normally leads to poor education, poor medical care, and generally poor living conditions. This limits access to information and services.

Many young girls are economically dependent on men, and this leaves them with no control over their sexual relationships, and hence are vulnerable to HIV/AIDS infection.



The impact of death and sickness from HIV/AIDS also places a huge financial strain on a family, both in terms of the immediate and substantial cost of the funeral, burial expenses, and the long-term cost of coping without a wage earner in the family. This burden is most acute for those already living in poverty, and may disproportionately affect the elderly, since they are the ones who look after the very young.

HIV/AIDS' effects on demography create a high dependency ratio as grandparents assume responsibility for orphans.

Food security

The loss of economic productive youth and adults in the agricultural sector, due to HIV/AIDS, threatens food security. Nursing HIV/AIDS sick patients diverts women from agriculture, or other labour markets. This leads to famine in the home, which consequently leads to malnutrition and poor health in the children. Famine and HIV/AIDS also increase the child mortality rate.

UNIT 3

Dealing with the Effects of HIV/AIDS

RATIONALE

As already discussed in Unit Two, the HIV/AIDS scourge has far-reaching consequences on both the individual and community support systems. In this unit, the strategies for dealing with the consequences of the HIV/AIDS scourge on children and youth are discussed.

LEARNING OUTCOMES

By the end of the unit you should be able to:

- Appreciate the need to help young people who have been affected by HIV/AIDS.
- Acquire knowledge of the options available for helping youth who are HIV/AIDS affected.
- Facilitate training for counsellors and other carers on how to help youth affected by HIV/AIDS.

CONTENT

This unit includes the following:

Topic 1: Strategies for dealing with the effects of HIV/AIDS

Topic 1.

STRATEGIES FOR DEALING WITH THE EFFECTS OF HIV/AIDS

The strategies that can be used in helping youth deal with the effects of HIV/AIDS are primarily aimed at helping them deal with the psychological, educational and economic consequences. These include the following, among others:

Bereavement Counselling:

In many African societies when death strikes a family and snatches one of the parents away, everyone rushes in, and gives attention to the surviving parent. The bereaved children are often forgotten. In fact, one person called them “forgotten mourners”. These children are aware that they have lost a parent, and often have no one to talk to.

Such children require bereavement counselling to help them cope with the loss of parents, and the now uncertain future. When these young people are not helped to deal with their emotions, they have a tendency to act them out in different delinquent offences and deviant practices, like stealing, drugs, and alcohol abuse, prostitution, strikes at school, and early sexual involvement.

Activity 3.1

Participants share what happens in their cultures when the head of a family dies, a mother in a family dies, when a grandmother dies, and when a young person dies. What are some of the cultural practices that are performed in your country when someone dies? What are the therapeutic (healing) effects of these practices on the surviving members of the family?

Activity 3.2

Allow participants to discuss delinquent and deviant behaviour that young people engage in which may be related to unresolved emotions.

Individuals grieving have a number of emotional tasks to endure, and they do this in a number of stages before they return to normal life. The details of these tasks and stages are discussed in Reading 3.2.

Activity 3.3

Ask participants if there are any among them who have ever lost a loved one. Ask them to share with others how they were feeling:

1. When they received the sad news.
2. During the burial.
3. A week after.
4. A month after.
5. One year after.

Peer Counselling

In addition to grief, HIV/AIDS affected youth experience a number of other difficulties, as pointed out in the previous unit. Another way to help them cope with these challenges is through peer counselling.

Peer counselling involves identifying well-adjusted young people, equipping them with the basic skills in counselling, and encouraging them to provide counselling to their peers. One useful approach is to organize the young people into peer counselling clubs. The clubs can then work out how they will carry out their activities, in addition to being accountable to one another.

In this arrangement, the counsellor, then acts as a referral point and consultant. The peer counsellors only refer a case they cannot handle. They also consult the counsellor on how to go about other cases they find challenging.

Activity 3.4

Ask participants to discuss:

1. The advantages and limitations of peer counselling.
2. The probable procedures for instituting a peer counselling club.
3. The skills that peer counsellors require.
4. The strategy they will use to conduct their training.

Self-help projects

Many young people have lost both parents to AIDS. Such young people have to begin to fend for themselves. In many cases the oldest child becomes the head of the family. Such children have their childhood stolen from them. They have to assume adult responsibilities when they are still too young, and with no prior experience or training.

One way to help them begin to assume this awesome responsibility is to identify self-help projects which can help them generate income. Such projects may include, rabbit keeping, poultry, and horticulture. To facilitate this, such affected children can be organized into self-help groups. In this way, they will be able to learn from one another, and provide each other with the support they badly need.

Activity 3.5

Ask participants to discuss:

1. How to organize a self-help group.
2. The income generating activities they can engage in.
3. What type of training and support they require.

Home visits

As already mentioned earlier, youth who are HIV/AIDS affected often have to nurse sick parents, and eventually they have to live alone. Such young people require a lot of guidance and emotional support. Teachers, and those responsible for the welfare of young people, can be of great help to them through home visits. By visiting them at home, provides the opportunity to give them on the spot guidance. This will help them to assume their multiple roles.

Activity 3.6

Allow participants to discuss the merits and challenges of home visits. What type of guidance are you likely to provide the children at home? What do you need to watch out for, when conducting home visits?

Sponsorship programmes

Often, when young people lose their parents, they lose all means of earning a living. The projects they undertake may sometimes be unable to raise sufficient funds for their daily requirements. Schools and other agencies can help the young by linking

them to individuals and agencies for sponsorship. Such sponsoring organizations usually require details about the child that a school may provide.

Activity 3.7

Allow participants to discuss the following:

1. Organizations that sponsor orphans.
2. Procedures for securing such sponsorship.
3. What should be done to maintain such sponsorship?
4. How can this sponsorship be lost?

Foster care and adoption

In many traditional African societies, no child was a total orphan. Members of the extended family always took over the roles of deceased relatives. As the AIDS scourge rages on, however, the extended family is more and more overstretched. Often, the uncles and aunts that would have taken such children are either sick or dead.

To fill these gaps, other members of the community, who are not relatives of these children, can be encouraged to foster and adopt them. This helps to provide such children with a stable home, and a parental figure to look up to.

Activity 3.8

Allow participants to:

1. Discuss the legal definitions of foster care and adoption in their respective countries.
2. The legal procedures for foster care and adoption in their respective countries.
3. Strategies for promoting foster care and adoption.

Children's homes

When all that we have discussed is not possible, children that have lost their parents may be recommended for children's homes. There are many types of children's homes in different countries. One thing common to all of them is that children move from their homes and become full-time residents in these homes. They are placed in the care of people employed for this purpose. Some homes allow the

children to visit their homes of origin from time to time. This helps such children to continue to maintain ties with their relatives, fostering a sense of cultural identity.

Activity 3.9

Allow participants to discuss the following:

1. The types of children's homes available in their respective countries and communities.
2. The strengths and weaknesses of each type.
3. Procedures for recommending children to such homes.

UNIT 4

The Prevention of HIV/AIDS Infection

RATIONALE

The AIDS scourge, in spite of its deadliness, is easy to prevent, because its ways of transmission are well known. In this unit, we shall cover the different strategies for the prevention of HIV/AIDS infection.

LEARNING OUTCOMES

By the end of this unit you should be able to:

- Identify different ways in which HIV/AIDS can be prevented.
- Design mass media programmes.
- Design posters and billboards.
- Conduct seminars and workshops.
- Organize music, dance, drama, sports and games events.
- Equip students with life skills.
- Organize peer education clubs.
- Give sex education.

CONTENT

This unit includes the following:

Topic 1: Ways to prevent HIV/AIDS Infection

Topic 1.

WAYS TO PREVENT HIV/AIDS INFECTION

There are various ways through which we can prevent HIV/AIDS infection. These include the following:

Mass Media Campaign

The mass media can be used for the prevention of HIV/AIDS. There are different kinds of mass media; TV, radio, and newspapers, etc.

TV and radio talk shows can be organized by government ministries, and other agencies involved in the fight against HIV/AIDS. Knowledgeable and experienced personnel can be used to disseminate information related to HIV/AIDS. These include medical personnel, and other personnel involved in, or employed by, these organizations. The general public is allowed to telephone and ask various questions concerning HIV/AIDS.

In areas where this method of communication is not available, as in rural and remote areas, the public is invited to write letters asking questions about HIV/AIDS. Responses to those questions can be transmitted.

Spot adverts and warning messages can be sent out by TV and radio. These messages are most effective at particular peak hours, e.g. before or after the news. Drumbeats can, for example, be used for warning messages. The national and local newspapers can be an effective tool of communication in the prevention of HIV/AIDS. Warning messages, notices, or 'pull outs', are all potential means of conveying information on HIV/AIDS.

Activity 4.1

Divide participants into groups. Ask them to design radio, television, and newspaper spot adverts to promote sexual abstinence.

Posters and Billboards

Posters and billboards are structures made of paper, metal, or any other material, to display information in public places. They can be used to display information on HIV/AIDS. Major facts, figures, pictures on HIV/AIDS, can be displayed on these boards and charts. They can then be placed in strategically located

places, for example in school compounds, road junctions, etc. Also, messages and information on HIV/AIDS can be printed on T-shirts, exercise books, pens, and other scholastic materials.

Activity 4.2

Divide participants into groups. Ask them to design HIV/AIDS messages to be put on:

1. Billboards.
2. Exercise books.
3. T-shirts.
4. Notice boards.
5. Toilet walls/door shutters.

Seminars/Workshops/Conferences

Seminars and workshops are major avenues for disseminating information on HIV/AIDS. These can be used to target age groups that are most vulnerable to HIV/AIDS, i.e. 15 to 40. Prominent personnel in the field of HIV/AIDS prevention and organizations involved in the fight against HIV/AIDS meet to share information and experiences. These include governmental and non-governmental organizations, voluntary organizations and religious bodies. Major research findings are disseminated during seminars and workshops.

Campaigns against HIV/AIDS in places of worship, school assemblies, and local community meetings

These gatherings mainly target young people and their guardians. Places of worship, e.g. churches and mosques can be used as places where information on HIV/AIDS prevention can be passed on to the parents/guardians and young people.

School assemblies have also been cited as good avenues for the dissemination of information. Messages against unsafe sex and risky behaviour can be passed on.

Activity 4.3

Divide participants into groups. Ask them to formulate a message to share at a :

1. Religious function.
2. Political meeting.
3. School assembly.
4. Cultural festival.

Music, Dance, and Drama

These are good tools by means of which information for the prevention of HIV/AIDS can be passed on. School-based competitions can be arranged covering all schools in primary, secondary and tertiary education. Competitions start at the local community level until they reach the national level. The themes for these competitions can be related to HIV/AIDS prevention.

Activity 4.4

Divide participants into groups. Ask them to develop:

1. A song promoting sexual abstinence.
2. A poem promoting sexual abstinence.
3. A script for a play depicting peer pressure, condom use, and sexual abstinence.

Sports and Games


Sports and games are good vehicles for fostering HIV/AIDS prevention. Sports and games allow young people to utilize their leisure time profitably. Instead of involving themselves in risky activities like smoking, taking alcohol, homosexuality, and taking mairungi (potent herbs used as stimulants), the young people are engaged in sports and games.

Campaign against cultural practices that promote infection from HIV/AIDS

Some cultural practices, especially in most countries in the developing world, are geared towards the sexual exploitation of women. In most African countries, for example, female genital mutilation (FGM) is a common practice. Wife/widow inheritance is still practised in some African communities. These practices put women at risk of acquiring HIV/AIDS. Campaigns against these practices through sensitization, awareness raising seminars, and education are essential. Also, some religious organizations encourage men to have as many wives as possible, for instance a Muslim man can marry up to four wives.

Life Skills Education

Life skills have been known to bridge the gap between information exposure and real behaviour change. Young people have been receiving information on HIV/AIDS over and over again. They have become somewhat immune to such messages. Their sexual practices do not change through more exposure to this information. So they need to be trained in life skills. These include: effective



communication, decision-making, understanding self, living with other people, and critical thinking.

Peer Education Clubs

Peers are persons of almost the same age group. Peer clubs are effective in conveying messages on the prevention of HIV/AIDS. Through peer clubs, a lot of information can be obtained and shared by peer groups.

Sex Education

This is education about family life, reproductive health, and issues of sexuality. HIV/AIDS is one of the components of Sex Education. Understanding issues of sexuality, family life and health, can help in the prevention of HIV/AIDS, because it starts as a reproductive health problem.

UNIT 5

Creating a Safe Environment

RATIONALE

In the era of HIV/AIDS, young people need to be protected from its dangers and effects by means that address their current needs and concerns. They should be helped to develop strategies which address them, and enable them to deal with life's challenges in a rapidly changing world. This can be done by creating safe environments that do not pose a danger to the lives of young people.

A safe environment can be described as one that does not pose danger, harm or hurt to a person's physical and social well-being, which influences their feelings and development.

LEARNING OUTCOMES

By the end of this unit you should be able to:

- Appreciate the need to create safe environments for children affected by HIV/AIDS.
- Identify different support systems, and how they can be made safe.
- Facilitate the training of carers and caretakers on how to handle children affected by HIV/AIDS.

CONTENT

This unit includes the following:

Topic 1: Sex education.

Topic 2: Strengthening support systems (families, schools, and communities)

Topic 3: Legislation.

Topic 4: Life skills education.

Topic 5: Poverty eradication programmes.

Topic 6: Children's rights and responsibilities.

Topic 7: Recreational activities.

Topic 8: Enhancing guidance and counselling

A safe environment can be created through the following:

1. Sex education.
2. Strengthening support systems (families, schools, and communities)
3. Legislation.
4. Life skills education.
5. Poverty eradication programmes.
6. Children's rights and responsibilities.
7. Recreational activities.
8. Enhancing guidance and counselling.

Each of these is discussed in detail below:

Topic 1. **SEX EDUCATION**

Young people face developmental challenges related to their stages in life, such as their physical development, and psychological and emotional growth. These challenges have been accelerated by HIV/AIDS and its consequences, placing new demands on youth.

Sex education should start at an early age. Youth should be given accurate information on sexuality, and how it is related to HIV/AIDS. Sexual health matters, for example how AIDS can be contracted, are basic facts that young people should be made aware of. The health services provided should be friendly. Information on HIV/AIDS should be correct and relevant, and be given in an impartial way, to help the young and teachers behave in a life-enhancing rather than a reckless way.

Parents and the community should break the culture of silence on sex and sexuality, by freely and openly talking to the young people on sexuality and HIV/AIDS. Youth should be taught how to behave in society, and how to avoid HIV/AIDS. They should be guided and counselled when they behave strangely.

Activity 5.1

Divide participants in groups. Ask them to discuss:

1. Ways in which youth can be assisted to deal with their sexuality.
2. How health services can best be made youth friendly.

Topic 2.

STRENGTHENING SUPPORT SYSTEMS (families, school, and communities)

Support systems should be places where youth affected by HIV/AIDS find care, love and encouragement. Such structures should be sensitive to the needs of these categories, and be able to provide conducive environments that enable them to cope with their situation.

Teachers and carers can be taught to recognize emotional distress and abuse, and find simple ways of helping youth out of them by encouraging them to express their emotions and fears about the future, engage in art therapy, therapeutic play, and by providing the nurture they require.

Communities should be encouraged to provide care for children affected by HIV/AIDS. The children should be given an opportunity to share ideas on the kinds of services they need, and how they should be delivered, thereby empowering them to take responsibility themselves.

Schools should provide an education based on the reality of the children's lives, and work in close consultation with parents and guardians. They should prevent bullying, and other forms of violence on children affected by HIV/AIDS.

Activity 5.2

Divide participants in groups. Ask them to:

1. Discuss the different support systems in their countries.
2. Identify their limitations, and suggest ways in which they can be strengthened.

Topic 3.

LEGISLATION

Youth affected by HIV/AIDS should be provided with proper legal procedures and protection, so that they do not lose the assets of their dead parents or guardians to other members of the extended family, particularly after the death of a male head of the family.

Legislation needs to be developed which protects victims from exploitation, and measures should be taken which apply laws, and ensure that community action is taken and respected. Tougher legislation is needed in cases of abuses against women and girls by men. Men also need to know what society will, and will not, tolerate. Policies should be developed for the protection and care of children affected by HIV/AIDS, to provide community support services, and to strengthen institutional capacities.

Activity 5.3

Divide participants in groups. Ask them to:

1. Identify laws that have been put in place in their respective countries to protect youth affected by HIV/AIDS.
2. Suggest ways in which the existing laws can be amended.

Topic 4. LIFE SKILLS EDUCATION

Life skills are values needed by individuals to live, and relate easily to other people in society. These skills should enable the youth affected by HIV/AIDS to make positive healthy choices, make informed decisions, practise healthy behaviour and recognize, and avoid, health risks and behaviour.

Young people should be helped to develop skills that will assist them to:

- (i) Deal with pressures for unwanted sex and learn how to say 'No'.
- (ii) Make sound decisions about relationships and sexual intercourse, and be able to stand by those decisions.
- (iii) Recognize situations that might turn out to be risky or violent.
- (iv) Know how, and where, to ask for help and support.
- (v) Decide when they are ready for sexual relationships.
- (vi) Completely abstain from sex.
- (vii) Show compassion and solidarity towards persons with HIV/AIDS.
- (viii) Care for persons with HIV/AIDS in the family and community.

Youth should be helped to develop self-discipline and self-confidence; take responsibility, employ critical thinking, solve problems and develop communication skills. All these are aimed at developing positive interpersonal relationships at home, in school, and in the community.

Activity 5.4

Divide participants in groups. Ask them to:

1. Discuss how best youth can be empowered to deal with HIV/AIDS.
2. Identify the life skills young people need to cope with their challenges.
3. Discuss the role of Life Skills Education in preparing young people for the world of work.

Topic 5.

POVERTY ERADICATION PROGRAMMES

Poverty and its consequences are an underlying theme in the daily problems of children affected by HIV/AIDS. Programmes should be created for alleviating poverty among the children affected by HIV/AIDS, through carefully formulated guidelines and plans of action, for example, an orphan care policy.

Government and NGOs should work together to generate a new kind of community action, that helps children affected by HIV/AIDS to help themselves in a spirit of brotherhood, peace, and personal pride.

With high school dropout rates, schools need to pay greater attention to work related, technical, and vocational skills training, such as in home economics and agriculture. Those out of school could be given financial aid, and the basic needs of the poor should be catered for.

Activity 5.5

Divide participants in groups. Ask them to:

1. Identify activities that young people can be engaged in to enable them obtain income or start self-help projects.
2. Discuss the roles their governments and other agencies can play in poverty eradication.

Topic 6.

CHILDREN'S RIGHTS AND RESPONSIBILITIES

Any civilized society is expected to protect the lives and rights of children and individuals. In order to protect children affected by HIV/AIDS, units should be set up to take care of, and protect their status and rights, and they should be functional and effective.

Activity 5.6

Divide participants in groups. Ask them to:

1. Identify the laws that are in place in their countries to protect children affected by HIV/AIDS.
2. Discuss ways in which the existing laws can be improved to address the above.

Topic 7.

RECREATIONAL ACTIVITIES

For children affected by HIV/AIDS, emotional suffering is one of its effects on the family. Through recreational activities, i.e. exercises and sports, children and young people can improve their emotional stability and mental fitness. Social values can be passed on as young people learn how to get along with others, and live with them.

Through participation in recreational activities, young people acquire habits and attitudes of loyalty, self-control, working with others and controlling emotions. It helps them to develop lasting friendships and confidence.

Activity 5.7

Divide participants in groups. Ask them to:

1. Identify recreational activities that can assist children to deal with the effects of HIV/AIDS.
2. Discuss the social values that can be passed on to the young people through recreational activities.

Topic 8.

ENHANCING GUIDANCE AND COUNSELLING

For children affected by HIV/AIDS, it is important to provide them with relevant information, and the ways of prevention. This can be done effectively through guidance and counselling programmes. The programmes that are set up should be able to address the specific needs and concerns of these children, and it may require the following:

- Clear well documented guidelines on the contents and procedures of guidance and counselling.
- Training of teachers and peers in the implementation of these guidelines, including sufficient information to refer children with problems that cannot be addressed within the school environment.
- Training of teachers and peers in counselling, with special attention to the needs of orphans, grieving children, and children affected by HIV/AIDS.
- Sufficient time in the school day for pupils to seek, and be provided with, counselling (group and personal counselling).
- Development of health care, education, and opportunities for individual growth.

Activity 5.8

Divide participants in groups. Ask them to:

1. Identify what young people want to be included in the guidance and counselling programmes.
2. What roles parents and the community can play in guidance and counselling?
3. What counselling content should be offered at what level?