

MPILONHLE MOBILE HEALTH AND EDUCATION PROJECT

HIV and AIDS Activities 1 – 8 (Year 1) for Youth in KwaZulu Natal, South Africa



Photograph by Paul Weinberg



This work was supported by grants from:





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INTRODUCTION TO THE YEAR ONE ACTIVITIES

Teaching Approach

Education Development Center, Inc. (EDC) has written the activities for the Mpilonhle Mobile Health and Education Project with a participatory learning and skills building approach. Participatory methods are interactive rather than didactic. Learners become actively involved in the learning process rather than mainly listening to lectures. This replicates the natural processes by which children learn behaviour, including observation, social interactions, modelling, and practicing behaviours. Learning by doing is necessary. Researchers argue that if young people can practise skills in the safety of a classroom environment, it is much more likely that they will be prepared to use them in and outside of school.

Participatory learning also uses the experience, opinions, and knowledge of learners and provides a creative context for the exploration and development of different possibilities. It is culturally relevant, gender sensitive, and relevant to the learners' everyday lives. Studies of approaches to health education have shown that active participatory learning is the most effective method for developing the knowledge, attitudes, and skills *together* that enable learners to make healthy choices (e.g., Wilson et al., 1992; Tobler, 1998).

Specific advantages of active participatory teaching and learning methods, and working in groups, include:

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

(from CARICOM, 2000; CARICOM & UNICEF, 1999)

Participatory teaching methods for building skills and influencing attitudes include:

- Class discussions
- Brainstorming
- Demonstration and guided practise
- Role plays
- Small group work
- Educational games and simulations
- Case studies

- Story telling
- Debates
- Practising life skills with others specific to a particular context
- Audio and visual activities, e.g., arts, music, theatre, dance
- Decision-mapping or problem trees

Learners must gain skills as well as knowledge and attitudes in order to change their behaviours related to health. They need to learn life skills to help them deal effectively with a range of health issues as well as the demands and challenges of all aspects of everyday life. These skills include analysing information, thinking critically and creatively, making informed decisions, solving problems, communicating effectively, building healthy relationships, coping with feelings and managing stress, and practising behaviours that enhance all aspects of their health and enable them to actively participate in their own health care. These skills can be used in all areas of health, including HIV and AIDS; sexual and reproductive health; nutrition; physical activity; emotional and mental health; social relationships; use of alcohol, tobacco, and other drugs; injury and violence prevention; and use of seat belts.

Another key aspect of our approach is that it is non-judgemental and not preachy. Learners are not judged for their past behaviours. They start fresh with new learning. Teachers promote positive, well-reasoned thinking. Learners are encouraged to think through issues, weigh different views, ask questions, and come to their own decisions.

EDC's Experience

EDC brings substantial experience to the development of the Mpilonhle Mobile Health and Education Project activities. EDC has had extensive experience in HIV education in South Africa, the region of southern Africa, and globally. We have worked with the skills building and participatory methods of teaching in developing a large number of health education curricula and several hundred activities for diverse clients including the World Health Organization and the Government of Botswana. The extensive collection of Teenage

Health Teaching Modules we wrote has been used widely and received very high ratings by the United States Department of Education, the United States Substance Abuse and Mental Health Services Administration, and the Collaborative for Academic, Social, and Emotional Learning.

Special Features of the Mpilonhle Health Education Activities

Health Promotion Focus

The Mpilonhle health education activities focus on health promotion and wellness rather than just disease prevention. Health includes the physical, emotional, social, and spiritual areas of life, which means the body, mind, and spirit. HIV and AIDS are addressed within the context of all aspects of health. This approach takes into account that people can get sick, injured, and die from many things besides HIV and AIDS, for example, not wearing seat belts and drinking while driving, all of which need to be dealt with. In addition, the many factors that can affect health need to be addressed as a whole rather than as isolated issues because the same risk factors and behaviours, as well as protective factors, contribute to different health problems.

With our approach, the goal of staying healthy is for learners and teachers to be able to reach their full potential in terms of health, education, livelihood, and overall quality of life. This is considered living the “good life”. These individuals are also better able to advocate for policies and environments that promote a healthy, productive society.

HIV and AIDS Focus

Within the material specific to HIV and AIDS, the activities convey the following seven core messages:

- Abstain—You do not have to have sex if you do not want to.
- Be faithful—If you are having sex, have only one partner.
- Condomise—Use a condom every time you have sex.



- Do not become dependent on sugar daddies (or mommies)—Exchanging sex for other resources with individuals who are much older than you increases your dependence on them, lack of ability to negotiate safe sex, and risk for HIV.
- Find out if you have a sexually transmitted disease and get treated for it.
- Get tested annually for HIV.
- Ask for your partner’s status.

Social Responsibility

The Zulu concept of “ubuntu” is also integrated into these activities. We emphasise the importance of humanity toward others and social responsibility. Learners are encouraged to understand that their individual choices can affect others, and therefore they need to consider social consequences. No person is an island. So, for example, while having sex is pleasurable and a natural desire, it carries responsibilities because it can have consequences such as disease and pregnancy that affect others. In addition, males need to take responsibility as well as females in preventing disease and avoiding unwanted pregnancy so that females are not victimised.

Another example of social responsibility is addressing stigma and discrimination. People living with or affected by HIV experience major stigma and discrimination that adds an additional and unnecessary layer of difficulties to coping with the disease. In this set of activities, learners gain information and participate in exercises that help them learn to have empathy toward and provide support for people living with and affected by HIV and to fight stigma and discrimination.

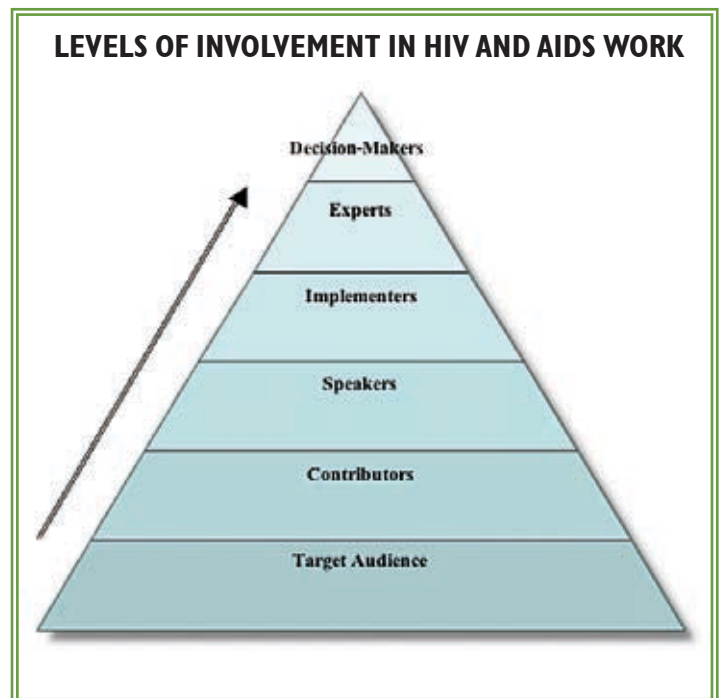
Involving People Living with HIV and AIDS

Related to stigma and discrimination, is the importance of involving people living with and affected by HIV in HIV- and AIDS-related work. This concept is called GIPA, which stands for “greater involvement of people living with HIV and AIDS”. It is based on the fact that people living with and affected by HIV are the ones who know their needs best and can provide valuable information and insights to make HIV education and programmes more relevant, responsive, and

effective. Their involvement also increases contact and understanding between them and other people, sends a message of acceptance, and helps them live more positively with the disease and serve as role models for others living with it. All of this helps to decrease stigma and discrimination.

The diagram below shows HIV- and AIDS-related work divided into several different levels of involvement. The largest group of people living with HIV are recipients of services who do not provide input into the services. Moving up the pyramid, individuals have a greater level of involvement, from contributors who are marginally involved, to speakers about the issues, to implementers of interventions, to experts with key information to contribute, and finally to decision-makers who develop and run programs and set policy.

In involving people living with HIV, for several reasons it is most appropriate to work with



organisations representing people living with the disease rather than seeking out individuals. Groups that come to consensus about their perspective on specific topics can provide a more representative picture of the experience of living with HIV. In addition, due to stigma and discrimination, many people living with HIV do not want to disclose that they have the disease. If a group is made up of both

people living with and affected by HIV, then a spokesperson from that group cannot be assumed to have HIV. Furthermore, contacting organisations rather than individuals avoids the problem of burdening with numerous requests the small number of people living with HIV who have disclosed publicly.

People living with HIV and AIDS and the groups representing them have been involved in the development of EDC's approach to HIV education. The principle of involving people with HIV can be further applied by working with organisations that represent people living with HIV in the local communities where these materials are used. For example, members of the organisations could come to classes to speak and provide testimonies. They could also review the materials and provide input for improvements.

Document Open for Adaptation

This document containing the Mpilonhle project activities is open for adaptation to meet local needs and each group of learners. It can be adapted in terms of content, format, timeframes, order of the activities, and which activities are used. We encourage you to obtain input from life orientation teachers, parents, learners, people living with and affected by HIV, and of course, you the health educator.

Key Points for Health Educators

The following key points are valuable to keep in mind as you are teaching the activities:

- **Use participatory methods:** Engage learners in interactive activities to maximise their learning. Incorporate their experiences and input into the learning process.
- **Focus on skill building:** Engage learners in gaining and practising skills, as well as gaining knowledge and attitudes, in order to have the greatest impact in changing their health-related behaviour.
- **Use a non-judgemental approach:** Do not judge learners for their past behaviours. Start fresh. Teach, not preach.
- **Encourage learners to come to their own decisions:** Encourage learners to think through issues, weigh different views, ask questions, and come to their own decisions.
- **Focus on health promotion rather than disease prevention:** Lead the activities in the context of staying healthy in all aspects of life rather than just preventing HIV and other diseases.
- **Focus on learners reaching their full potential:** The goal of staying healthy is for learners and teachers to be able to reach their full potential in terms of health, education, livelihood, and overall quality of life. This is considered living the “good life”.
- **Incorporate social responsibility (ubuntu) as a theme:** Emphasise the importance of humanity toward others. Encourage learners to understand that their individual choices can affect others at the individual level, for example in sexual relationships, as well as at the societal level in terms of stigma and discrimination.

CONCLUSION

Learners need to understand that their individual choices have consequences not only for themselves but also for their friends, family, and community. Each activity is designed to help learners explore this concept and build skills so that they can make healthy choices and live a “good life”.

HIV AND AIDS ACTIVITIES 1–8 (YEAR 1) FOR YOUTH IN KWAZULU NATAL, SOUTH AFRICA

List of Activities

Grades 8–9

- Activity One: Basic Health Information
- Activity Two: Examining Risky Behaviours
- Activity Three: Healthy Decision-Making in Romantic Relationships
- Activity Four: HIV Counselling and Testing
- Activity Five: Accessing Health and Social Services in My Community
- Activity Six: Understanding Stigma and Discrimination
- Activity Seven: Taking Action Against Stigma and Discrimination
- Activity Eight: Developing Healthy Friendships

Grades 10–12

- Activity One: Basic Health Information
- Activity Two: Examining Risky Behaviours
- Activity Three: Healthy Decision-Making in Romantic Relationships
- Activity Four: HIV Counselling and Testing
- Activity Five: Accessing Health and Social Services in My Community
- Activity Six: Understanding Stigma and Discrimination
- Activity Seven: Taking Action Against Stigma and Discrimination
- Activity Eight: Preparing for Life After High School



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FOR GRADES 8–9

ACTIVITY ONE: BASIC HEALTH INFORMATION

Learning Objectives:

- Recognise what health and healthy decision-making are in the physical, emotional, social, and spiritual areas of their lives, why it is important to stay healthy, and what one can do to stay healthy
- Discuss basic information about HIV, AIDS, other sexually transmitted infections (STIs), tuberculosis (TB), and avoiding pregnancy

Methods: Brainstorming, group discussion, worksheet

Materials: Paper, pens, worksheet

Time: 75 minutes

Overview: Learners brainstorm and discuss information on basic issues of keeping healthy and learn information about HIV, AIDS, STIs, TB, and avoiding pregnancy. They write the correct answers on their worksheet. The session ends with a brief wrap-up discussion on how learners can keep healthy in the physical, emotional, social, and spiritual areas of their lives.



Procedure:

Part 1: 35 minutes

1. Introduce yourself to the learners and explain that you will lead them through a series of activities over the coming school year related to general health, HIV and AIDS, and skills to help learners stay healthy.
2. Ask the learners to brainstorm on why it is important for people to take care of their health. Be sure the following are mentioned:
 - To feel good
 - To have the energy to do the things you want to do
 - To stay at a healthy weight to keep healthy overall now and for the future
 - To feel good mentally, emotionally, and spiritually
 - To do well in school
 - To be able to connect well with other people, including family and friends
 - To live a long, healthy life
3. Discuss the idea of making healthy decisions. Include the following points:
 - Everyone can make a difference in their health if they learn how to make good health decisions.
 - We are making decisions related to our health all the time. But we do not always realise that we are making decisions or why we are making them. Doing nothing is also a decision.
 - We need to become aware of the decisions we are making and why so that we can make the best decisions for our health.
 - We can live a healthier, more fulfilling life by focusing on doing things to stay healthy rather than just to avoid getting sick.
4. Ask learners to brainstorm the important things they can do to stay healthy. Be sure the following are mentioned:
 - Eating a healthy diet, including less fat, sugar, and salt, and more vegetables, fruits, and grains
 - Getting enough exercise
 - Getting enough rest
 - Practising good hygiene, e.g., brushing teeth, washing hands, and bathing properly

- Using universal precaution, such as gloves, when coming into contact with blood
 - Making healthy sexual choices
 - Dealing with feelings and managing stress
 - Avoiding tobacco, alcohol, and other drugs
 - Seeking help when you get hurt or feel sick or stressed
5. Ask learners' to discuss their knowledge of HIV, AIDS, sexually transmitted infections, tuberculosis, and avoiding teen pregnancy in the context of keeping healthy overall. Use the following questions to begin the discussion and keep it focused:
 - a. What are sexually transmitted infections (STIs)?
 - b. What is the difference between HIV and AIDS?
 - c. How does a person become HIV-positive?
 - d. What are opportunistic infections (OIs)? How do they relate to HIV and AIDS?
 - e. What is tuberculosis (TB)?
 - f. What does risk mean? And, how can one be at risk for contracting HIV, other STIs, and TB?
 - g. Why is it important to avoid getting pregnant when you are a teenager?

Part 2: 40 minutes

6. Hand out the worksheet below. Clarify any misunderstandings from the discussion. Be sure to provide the following correct information if it has not already come up. Ask learners to fill in their worksheet with the correct information.

STIs

Definition: Infections that are spread through sexual contact. HIV is one STI. Other examples include gonorrhoea, syphilis, herpes, genital warts, chlamydia, and hepatitis B. All of them except HIV can be cured if they are treated properly.

How they are spread: Anyone who has unprotected sex with an infected partner can get STIs.

How to keep from getting or spreading them: The best ways to keep from getting or spreading STIs are abstinence (not having sex) and being faithful to one partner who is not infected. Using safer sex practises, such as a condom, is another alternative. With many STIs there are no obvious symptoms, so you may not know if a person has an

STI. They can pass it on to other people even if they do not have symptoms.

HIV

Definition: A virus that weakens the immune system and reduces the body's resistance to many different illnesses. HIV can be managed so that it progresses more slowly, but it cannot be cured.

How it is spread: Anyone can get it through sharing bodily fluids, such as blood, semen, and vaginal fluid. It can be transmitted when a person has unprotected sex, shares a contaminated needle, or takes care of a bleeding injury without gloves. HIV can also be transmitted from mother to child during pregnancy, birth, and breastfeeding.

How to keep from getting or spreading it: The best ways to keep from getting or spreading HIV are abstinence and being faithful to one partner who is not infected. However, being faithful only prevents the spread of HIV if both partners are faithful to each other over the long-term (many years, not just months). Using safer sex practises, such as a condom, is another alternative. People with HIV may not have symptoms for many years, so you may not know they have HIV. They can pass it on to other people even if they do not have symptoms.

AIDS

Definition: The condition that occurs when the immune system of a person with HIV is weakened to the point that he or she has difficulty fighting infections, such as STIs, TB, flu, pneumonia, and certain cancers. When someone has one or more of these infections and very low immunity (as determined by the number of T cells in the blood), he or she has AIDS. AIDS cannot be cured.

How to keep from developing it: People with HIV can slow the progression to AIDS by taking medications and taking good care of their health overall, including by eating well and getting enough exercise and rest.

Opportunistic Infections (OIs)

Definition: Infections that a person is especially susceptible to when he or she has a weakened immune system caused by HIV and AIDS. These infections include other STIs, TB, flu, pneumonia,

and certain types of cancer. Most of these infections can be cured, but it is much harder to cure them in a person with an immune system weakened by AIDS.

How to keep from getting them: People with AIDS can reduce their chances of getting OIs by taking medications and taking good care of their health overall, including by eating well, exercising, and getting enough rest.

Tuberculosis (TB)

Definition: A disease caused by a type of bacteria that usually attacks the lungs but can attack any part of the body. It can be cured, but it can be fatal if it is not treated properly.

How it is spread: TB is spread through the air from another person, especially through coughing and sneezing. Only some people with TB become sick from it. Those who are not sick cannot spread the disease to other people. However, if they get HIV, they are much more likely to become sick from TB. Then the TB can speed up the progression of HIV to AIDS and worsen AIDS.

How to keep from getting or spreading it: Practise good hygiene, especially if you come into contact with someone who has TB. Wash your hands regularly, and cover your mouth when you cough.

Pregnancy

You can get pregnant from unprotected sex. If you and your partner are not ready to have a child, avoid getting pregnant because having a child and being a parent when you are not ready emotionally and financially could lead to a number of problems for you, your partner, and your child. Abstinence is the best way to avoid pregnancy as well as HIV infection and other STIs.



WORKSHEET

	DEFINITION	HOW IT IS SPREAD	HOW TO KEEP FROM GETTING IT OR SPREADING IT
Sexually Transmitted Infections (STIs)			
HIV			
Opportunistic Infections (OIs)			
Tuberculosis			

WORKSHEET

	DEFINITION	HOW TO KEEP FROM DEVELOPING IT
AIDS		



Photograph by Scot Pulizzi



WORKSHEET

	RISKS	RESPONSIBILITIES	PREVENTION
Pregnancy			



Photograph by Scot Pulizzi

7. Briefly explain the services available to learners through the mobile clinic, including individual risk assessment, counselling on avoiding pregnancy, VCT, TB screening, treatment for HIV and other STIs, and computer education. Tell learners that they can learn more about all of the health topics by reading the programme's information sheets and by doing interactive exercises during their computer sessions.
8. As a way to help learners recall and summarise what they have learned in this session, ask them to discuss ways they can keep healthy. Be sure they include the physical, emotional, social, and spiritual areas of their lives.

End the activity by saying: “There are a lot of reasons why it is important to keep healthy. Most importantly, you can live a more fulfilling life and contribute to your community if you focus on how to keep healthy as well as protecting yourself from diseases. This fits with our Zulu values of living a “good life” and living in a socially responsible way in humanity and oneness with others (ubuntu).”



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FOR GRADE 8–9

ACTIVITY TWO: EXAMINING RISKY BEHAVIOURS

Learning Objectives:

- Recognise what healthy decision-making is in the physical, emotional, social, and spiritual areas of their lives and why it is important in staying healthy
- Identify the negative results of a variety of risky behaviours
- Identify ways to avoid risky behaviours

Methods: Brainstorming, group discussion, quizzes, small group work

Materials: Paper, pens, marker. Handouts called ‘Me and My Health Quiz’ and ‘Risky Behaviours Exercise’. Flipchart sheet with ‘Risky Behaviours Exercise’ written on it. (Prepare this flipchart sheet before the class.)

Time: 75 minutes

Overview: In small groups, learners complete a quiz on healthy behaviour and a mix and match exercise to identify the possible negative results of a variety of risky behaviours. In the large group, they discuss the quiz and the risky behaviours exercise and how they can avoid risky behaviours.

Procedure:

Part 1: 20 minutes

1. Briefly review what was learned in the first activity about general health issues, HIV and other STIs, and avoiding pregnancy.
2. Divide the learners into small groups of four or five. Give out the quiz, ‘Me and My Health’, which is on the next page. Ask learners to complete the quiz as a group to reinforce the information they have just learned.

ME AND MY HEALTH QUIZ

1. Anyone can get HIV from having unprotected sex.

True___ False___

2. People can always tell when they have the HIV virus.

True___ False___

3. It is best to deal with all your emotional problems on your own.

True___ False___

4. Infections like TB are more likely to occur when a person is HIV-positive.

True___ False___

5. TB is a sexually transmitted disease.

True___ False___

6. Which one of the following things will not help you stay healthy?

- a. Eating plenty of vegetables, fruits, and grains
- b. Dealing with feelings and managing stress
- c. Eating fried foods every day
- d. Avoiding alcohol



3. Go over the answers to the quiz with learners. Explain anything that they do not understand.

QUIZ ANSWERS

Question 1: **True.**

Anyone can get HIV. Unprotected sex is the most common way to get HIV. You can also get HIV from contact for any reason with the blood of someone who has HIV, including helping them treat a cut or sharing contaminated needles. Babies can also get HIV from their mothers during pregnancy, birth, and breast-feeding.

Question 2: **False.**

People often cannot tell for years that they have HIV. Even if they do not know they have it, they can still pass it to other people.

Question 3: **False.**

There are some emotional problems that are too hard for an individual to deal with alone. To avoid getting too stressed and making unwise decisions, which can lead to other health problems, it is best to get help from someone you trust, like a parent, teacher, or counsellor, or a friend who has been successful in dealing with the same kind of problem.

Question 4: **True.**

HIV weakens the immune system and increases a person's chance of getting infections, such as TB, flu, pneumonia, and certain types of cancer.

Question 5: **False.**

TB is spread through the air from one person to another, not through sexual contact.

Question 6: **c.**

Eating fried foods every day will bring a lot of fat into your body. Fat can make you gain weight and increase your chances of getting diseases like heart disease and diabetes.

Part 2: 40 minutes

4. We are all exposed to a variety of risks in our lives. This next activity is about looking at the negative results that can occur when we engage in risky behaviours. Ask learners if they have any questions.

Give out the sheet with the 'Risky Behaviours Exercise'. Continuing in their small groups, ask learners to connect the appropriate risky behaviour in the left-hand column with the negative result it causes in the right-hand column by drawing a line between them. Ask learners if they have any questions.

RISKY BEHAVIOURS EXERCISE

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

TYPES OF RISKY BEHAVIOURS	POSSIBLE NEGATIVE RESULTS
Having sex at an early age	Feel tired and cannot study well
Having sex without a condom	Make poor decisions Get HIV or STIs
Riding in a car without a seat belt	Have unwanted pregnancy
Touching blood from a cut of someone who has HIV	Get poor grades
Not getting enough sleep	Get HIV and other STIs Have unwanted pregnancy
Eating food high in fat, sugar, or salt, and not getting enough exercise	Get hit by a car
Having sex when under the influence of drugs or alcohol	Get HIV and other STIs Have unwanted pregnancy
Not wearing bright clothes when walking on the road at night	Get hurt more badly if get in an accident
Not doing school work on time	Gain too much weight, and have less energy. Get heart disease or diabetes.
	Get HIV and other diseases



WORKSHEET

RISKY BEHAVIOURS EXERCISE (Page 2)

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

TYPES OF RISKY BEHAVIOURS	POSSIBLE NEGATIVE RESULTS
Going out at night without your parents knowing	Get cavities
Having sex with multiple partners	Get health problems like diarrhoea, scabies, lice
Not getting support when you have problems	Get in an accident
Driving under the influence of alcohol or drugs	Get HIV and other diseases
Not brushing your teeth	Parents get worried Hard for them to help if you are in trouble
Carrying weapons to school	Don't learn as much
Not washing your hands and bathing regularly	More stressed because problems get worse
Sharing razors	Get HIV and other STIs Have unwanted pregnancy
Copying others' school work	Cannot afford to buy what you need
Being careless with money and not saving it	Someone can get hurt



RISKY BEHAVIOURS EXERCISE

ANSWER KEY

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

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Touching blood from a cut of someone who has HIV	Get HIV and other STIs Have unwanted pregnancy
Not getting enough sleep	Get hit by a car
Eating food high in fat, sugar, or salt, and not getting enough exercise	Get HIV and other STIs Have unwanted pregnancy
Having sex when under the influence of drugs or alcohol	Get hurt more badly if get in an accident
Not wearing bright clothes when walking on the road at night	Gain too much weight, and have less energy. Get heart disease or diabetes.
Not doing school work on time	Get HIV and other diseases



RISKY BEHAVIOURS EXERCISE (Page 2)

ANSWER KEY

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Sharing razors	Get HIV and other STIs Have unwanted pregnancy
Copying others' school work	Cannot afford to buy what you need
Being careless with money and not saving it	Someone can get hurt

5. Reconvene the large group and discuss the small-group exercise. Have a large copy of the 'Risky Behaviours Exercise' written on a flipchart so that you can draw lines between the behaviours and the results as the learners say them. In addition, make sure the following information is covered:
- Unprotected sexual intercourse (both vaginal and anal), as well as sharing needles, are high risk behaviours for getting HIV and should be avoided. The safest options are to abstain from having sex or sharing needles.
 - Another type of risk is having sex with multiple partners. Being faithful to one partner who is not infected is safer because the more partners you have the greater the chance of a partner having HIV and other STIs and passing them on to you. However, being faithful only works if your partner is faithful to you too.
 - Young people who have sex with older partners are at greater risk for getting HIV because more older people have HIV. It may be tempting to have sex with people who are older because they may offer things you need in return, such as financial help (e.g., cash) or other things (e.g., cell phones or car rides). Avoid becoming dependent on anyone, and especially older people, for these things in exchange for sex so that you do not give up your power to set limits and require safer sex practises.
 - Males, as well as females, need to take responsibility in helping protect females from becoming pregnant and getting HIV and other STIs.
 - Having sex when under the influence of alcohol or drugs can lead to getting HIV or STIs or having an unwanted pregnancy because when you are using alcohol or drugs your judgement is impaired and it is easier to make unwise decisions.
- Sharing razors without cleaning them can lead to getting HIV.
 - Driving while under the influence of alcohol and drugs can result in accidents because it impairs your judgement and physical coordination.
 - Other traffic safety issues:
 - Wearing a seat belt while riding in a car helps protect you if you get in an accident.
 - Wearing bright clothes when you walk along the road at night helps drivers see you better.
 - Driving too fast increases your chance of getting in an accident.
 - Overeating and eating food that is high in fat, sugar, or salt, and not getting enough exercise as a young person can lead to current health problems, such as gaining too much weight and having less energy, as well as to more serious health problems in the future, such as heart disease and diabetes.

Part 3: 15 minutes

6. Ask the group to identify and discuss ways that they can avoid each of the risks (negative results) discussed in the Risky Behaviours Exercise.
7. As a way to help learners recall and summarise what they have learned in this session, ask them to discuss ways they can avoid risky behaviour. Be sure they include the physical, emotional, social, and spiritual areas of their lives.

End the activity by saying: "There are a lot of risks that we all face in our daily lives. If we identify the risks and ways to avoid them, we can stay healthy; avoid getting HIV, other STIs, TB, and other diseases; keep from getting pregnant; manage stress; and feel energetic and strong so that we can do well at school and work and live a fulfilling life".



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FOR GRADES 8–9

ACTIVITY THREE: HEALTHY DECISION-MAKING IN ROMANTIC RELATIONSHIPS

Learning Objective:

- Discuss issues involved in sexual decision-making and respecting one's partner's decisions

Methods: Brainstorming, presentation, role play, discussion

Materials: Paper, pens, marker, flipchart sheet as noted in procedure 4

Time: 75 minutes

Overview: The group brainstorms and discusses issues related to sexual decision-making and abstaining from having sex. In groups of three, they do role plays to practise saying statements to support their decisions and respect their partner's decisions.

Procedure:

Part I: 40 minutes

1. Briefly review what was learned in the second activity about the negative results of risky behaviours and ways to avoid risky situations. Encourage learners to think about their own current level of risk.
2. Introduce the objectives of the activity. Explain that the group will discuss issues of sexual decision-making. Acknowledge that sex is pleasurable and a natural desire but that there are responsibilities that come with having sex because of the risks of becoming pregnant and getting HIV and other STIs. In order to be responsible in an effective way, partners need to discuss and make decisions together about their sexual activity.
3. Ask learners to brainstorm the different types of decisions they might need to make with their partner. Be sure the following are mentioned:
 - Whether or not to have sex
 - Choosing safer alternatives to intercourse, such as kissing, touching, fondling
 - Whether to get tested for HIV
4. Ask the group to brainstorm reasons why it is okay to abstain from having sex. Be sure the following responses are mentioned:
 - Avoid getting HIV and other STIs and therefore stay healthy
 - Avoid getting pregnant
 - You do not feel ready to have sex.
 - Your parents expect you to not have sex.
 - Your religion says you should not have sex until you are married.
5. For this brainstorming exercise about talking with one's partner, start with a flipchart that has only the decisions in the left-hand column written on it. For each decision, ask learners to read it and brainstorm what their partner might say to persuade them to make a different decision. Then ask learners to brainstorm what a partner could say in response to support and stay with his or her decision. As learners suggest persuading statements and possible responses, write them in the appropriate places on the flipchart. Here are some examples.

Then discuss the importance of listening to and respecting one's partner's desires, perspectives, and



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DECISION	PERSUADING STATEMENT	POSSIBLE RESPONSE
You don't want to have sex because you don't want to get HIV or another STI.	I'm sure I don't have a disease. Do I look sick?	You look good, but a person can have a disease and not know it. I want to take care of myself and not take any risks by not having sex right now.
You just want to kiss and fondle and not have intercourse.	Having intercourse is more exciting. Are you worried about getting HIV? I'm not sick, so I don't have it.	I don't feel ready to have intercourse, and I do not want to take the risk of getting HIV or getting pregnant. People who are not sick can have HIV and pass it on to others.
You want you and your partner to get tested for HIV.	I don't need to get tested. I haven't had sex very much and mainly just with one partner.	If you have had sex with just one partner even once, you could have HIV. So, I want you to get tested before we consider having sex. I will go with you and get tested too.

Part 2: 35 minutes

6. Divide the learners into groups of three to role play the scenarios above. Assign each group one of the scenarios. One person plays the partner who states his or her decision. Another person plays the other partner and uses the persuading statements. Then the first partner responds. The third person is an observer to help in providing feedback about the role play.

After doing the role play, learners stay in their small groups and discuss how the role play went, including whether the person standing up for his or her decision was convincing and whether each partner respected the other one's needs and concerns. Also discuss how the interactions could be improved.

Then learners switch roles and do the role play again with each person taking a different role. Incorporate what was learned in the discussion to improve the interactions. Finally, discuss how the second role play went.

7. Reconvene the large group and discuss the following questions:
- For the person standing up for his or her decision, how did doing that feel?
 - Do you think the other person was convinced? Why or why not?
 - Were the partners clear in setting their limits while conveying respect for each other's needs, concerns, and decisions?

End the activity by saying: "In this session you have learned about sexual decision-making, how to communicate your choices in a respectful way, and reasons for abstaining from having sex. This information and these skills will help you have more fulfilling relationships while also practising safer sex".



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FOR GRADES 8–9

ACTIVITY FOUR: HIV COUNSELLING AND TESTING

Learning Objectives:

- Explain the process of HIV counselling and testing
- Explain the benefits of getting HIV counselling and testing

Methods: Brainstorming, presentation, discussion, role play

Materials: Paper, pens

Time: 75 minutes

Overview: The group learns about the process of HIV counselling and testing and discusses the benefits of getting HIV counselling and testing. In groups of three, they do a role play to practise explaining the benefits of getting HIV counselling and testing.



Procedure:

Part 1: 30 minutes

1. Briefly review what was learned in the third activity about sexual decision-making and respecting your partner's decisions. Say that those skills will be useful in communicating with a partner about HIV counselling and testing, which is the topic of this activity. We will now learn about the process of HIV counselling and testing and the benefits of getting HIV counselling and testing. This is important information for you to know and discuss with your partner.
2. Ask learners to share what they know about HIV status and the counselling and testing process.
3. Explain what HIV status is and how one gets tested. Be sure to cover the following information:

How does a person find out if he or she has HIV?

The only sure way to find out if a person has HIV is for a health professional to check for the existence of the virus in his or her body. The following tests are the most common ones given:

- Tests for anaemia and white blood cells.
- A CD4 test. This shows the damage HIV has done to the immune system.
- A viral load test. This shows how much HIV virus is in the body.

If a person has the virus, then his or her status is HIV-positive. If a person does not have the virus, the HIV status is negative. The viral load is an indicator of how advanced the disease is in the body. Medications are usually given when the CD4 cell count is 200 or lower.

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

A counsellor provides an individual with counselling both before and after the test. Receiving counselling is a part of the process of getting tested.

- Pre-test counselling addresses the testing process, the meaning of positive and negative test results, your potential risks, ways to reduce risk, and your intended plan of action once you have received the test results.

- Post-test counselling prepares you to face life decisions (whether you test negative or positive for HIV) by providing clear and factual information to help you make choices that will help you stay as healthy as possible and practise safer sex.

Is counselling and testing confidential?

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

4. Ask learners to brainstorm the benefits of getting HIV counselling and testing and knowing your HIV status. Be sure the following benefits are discussed:

- If you have HIV, you can get the treatment and support you need and make lifestyle changes, such as eating a healthy diet and getting enough exercise and rest, in order to stay as healthy as possible, slow the progression of the disease, and live longer.
- Whether or not you have HIV, you can learn about and use safer sex practises to protect yourself and your partner from getting HIV.
- If you have HIV, you can help any recent sexual partners you have had by telling them that they should get tested in case you passed HIV on to them.
- If you have HIV and you are pregnant or thinking about getting pregnant, you can take medication to reduce the chances of passing HIV on to your child.

Part 2: 45 minutes

5. Divide the learners into groups of three to do a role play. This scenario involves a learner explaining the benefits of HIV counselling and testing to an adult, such as one of his or her

parents, who is not convinced that it is important or worth going through. The adult states his or her concerns and asks questions that the learner needs to respond to. Both individuals should interact in ways that convey respect for the other's perspective and concerns. The third person serves as an observer to help in giving feedback.

After doing the role play, learners stay in their small groups and discuss how the role play went, including whether the learner was convincing in encouraging counselling and testing and whether each person respected the other's perspective and concerns.

Have learners switch roles and do the role play again with each person taking a different role. Incorporate what was learned in the discussion to improve the interactions. Then discuss how this second role play went.

6. Reconvene the large group and discuss the following questions:

- Was the adult convinced about the importance of getting HIV counselling and testing? Why or why not?
- Did each person respect the other's perspectives and concerns?
- How could the learner improve what he or she says in order to be more convincing and respectful?

Finally, emphasise again that for people who are sexually active, it is important for them and their partner to get tested once each year and share their status with each other. Ask learners if they have any thoughts, questions, or suggestions.

End the activity by saying: "If you decide to have HIV counselling and testing, you now have information on that. Although finding out that you are HIV-positive can be a difficult experience, with the information you have now you can deal with the situation in a way that is healthy and constructive for both you and your partner. If you find out that you do not have HIV, you can still learn a lot from the counselling about how to protect yourself from getting HIV".



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GRADES 8–9

ACTIVITY FIVE: ACCESSING HEALTH AND SOCIAL SERVICES IN MY COMMUNITY

Learning Objectives:

- Discuss what health and social services are and why they are important
- Examine the health and social services available in the community that can help with physical, emotional, psychosocial, and spiritual health
- Recommend where individuals can access these services in the community

Methods: Guided learning, presentation, discussion, mapping exercise, optional small-group work

Materials: Paper, pens, flipchart, marker. Be sure you are familiar with the health and social services in your community, including, but not limited to, those that deal with HIV and AIDS and emotional/psychosocial health.

Time: 75 minutes

Overview: The group discusses what health and social services are and why they are important. Learners brainstorm the variety of health and social services available and mark on a map of their community where these services are located. If the community and class are large enough, the class should be divided into small groups to cover different parts of the community.

Procedure:

Part 1: 30 minutes

1. Review information from the last session on HIV counselling and testing.
2. Discuss what health and social services are and why they are important. Explain that in the community there are a number of services that people can access to help them with the physical, emotional, social, and spiritual areas of their lives. Emphasise the value of using these services to help you stay healthy, prevent problems, and deal with any problems as soon as they arise to keep them from getting worse.
3. Ask the group to brainstorm and describe the health and social services that they may have used or heard of, and write each on the flipchart. Be sure the following types of services are mentioned and discussed:

For a variety of needs, including HIV and AIDS:

- General (primary) health care
- Prevention of STIs
- Palliative care (care to manage pain and other distressing symptoms)
- Other healing methods, including counselling on nutrition and exercise
- Traditional healing methods
- Emotional, social, and spiritual support to cope with any health-related issues
- Financial support

For HIV and AIDS specifically:

- HIV counselling and testing. See Activity 2 for more information.
- Anti-retroviral treatment (ART). A type of treatment with medication that can slow the progress of HIV to AIDS but cannot cure HIV.
- Prevention and treatment of opportunistic infections (OIs). See Activity 1 for more information.

- Prevention of mother-to-child transmission (PMTCT). Medication can be given to a pregnant woman to keep her from passing HIV to her baby during pregnancy, birth, and breastfeeding.

4. Ask the group to brainstorm where the different types of services they discussed are provided and by what types of practitioners. Note that one centre or organisation may provide several or many different services. Be sure that all of the options listed below that are relevant to the community are covered:

Organisations

Community health clinics
Social welfare agencies
Hospital (in the city)
Faith-based organisations

Individuals

(They may be practising on their own or as part of a health centre or social service agency.)

Doctors
Nurses
Nutritionists
Social workers
Counsellors
Traditional healers
Community health workers

Part 2: 45 minutes

5. Work with the learners to write a master list of all the organisations and individual practitioners they know of in the community, the services they provide, and where they are located. When the learners have put out all of their ideas, add any other services, organisations, and individual practitioners that you know of.
6. Then ask the learners to draw a large map of the community and mark on the map where each of the organisations and individuals they identified is located.

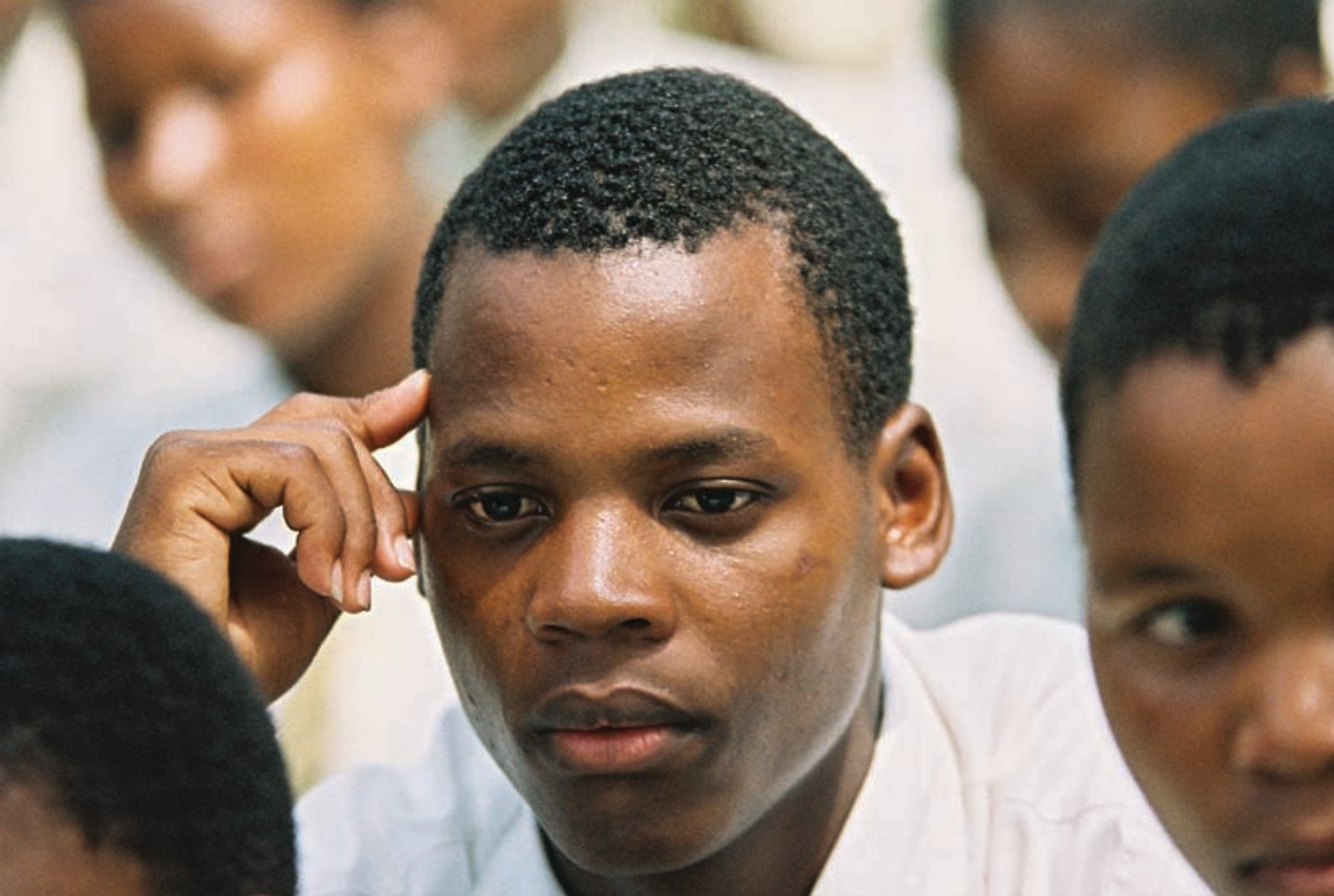


7. If the community and class are big enough, divide the large group into small groups that each covers a different part of the community. Each group writes a master list and draws a map for its specific part of the community. When reconvening in the large group, ask for a volunteer from each small group to present the part of the community it covered. From these presentations, develop a map and list of services for the whole community.

End the activity by saying: “We all need help at times in our lives. Our community has resources available to help, but everyone is not sure how to find them. We now know about the health and social services available and can help others learn about them”.



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GRADES 8–9

ACTIVITY SIX: UNDERSTANDING STIGMA AND DISCRIMINATION

Learning Objective:

- Understand aspects of stigma and discrimination
- Give examples of stigma and discrimination, how they apply to many kinds of differences between people, and how they can cause harm

Methods: Group discussion, large group exercise

Materials: Paper, pens, masking tape

Time: 75 minutes

Overview: Learners learn about what stigma and discrimination are, how they apply to many kinds of differences between people, and the harm they cause. Learners give examples that they have experienced or heard about. Then they participate in the Crossing the Line exercise, in which they learn more about what it feels like to be stigmatised and discriminated against for being different, and they learn to accept and have compassion for others who are different.



Procedure:

Part 1: 30 minutes

1. Briefly review the different kinds of health and social services available, including for HIV and AIDS, as discussed in the previous activity.
2. Explain that sometimes individuals do not get the services they need or support from others because they are different in some way that stirs up fear, misunderstanding, and hate due to myths and misconceptions. They may experience stigma and discrimination from others because of differences such as physical, intellectual, or economic differences; gender; race; ethnic background; religion; sexuality; or HIV status.

Stigma is the process of devaluing people and viewing them negatively. Stigma creates or reinforces inequalities among individuals and usually leads to discrimination. Discrimination is any form of distinction, exclusion, or restriction based on stigma that violates individuals' rights. With HIV and AIDS, there have been a large number of myths and misconceptions over many years, which have led to widespread stigma and discrimination. As a result, many persons who have HIV or have parents with HIV do not receive the services and support that they need and deserve. Individuals may feel rejected by others around them. They also may be denied their rights to things like education, employment, and involvement in the community.

3. Ask learners if they have any questions. Then ask them to give examples of stigma and discrimination that they are aware of.

Part 2: 45 minutes

Crossing the Line Exercise

4. The purpose of this exercise is to help people understand stigma and discrimination by breaking down barriers between them that are based on differences such as physical, intellectual, or economic differences; gender; race; ethnic

background; religion; sexuality; or HIV status. When barriers are broken down, people feel more real connection between each other.

5. Start by placing a piece of masking tape on the floor to divide the room in half and asking all learners to stand on one side of the room.
6. Ask the group some or all of the questions listed below one at a time. You can also make up other questions that are appropriate for your group of learners. However, **do not use questions that involve revealing something very personal that learners might not want to reveal, such as HIV status or sexual orientation.**
7. After you ask a question, learners to whom the question applies must walk across the line to the other side of the room. Then ask them how what they experienced made them feel. If they want to, they can put their arms around each other to feel more connection with the others who have gone through the same experience. **Be sure to emphasise that this exercise is completely voluntary and that learners can opt out of it at any time. No one should be put in a position where they have to reveal something they do not want to reveal.**
8. This exercise helps those who crossed the line to see that they are not alone in their experiences and that they will be accepted by the others despite what they have experienced. It also helps those who have not had the experience to understand what it feels like to have that experience and to convey compassion and support to those who have gone through it. The exercise also helps dispel myths that some people are “bad” or unacceptable because of what they have gone through. It may even bring some people to ask directly for acceptance for who they are and bring others to apologise for things they have said or done.

Suggested Questions to Ask

- Have you ever been teased or bullied for physical differences, e.g.:
 - Being fat
 - Being weak
 - Have you ever been teased or bullied for intellectual differences, e.g.:
 - Getting poor grades
 - Working hard in school and getting good grades
 - Have you ever been teased or bullied for economic differences, e.g.:
 - Being poor
 - Being rich
 - Have you ever been teased or bullied for being different because of your race, ethnic background, or religion?
 - (To ask the girls) Have you ever been teased or bullied for acting different from most girls?
 - (To ask the boys) Have you ever been teased or bullied for acting different from most boys?
9. After you have finished asking the questions you have chosen for the Crossing the Line exercise, then explain how individuals who are HIV-positive or have family members who are HIV-positive and those who have different sexual orientations (e.g., gay, lesbian) also often share the feelings of rejection that those who crossed the line in this exercise experienced. These individuals also need to be given the acceptance and compassion that were shown for those who were different in the exercise.
10. Next, explain that in addition to the hurt that individuals feel, stigma and discrimination have negative effects on a larger social level. They contribute to the spreading of myths, create a culture of fear, and keep people from getting the help they need. Because open discussion and healthy actions are not promoted, more people are at risk due to being denied information and services that could save and improve their lives.

End the activity by saying: “Due to fear, ignorance, stigma, and discrimination, some people reject individuals who are different from them in some way, such as physical, intellectual, or economic differences; gender; race; ethnic background; religion; sexuality; or HIV status. People who are infected with HIV or who have lost a parent to AIDS often experience stigma and discrimination. In this activity you have learned more about what it feels like to experience stigma and discrimination and have compassion for others”.



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GRADES 8–9

ACTIVITY SEVEN: TAKING ACTION AGAINST STIGMA AND DISCRIMINATION

Learning Objectives:

- Demonstrate how one can express empathy toward a person who is infected with or affected by HIV and AIDS
- Generate additional ideas of how one can express empathy to people in the community

Methods: Group discussion, role play, small group work

Materials: Paper, pens

Time: 75 minutes

Overview: Learners act out a role play about learning that a friend has a mother who died of AIDS and giving that friend support and help. Then they discuss the role play and additional ways they can express empathy toward a person who is infected with or affected by HIV and AIDS. Finally, they do another role play focusing on providing support and help to a friend who has a family member with HIV.

Procedure:

Part 1: 25 minutes

1. Briefly review the information on stigma and discrimination covered in the previous activity.
2. Explain that the class will now do a role play to understand and demonstrate how a person can feel and to express empathy toward someone who is infected with or affected by HIV and AIDS. Ask for a learner to read the scenario below out loud to the class.
3. Ask for one girl and two boys to play the three roles in the scenario in front of the class. (You could also switch the genders and names of the characters if the learners who feel comfortable volunteering to do the role play are a different mix than one girl and two boys.)

Role Play Scenario

Thembi and Dumisane are both 13 years old. They are in the same class and are good friends. They have also been friends with Thabiso this year. However, several days ago, Thabiso suddenly left school. Thembi and Dumisane discuss why Thabiso might have left. Dumisane shares that his mother said she heard that Thabiso's mother died of AIDS, that Thabiso might also have HIV, and that his mother thinks they should stay away from Thabiso. They then discuss what they think about all this. They remember that they learned in school that HIV cannot be spread by touching other people, and they imagine how hard it must be for Thabiso and that he might need their support and help. So, they decide to visit Thabiso.

Thabiso is really glad they have them come by because he is really sad and lonely. They stay and talk for awhile. Then they help Thabiso make dinner for everyone in the family and offer to come back

again and help out some more. Thabiso is really relieved to have friends like Thembi and Dumisane who will help him.

Part 2: 50 minutes

4. Divide the learners into small groups of three to four people. Ask them to imagine they are in Thabiso's place and talk about how they would feel and what they would need if:
 - Their mother or father died of AIDS
 - They became infected with HIV
 - Their friends stayed away from them because they had HIV
5. Reconvene the large group and ask someone from each small group to share:
 - The feelings they explored, such as sad, lonely, depressed, rejected
 - The needs they described, such as someone to talk or play with; or if a parent died, someone to help them with housework and caring for younger brothers and sisters
 - How they would want others to treat them, e.g., listen, express empathy for how hard the situation is, offer to help
6. Ask others to give specific examples of what they would say to a friend of theirs who:
 - Lost a mother or father to AIDS
 - Became infected with HIV
7. Using what they have learned from these discussions, ask for three learners to do a role play for the large group of another example of a visit to a friend with a family member with HIV showing how they would support and help their friend.
8. Ask the three learners to describe how they felt while playing those roles. Then finish with a brief large group discussion.

End the activity by saying: "People who are infected with HIV or who have lost a parent to AIDS need a lot of support, empathy, and compassion in order to cope with their situation. In this session, you have learned some things you can say and do to support people living with HIV. This is one way we can live out our Zulu value of ubuntu, which encourages social responsibility and teaches us to accept and treat all people with humanity and live in harmony with our neighbours".



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GRADES 8–9

ACTIVITY EIGHT: DEVELOPING HEALTHY FRIENDSHIPS

Learning Objectives:

- Identify the qualities of a healthy friendship
- Identify the qualities of an unhealthy friendship
- Determine whether you have the positive qualities you are looking for in your friendships

Methods: Brainstorming, group discussion, small group work, role play, individual work

Materials: Paper, pens, flipchart, marker, 'Friendship Scenarios' handout, 'How Am I as a Friend' worksheet

Time: 75 minutes

Overview: Learners brainstorm qualities of healthy and unhealthy friendships. They identify the qualities described that demonstrate a healthy friendship in the scenarios provided. Finally, they fill out a worksheet assessing how they are as friends, and then discuss with the large group what they learned.

Procedure:

Part 1: 15 minutes

1. Review the material from the previous activity on stigma and discrimination.
2. Introduce the objectives of this activity. Ask the learners to brainstorm what they like about their current friends and friendships. Write the responses on a flipchart. Examples may include:
 - Fun to be with
 - Can count on my friends to help me, and I help them
 - Open and honest
 - Understand each other and can share experiences and give each other support
 - Trust and respect each other
 - Do not expose me, themselves, or others to harm or danger

Note to teacher: Some learners may give examples of things they like doing with their friends that are unhealthy, such as spraying graffiti or drinking alcohol. If this occurs, acknowledge that they may be having fun with those friends, but also use this as an opportunity to clarify that good friendship is not based on doing things that may harm others or themselves.

3. Now ask the learners to brainstorm the qualities they do not like in friends, and write them on a flipchart. Examples may include:
 - Not trustworthy or loyal
 - Pressure me to do things I do not want to do, like smoking or drinking alcohol
 - Do not understand or support me
 - Criticise me when they do not agree with what I am saying or doing
4. Ask the learners to compare the lists of the positive and negative qualities and add any further qualities to the two lists. Also explain that a good friend can have some qualities that you do not like since no one is perfect. However, if a friend has a lot of qualities you do not like, it might not be worth staying friends.

Part 2: 40 minutes

5. Ask the learners to divide into groups of four to five. Give out the sheet 'Friendship Scenarios'. Ask one group member to read the scenario out loud. Ask all learners to discuss the positive friendship qualities demonstrated in the situation by responding to the two questions. Then repeat this process for the second scenario. With the third scenario, after reading it out loud, have three members of the group act it out in a role play and then discuss it.
6. Reconvene the large group and discuss what learners learned from this exercise.



WORKSHEET

FRIENDSHIP SCENARIOS

- a. Nomusa and Vuyisile are good friends. Nomusa thinks that she is getting fat and is trying to eat a healthy diet. When they get together for lunch, Vuyisile suggests that they make a salad. Since she knows Nomusa does not like some vegetables, she asks her which ones she likes, and they use those in the salad.
- What positive qualities are demonstrated in this situation?

 - What did Vuyisile do to support or influence Nomusa in a positive way?
- b. Smangaliso and Bongi have been friends for awhile but they just started exercising together to train for soccer. Bongi has not been working out as much as Smangaliso, so he is having a hard time keeping up. Smangaliso suggests that they go slower. He says that it took him awhile to build up to his current pace, but now he feels better and is stronger than ever. Bongi appreciates that Smangaliso is willing to slow down for him and give him encouragement to build up his pace over time.
- What positive qualities are demonstrated in this situation?

 - What did Smangaliso do to support or influence Bongi in a positive way?
- c. Khanya and Dumisane are good friends. Dumisane is angry at Bheki because Bheki has been teasing him about how well he does in school and that he is not good at sports. Dumisane tells Khanya that he feels like punching Bheki when he teases him, or at least yelling at him. Khanya listens to what Dumisane is saying and expresses that she understands why Dumisane is feeling angry. Then she suggests some other more constructive ways that Dumisane can deal with his anger toward Bheki. She suggests that Dumisane calmly tell Bheki how bad it feels to be teased and ask him to stop doing it. If Dumisane responds that he thinks Bheki will not listen to him, Khanya could respond that talking calmly is a better way to try to get Bheki to change because punching and yelling will just make Bheki angry, and then he is likely to tease Dumisane more.
- What positive qualities are demonstrated in this situation?

 - What did Khanya do to support or influence Dumisane in a positive way?

HOW AM I AS A FRIEND?

1. My positive qualities as a friend are:

2. Qualities that I could improve to be a better friend are:

3. In my friendships I would like to become more:



Part 3: 20 minutes

7. Give out the worksheet ‘How Am I as a Friend’. Ask learners to fill this sheet out on their own. Encourage them to see themselves in the eyes of their friends and assess how they are as a friend.
8. Reconvene the large group to discuss what learners discovered from filling out the worksheets. Ask if any learners feel comfortable to share some examples of their positive qualities and qualities to be improved.

End the activity by saying: “Friendships can have both healthy and unhealthy qualities. The best friendships are ones in which the friends try to interact in positive ways and treat each other with respect and caring. In this session you have learned about the different qualities you value in friendships and have thought about yourself as a friend. Now you have some ideas that you can use to improve your friendships”.



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FOR GRADES 10–12

ACTIVITY ONE: BASIC HEALTH INFORMATION

Learning Objectives:

- Recognise what health and healthy decision-making are in the physical, emotional, social, and spiritual area of their lives, why it is important to stay healthy, and what one can do to stay healthy.
- Summarise information on basic health issues, including HIV, AIDS, other sexually transmitted infections (STIs), tuberculosis (TB), and family planning

Methods: Brainstorming, group discussion, worksheet

Materials: Paper, pens, worksheet

Time: 75 minutes

Overview: Learners brainstorm and discuss information on a variety of basic health issues, including HIV, AIDS, STIs, TB, and family planning. They write the correct answers on their worksheet. The session concludes with a wrap-up discussion on how learners can keep healthy in the physical, emotional, social, and spiritual areas of their lives.



Procedure:

Part 1: 30 minutes

1. Introduce yourself to the learners and explain that you will lead them through a series of activities over the coming weeks or months related to general health, HIV and AIDS, and skills to help them stay healthy.
2. Ask the learners to brainstorm on why it is important for people to take care of their health. Be sure the following are mentioned:
 - To feel good physically and have the energy to do the things you want to do
 - To stay at a healthy weight to keep healthy overall now and for the future
 - To feel good mentally, emotionally, and spiritually
 - To do well in school
 - To be able to connect well with other people, including family and friends
 - To live a long, healthy life
3. Discuss the idea of making healthy decisions. Include the following points:
 - Everyone can make a difference in their health if they learn how to make good health decisions.
 - We are making decisions related to our health all the time. But we do not always realise that we are making decisions or why we are making them. Doing nothing is also a decision.
 - We need to become aware of the decisions we are making and why so that we can make the best decisions for our health.
 - We can live a healthier, more fulfilling life by focusing on doing things to stay healthy rather than just to avoid getting sick.
4. Ask learners' to discuss knowledge of HIV, AIDS, sexually transmitted infections, tuberculosis, teen pregnancy, and family planning in the context of keeping healthy overall. Use the following questions to begin the discussion and keep it focused:
 - a. What are sexually transmitted infections (STIs)?
 - b. What is the difference between HIV and AIDS?
 - c. How do you think a person becomes HIV-positive?
 - d. What are opportunistic infections (OIs)? How do they relate to HIV and AIDS?
 - e. What is tuberculosis (TB)?
 - f. What does risk mean? And, how can one be at risk for contracting HIV, other STIs, and TB?
 - g. Why is it important to avoid getting pregnant when you are a teenager? Why is family planning important?
5. Hand out the worksheet below. Clarify any misunderstandings from the discussion. Be sure to provide the following correct information if it has not already come up. Ask learners to fill in their worksheet with the correct information.

STIs

Definition: Infections that are spread through sexual contact. HIV is one STI. Other examples include gonorrhoea, syphilis, herpes, genital warts, chlamydia, and hepatitis B. All of them except HIV can be cured if they are treated properly.

How they are spread: Anyone who has unprotected sex can get STIs.

How to keep from getting or spreading them: The best ways to keep from getting or spreading STIs are abstinence (not having sex) and being faithful to one partner who is not infected. Using safer sex practises, such as a condom, is another alternative. With many STIs there are no obvious symptoms, so you may not know if a person has an STI. They can pass it on to other people even if they do not have symptoms.

HIV

Definition: HIV stands for Human Immunodeficiency Virus. It is a virus that weakens the immune system and reduces the body's resistance to many different illnesses. HIV can be managed so that it progresses more slowly, but it cannot be cured.

How it is spread: Anyone can get it through sharing bodily fluids, such as blood, semen, and vaginal fluid. It can be transmitted when a person has unprotected sex, shares a contaminated needle,

or takes care of a bleeding injury without gloves. HIV can also be transmitted from mother to child during pregnancy, birth, and breastfeeding.

How to keep from getting or spreading it?:

The best ways to keep from getting or spreading HIV are abstinence and being faithful to one partner to one partner who is not infected. However, being faithful only prevents the spread of HIV if both partners are faithful to each other over the long-term (many years, not just months). Using safer sex practises, such as a condom, is another alternative. People with HIV may not have symptoms for many years, so you may not know they have HIV. They can pass it on to other people even if they do not have symptoms.

AIDS

Definition: AIDS stands for Acquired Immunodeficiency Syndrome. It is the condition that occurs when the immune system of a person with HIV is weakened to the point that he or she has difficulty fighting infections, such as STIs, TB, flu, pneumonia, and certain cancers. When someone has one or more of these infections and very low immunity (as determined by the number of T cells in the blood), he or she has AIDS. AIDS cannot be cured.

How to keep from developing it: People with HIV can slow the progression to AIDS by taking medications and taking good care of their health overall, including by eating well and getting enough exercise and rest.

Opportunistic Infections (OIs)

Definition: Infections that a person is especially susceptible to when he or she has a weakened immune system caused by HIV and AIDS. These infections include other STIs, TB, flu, pneumonia, and certain types of cancer. Most of these infections can be cured, but it is much harder to cure them in a person with an immune system weakened by AIDS.

How to keep from getting them: People with AIDS can reduce their chances of getting OIs by taking medications and taking good care of their health overall, including by eating well and getting enough exercise and rest.

Tuberculosis (TB)

Definition: A disease caused by a type of bacteria that usually attacks the lungs but can attack any part of the body. It can be cured, but it can be fatal if it is not treated properly.

How it is spread: TB is spread through the air from another person, especially through coughing and sneezing. Only some people with TB become sick from it. Those who are not sick cannot spread the disease to other people. However, if they get HIV, they are much more likely to become sick from TB. Then the TB can speed up the progression of HIV to AIDS and worsen AIDS.

How to keep from getting or spreading it:

Practise good hygiene, especially if you come into contact with someone who has TB. Wash your hands regularly, and cover your mouth when you cough.

Pregnancy

You can get pregnant from unprotected sex. If you and your partner are not ready to have a child, avoid getting pregnant because having a child and being a parent when you are not ready emotionally and financially could lead to a number of problems for you, your partner, and your child. Abstinence is the best way to avoid pregnancy as well as HIV infection and other STIs. Family planning methods are another option.

Discuss the consequences of having a baby when you are not ready. Be sure to mention the following:

- You may not be able to complete your education, and so you may have fewer opportunities for work.
- You may not be able to work.
- You may not have enough money to support your baby.
- You may not have the maturity to take care of a baby and raise a child.



WORKSHEET

	DEFINITION	HOW IT IS SPREAD	HOW TO KEEP FROM GETTING IT OR SPREADING IT
Sexually Transmitted Infections (STIs)			
HIV			
Opportunistic Infections (OIs)			
Tuberculosis			

WORKSHEET

	DEFINITION	HOW TO KEEP FROM DEVELOPING IT
AIDS		



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WORKSHEET

	RISKS	RESPONSIBILITIES	PREVENTION
Pregnancy			



Photograph by Scot Pulizzi

7. Briefly explain the services available to learners through the mobile clinic, including individual risk assessment, counselling on avoiding pregnancy, VCT, TB screening, treatment for HIV and other STIs, and computer education. Tell learners that they can learn more about all of the health topics by reading the programme’s information sheets and by doing interactive exercises during their computer sessions.
8. As a way to help learners recall and summarise what they have learned in this session, ask them to discuss ways they can keep healthy. Be sure they include the physical, emotional, social, and spiritual areas of their lives.

End the activity by saying: “There are a lot of reasons why it is important to keep healthy. Most importantly, you can live a more fulfilling life and contribute to your community if you focus on how to keep healthy as well as protecting yourself from diseases. This fits with our Zulu values of living a “good life” and living in a socially responsible way in humanity and oneness with others (ubuntu).”



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FOR GRADES 10–12

ACTIVITY TWO: EXAMINING RISKY BEHAVIOURS

Learning Objectives:

- Recognise what healthy decision-making is in the physical, emotional, social, and spiritual areas of their lives and why it is important in staying healthy
- Identify the negative results of a variety of risky behaviours
- Identify ways to avoid situations that are risky for getting HIV and other STIs

Methods: Brainstorming, group discussion, small group work

Materials: Paper, pens, markers. 'Risky Behaviours Exercise' handout. Flipchart sheet with 'Risky Behaviours Exercise' written on it (Prepare this flipchart sheet before the class.)

Time: 75 minutes

Overview: In small groups, learners brainstorm the possible negative results of a variety of risky behaviours. In the large group, they discuss the Risky Behaviours Exercise and how they can avoid risky behaviours for HIV and other STIs.



Procedure:

Part I: 50 minutes

1. Briefly review what was learned in the first activity about general health issues, HIV and other STIs, and family planning.
2. We are all exposed to risks in our lives. This activity is about looking at the negative results that can occur when we engage in risky behaviours.
3. Divide the learners into small groups of four or five. Give out the sheet with the Risky Behaviours Exercise. Ask the learners to brainstorm the negative results that can occur when they engage in the risky behaviours listed in the left-hand column and write their answers in the middle column. Ask learners if they have any questions.



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RISKY BEHAVIOURS EXERCISE

In the middle column, write the negative results that can occur from doing the risky behaviours in the left-hand column.

TYPES OF RISKY BEHAVIOURS	POSSIBLE NEGATIVE RESULTS	WAYS TO AVOID RISK
Having vaginal sex without a condom		
Eating food high in fat, sugar, or salt, and not getting enough exercise		
Having sex with multiple partners		
Not getting support when you have problems		
Touching the blood from a cut of someone who has HIV		
Not washing your hands and bathing regularly		
Carrying weapons to school		
Driving when under the influence of alcohol or drugs		

RISKY BEHAVIOURS EXERCISE

In the middle column, write the negative results that can occur from doing the risky behaviours in the left-hand column.

TYPES OF RISKY BEHAVIOURS	POSSIBLE NEGATIVE RESULTS	WAYS TO AVOID RISK
Not getting enough sleep		
Driving too fast		
Not doing school work on time		
Not wearing bright clothes while walking on the road at night		
Having anal sex without a condom		
Not brushing your teeth		
Sharing razors		
Having sex while under the influence of alcohol or drugs		
Being careless with money and not saving it		
Riding in a car without a seat belt		
Copying others' school work		



RISKY BEHAVIOURS EXERCISE

ANSWER KEY

In the middle column, write the negative results that can occur from doing the risky behaviours in the left-hand column.

TYPES OF RISKY BEHAVIOURS	POSSIBLE NEGATIVE RESULTS	WAYS TO AVOID RISK
Having vaginal sex without a condom	Get HIV and other STIs Have unwanted pregnancy	Abstain from sex Use a condom
Eating food high in fat, sugar, or salt, and not getting enough exercise	Gain too much weight. Have less energy. Get diseases like heart disease and diabetes.	Eat a healthy, balanced diet Limit the amount of food that is high in fat, sugar, or salt Get exercise regularly
Having sex with multiple partners	Get HIV and other STIs Have unwanted pregnancy	Have sex with only one partner or limit the number of partners you have sex with
Not getting support when you have problems	Get more stressed because problems get worse	Get support when you have problems Talk with someone you trust
Touching the blood from a cut of someone who has HIV	Get HIV and other diseases	Use gloves when treating anyone with a bleeding injury
Not washing your hands and bathing regularly	Get health problems like diarrhoea, scabies, and lice	Wash your hands and bathe regularly
Carrying weapons to school	Someone can get hurt	Do not carry weapons to school
Driving when under the influence of alcohol or drugs	Get in an accident	Drive sober (not under the influence of alcohol or drugs)
Not getting enough sleep	Feel tired and cannot study or work well	Get enough sleep to feel rested
Driving too fast	Get in an accident	Stay within the speed limit
Not doing school work on time	Get poor grades	Get your school work done on time
Not wearing bright clothes while walking on the road at night	Get hit by a car	Wear bright clothes while walking on the road at night
Having anal sex without a condom	Get HIV and other STIs	Abstain from sex Use a condom
Not brushing your teeth	Get cavities	Brush your teeth after every meal
Sharing razors	Get HIV and other diseases	Do not share razors Use a clean razor
Having sex while under the influence of alcohol or drugs	Get HIV and other STIs Have unwanted pregnancy	Do not have sex while under the influence of alcohol or drugs
Being careless with money and not saving it	Cannot afford to buy what you need	Be careful with your money and save some of it
Riding in a car without a seat belt	Get hurt more badly if in an accident	Always wear a seat belt when riding in a car
Copying others' school work	Do not learn as much	Do your school work on your own

4. Reconvene the large group and discuss the small-group exercise. Have a large copy of the Risky Behaviours Exercise written on a flipchart so that you can fill in the responses for everyone to see. In addition, make sure the following information is covered:

- Unprotected sexual intercourse (both vaginal and anal), as well as sharing needles, are high risk behaviours for getting HIV and should be avoided. The safest options are to abstain from having sex and sharing needles.
- Another type of risk is having sex with multiple partners. Being faithful to one partner who is not infected is safer because the more partners you have the greater the chance of a partner having HIV and other STIs and passing them on to you. However, being faithful only works if your partner is faithful to you too.
- Young people who have sex with older partners are at greater risk for getting HIV because more older people have HIV. It may be tempting to have sex with people who are older because they may offer things you need in return, such as financial help (e.g., cash) or other things (e.g., cell phones or car rides). Avoid becoming dependent on anyone, and especially older people, for these things in exchange for sex so that you do not give up your power to set limits and require safer sex practises.
- Having sex when under the influence of alcohol or drugs can lead to getting HIV or STIs or having an unwanted pregnancy because when you are using alcohol or drugs your judgement is impaired and it is easier to make unwise decisions.
- Sharing razors without cleaning them can lead to getting HIV.
- Driving while under the influence of alcohol and drugs can result in accidents because it impairs your judgement and physical coordination.
- Other traffic safety issues:
 - Wearing a seat belt while riding in a car helps protect you in an accident.

- Wearing bright clothes when you walk along the road at night helps drivers see you better.

- Driving too fast increases your chance of getting in an accident.

- Overeating and eating food that is high in fat, sugar, or salt, and not getting enough exercise as a young person can lead to current health problems, such as gaining too much weight and having less energy, as well as to more serious health problems in the future, such as heart disease and diabetes.
- Explain that females are at greater risk of getting HIV than males. There are three types of reasons: biological, economic, and social/cultural.

Biological:

- Females have a larger area of exposed mucous membrane than males where the virus can enter. Girls are at greater risk than women because their vaginal tissue is immature and tears easily.
- There is more virus in sperm than in vaginal fluid.
- Females are more likely to have other untreated STIs because STIs in females are more likely to not show symptoms, and untreated STIs increase risk for HIV.

Economic:

- Financial dependence on men means that females may not be able to control when, with whom, and under what circumstances they have sex. Many females have to exchange sex for material help in order to survive or be able to afford to go to school.

Social/Cultural:

- Females are not expected to discuss or make decisions about sex. It may not be acceptable for them to request or insist on using any form of protection during sex.
- If females refuse sex or request a condom, they often risk abuse.
- Violence against females is common. Coerced sex increases the risk of tears,



which increase risk for HIV.

- Married women are not spared when their husbands have multiple partners.
- Females are often expected to have sex with or marry older men, and these men are more likely to be infected. Men seek younger women in order to avoid infection.

Emphasise that males, as well as females, need to take responsibility in helping protect females from getting HIV as well as becoming pregnant. This means that males, as well as females, need to be willing to use condoms and be responsible for using them correctly and consistently.

Part 2: 25 minutes

5. Ask the group to identify and discuss ways that they can avoid each of the risks (negative results) discussed in the Risky Behaviours Exercise. Add a third column to the flip chart sheet by adding another sheet to the right of the current sheet. Write down learners' responses regarding ways to avoid each of the risks. Ask learners to write the correct responses on their answer sheet. Ask learners to notice and discuss which ways to avoid risks come up most often.
6. As a way to help learners recall and summarise what they have learned in this session, ask them to discuss ways they can avoid risky behaviour. Be sure they include the physical, emotional, social, and spiritual areas of their lives.

End the activity by saying: "There are a lot of risks that we all face in our daily lives. If we identify the risks and ways to avoid them, we can stay healthy; avoid getting HIV, other STIs, TB, and other diseases; keep from getting pregnant; manage stress; and feel energetic and strong so that we can do well at school and work and live a fulfilling life".



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Photograph by Paul Weinberg

FOR GRADE 10–12

ACTIVITY THREE: HEALTHY DECISION-MAKING IN ROMANTIC RELATIONSHIPS

Learning Objectives:

- Discuss issues involved in sexual decision-making and respecting one's partner's decisions
- Demonstrate how to use a condom correctly

Methods: Brainstorming, presentation, discussion, role play, demonstration, and practise in pairs

Materials: Paper, pens, condoms and model penis (e.g., banana, cucumber, finger, bottle, wooden or plastic dildo) for condom demonstration, information sheets on using male and female condoms (to be provided by the health clinic)

Time: 75 minutes

Overview: The group discusses sexual decision-making and options for safer sex. Then they do a role play in groups of three. Next, they watch a demonstration of how to correctly put a condom on a model penis. In pairs, each student has a chance to practise putting a condom on a model penis. Information is also provided about use of the female condom.

Procedure:

Part 1: 40 minutes

1. Briefly review what was learned in the previous activity about the negative results of risky behaviours and ways to avoid risky situations. Encourage learners to think about their own current level of risk.
2. Introduce the objectives of the activity. Explain that the group will discuss issues of sexual decision-making. Acknowledge that sex is pleasurable and a natural desire but that there are responsibilities that come with having sex because of the risks of becoming pregnant and getting HIV and other STIs. In order to be responsible in an effective way, partners need to discuss and make decisions together about their sexual activity.
3. Ask learners to brainstorm the different types of decisions they might need to make with their partner. Be sure the following are mentioned:
 - Whether or not to have sex
 - Choosing safer alternatives to intercourse, such as kissing, touching, fondling
 - Whether to get tested for HIV

Then discuss the importance of listening to and respecting your partner's perspective, concerns, and decisions. Emphasise that males need to be equally responsible in sexual decision-making even though it is females who become pregnant and are more vulnerable to getting HIV.

4. Divide the learners into groups of three to do a role play. In this scenario, Sikhumbuzo asks Fikele to have sex with her or him. Fikele is concerned about getting HIV and asks Sikhumbuzo if he has been tested for HIV. When he says "no", Fikele explains why she does not want to have sex with him until he is tested, and she explains the benefits of testing. Sikhumbuzo agrees to get tested when he understands the importance of getting tested. The third person in the group is an observer to help provide feedback on the role play. (Note that this role play can also be done with the man asking the woman to get

tested and explaining the importance of getting tested.)

After doing the role play, learners stay in their small groups and discuss how the role play went, including whether the person encouraging counselling and testing was convincing and whether each person conveyed respect for the other's perspective and concerns.

Then learners switch roles and do the role play again with each person taking a different role. Incorporate what was learned in the discussion to improve the interactions. Finally, discuss how the second role play went.

5. Reconvene the large group and discuss the following questions:
 - Did each person respect the other's perspectives and concerns?
 - How convinced was Sikhumbuzo about the importance of getting HIV counselling and testing?
 - How could Fikele improve what she says in order to be more convincing and respectful?

Finally, emphasise again that for people who are sexually active, it is important for them and their partner to get tested once each year and share their status with each other. Ask learners if they have any thoughts, questions, or suggestions.

Part 2: 35 minutes

6. Explain that the purpose of the next activity is to learn about safer sex practises. Provide the following information:
 - Abstinence (not having sex) is the safest way to protect yourself from HIV. If you have already started having sex, you can stop and be abstinent.
 - Another option is to avoid the high-risk sexual practises discussed in the last session, e.g., having vaginal or anal sex without a condom, having sex with multiple partners, drinking alcohol or using drugs when having sex.
 - Another alternative is to be faithful to one partner who does not have HIV. However, this

only works if your partner is faithful to you too. Remember that if you or your partner has sex with more than one person, your risk for getting HIV and other STIs increases. The more partners, the greater the risk.

- If you are having sex, then using condoms is the best way to protect against HIV and other STIs.
- When making decisions about whether to have sex and behaviours to engage in, it is very important that both partners listen to each other and respect each other's concerns and decisions.

Ask if there are any questions.

- 7.** Explain that the next section involves a brief discussion of condom use, demonstration on how to use a condom, and then practising the skill.

Engage the large group in a brief discussion about the following:

Do you think most people your age use condoms when they have sex? Why or why not?

- Can you talk with your friends and partners about condoms?
 - If not, what could help you be able to talk with them about condoms?
 - Where can you get condoms?
 - Can both boys and girls get condoms?
- 8.** Hand out the information sheet on using a male condom, and explain that you will demonstrate how to use a condom correctly and then ask learners to practise using a condom with a model penis, if they are willing. While demonstrating how to use a condom with a model penis, engage the group in discussing the following:

- How to avoid breakage during condom use (check expiration date; do not reuse a condom)
- How to increase sensuality while using a condom
- How to get a condom on and off safely and without disrupting intimacy
- What lubricants should be used with condoms
- Things they have heard about condoms or any questions they may have about them, e.g., they can get stuck inside

- 9.** Divide the group into pairs. Give each pair a couple of condoms and a model penis, and encourage them to practise. Ask one person to demonstrate correct condom use, while the other checks what is being done. Then they switch roles so that everyone gets a chance to practise correct condom use.

NOTE: Be sensitive to the comfort level of the learners. For example, learners who have been raped or abused may feel uncomfortable during this activity and should not be required to participate.

- 10.** Hand out the information sheet on using a female condom. Say that the female condom is another, but less common, option that can be used instead of the male condom. If time permits, briefly go over the instructions on the sheet about how to use the female condom correctly. Provide information on how female condoms can be obtained in the local community. Ask if there are any questions.

End the activity by saying: “Now you have learned about healthy decision-making in romantic relationships and have information on safer sex practises. The best ways for you to protect yourself and your partner from HIV are by practising abstinence or by using a condom consistently and correctly. Whatever decisions you make, it is important to discuss all your sexual decisions with your partner and respect your partner's perspective, concerns, and decisions”.



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FOR GRADE 10–12

ACTIVITY FOUR: HIV COUNSELLING AND TESTING

Learning Objectives:

- Explain the process of HIV counselling and testing
- Explain the benefits of getting HIV counselling and testing

Methods: Brainstorming, presentation, discussion, role play

Materials: Paper, pens

Time: 75 minutes

Overview: The group learns about the process of HIV counselling and testing and discusses the benefits of getting HIV counselling and testing. Next, they do a role play in groups of three to practise explaining the benefits of getting HIV counselling and testing.

Procedure:

Part 1: 30 minutes

1. Briefly review what was learned in the third activity about sexual decision-making and respecting your partner's decisions. Say that those skills will be useful in communicating with a partner about HIV counselling and testing, which is the topic of this activity. We will now learn about the process of HIV counselling and testing and the benefits of getting HIV counselling and testing. This is important information for you to know and discuss with your partner.
2. Ask learners to share what they know about HIV status and about the counselling and testing process.
3. Explain what HIV status is and how one gets tested. Be sure to cover the following information:

How does a person find out if he or she has HIV?

The only sure way to find out if a person has HIV is to check for the existence of the virus in his or her body. You can have a test done by a health care professional. The following tests are the most common ones given:

- Tests for anaemia and white blood cells.
- A CD4 test. This shows the damage HIV has done to the immune system.
- A viral load test. This shows how much HIV virus is in the body.

If a person has the virus, then his or her status is HIV positive. If a person does not have the virus, the HIV status is negative. The viral load is an indicator of how advanced the disease is in the body. Medications are usually given when the CD4 cell count is 200 or lower.

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

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

is a part of the process of getting tested.

- Pre-test counselling addresses the testing process, meaning of positive and negative test results, your potential risks, ways to reduce risk, and your intended plan of action once you have received the test results.
- Post-test counselling prepares you to face life decisions (whether you test negative or positive for HIV) by providing clear and factual information to help you make choices that will help you stay as healthy as possible and practise safer sex.

Is counselling and testing confidential?

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

4. Ask learners to brainstorm the benefits of getting HIV counselling and testing and knowing your HIV status. Be sure the following benefits are discussed:
 - If you have HIV, you can get the treatment and support you need and make lifestyle changes, such as eating a healthy diet and getting enough exercise and rest, in order to stay as healthy as possible, slow the progression of the disease, and live longer.
 - Whether or not you have HIV, you can learn about and use safer sex practises to protect yourself and your partner from getting HIV.
 - If you have HIV, you can help any recent sexual partners you have had by telling them that they should get tested in case you passed HIV on to them.
 - If you have HIV and you are pregnant or thinking about getting pregnant, you can take medication to reduce the chances of passing HIV on to your child.



Part 2: 45 minutes

5. Divide the learners into groups of three to do a role play. This scenario involves a learner explaining the benefits of HIV counselling and testing to his or her partner who is not convinced that it is important or worth going through. The partner states his or her concerns and asks questions that the learner needs to respond to. Both people should interact in ways that convey respect for the other person's perspective and concerns. The third person serves as an observer to help in giving feedback.

After doing the role play, learners stay in their small groups and discuss how the role play went, including whether the learner was convincing in encouraging counselling and testing and whether each person respected the other's perspective and concerns.

Have learners switch roles and do the role play again with each person taking a different role. Incorporate what was learned in the discussion to improve the interactions. Then discuss how this second role play went.

6. Reconvene the large group and discuss the following questions:

- Was the partner convinced about the

importance of getting HIV counselling and testing? Why or why not?

- What issues came up because the two characters in the scene were in a sexual relationship?
- Did each person respect the other's perspectives and concerns?
- How could the learner improve what he or she says in order to be more convincing and respectful?

Finally, emphasise again that for people who are sexually active, it is important for them and their partner to get tested once each year and share their status with each other. Ask learners if they have any thoughts, questions, or suggestions.

End the activity by saying: "If you decide to have HIV counselling and testing, you now have information on that. Although finding out that you are HIV-positive can be a difficult experience, with the information you have now you can deal with the situation in a way that is healthy and constructive for both you and your partner. If you find out that you do not have HIV, you can still learn a lot from the counselling about how to protect yourself from getting HIV".

FOR GRADE 10–12

ACTIVITY FIVE: ACCESSING HEALTH AND SOCIAL SERVICES IN MY COMMUNITY

NOTE TO HEALTH EDUCATOR: To make this activity go further for Grades 10–12, we are suggesting four possible options to choose from to do in the last 20 minutes of the session. Whichever one (or two) you choose, you will need to do some preparation in advance of the class. For full descriptions, see the activities below.

- Explain the services available outside the community that are accessible to learners in grades 10–12.
- Explain how to access the services in this community in addition to where they are located.
- Bring a guest speaker from a health centre in the community to explain how to access services at that centre and maybe other health care services.
- Divide the class into groups, and assign one health care or social service organisation to each group to visit outside of class time and interview staff. Ask learners to report back to the class on the interviews at another time.

Learning Objectives:

- Discuss what health and social services are and why they are important
- Examine the health and social services available in the community that can help with physical, emotional, psychosocial, and spiritual health, and work/career issues
- Recommend where individuals can access these services in the community

Methods: Guided learning, presentation, discussion, mapping exercise, optional small group work

Materials: Paper, pens, flipchart, marker. Be sure you are familiar with the health and social services in your community, including, but not limited to, those that deal with HIV and AIDS and emotional/psychosocial health.

Time: 75 minutes

Overview: The group discusses what health and social services are and why they are important. Learners brainstorm the variety of health and social services available and mark on a map of their community where these services are located. If the community and class are large enough, the class should be divided into small groups to cover different parts of the community. For the last exercise, see the four options listed at the top of this page.



Procedure:

Part 1: 35 minutes

1. Review information from the last session on HIV counselling and testing.
2. Discuss what health and social services are and why they are important. Explain that in the community there are a number of services that people can access to help them with the physical, emotional, social, and spiritual areas of their lives. Emphasise the value of using these services to help you stay healthy, prevent problems, and deal with any problems as soon as they arise to keep them from getting worse.
3. Ask the group to brainstorm and describe the health and social services that they may have used or heard of, and write each on the flipchart. Be sure the following types of services are mentioned and discussed:

For a variety of needs, including HIV and AIDS:

- General (primary) health care
- Family planning
- Prevention of STIs
- Palliative care (care to manage pain and other distressing symptoms)
- Other healing methods, including counselling on nutrition and exercise
- Traditional healing methods
- Emotional, social, and spiritual support to cope with any health-related issues
- Financial support

For HIV and AIDS specifically:

- HIV counselling and testing. See Activity 2 for more information.
- Anti-retroviral treatment (ART). A type of treatment with medication that can slow the progress of HIV to AIDS but cannot cure HIV.
- Prevention and treatment of opportunistic infections (OIs). See Activity 1 for more information.

- Prevention of mother-to-child transmission (PMTCT). Medication can be given to a pregnant woman to keep her from passing HIV to her baby during pregnancy, birth, and breastfeeding.
4. Ask the group to brainstorm where the different types of services they discussed are provided and by what types of practitioners. Note that one centre or organisation may provide several or many different services. Be sure that all of the options listed below that are relevant to the community are covered:

Organisations

Community health clinics
Social welfare agencies
Hospital (in the city)
Faith-based organisations

Individuals

(They may be practising on their own or as part of a health centre or social service agency.)

Doctors
Nurses
Nutritionists
Social workers
Counsellors
Traditional healers
Community health workers

Part 2: 40 minutes

5. Work with the learners to write a master list of all the organisations and individual practitioners they know of in the community, the services they provide, and where they are located. When the learners have put out all of their ideas, add any other services, organisations, and individual practitioners that you know of.
6. Then ask the learners to draw a large map of the community and mark on the map where each of the organisations and individuals they identified is located.

7. If the community and class are big enough, divide the large group into small groups that each covers a different part of the community. Each group writes a master list and draws a map for its specific part of the community. When reconvening in the large group, ask for a volunteer from each small group to present the part of the community it covered. From these presentations, develop a map and list of services for the whole community.

Part 3: 20 minutes

8. During this last exercise, choose one of the options below (or two, if time permits), in order to take this activity further. Be sure to allow time before the class to do the necessary preparation.

- You prepare information and explain the services available outside the community that are accessible to learners in grades 10–12. Accessible means that the services are appropriate for this age group and that there is some type of transportation, like a bus, that they can take to get to them.
- You prepare information and explain how to access some of the services in this community that are relevant to 10th to 12th graders, in addition to saying where they are located.
- Bring a guest speaker from a health centre in the community to explain the variety of services offered at that centre and how the learners and their families can access those services. The speaker also responds to questions from the learners. If time permits, the speaker could talk about other health services provided in the community.

- Divide the class into groups of three to four learners. Assign one health care or social service organisation to each group to visit outside of class time as homework. The learners will interview staff about the services they provide and how to access those services. Ask the learners to report back to the class on the interviews at another time.
- One way to conduct this activity is to contact the life orientation teacher a week or two before you visit the class so that he or she can give the assignment for the learners to do as homework to be completed before your visit and discussed during it. This option is most likely to work well if the life orientation teacher is already doing something in class that is related to the assignment. If not, learners may not have enough information or background to do the interviews until you teach the class.

End the activity by saying: “We all need help at times in our lives. Our community has resources available to help, but everyone is not sure how to find them. We now know about the health and social services available and can help others learn about them”.



Photograph by Paul Weinberg

FOR GRADE 10–12

ACTIVITY SIX: UNDERSTANDING STIGMA AND DISCRIMINATION

Learning Objectives:

- Understand aspects of stigma and discrimination
- Analyse stigma and discrimination as they relate to many kinds of differences between people and how they cause harm

Methods: Group discussion, large group exercise

Materials: Paper, pens, masking tape

Time: 75 minutes

Overview: Learners learn about what stigma and discrimination are, how they apply to many kinds of differences between people, and the harm they cause. Learners give examples that they have experienced or heard about. Then they participate in the Crossing the Line exercise, in which they learn more about what it feels like to be stigmatised and discriminated against for being different, and they learn to accept and have compassion for others who are different.

Procedure:

Part 1: 30 minutes

1. Briefly review the different kinds of health and social services available, including for HIV and AIDS, as discussed in the previous activity.
2. Explain that sometimes individuals do not get the services they need or support from others because they are different in some way that stirs up fear, misunderstanding, and hate due to myths and misconceptions. They may experience stigma and discrimination from others because of differences such as physical, intellectual, or economic differences; gender; race; ethnic background; religion; sexuality; or HIV status.

Stigma is the process of devaluing people and viewing them negatively. Stigma creates or reinforces inequalities among individuals and usually leads to discrimination. Discrimination is any form of distinction, exclusion, or restriction based on stigma that violates individuals' rights. With HIV and AIDS, there have been a large number of myths and misconceptions over many years, which have led to widespread stigma and discrimination. As a result, many persons who have HIV or have parents with HIV do not receive the services and support that they need and deserve. Individuals may feel rejected by others around them. They also may be denied their rights to things like education, employment, and involvement in the community.

3. Ask learners if they have any questions. Then ask them to give examples of stigma and discrimination that they are aware of.

Part 2: 45 minutes

Crossing the Line Exercise

4. The purpose of this exercise is to help people understand stigma and discrimination by breaking down barriers between them that are based on differences such as physical, intellectual, or economic differences; gender; race; ethnic

background; religion; sexuality; or HIV status. When barriers are broken down, people feel more real connection between each other.

5. Start by placing a piece of masking tape on the floor to divide the room in half and asking all learners to stand on one side of the room.
6. Ask the group some or all of the questions listed below one at a time. You can also make up other questions that are appropriate for your group of learners. However, **do not use questions that involve revealing something very personal that learners might not want to reveal, such as HIV status or sexual orientation.**
7. After you ask a question, learners to whom the question applies must walk across the line to the other side of the room. Then ask them how what they experienced made them feel. If they want to, they can put their arms around each other to feel more connection with the others who have gone through the same experience. **Be sure to emphasise that this exercise is completely voluntary and that learners can opt out of it at any time. No one should be put in a position where they have to reveal something they do not want to reveal.**
8. This exercise helps those who crossed the line to see that they are not alone in their experiences and that they will be accepted by the others despite what they have experienced. It also helps those who have not had the experience to understand what it feels like to have that experience and to convey compassion and support to those who have gone through it. The exercise also helps dispel myths that some people are “bad” or unacceptable because of what they have gone through. It may even bring some people to ask directly for acceptance for who they are and bring others to apologise for things they have said or done.



Suggested Questions to Ask

- Have you ever been teased or bullied for physical differences, e.g.:
 - Being fat
 - Being weak
 - Have you ever been teased or bullied for intellectual differences, e.g.:
 - Getting poor grades
 - Working hard in school and getting good grades
 - Have you ever been teased or bullied for economic differences, e.g.:
 - Being poor
 - Being rich
 - Have you ever been teased or bullied for being different because of your race, ethnic background, or religion?
 - (To ask the girls) Have you ever been teased or bullied for acting different from most girls?
 - (To ask the boys) Have you ever been teased or bullied for acting different from most boys?
9. Now give learners a chance to take some leadership by suggesting questions to use for the Crossing the Line exercise. However, **only use ones that do not involve revealing something very personal that learners might not want to reveal, such as HIV status or sexual orientation.**
10. After you and the learners have finished asking questions for the Crossing the Line exercise, then explain how individuals who are HIV-positive or have family members who are HIV-positive and those who have different sexual orientations (e.g., gay, lesbian) also often

share the feelings of rejection that those who crossed the line in this exercise experienced. These individuals also need to be given the acceptance and compassion that were shown for those who were different in the exercise.

11. Next, explain that in addition to the hurt that individuals feel, stigma and discrimination have negative effects on a larger social level. They contribute to the spreading of myths, create a culture of fear, and keep people from getting the help they need. Because open discussion and healthy actions are not promoted, more people are at risk due to being denied information and services that could save and improve their lives.



Photograph by Paul Weinberg

End the activity by saying: “Due to fear, ignorance, stigma, and discrimination, some people reject individuals who are different from them in some way, such as physical, intellectual, or economic differences; gender; race; ethnic background; religion; sexuality; or HIV status. People who are infected with HIV or who have lost a parent to AIDS often experience stigma and discrimination. In this activity you have learned more about what it feels like to experience stigma and discrimination and have compassion for others”.



Photograph by Scot Pulizzi

FOR GRADE 10–12

ACTIVITY SEVEN: TAKING ACTION AGAINST STIGMA AND DISCRIMINATION

Learning Objectives:

- Analyse aspects of stigma and discrimination as they relate to many kinds of differences between people and how they cause harm
- Demonstrate ways of fighting stigma and discrimination

Methods: Group discussion, small group work, debate

Materials: Paper, pens, handout with debate scenario, flipchart, marker

Time: 75 minutes

Overview: Learners engage in a mock debate about a situation involving stigma and discrimination against a teacher with HIV and his daughter. Learners conclude by discussing and listing ways that they can fight stigma and discrimination, including by involving people with HIV in this work.



Procedure:

Part 1: 30 minutes

1. Briefly review the information on stigma and discrimination covered in the previous activity.
2. Hand out the sheet with the debate scenarios. Explain that the group is going to conduct a debate in which learners will role-play different sides of an issue related to HIV and AIDS to explore the arguments. Be sure to mention that this is a role play and therefore learners will not be judged by the positions they present. Rather, they will be encouraged to explore all sides of the question in order to better understand the different perspectives and be able to respond to them in fighting against stigma and discrimination in their own lives.
3. Divide the group into two smaller groups, randomly assigning learners to each side of the question: position A and position B. Ask learners to read the scenario below and have each group develop their case according to the outline provided below for each position.

Scenario: In the next school term, a new teacher will move to the community and join the teaching staff. He will also enrol his daughter in the school. He has 15 years of experience in teaching and is respected by colleagues and learners in his teaching post for his hard work, fairness, and kind nature. He had to leave his job because some colleagues and community members found out that he was HIV positive. They did not want him or his daughter in the school. So they created a school policy banning people living with HIV. This policy left him without a job, and he and his daughter were stigmatised; staying in the community was unbearable. He left town to find another school where he could work to support himself and his daughter.

Position A: Your group is made up of teachers, community members, and learners who think that he and his daughter should not join the school.

- a. What do you think might happen to the

school, other teachers, and learners if the teacher and daughter were to join the school?

- b. What will happen to the teacher and his daughter if they can't enter your school either?
- c. If you are successful at barring the teacher and daughter from your school, what will it say about your school and community?

Position B: Your group is made up of teachers, community members, and learners who think that the teacher and his daughter have a right to join the school.

- a. What do you think might happen to the school, other teachers, and learners if the teacher and daughter were to join the school?
- b. What will happen to the teacher and his daughter if they can enter your school?
- c. If the teacher and daughter join your school, what will it say about your school and community?

Part 2: 30 minutes

4. Reconvene the two groups and ask each to debate its position.
5. After the debate has been conducted, discuss each of the points made. Ask learners to identify the myths and misconceptions used to support Position A.
6. Ask learners to think about how they would feel if they were the teacher or daughter and they were barred from entering school. Also, discuss how they would feel if the new school supported them.
7. Remind learners that persons who are HIV-positive have a right to work. A teacher who has HIV can work alongside his or her colleagues and learners without infecting them. We cannot assume his daughter is HIV-positive just because we know his HIV status. We do know, however, that she has a right to education. A school free of stigma and discrimination supports the rights of all people regardless of their HIV status and any other differences such as gender, sexuality, race, ethnic background, or religion.

Part 3: 15 minutes

8. Ask learners to discuss ways that they can fight stigma and discrimination. List them on a flipchart, and ask learners to write a list for themselves too. Be sure the following points get discussed:

- Treat people living with HIV and AIDS or any other difference as they would treat anyone else, but give them extra support.
- Educate other people about HIV and AIDS and other types of differences between people and the harms of stigma and discrimination.
- When you hear or see other people saying or doing stigmatising or discriminating things, interrupt them, ask them to stop, and help them see the harm in what they are doing.
- Stand up for individuals when they are stigmatised or discriminated against.
- Listen to the experiences of people living with or affected by HIV and AIDS and involve these individuals in efforts to fight stigma and discrimination.

End the activity by saying: “People who are infected with HIV or who have lost a parent to AIDS need a lot of support, empathy, and compassion in order to cope with their situation. They also need strong allies to help fight the stigma and discrimination they experience. In this session, you have learned some things you can say and do to support people living with HIV and to fight stigma and discrimination. Standing up for and supporting those who are infected with or affected by HIV is one way we can carry out our Zulu value of ubuntu, which encourages social responsibility and teaches us to accept and treat all people with humanity and live in harmony with our neighbours”.



Photograph by Scot Pulizzi

FOR GRADE 10–12

ACTIVITY EIGHT: PREPARING FOR LIFE AFTER HIGH SCHOOL

Learning Objectives:

- Determine the benefits of completing high school
- Determine good study habits to help complete high school
- Determine the major decisions the learner will have to make about his or her future when completing high school
- Develop a decision-making chart addressing the next steps the learner wants and needs to explore as he or she finishes high school

Methods: Group discussion, brainstorming, individual work

Materials: Paper, pens, flipchart, markers, masking tape, handout of sample decision chart called 'Planning My Next Steps After High School'

Time: 75 minutes

Overview: In the large group, learners brainstorm the benefits of finishing high school and a list of good study habits. They divide into groups of three to four to brainstorm and discuss the major decisions they have to make about their future after high school. Next, they reconvene in the large group and share from the small-group discussions. Then individually, they write a flow chart showing the decisions that they personally want and need to explore. They share those steps with a partner, and sign a pledge to carry them out.

Procedure:

Part 1: 15 minutes

1. Review the material from the previous activity on stigma and discrimination.
2. Introduce the objectives of this activity. Ask the learners to brainstorm the benefits of completing high school. Write the responses on a flipchart. Examples may include:
 - Get a high school diploma
 - Have more and better skills
 - Are qualified for a larger number of jobs and more interesting jobs
 - Can make more money
 - Feel proud of the personal accomplishment
3. Now ask the learners to brainstorm good study habits that will help them complete high school. Write the responses on a flipchart. Examples may include:
 - Pay attention and contribute during class
 - Take notes and organise them in a logical way. Focus on the key words and important phrases and ideas.
 - Keep your schoolwork organised
 - Plan what subjects you will study at what times, and stick to your plan
 - Study regularly rather than waiting until the night before a test
 - Start working on papers and projects in advance so that you do not have to write the whole paper or complete the whole project at the last minute
 - Complete all your assignments on time
 - Do your work accurately
 - Ask for help if you do not understand something or are having difficulty with your school work
 - Review schoolwork returned to you and learn from your mistakes

Part 2: 30 minutes

4. Divide the learners into groups of three to four. Ask them to brainstorm and discuss the major decisions they have to make about their future after high school, such as whether they will continue in school or get a job and decisions about finances and family responsibilities. Then ask them to discuss the questions they will need to think about to help them make each decision and the information and support they will need.
5. Reconvene the large group and discuss what learners discovered from this exercise. Write the types of decisions, questions, information, and support needed on a flipchart. If there are multiple flipchart sheets filled out, tape them to the wall so that all of them are visible.

Part 3: 30 minutes

6. Give out the sample decision chart, 'Planning My Next Steps After High School' (see sample chart at end of this activity). Ask the learners to take 10 minutes to write their own decision chart.

Learners should start by writing at the top of the sheet a decision they want to make related to their next steps after they finish high school. Then they should write one or more questions to help them make the decision, and below that write the information they need to make the decision. Clarify to learners that all or part of the sample chart may or may not apply to them.

7. Divide the learners into pairs and ask them to share their decision chart with their partner. They can make any changes to it while sharing. When they are satisfied with their chart, they should sign it at the bottom to pledge that they will do their best to carry out the steps they wrote.
8. Reconvene the large group and have a discussion about the process of writing, sharing, and signing their charts.

End the activity by saying: “There are a number of benefits to finishing high school and many study habits that can help you do well. There are also important decisions that you need to make about your future when you are finishing high school. In this session, you have discussed these decisions, questions to help you make them, and the information and support you need to make them. You have also written a personal decision chart for yourself that you can use to help you succeed in taking your next steps after completing high school”.



PLANNING MY NEXT STEPS AFTER HIGH SCHOOL—DECISION CHART EXAMPLE

DECISION: What do I want to be doing at age 25?



QUESTION TO THINK ABOUT: What do I need to do to get there?



INFORMATION NEEDED: Do I need to continue in school to do this?



IF YES, ANSWER THE QUESTIONS BELOW:	IF NO, ANSWER THE QUESTIONS BELOW:
What kind of education will I need to do this?	Do I want to go to school anyway? If yes, go to questions in the left-hand column. If no, go to the questions below.
How much money will this education cost?	What do I need to do now to get to what I want to do, e.g., What type of job should I get?
How much money is available to me to pay for school, and from what sources?	How can I find this type of job?
Do I need to work while I go to school to help pay my expenses?	
If yes, what kind of work could I do while I go to school?	



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