

Newsbite

Free Primary Education

As of January 2003, schools have been directed to admit all school-age children to primary school without charging fees and parents have been instructed that it is compulsory to send their children to school. There are mixed reactions amongst wananchi. Some feel that the new GoK has taken a brave step and lived up to its pre-election promises. Others feel that the move has come too soon and is disorganising schooling. Those whose children have not been going to school are overwhelmed with joy. Then there are those who are taking the opportunity to add to the confusion by transferring their children to their dream schools, which were previously unaffordable. In schools where parents have previously made substantial contributions to the facilities, there is resentment that other children will now benefit from what they have struggled so hard to provide for their own offspring. Many teachers are struggling to cope with large classes whilst others have taken advantage of the disruption to take extra time off. Headteachers are facing dilemmas of not only accepting primary school-aged children, but their younger siblings who are in their daily care.

In the last 30 years, Kenyan schools have had their problems and learned to find solutions. It has long

since been claimed that education is 'free' yet parents know that they have had to meet the cost. Headteachers and communities have, in the past, developed workable strategies to continue delivering the curriculum in challenging circumstances. Substantial cost-sharing has been accepted by us all, but not without pain and sacrifice. The economic well-being of a school's parents has generally tended to reflect in the academic performance of that school.

In the same spirit of constructive problem solving, let us not make the issue more complicated than it need be. The education sector is robust and has a huge and effective infra-structure. Taking one step at a time, let us accommodate all the children that arrive at school and then seek solutions as adults amongst ourselves as teachers, parents and education officers. Teachers need to continue teaching, not sitting and waiting for instructions. Parents and their committees need to seek solutions as before to ensure that the quality of education that we have secured over many years is not lost.

The news of free primary education is welcome news for all those who have worked on HIV and AIDS education. It means that the 3.8 million children who have been out of school will now be in a position to learn about the risk of HIV and AIDS. As knowledge alone does not protect anyone from infection, we must still work hard to create a school environment that supports positive and healthy behaviour patterns. The youth have been, and continue to be, at much greater risk of contracting HIV. Sadly, even the 5.3 million pupils who have been attending school, have not been entirely safe. They are often influenced negatively by their peer group and



Don't you think you've buried your head in the sand long enough?

struggle to find positive role models amongst the adult community. Given the increase in pupil numbers and the integration of many young people with different backgrounds and experiences, it is important that our schools continue to emphasise positive and safe behaviour.

Kenya has recently showed the world that it is able to run its own 'free and fair' elections. Now it is time to show that we can provide universal primary education without reducing the quality of that education. The quality of that education includes our ability to respond to the current needs of our young people, the most urgent of which is the ability to protect themselves from HIV.

As we have shown over decades and in the very recent past, together we can be 'unbwogable' - both in providing primary education to all children and in protecting them from HIV.

What Can We Learn from Insects?

We share our environment with thousands of insects, all of which manage to survive among our clumsy feet and boisterous ways. Have you ever stopped to think about the characteristics these insects have that help them to survive? Given a choice, which of these insects would you be: a bee, a butterfly, a safari ant or spider?

Think then, how does this tiny creature protect itself? How do they support each other in a hostile environment? And finally, what can you learn from them that would help you live safely in this era of HIV? Below are the responses from some of your peers.

INSECT	CHARACTERISTICS	POSITIVE BEHAVIOUR THAT WE CAN ADOPT TO LIVE SAFELY
Bee	<ul style="list-style-type: none"> Social Hard working Fierce if provoked Assertive Busy 	<ul style="list-style-type: none"> Enjoy social activities We should always work hard on every assignment We should be protective of our self and our image Be assertive to say no to sex Always keep busy because "An idle mind is the devils workshop" Respect your self Be self-disciplined and always avoid spending out
Butterfly	<ul style="list-style-type: none"> Beautiful Harmless Flies away when interfered with Grows through complete metamorphosis 	<ul style="list-style-type: none"> Appreciate beauty Appreciating others and treating them with respect Run away from danger Remember you are a child and should wait until you are an adult before having sex
Safari Ant	<ul style="list-style-type: none"> Organized company Organized Movement Live in colonies Shared responsibility in groups 	<ul style="list-style-type: none"> Take and accept roles and responsibility at home and at school Responding to commands at school and home Always moving purposefully Living and working in groups
Spider	<ul style="list-style-type: none"> Is protective Shows creativity in the design of the web Alert / sensitive / reactive Responsive to danger Non-provocative 	<ul style="list-style-type: none"> Avoid risk Protect each other from risky irresponsible sexual behaviour Adopt activities that reduce risk of engaging in early sex Be vigilant in pressure to engage in sex Be able to say NO to risky behaviour

Terms and Abbreviations

CfBT Centre for British Teachers manages the PSABH project.
DFID Department for International Development funds the PSABH project.
USAID United States Agency for International Development funded the SCAPP project.
PRISM Primary School Management was a national project funded by DFID
PSABH Primary School Action for Better Health is the project which has produced this newsletter

Peer Supporter is a pupil trained by PSABH to support their peers
Community Representative is a parent of the school who has attended PSABH training
PSABH Training Schools are invited by the District Education Officer to send their Headteacher, a senior Teacher and a Community Representative to attend two cycles of training. The first cycle lasts five days and the second last four days and the two cycles are separated by at least one term back at school.

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 The views expressed by authors in this magazine are not necessarily the views of the publisher.

Peer Support Competition

In March 2003, PSABH will sponsor a performance competition on the following theme, in three elements:

- Young people's avoidance of the risk of HIV infection
- Young people's willingness to take care of, and support, those infected with and affected by the HIV virus.
- The power of the youth to stop the spread of HIV and minimise the pain of AIDS.

All presentations must incorporate all three elements of the theme. The activities are intended to encourage teamwork.

The categories are as follows:

Class: Music
 Category: Set Piece - song
 Category: Own Composition - song
 Category: Own Composition - dance

Class: Choral Verse
 Category: Set Piece
 Category: Own Composition

Class: Art
 Category: Creative Art following theme provided.

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HealthDialogue

HEALTH DIALOGUE IS A NEWSLETTER FOR PRIMARY SCHOOL ACTION FOR BETTER HEALTH

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Silence and Stigma

Owning the presence and risk of AIDS

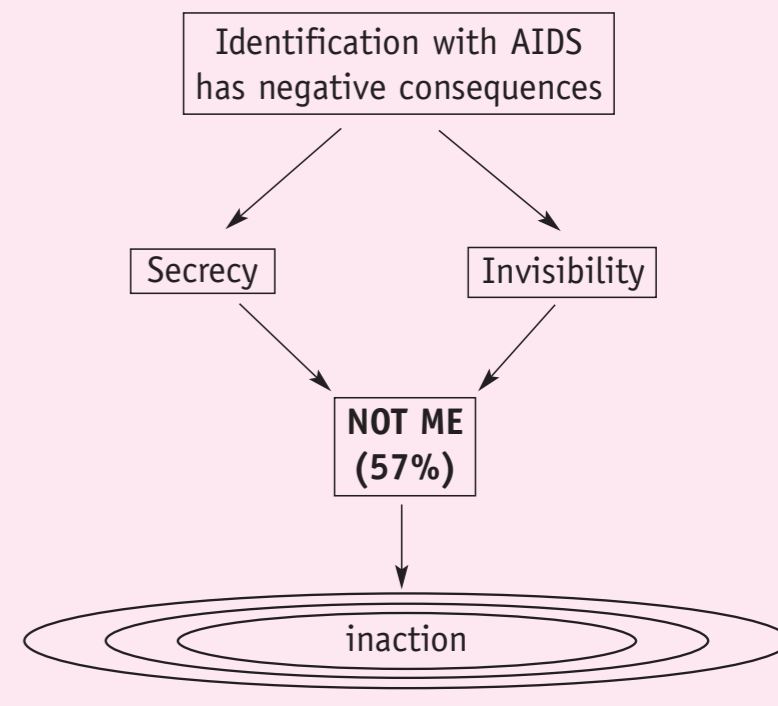


FIG 1: A low perception of personal risk leads to inaction and makes positive behaviour change more difficult.

One of the strongest lessons we have learned in our work with HIV and AIDS is that being associated with AIDS can have negative consequences. Teachers speak of being suspected of HIV infection if they teach about HIV, of being called 'the AIDS teacher'. Young people say that asking about STIs and condoms makes others suspect them of being sexually active or infected. People who are thought to be HIV positive are often persecuted in school, victimised in social contexts and isolated within the community. As a result, the secrecy surrounding HIV and AIDS is still strong and widespread. Some people have told us:

'You will only hear them whispering but they don't say that this is a victim of AIDS'

'You just hear somebody is sick and you know in rural areas, no one can reveal the type of disease'

Or that the existence of AIDS is still being denied:

'I swear I have never heard that this community of ours has that disease called AIDS. I have never heard'

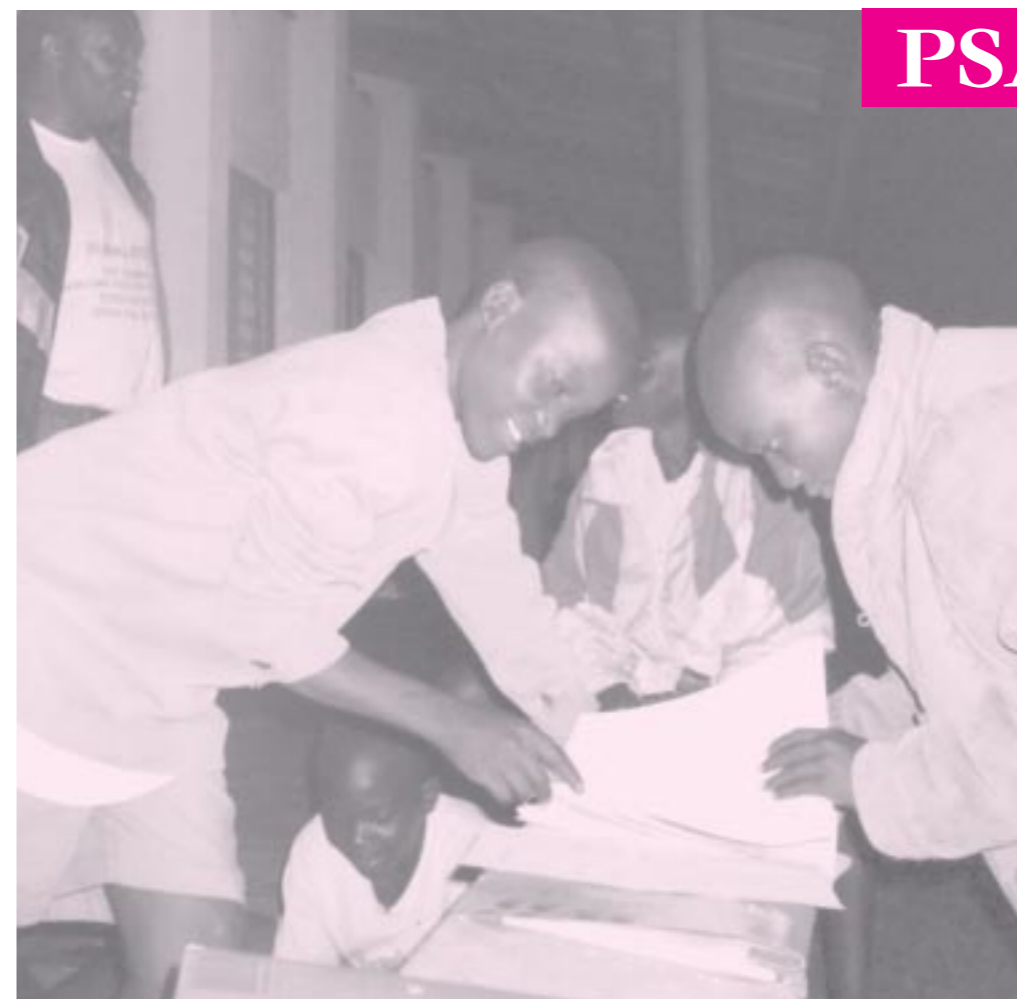
With this level of secrecy and invisibility it is not surprising that 57% of the young people we surveyed do not perceive themselves to be at risk. Yet we also know that more than 50% of young people are already sexually active by the age of 15. Such a low

perception of personal risk leads to inaction and therefore makes positive behaviour change more difficult.

Break the Silence
 It is time to break the silence. We need to talk openly about how our lives have been 'affected' by HIV and AIDS. This means talking about the impact HIV and AIDS has had on our lives,

perhaps because we are caring for family members who are sick or have lost those we love. It also means making our community a safe place for anyone who is brave enough to take an HIV test, whether the result is positive or negative. Above all, it means accepting that it is not a matter of 'others being infected' but 'of us all being affected'.

PSABH NEWS



In December 2002, PSABH trained 1,500 pupils and 400 teachers in Nyanza Province as Peer Supporters. A Peer Supporter is someone who is ready to help others with either the impact of HIV and AIDS on their lives or to avoid the risk of HIV infection. They provide support by caring and sharing their knowledge and experiences with their friends and age-mates. During the training participants have the opportunity to express their personal opinions and share experiences on HIV and AIDS related issues. Some of the topics covered in the workshops are: facts about HIV and AIDS; making decisions, maintaining high self-esteem, using leadership skills and effective communication among lots of others.

especially within the family. On top of that, the mass media and entertainment industries present sexual images in a way that is degrading (especially to women) and often convey factually incorrect information about sex. Many young people rely mainly on information and advice from one another and we hope that the 1,500 young people we have trained will now be able to share accurate information and constructive advice with their friends and family members.

Here are some of the things the Peer Supporters said after the course:
'I will inform my friends about what I have learned.'
'I was hopeless, but now I have hopes.'
'I will share the material received from the workshop, including books'
'I will tell people how to protect themselves'
'I will tell my friends to avoid sex.'

For young people, the most obvious risk to their sexual and reproductive health is simply lack of accurate information. However, in Sub-Saharan Africa sex is generally considered a taboo subject for discussion within society and

See back page for details of a Peer Support competition.

FIG 2: Pupils participate enthusiastically in the PSABH training programme.

Separating Fact from Fiction

A letter from the editor

The Behaviour Change Challenge

All over the country, teachers have heard of a project called PRISM, which stands for Primary School Management – there is even something called a ‘PRISM clap’ that teachers in your school might know. The project ran in primary schools for five years and was given an A+ evaluation at the end! It was during this work that we realised that the challenge of HIV and AIDS called for a ‘whole school response’ and that the concepts taught in PRISM like, creating School Development Plans, drawing up Action Plans, working as a team and sharing plans, involving parents etc. should be used to respond to the need for HIV and AIDS education in primary schools.

Since January 1999 the British government’s Department for International Development (DFID) has funded a project called Primary School Action for Better Health (PSABH), which was first launched in Bondo District and is now operating throughout Nyanza. Along the way, the American organisation, United States Agency for International Development, funded similar work in 100 schools in Nakuru in a project called School and Community AIDS Prevention Programme (SCAPP).

Then, in January 2001 the Kenyan government announced that there should be one HIV and AIDS lesson per week in every school and a syllabus was produced by the Kenya Institute of Education (KIE) and distributed to all the schools. KIE has also printed some textbooks called ‘Let’s Talk About AIDS’, which you might have in your school. This encouraged all of us working on HIV and AIDS education to keep working hard.

Behaviour change takes effort and practice

The aim is to help young people change their behaviour so that they are less likely to become infected with HIV. It sounds easy, but changing behaviour takes a lot of effort and doesn’t happen in one single day. Think of a time when you tried to change a pattern in your behaviour, perhaps being more kind to others? First you have to have the idea that being kinder is good for you. But even knowing it is good to change isn’t enough. Being kinder to others means not doing some of the things you enjoy, like chatting to your friends for a long time when your family needs your help with chores. Perhaps your friends would rather you stayed the way you are and discouraged you from changing? With time, it’s easy to forget your plan to be kinder, but the really true friends will help you if you ask them to and help you stick to your goal.

Some people say that a little practise everyday is the secret to changing your behaviour, a bit like keeping your muscles exercised. So, why not try to do something differently today, like sharing information with a different person in your school for the first time or sitting in a different place at break-time. Just see what pleasant surprises changing your behaviour can bring.

Myths Surrounding HIV and AIDS

Myths and legends abound in African folklore. They told stories of great valour and wisdom. They taught diligence and respect. They extolled on virtues. Sadly, the myths that surround HIV and AIDS are mostly destructive. They arise to fill a great gap in knowledge. The only way we can counter the destructive myths is by spreading accurate information to every man and woman, every girl and boy.

Some say that the virus, having been created by Western countries, was then mixed into vaccines, food stuffs and condoms and shipped to African countries. Yet those who know about the fragile characteristics of the HIV virus will know that it is easily destroyed by extreme cold or heat, acid, detergents, jik and some virucides. It cannot withstand the conditions of manufacture, storage or the vetting of vaccines. There is no basis in knowledge for this myth.

Others believe that HIV can be spread by shaking hands, hugging, being in the same room with a person with AIDS. Yet others believe that mosquitoes and other insects that bite human beings can spread HIV. Here again, lack of knowledge of the specific methods of the spread of HIV is fuelling these untrue myths.

Myths on the prevention of infection also exist. Some men believe that having sexual intercourse with virgin girls can cleanse them. This is very untrue and it has had devastating effects on the spread of HIV in young women and girls. Others believe that playing sex quickly, ‘before the virus wakes up’ is protective!

To some, using many condoms at the same time and washing the genitals after sex is thought to keep them safe from infection.

Some people want to create invisible and non-existent barriers between them and HIV by believing that they are invincible, that it only

happens to ‘them’ and not to ‘me’. Others advocate herbal cures or say that Western countries do want African countries to benefit from a cure.

All these myths are false and untrue. The only way to avoid falling into false belief is by arming yourself with facts. Read and Question!

What is HIV?

What do young people say HIV is? ‘It is a curse.’ ‘It is a bad adult disease with no cure.’ ‘It is a mild or early form of AIDS’. All the above is not true. HIV stands for Human Immune-Deficiency Virus. This is the virus or germ that causes AIDS by reducing the body’s ability to defend itself against other infections.

- H** Human – it affects human beings only
- I** Immune Deficiency – reduced ability to fight against infection
- V** Virus – the smallest organism that can cause disease

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. This is where, as a result of the body’s lower ability to defend itself, an HIV-positive person develops repeated and often prolonged illnesses.

- A** Acquired – something you get
- I** Immune – resistance to infections
- D** Deficiency – reduction (ie. reduced resistance against infection and disease)
- S** Syndrome – a collection of diseases with a common underlying cause

Where did HIV come from?

The exact origin of HIV is not known, just as for malaria, other bacteria etc. What is known is that AIDS was described after certain relatively uncommon diseases were seen in homosexuals and drug abusers in New York and Los Angeles, USA, in the early 1980’s. The virus itself was isolated by a french scientist in 1983 and shown to be the cause of AIDS.

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Talkback

Some people say that parenthood is not for cowards and others say it is a full-time job, full of challenges because every child is so different and develops at different a speed. Yet when parents remember being a teenager, many of them would rather not go through it again. Both are challenging stages in the normal human life cycle and if we are lucky we find someone who has been through this stage before us to give us a helping hand or pieces of good advice.

When we ask parents of today about how they were helped through their teenage they say:

“I went to a boarding school and our teachers were there for us. We were taught about our bodies and how to look after ourselves. The teachers read our letters and constantly our

relationships with boys were under check”. ‘Parents in many of our communities used stories and parables. Even though the young person could not quite interpret the parable, the response of those around either discouraged or encouraged your behaviour.’

“When my mother wanted to caution me to behave well she gave examples of other people’s children”.

Whatever it was that helped safe transition to adulthood it had something to do with constant communication and someone older being there for you. Our teenagers are no different. They need constant guidance through communication. Take time to talk to them. Be there with them and for them.

The Role of the School

Adults, both parents and teachers alike, are ready to take part in protecting young people from HIV infection. And young people, boys and girls alike, are keen to know how to reduce their risk. Why then is HIV and AIDS education so challenging?

HIV and AIDS is a sensitive subject for several reasons. The main mode of transmission is sexual, yet talking about sexual matters in a public setting is not easy and direct discussion has long since been a taboo. Views on which risk reduction methods are morally acceptable are also very varied and make people reluctant to express a public opinion. A powerful stigma still surrounds anyone associated with AIDS or suspected of being HIV positive and people’s negative reaction to HIV encourages others to keep silent. At the same time, the majority of us are affected by HIV in one way or another and the topic is inextricably linked with grief and distress for those who have been bereaved.

Given the changes in our families and lifestyles such as the separation of family members or the hectic pace of life brought about by our constant search for a living, the school becomes an obvious place for HIV and AIDS education.

How then, can a school overcome the challenges of addressing this sensitive subject to bring about effective changes in behaviour?

Mutual Support

Three people from each selected school are invited by the District Education Officer to attend the PSABH training programme. The Headteacher

is, as the senior manager of the school, the key person to lead any change in the school environment. A senior teacher is trained so that the Headteacher has the capacity within the school to pass on the training to other teachers. One of the parents of the school is also invited so that the teachers can be sure that the parents know what the teachers are being asked to teach and can contribute to the plans to include the community in supporting a behaviour change process. This team approach means that no one group feels isolated or that it is a burden they have to carry alone.

Within the Education System

A day in a primary school is already a busy one, full of activity from before the register is called until the final bell is rung. And no one is asking the school to do anything more than the Ministry of Education, Science and Technology has already instructed. HIV and AIDS is a part of the existing timetable. The Kenya Institute of Education has provided the HIV and AIDS syllabus, which we are all focusing on. Under the PSABH programme we have also been able to distribute more KIE textbooks, the ‘Let’s Talk About AIDS’ series. The Zonal School Inspectors have also all been trained in a similar programme so if he or she visits your school, you can confidently expect them to know all about the PSABH approach. Even the lecturers at the Teacher Training Colleges have received the same training and are now doing their best to equip new teachers to be able to deliver the HIV and AIDS education.

Range of Activities

Accurate information is a good



FIG 3: District Trainer’s Workshop: Lead team trainer - Francis, takes participants through a session on curriculum interpretation.

foundation for healthy behaviour, but it is just the beginning and not an end in itself. During the PSABH training programme the participants learn to ‘integrate’ and ‘infuse’ HIV and AIDS material into the existing classroom subjects. As self-expression is an important part of internalising behaviour change, the training provides many ideas on using co-curricular activities such as drama, music, art and even physical education to explore new ways of thinking and behaving. To support open discussion we encourage the setting up of Question Boxes for

pupils to put questions anonymously and to give teachers chance to talk to each other before giving the best answer. An Information Corner in a class or a common part of the school can be used to display a lot of information about HIV or to show off the good work that has been done by pupils. A School Health Clubs can be active in promoting healthy behaviour and pupil members can support each other and their colleagues in new, safer behaviour patterns. With the support of PSABH, the Department for Health and Nutrition is developing an

Activity Kit to suggest a range of possible activities that a School Health Club could run. The programme also supports public activities such as inter-school competitions in the areas of drama, music, art, public speaking and recitations etc.

We hope that by including representatives from a range of key groups and providing guidance on how to use all the different aspects of school life to support HIV and AIDS education, that we can fully utilise all the potential in a school to support positive behaviour patterns.

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Separating Fact from Fiction

What does HIV do to the body?

When HIV enters into the body, it attacks white blood cells (the body’s soldiers) and kills them or prevents them from doing their work of protecting the body. Because there are now very few white blood cells left to fight disease, other micro-organisms can infect the body and cause disease eg. diarrhoea, skin disease, TB. As a result of repeated infections, the person then becomes weaker and sicker and eventually dies.

How does one progress from HIV to AIDS?

There are three major

phases in the progress of HIV infection.

Phase 1:

Infection – this is when one gets infected by the virus.

Window Period – after infection, it normally takes about 3 – 6 months before evidence of HIV infection can be found through testing. This period is called the window period. A person looks and feels healthy, but they have HIV and if they have sex they are likely to infect others.

Phase 2:

Seroconversion – this is when, if the person tested

for HIV, the test result would show positive.

Asymptomatic stage – after testing positive, a person may not develop any signs and symptoms of disease for a long time. In phase 2, a person tests positive but they look and feel healthy.

Phase 3:

Symptomatic stage – here one has begun developing signs and symptoms of various diseases associated with HIV
AIDS stage – this is the final stage where one is very weak and sick most of the time.

Ask the doctor

Q: We hear and read that AIDS is a killer and yet there are many cases where though one parent has died of AIDS, the other parent continues to live. Is this not a contradiction?

This is not a contradiction. Though it is true that AIDS is a killer, it is a slow killer, and one may continue to live long, particularly if they have access to proper medical care, eat well and try to live as stress free as possible; that is, they focus on positive living. Secondly, we should realise that the transmission of the virus is not absolute and therefore a partner may not be infected.

Q: Is it true that all those suffering from HIV grow thinner and thinner until they die?

No, some people with HIV look very well and stay their normal size throughout the illness. Others may suffer what is called the wasting syndrome - where one loses one’s body weight significantly, over time. This arises from a variety of causes including poor feeding (due to infection or sores), severe loss of appetite, losses through vomiting and diarrhoea, and recurrent infection taking a toll on the body’s stores. In our set up, these problems are compounded by a poor financial base and poor food security.