6. The AIDS Support Organisation (TASO) Video
(Total time 1 hour)

Training Materials *(Pre-prep)*

- TASO video
- TV and VCR

Session Objectives *(2 min)*

At the end of the session the participants will have observed and discussed basic counselling skills.

CONTENT AND PROCESS

Viewing *(20 mins)*

Class Discussion *(8 mins)*

Use checklist to identify qualities that a Counselor should have. *(15 mins)*

- Intellectual ability and judgment
- Originality, resourcefulness and versatility
- Fresh and insatiable, curiosity, self learner
- Interested in persons as individuals rather than as material for manipulation
- Regard for integrity of others
- Insight into ones own personality, characteristics and sense of humour
- Sensitivity to complexities of motivations
- Tolerance
- Ability to adopt a therapeutic attitude
- Ability to establish warm and effective relationships with others
- Industry, methodical work habits and ability to tolerate pressure
- Acceptance of responsibility
- Tact and co-operation
- Integrity self control and stability

Observe Basic Counselling Skills *(10 mins)*

- Communication in its totality
- Skill of observing
- Empathy
- Listening
- HIV/AIDS counselling
- Making a difference

Summary *(5 min)*

7. Sexuality and Touch Continuum
(Total time: 2 hours)

Training Materials *(Pre-prep)*

- Sexuality
- Touch continuum

Flipcharts on:
- Circles of sexuality

Session Objectives *(5 min)*

By the end of the session the participants should be able to:
- Identify and categorise the main five circles of sexuality
- Discuss touch continuum to show the need for attitude development in sexuality
- Make accurate reference to the names of the circles by the participants.

CONTENT AND PROCESS

Sex and Sexuality *(20 min)*

Brainstorm on what is meant by sex?
What then is sexuality?
Get feedback and harmonise this with the checklist.

Checklist - Sexuality is much more than being male or female. It involves:
- Feelings
- Thoughts
- Behaviours of being male or female
- Being attractive
- Being in love
- Being in a relationship
- Being in a relationship that includes sexual intimacy and physical and sexual activity.
- One's reproductive system
- Sexual behaviour as male or female
- Biology
- Anatomy
- Physiology

5 Circles of Sexuality *(60 min)*

Note for the facilitator: Refer to handout for content on each circle

Take the participants through the five circles of sexuality, with the use of a flipchart, in the following order:
- Sexual identity
- Sexual health and reproduction
- Sexualisation
- Sensuality
- Intimacy

The Touch Continuum *(30 min)*

Facilitator explains the touch continuum using practical examples:

a. Lack of touch (good/bad)
b. Nurturing touch (good)
c. Confusing touch
d. Exploitative touch (bad)

It is important to learn to differentiate between good and bad touches.

Conduct the individual activity on touch, using handout. *(Activity:15 min)*

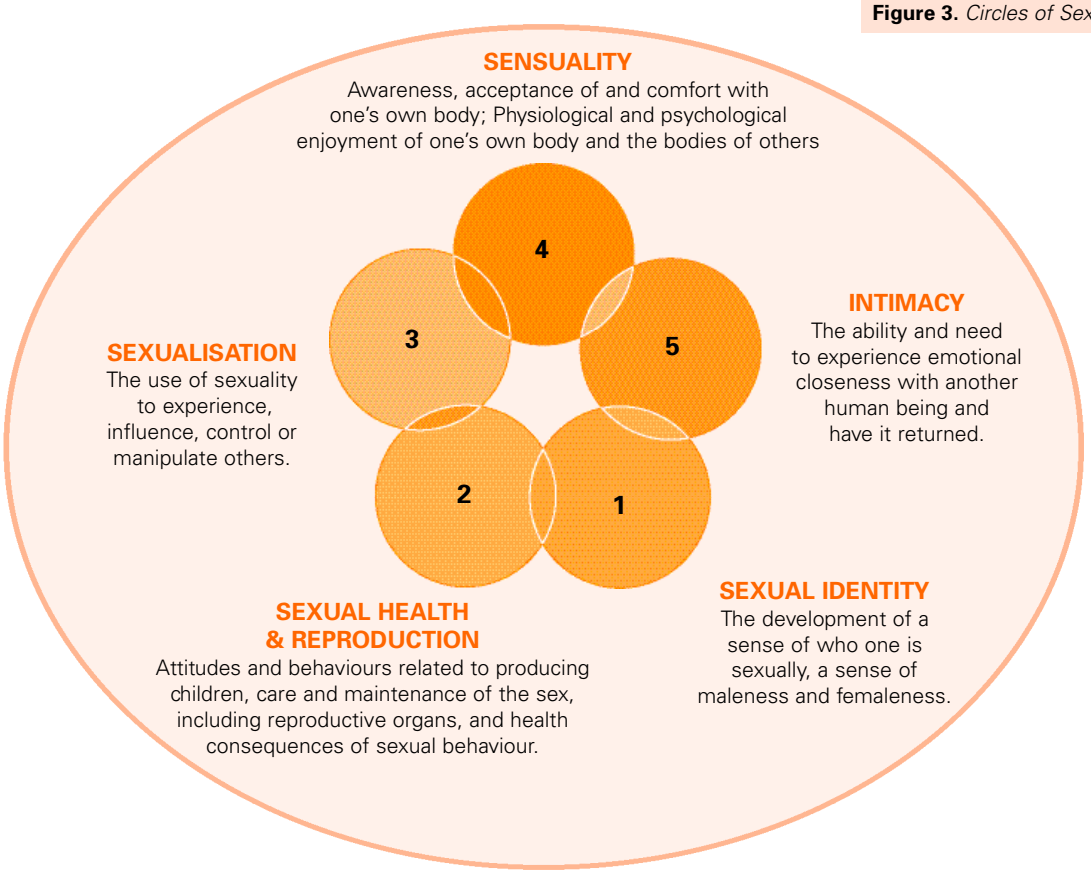
Lead participants to share experiences on b, c and d *(15 min)*

Summary *(5 min)*
Summarise and encourage nurturing touch

Note for the facilitator: Good touches are a crucial element in everyone's sexuality. *(The material on Sexuality and the Touch continuum is derived from training materials produced by the Programme for Appropriate Technologies for Health, PATH, Kenya Office)*

Circles of Sexuality

Figure 3. *Circles of Sexuality*



Sexuality

When most people see the words 'sex' or 'sexuality' they think of intercourse and other kinds of physical sexual activity. It is important to tell the learners that sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she or he will become. It includes all the feelings, thoughts and behaviours of being female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and physical sexual activity. Sexuality begins when a person is born and ends when he/she dies. On the other hand, sex refers to one's reproductive system and gender behaviour as male and female. It has to do with biology, anatomy, and physiology. It is a crucial element in everyone's sexuality.
(See Figure 3 above).

Explanation of Circles of Sexuality

Circle 1 – Sexual Identity

Sexual identity is a person's understanding of who she or he is sexually, including the sense of being male or female. Sexual identity can be thought of as three interlocking pieces that, together, affect how each person sees himself or herself. These 'pieces' are:
Gender identity - knowing whether you are male or female;
Gender role - knowing what it means to be male or female or what a man or woman can or cannot do because of gender;
Sexual orientation - whether a person's primary attraction is to:

- People of the same gender (homosexuality)
- The other gender (heterosexuality)
- Both genders (bisexuality)

In Africa, a person's primary attraction is predominantly to the other gender (heterosexuality).

Circle 2 – Sexual Health and Reproduction

Reproduction and sexual health are the capacity to reproduce and the behaviours and attitudes that make sexual relationships healthy, physically and emotionally. Specific aspects of sexual behaviour that belong in this circle are:

- Factual information about reproduction
- Feelings and attitudes
- Sexual intercourse
- Information on the prevention and control of STDs
- Responsible sexual practices and contraceptive information

Circle 3 – Sexualisation

Sexualisation is using sex or sexuality to influence, manipulate or control other people. Behaviours include:

- Flirting
- Seduction
- Withholding sex from a partner to 'punish' or to get something you want
- Offering money for sex
- Selling products with sexual messages
- Sexual harassment
- Sexual abuse or rape

Circle 4 – Sensuality

Sensuality is awareness and feeling about your own body and other people's bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure of what our bodies can give us and others. This part of our sexuality affects our behaviour in several ways:

- It shows the need to understand anatomy and physiology
- It reflects our body image whether we feel unattractive or proud of our own body
- It satisfies our need for physical closeness – to be touched and held by others in loving and caring ways
- It helps us to experience pleasure and relief from sexual tension
- It satisfies our need for physical attraction for another person – the centre of sensuality is not in the genitals, but in the brain
- It helps us to have fantasies about sexual behaviours and experiences.

Circle 5 – Sexual Intimacy

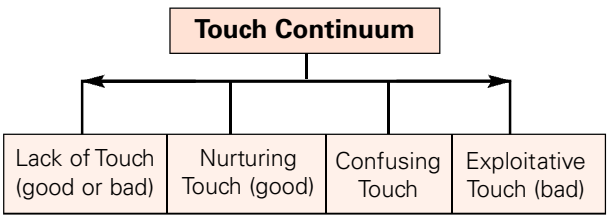
Sexual intimacy is the ability and need to be emotionally close to another human being and have that closeness returned. Sharing intimacy is what makes personal relationships rich. While sensuality is about physical closeness, intimacy focuses on emotional closeness. Aspects of intimacy include liking or loving another person. To have true intimacy with others, a person must open up and share feelings and personal information. As sexual beings, we can have intimacy with or without having sexual intercourse.

Touch Continuum

Purpose of Session

- Need to focus clearly on sexual issues
- Appreciate sex education that does not exploit sexuality
- Behaving lovingly without sexualisation

The Touch Continuum is the range of touch: lack of touch, nurturing touch, confusing touch, exploitative touch.



The lack of touch can be good or bad. If a person does not get any touch, yet needs and wants it, this lack of touch can be bad. If a person simply does not want to be touched, that is an individual's right. In this case, lack of touch can be good.

The **nurturing touch** is a positive and good touch. A touch that feels like something is being given or shared with you hugs, kisses and some games are examples of good touch.

The **confusing touch** is any touch that is not clearly good or bad. Both good and bad touches may become confusing. Therefore, confusing touches can't be labeled. Any touch may become confusing when:

- We are not sure what the person means by it
- When the person is saying something that does not fit with the way he or she is touching us (we are getting a double message)
- When we are not used to the touch or the touch doesn't fit in with our values, or we simply do not want to be touched
- When the touch is equated with sex.

The **exploitative touch** is a tricked or a forced touch – a touch that feels painful, or as if something were being taken away from you, or as if you were being used. Kicks, hits, slaps and sexual abuse are kinds of exploitative touches. Even simple touches or games like wrestling or tickling may become bad or exploitative touches if someone is hurt or forced.

a) Write down here what you think are:

Examples of Nurturing Touch:	Examples of Confusing Touch:	Examples of Exploitative Touch:

b) Describe here what you feel about touch:

How I feel when a touch is nurturing	How I feel when a touch is confusing	How I feel when a touch is exploitative

c) Write here what you do about touch:

What do I do when I get a nurturing touch:	What do I do when I get a confusing touch:	What do I do when I get an exploitative touch:

8. STIs, HIV AND AIDS
(Total time: 2 hours)

Training Materials *(Pre-prep)*

Handouts on:
- STIs
- HIV and AIDS

Video:
- Silent Epidemic

Others:
- Question box
- Question and answer booklet

Session Objectives *(5 min)*

At the end of the workshop the participants should be able to:
- Define STIs, HIV and AIDS and differentiate between them
- Discuss the characteristics of at least four common STIs
- List some of the behaviours that increase the risk of contracting STIs, HIV and AIDS
- Explain risk reduction behaviours to minimise chances of contracting STIs/HIV and AIDS

CONTENT AND PROCESS

	TOPIC	DURATION
1.	Voluntary counselling in HIV/AIDS	2 hrs
2.	Introduction to HIV/AIDS	30 min
3.	Transmission of HIV	1 hr
4.	Disease progression	30 min
5.	Sexual networking experiment	30 min
6.	Sexually transmitted illnesses + video Silent epidemic	1 hr
7.	Prevention	30 min
8.	Vulnerable groups	30 min
9	Anti retroviral therapy and role of nutrition	45 min
10.	Positive living	15 min
11.	Question box	30 min
12.	Video: Bushfire	1 hr
	TOTAL	**9½ hours**

1. Voluntary Counselling and Testing *(2 hrs)*

VCT definition

It is the process by which a person finds out whether or not he/she is infected with HIV, the virus that causes AIDS.

Note:
VCT services are always
A. Voluntary – informed consent
B. Confidential
C. Anonymous (no names)

Who should recieve VCT?

- Anyone SERIOUS about behaviour change
- Those with more than one sexual partner
- Those diagnosed with a Sexually Transmitted disease or TB
- Anyone 18 years and over
- Couples before starting a relationship, before marriage, and for pregnancy planning
- Mature minors (15 and 18) who have already engaged in risky behaviour.

Note: Children under 15 should be served only with parental consent and only if there is a clear benefit to the child.

Basic steps involved in counselling for HIV

- HIV and AIDS information
- Pre-test and test decision counselling
- Post-test counselling
- Plans for reducing risky behaviour

Benefits of VCT to the individual

- Empowers the uninfected person to protect him/herself from HIV
- Assists infected persons to protect others and to live positively
- Offers the opportunity for treatment of infections associated with HIV

Benefits of VCT to the couple and family

- Supports safer relationships – enhances faithfulness
- Encourages family planning and treatment to help prevent pre-natal HIV transmission
- Allows the couple/family to plan for the future

Benefits to the community

- Generates optimism as large numbers of persons test HIV negative (currently >80% of people test negative at VCT centres)
- Impacts community norms (testing, risk reduction, discussion of status, condom use)
- Reduces stigma as more persons go public about having HIV
- Serves as a catalyst for the development of care and support services
- Reduces transmission and changes the tide of the epidemic

What tests are done at VCT centres

- It is a simple rapid blood test that tests for anti-bodies to HIV
- The results are available within half an hour of being tested

How accurate is HIV testing?

HIV ELISA test is more than 99% accurate. It will confirm your status with certainty.

What is the cost of HIV testing?

- VCT is absolutely free

Where are VCT centres found?

- VCT centres are found countrywide

2. Introduction to HIV/AIDS *(30 min)*

Objectives

1. To define terms.
2. To give facts and demystify HIV/AIDS.
3. To bring about positive behaviour change in sexual relationships through change in
   - Attitude
   - Practice

Definitions

What is HIV?

H - Human
I - Immune deficiency
V - Virus

What is AIDS?

A - Acquired
I - Immune
D - Deficiency
S - Syndrome

Human - The virus infects human beings only
Immunity - Body defense against illnesses
Virus - Smallest known germ
Acquired - To acquire means to get
Deficiency - Lack of something
Syndrome - Collection of signs and symptoms

Origins

The origin of HIV is unknown

History of HIV

1981 - AIDS described in gay men and Intra Venous drug users in America.
1983 - Virus isolated
1984 - First Kenyan case described at KNH by Prof. Arthur Obel
1999 - AIDS declared a national disaster in Kenya by President Moi
2003 - President Kibaki vigorously promotes VCT.

Global figures -

UNAIDS Report for 2003 *(Estimates)*

People living with HIV/AIDS
37.8 million (34.6m – 42.3m)

Children orphaned in 2003
13 million

HIV infections in Sub-Saharan Africa
5 million (23.1m – 27.9m)

Age Group Prevalence	Women Prevalence	Men Prevalence
15 – 19	3.5%	0.5%
20 – 24	8.7%	2.4%
25 – 29	12%	6.5%
30 – 34	11.6%	6.1%
35 – 39	11.8%	8.6%
40 - 44	10.8%	8.6%
45 - 49	4.7%	6%

- *Deaths due to HIV/AIDS approximately 500 per day*
- *Orphans due to HIV/AIDS approximately 1.3 million*

Kenyan figures
(2003 Kenya Demographic Health Survey)

People living with HIV/AIDS
1.1 million

National prevalence
9.4%

- *HIV prevalence is almost twice as high in urban areas as in rural areas (10% and 6% respectively)*

	HIV Awareness	Known HIV Status
Men	99.3%	14.1%
Women	98.4%	12.8%

3. Transmission of HIV *(1 hr)*

Definition

- To transmit is to pass on something
- In HIV/AIDS, transmission is the passing on of the virus from one infected person to another, who may or may not be infected with HIV

Risky fluids

- Semen
- Vaginal secretion
- Pre-ejaculatory fluids
- Breast milk
- Blood

Non-risky fluids

- Tears
- Sweat
- Saliva
- Mucus
- Urine
- Sputum
- Pus
- Diarrhoeal stools

Note: If any of these non-risky fluids have blood in them, they then have an element of risk.

Modes of Transmission

1. Sexual (80%)
2. Blood and blood products (10%)
   - Through transfusion
   - Contaminated needles and syringes
   - Sharing circumcision knives
3. Mother to child transmission (10%)
   - During pregnancy
   - During delivery (carries the higher risk about 60-70%)
   - During breast feeding

Myths and misconceptions

There are several myths and misconceptions about HIV transmission. You do not get HIV from:

- Hugging
- Sharing of toilets
- Sharing utensils
- Shaking hands
- Sharing clothes
- Living in the same house
- Mosquito bites
- Kissing

Note: Kissing might be risky if one has bleeding gums, wounds or when saliva is mixed with blood.

4. Disease Progression

(Natural History of HIV Infection)

1. HIV attacks the CD4 lymphocyte (WBC).
   - The virus has a special affinity for the CD4 lymphocyte
   - It multiplies within these cells
   - The rate of destruction of the CD4 cells exceeds the body's ability to replace them
   - There is progressive decline of CD4 cells.

2. HIV infection leads to immunodeficiency.
   - HIV destroys CD4 cells which play a role in immune function
   - Loss of CD4 cells = immunodeficiency in HIV infection
   - The patient becomes susceptible to "opportunistic infections"
   - HIV causes progressive and irreversible destructions of the immune system

3. Immunodeficiency causes opportunistic infections.

4. Immunodeficiency leads to death.

5. Sexual Networking Experiment - Exchanging Fluids *(45 min - 1 hr)*

Objectives:

- Help participants understand HIV transmission
- Give a picture of sex life and sexual network
- Raise issues on sexuality/sexual behaviour

Note: The materials and equipment need to be prepared very carefully. After the activity, the materials need to be cleaned thoroughly to prevent residual chemical activity interfering with the next experiment.

Procedure

- Explain that the activity is called exchanging fluids and that it will attempt to help understand sex life/sexual network and HIV transmission
- Ask for 30 or 40 volunteers. If more participants are present, the rest will be spectators
- Ask for six participants from the group of 30, or eight from the group of 40 to step aside
- Give each one of them a glass of water from the tray. Ask them to divide about half of the water into the empty glasses and then set them aside. Let these 6 (8) sit together at one side of the room and not to participate until asked to do so later
- Allow the other participants to chose and pick their own glasses
- Ask to confirm that the fluid in their glasses all look the same
- Let them divide the fluid in their glasses into the empty glasses and set them aside
- The two facilitators should then demonstrate how to exchange fluids. Each one of them has a glass of water and syringe and draws up about 2cc of their own fluid and injects it into their partners' glass.

Care should be taken not to:

- Let syringes touch
- Let glasses touch
- Let syringes touch the others glass or fluids
- Splash out.

Let them use their syringes to stir the fluid in their own glass and show the fluid to the participants and ask if it now looks any different.

- Ask the participants to pair up. Let each one of them draw 2cc of their fluid and inject it into their partner's glass. This exchange should be done simultaneously. They should use their syringes to stir the fluid in their own glasses
- Let them repeat this about five times, and with a new/different partner each time
- After five rounds let them stop.

Allow the 6 (8) who had stayed apart to join the game, by choosing only one partner from those in the field. Let them exchange the fluids only once and then go back to their seats.

Discussion Points

- Confirm that the participants realise that in this activity, exchanging fluids represents having sex. All the participants' glasses look the same, showing that we cannot tell from appearances who has HIV. But the fact is that there are people whose fluid is positive. Ask them to look at the fluid in their glasses again and whether they can tell who has HIV
- Explain that though we cannot tell from appearances those with HIV, blood testing can confirm the infection. Ask the participants if anyone is ready to be tested
- If any one asks to be tested, ask him/her how he/her feels about being tested. Drop phenol into their glasses (2-3 Drops). If water changes colour, it means they are HIV positive. A common reaction is "Who gave me the virus?" (People do not/rarely ask who did I give the virus to?)
- Ask these first "positive" participants who they think gave them the virus. Encourage them to be tested. Then ask the rest of the group whether they think they might be positive, and whether they want to be tested and why they want to take the test. Ask others why they do not want to take the test. Test all those who ask
- Finally, test all participants except the 6 (8) volunteers. 10 or more are likely to test positive
- Test the 6 (8) volunteers by dropping phenol; normally, 1-2 will test positive.
- Explain that these volunteers exchanged fluids only once. They represent people who have had only one episode of sexual intercourse or have engaged in sexual intercourse for the first time
- Discuss whether having only one sexual partner can keep you safe from getting HIV
- Discuss/ask why having sexual intercourse only once can lead to HIV infection
  Explain that the experiment was a model of scenario where having sex many times can put one at **high** risk of getting HIV, and that sex with only one partner can be **risky**
- Ask, in reality, how many partners the participants have had/will have in their lives. Do they think they are at risk of HIV?
- Ask the participants how many glasses originally contained the virus. Provide the answer by dropping phenol (2-3 drops) into the glasses set aside at the beginning of the experiment. (Only one will test positive)
- Ask the participants whose fluid changed colour, what they would feel if this were the real blood test and they were found to be HIV-antibody positive. Point out the importance of adequate preparations for testing

Note:
HIV spread
Sexual history
Sexual networking
Testing
Counselling
Interrupting transmission

Clinical Stages of HIV Infection

HIV Status

i	Acute HIV infection	-	NEGATIVE TEST
ii	Seroconversion	-	POSITIVE
iii	Asymptomatic HIV infection	-	POSITIVE
iv	Full blown AIDS	-	POSITIVE

Note: The window period is the period between Stages I and II. It may last between 6 weeks and 6 months.

Factors affecting progression of disease

- Genetics
- Nutrition (diet)
- Occurrence of opportunistic infections
- Pregnancy
- Use of Anti-retrovirals drug. This prolongs survival
- Avoidance of drugs e.g. alcohol

6. Sexually Transmitted Illnesses + Video Silent Epidemic *(30 min)*

- Define STI/STD?
- Which STI's/STDs do you know?

STI Stands for Sexually Transmitted Infections. These are infections whose main mode of transmission is sexual contact.

Classification

(a) Those that cause discharge from the genitalia or pain/burning sensation when passing urine.
- Gonorrhea
- Chlamydia
- Trichomoniasis

(b) Those that cause sores or ulcers in the genitalia.
- Syphilis
- Chancroid

(c) Those that cause growths (projections) called warts.
- Human papilloma virus (HPV)

(d) Others
- HIV/AIDS – very important
- Hepatitis B

Relationship between HIV and STIs

- HIV is an incurable STI
- Other STIs highly increase the risk of getting HIV by 6 – 10 times
- It is difficult to treat STIs in an HIV infected person
- Both STIs and HIV infections are indicators of high risk sexual behaviour
- One can get infected with HIV and an STI at the same time of exposure.

Notes on STI treatment

- Seek early and prompt treatment of STIs
- Follow the 4Cs
  - Counselling to avoid further risk
  - Compliance to recommended treatment
  - Correct and consistent use of condoms
  - Contact tracing and treatment of partners.

7. Prevention of HIV Transmission

(a) **ABSTINENCE** and delayed onset of sexual activity.
(b) Be **MUTUALLY FAITHFUL** to one uninfected partner.
(c) **CORRECT** and **CONSISTENT** use of condoms.
(d) **DRUGS** – Treatment of STI. Prophylaxis against HIV infection in cases of rape and accidental inoculation.

Prevention of Mother to Child Transmission

- Use of anti-retroviral drugs
- Take medicine for opportunistic infections
- Proper ante-natal care
- Going for VCT at the earliest available opportunity (at best, before conception)
- Avoiding additional exposure to the virus during pregnancy
- Avoid breast feeding the child after delivery (on doctor's advice) i.e. using alternative milks vs exclusive breast feeding and then abrupt weaning.

8. Vulnerable Groups *(30 min)*

Vulnerable means at risk or susceptible. Vulnerable groups in HIV and AIDS are those at higher risk of getting infected with the human Immune deficiency virus.

Who are vulnerable to HIV and AIDS?

- Women and girls
- Children and orphans
- Marginalised groups e.g. homosexuals, the disabled etc
- Rape victims
- Migrant workers working away from home.

Why are women and young girls vulnerable?

- Women have an 8-10 times higher risk
- STDs increase risk due to wounds or mucosal inflammation allowing viral penetration
- Pregnancy
- Heavier workload, child bearing
- Poor diet
- Wife inheritance
- Polygamy
- Fear of stigmatisation – afraid to reveal what spouse died of
- Prostitution and sexual harassment.

General causes of vulnerability

- Fear, denial and stigmatisation
- Lack of information
- Lack of education
- Lack of human rights
- Poverty.

How to avoid vulnerability

- Give correct information
- VCT
- Discourage discrimination of HIV positive people
- Address poverty
- Education level improvement
- Gender sensitivity
- Care of orphans and children
- Human rights.

9. Anti-Retroviral Therapy (ARV) & Role of Nutrition *(45 min)*

Definition

ARVs are drugs that have been developed to fight HIV/AIDS by:

- Delaying the progression of HIV/AIDS
- Reducing the viral load burden in the body

Note: There is no cure for HIV/AIDS.

Benefits of taking ARVs

- To reduce plasma viral load levels.
- To reduce incidence of opportunistic infections.
- To boost immunity shown by increased CD4 cells.
- To reduce mother to child transmission.
- Prophylactic use in accidental innoculation.
- To increase the life span of people living with HIV/AIDS.

A. The commonly prescribed Anti-retrovirals are:

1. Zidovudine (AZT), Videx, Zerit
2. Stocrin, Viramune
3. Indinavir, Ritonavir, Saquinavir

B. The gold standard of antiretroviral therapy is
HAART (Highly Active Antiretroviral therapy)

C. What is HAART?
This is a combination of three or more antiretroviral drugs in the treatment of HIV infection.

The decision to start therapy should be made after considering:
- Patient's acceptance or readiness
- Probability of adherence/compliance
- Clinical state i.e. symptomatic HIV
- CD4 cell count <350mm3 (USA), <200mm3 (Kenya)
- Viral burden/load

The access to drugs in Kenya is increased due to:
(a) Reduced cost
  - Triple therapy (HAART) is now Kshs 500/= in Government of Kenya hospitals and Kshs 1,500/= (cheapest) in the private sector

(b) Increased availability in many centres:
  - Mission for essential drugs
  - Mission hospitals
  - Private hospitals
  - Government hospitals

(c) ARVs need to be initiated by people trained in treatment and monitoring them
(d) Compliance is very important to get desired results
(e) Recommended drug combinations keep changing according to need, development of resistance and tolerability

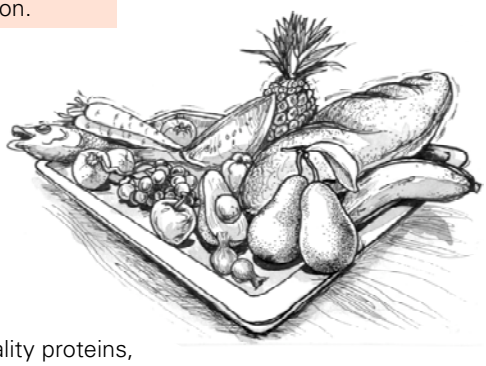
9. Nutrition and HIV/AIDS

Why do we eat?
Generally, we eat so that our bodies can:
- Develop, repair and replace cells, tissues and muscles
- Produce energy to keep us warm and enable us to move and work
- Develop resistance and protection against infections
- Fight and recover from sickness.

Importance of good nutrition in HIV
- It enables an infected person to cultivate healthy eating habits
- Helps an infected person to maintain good health and quality life
- It reinforces the effect of medications
- Nutrition education allows for "all time" food security.

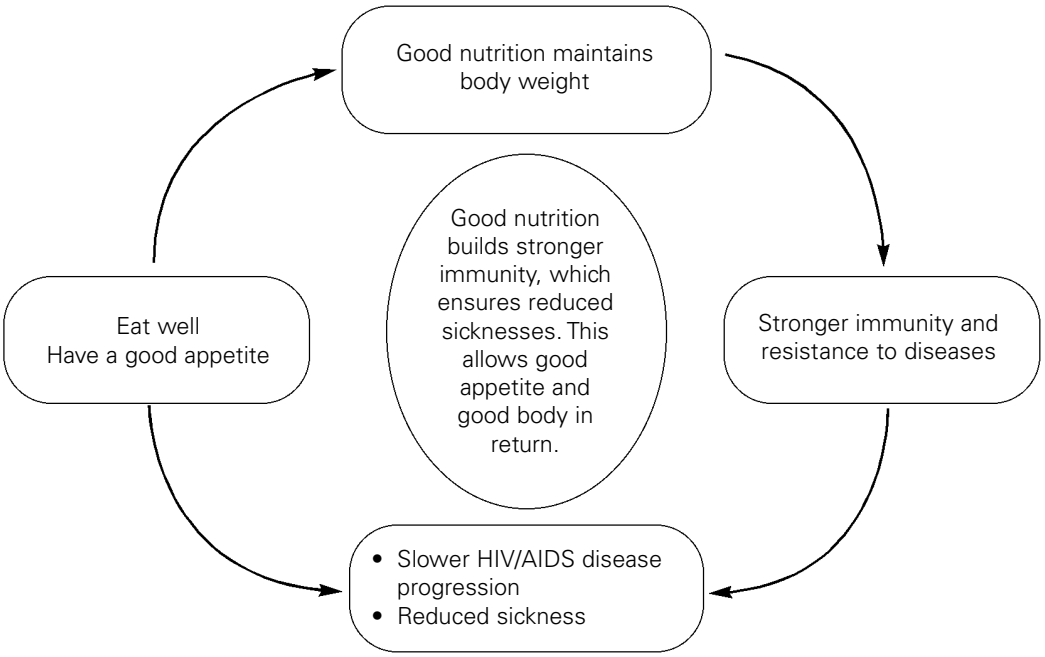
Note: Good nutritional status is important from the onset of HIV infection.

Food Variety



Enjoy a variety of foods in order to get adequate supply of all nutrients. They should include:
- Staple cereals with every meal e.g. rice, maize, irish potatoes, cassava, yams and banana. They supply energy and some proteins
- Legumes e.g. Soya, peas, beans, groundnuts, simsim. They provide proteins, vitamins, minerals, and fibre needed to develop and repair tissues as well as build muscle
- Dairy and animal products e.g. Eggs, fish, meat. They supply high quality proteins, vitamins and minerals which help to strengthen muscle and the immune system
- Vegetables and fruits e.g. Pumpkin, spinach, pepper. They help the body to fight infections
- Fats, oils and sugar are a good source of energy. They also help stimulate appetite
- Drink clean boiled water.

Figure 4. *Importance of Good Nutrition*



10. Positive Living with AIDS *(15 min)*

Definition

Positive living encompasses what one needs to do to stay healthy and longer when one is HIV positive.
In positive living, we advocate five basic/essentials:

- Believe in yourself that you can do it
- Learn all you can do
- Listen to your doctor/health care provider
- Lean on others
- Relieve stress, anger, or negative emotion.

Positive living encompasses

- Maintaining body weight through proper nutrition
- Maintaining personal hygiene
- Regular physical exercises
- Behaviour modification
  Practising responsible sexual behaviour
- Continuing with work
  (a). Important as a means of raising income
  (b). Continuing with social life
  (c). Avoiding alcohol, tobacco and addictive drugs
- Seeking medication and medical advice
- Regular counselling
  (a). To be able to share and explore your problems and situation
  (b). Helps to deal with day-to-day problems.

11. Video "Bushfire" Discussion Points

Objectives

At the end of this session, the participants should be able to discuss and perceive HIV/AIDS risky situations.

1. How do you compare characters of Nandi and Taabu?
   (a) What contributed to Taabu's poor performance at school?
   (b) Do you have such girls in your community?
   (c) How would you describe Nandi and Taabu's performance?
2. What do girls like Taabu need?
   (a) Emotional support
   (b) Guidance
   (c) Counselling
   (d) Spiritual support
   (e) Goal setting
3. How was Taabu influenced by the following characters?
   (a) Pastor
   (b) Teacher
   (c) Doctor
   (d) Matatu conductor
   (e) School boys
4. How was Nandi influenced by Taabu?
   (She pretended to be a friend)
5. What can we put in place as peer supporters to help girls like Taabu and Nandi?
6. What can we do to prevent situations like this happening? Discuss

9. Curriculum Overview
(Total time: 2 and 1/2 hours)

Training Materials *(Pre-prep)*

Flipcharts on:
- 3Ts and behaviour change ladder.
- Curriculum definition
- Syllabus
- Checklist
- Session Objectives
- Teaching techniques/approaches

Book references
- Facilitator handbook
- Selected readers on AIDS
- Lets talk about AIDS; Book 1, 2 & 3

Session Objectives *(2 min)*

At the end of the session, participants are expected to be:
- Conversant with the National goals of education in relation to HIV/AIDS Education.
- Familiar with the use of teaching resources available under the PSABH programme.
- Able to identify relevant and quality teaching and learning activities that support behaviour change.
- Able to apply behaviour change teaching approaches and methodologies.

CONTENT AND PROCESS

1. HIV and AIDS Education *(10 min)*

(a) Describe 'curriculum'
What is a curriculum?
All that is planned to enable learners acquire and develop desired knowledge, skills and attitudes.

(b) What is a syllabus?
(Interactive discussion with the syllabus)
It is the breakdown of the curriculum into teachable units/topics for a given period with specific objectives.

(c) What is HIV and AIDS Education? (Ref: pg vii, AIDS Education Syllabus by KIE introduction paragraph) – Discuss

(d) AIDS Education consists of knowledge, skills and attitudes meant to assist the learners to develop and adopt behaviour that prevent them from being infected with HIV. It will also equip them with the necessary skills to pass on AIDS information to others. This will help them prevent HIV infection and control the spread of AIDS.

(e) The major purpose of AIDS Education is behaviour development and change that is appropriate to the youth's stage of development that will help in HIV/AIDS prevention and control.

2. General Objectives of HIV and AIDS Education *(10 min)*

The learner should be able to:
- Acquire necessary knowledge, skills about HIV/AIDS, STIs.
- Appreciate facts and issues related to HIV/AIDS and STIs.
- Develop life skills that will lead to AIDS and STIs free life.
- Identify appropriate sources of information on HIV/AIDS related issues.
- Make decisions about personal and social behaviour that reduce risk of HIV and STIs infection.

- Show compassion towards and concern for those infected and affected by HIV/AIDS.
- To be actively involved in school and out of school activities aimed at prevention and control of HIV and STI's infections.
- Communicate effectively with peers and others, issues and concerns related to HIV/AIDS and STIs.

3. National Goals of Education Related to HIV/AIDS *(15 min)*

- How many National goals of education do we have in Kenya?
- Discuss goals of education that are related to HIV/AIDS Education as follows: (2a, 3, 4, 5, 6 & 8).

2 (a) Social Needs

Education in Kenya must prepare children for the **changes** in **attitudes** and **relationships** which are necessary for the smooth process of a rapidly developing modern economy. There is bound to be a **silent social revolution** following in the wake of rapid **modernisation.** Education should assist our youth to **adapt** to this **change.**

3. Promote individual development and self-fulfillment

Education should provide opportunities for the fullest **development** of individual talents and **personality.** It should help children to develop their potential interests and abilities. A vital aspect of individual development is character building.

4. Promote sound moral and religious values

Education should provide for the development of **Knowledge, Skills** and **Attitudes** that will enhance acquisition of **sound moral values** and help children to grow up into self disciplined, self reliant and **integrated** citizens.

6. Promote respect for and development of Kenya's rich and varied cultures

Education should instill in the youth of Kenya an understanding of **Past** and **Present** cultures and their valid place in **contemporary society**. The children should be able to **blend** the **best** of **traditional values** with the changed requirements that must follow rapid development inorder to build a stable and modern society.

8. Promote positive attitudes towards good health and environmental protection

Education should inculcate in the youth the **value** for **good health** inorder to **avoid indulging** in **activities** that will lead to physical or **mental ill** health. It should foster **positive attitudes** towards environmental development and conservation. It should lead the youth to appreciate the need for a healthy environment.

4. Resources to Support the Teaching of HIV and AIDS Education *(10 min)*

- What books are available?
- What do they contain?
- How can they be used? (Relate to the syllabus and discuss use of readers)
- Primary syllabus
- HIV and AIDS syllabus by KIE
- Lets talk about AIDS 1,2,3 by KIE
- Facilitators Handbook KIE
- Readers (select)
- HIV/AIDS handbook for the youth by focus

5. Implementation of HIV/AIDS Education *(40 min)*

It is important to note that AIDS Education is a value-laden subject, which requires value clarification.
Note for the facilitator: This is a class activity, using interactive discussion, explain the following examples.

Example 1: The condom message as a prevention message.

Explain: The importance of correct, and factual message about the condom.

- The condom can reduce the risk of getting STI, HIV and pregnancy and it is 98% safe when used correctly and consistently.
- This is a factual message that is at the teaching level of transmission.
- Knowledge alone does not change behaviour.
- The young person requires to be guided on what to do with the information at this level.
- The teacher needs to go further to clarify the dangers of early and/or casual sex in the context of healthy living and living values.
- The benefits of waiting until marriage.
- The religious, cultural and social values tied to virginity.
- The learner needs to know of the dangers of contracting STIs and HIV.
- Information on treatment of STI and that HIV has no cure.

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Example 2: Abstinence

Explain: Abstinence as a prevention message is not enough

- The message of abstinence "telling youth to abstain or say no to sex" is not enough.
- The youth should be guided on ways to achieve abstinence.
- All these can be dealt with, at different parts of curriculum implementation in normal school teaching/learning.
- The youth will require support on any message advocated.
- In abstinence, they need guidance on how to manage their sexual energy.
- Gaining self-esteem and sustaining self-control in all matters, including sex, are best developed early in life.
- Thematic games and sports is a very effective way to develop self esteem, teamwork and support for common goals

Some issues and topics contained in AIDS Education are sensitive and the values attached are deeply rooted.

Example 3: Circumcision (in the rites of passage) is often taken very seriously by the community and the young person.

Explain: There is much more in circumcision relating to the rite of passage.

- The approach used in teaching must bear in mind the feelings and background of the learner.
- Any user of the AIDS Education material should aim at making the learner feel at ease as well as discussing and reflecting critically on the issue.

Example 4: Language and response to young people's questions.
Explain:
- Language use on sexuality references should be well selected.
- The teacher's response to the young person's questions and problems should be delivered with sensitivity.
- Creating an enabling environment for youth to discuss issues that relate to sexuality and offering constant support as regards their health.

6. Messages need to respond to the behaviour change process and be selected to take the learner through Transmission, Transaction and Transformation. (expound – use handout, page 69). The achievement of teaching requires that teachers prepare records such as schemes of work and lesson notes *(20 mins)*

(a) These records need to have details such as:
- Sensitivity of the subject.
- Value involved.
- Skill development.
- Feelings, experiences and background of the learner.
- Learner involvement.
- Teacher's perception and opinions.
- Subject clarification.

7. Approaches suggested by the Ministry of Education *(15 mins)*

- An integrated syllabus Vol 1 & II is provided in primary schools in Kenya
- Teachers' schemes of work and lesson notes.
- Promotion of practical aspects such as School Health Club, Question box, Information corner.
- The achievement of teaching requires that teachers prepare records, such as schemes of work, lesson notes etc. These need to have details such as:
  - Sensitivity of the subject
  - Value involved
  - Skill development
  - Feelings, experiences and background of the learner
  - Learner involvement
  - Teacher's perception and opinions.
  - Subjects clarification as carrier thus containing AIDS content/non-carrier or communication subjects.
- The content of the syllabus needs to be well understood and planned for in the teaching and learning activities.

8. Teaching Techniques *(50 mins)*

Brain storm: what are the suitable teaching technique that you have used?

Note for the facilitator: Organise the class into groups for these activities

- In what subjects can each of the outlined methods listed below be effectively applied?

- Case study
- Story telling
- Discussion
- Singing
- Debates
- Projects
- Games
- Dramatisation (role play)
- Use of media

Reference Materials

- Facilitator's Handbook
  - Pg 6 - Case Study (Taila and Greg)
  - Pg 12 - Debate (Polygamy promotes increase of HIV/AIDS infection)
  - Pg 64 - Role Play (Example 1: Jane and John)

- Pg 76 - Discussion (Consequences of irresponsible sexual behaviour)
- Pg 69 - Games (If someone says ….. you say)

- Let's Talk About AIDS; Bk for Class 1, 2 & 3 Pg 45 – Song (Do all the good you can)
- Let's Talk About AIDS, Bk for Class 4 & 5 Pg 39 – Poem (Fighting a dangerous monster)

9. Class Activity *(10 mins)*

Brainstorm - (Your best friend is HIV positive. What do you advise them to do?)

Summary *(8 mins)*

- HIV/AIDS is a core component in relation to the National Goals of Education.
- HIV/AIDS Education is value laden thus requiring value clarification.
- The teaching approaches/techniques and materials should be well selected.

10. Emerging Issues
(Total time: 2 hours)

Training Materials *(Pre-prep)*

Flipchart with three columns, *(See the sample next page)*

Session Objectives *(2 min)*

At the end of the session, the participants should be able to:

- Identify emerging issues in relation to HIV and AIDS
- Strategise a positive way forward

CONTENT AND PROCESS

We talk of people being "infected" and "affected" by HIV. Check if everyone is familiar with these terms. In this session, we will look at the ways in which we are affected by HIV and AIDS.

Activity 1 *(Personal reflection exercise -13 min)*

Participants will be asked to:

- Write down one way in which they have been affected by HIV and AIDS
  - In their homes
  - At work

(*This is a personal exercise not to be shared, but to set the climate*).

Activity 2 *(Brainstorming - 10 min)*

Brainstorm on some of the issues that relate to issues that are developing around us as a result of the spread of HIV and AIDS (*prompt for an example e.g. Increase of orphans and child labour*).

Activity 3 *(In Group work – 30 min)*

- Some groups will work on issues emerging from inside the school e.g. Unfinished assignments
- The other group will work on issues emerging from outside the school e.g. Dropout rate, increased / orphans increases.

  Feedback

Activity 4 *(In Group work - 30 min)*

- Facilitators debrief the participants on the activity using the table and ask each group to identify three key emerging issues from Activity three and for each issue, stating the opinions/views of:
  - The cultural group (i.e. What the majority of people at home think)
  - Informed individuals (i.e. What the participants, who have now received several days' training, think)

  Feedback

Activity 5 *(In Group work - 30 min)*

- Each group to take one key issue from activity four and develop strategies to influence and change the view of the cultural group. Feedback

Summary *(5 min)*

Everything in the session has come from the participants. The challenge now is for them to make these strategies real, by including them in the SDP and action plans.

Note for the facilitator: Emerging issues and strategies from Course A form part of the course report. These are samples for facilitators' own information and reference.

	ISSUE	CULTURAL GROUP	INFORMED INDIVIDUAL
1.	Absenteeism	Stigma, Separation	HIV doesn't spread through social contact. Children need support and tolerance
2.	Mean Score	Non-performers should be left out	Treat children as individuals, give remedial teaching
3.	Sickness	There is no hope once someone is sick from HIV	We can live for a long time with the HIV virus with support and healthy practices
4.	Burial ceremonies	Close schools to support families	Children must be in school, involve adults only
5.	Withdrawals	It is not going to affect us. Not a social issue	Give guidance
6.	Hunger	Non-committed	There should be a feeding programme
7.	Language for sexuality	There should be openness, being modern	More guidance is needed
8.	Indiscipline	Pupils are adults	These pupils need counselling/guidance and regular meetings
9.	Drugs	Spoilt generation	Know it is a risky behaviour, but no one is taking responsibility
10.	Homosexuality	Foreign culture	Young people need guidance

Samples and strategies that can be put in place to respond to the emerging issues

1 Sickness (*Teachers and pupils*)

- Mobilize operational guidance and counselling
- Create awareness to teachers, pupils and community
- Mobilize health workers and social workers
- Principal stakeholder to form support structure (*repair/revise existing structures*)
- Set up working committees at zonal level to cater for sickness and the costs of health support
- Provide first aid kits at school.

2. Hunger

- Form income generating activities
- Start feeding programmes at school (*contact supermarkets or markets*).

3. Drug Abuse

- Mobilize community in awareness programmes
- Organise campaigns and rallies
- Involve lawmakers and law enforcers
- Involve bureau of standards.

	ISSUE	CULTURAL GROUP	INFORMED INDIVIDUAL
1.	Street Children	Should be settled and be given education/food/health services	Should be cared for
2.	Poverty	Government responsibility	Over burdened caring for immediate family and family orphans
3.	Child labour	It creates employment (Knows it is wrong but still practices it)	Knows it is wrong and avoids personal involvement
4.	Media	Complaining silently	Knows that its use should be controlled by the individual

Samples of strategies that can be put in place to respond to the emerging issues

1. Street children

- Liaise with other concerned parties (church, provincial administration, NGOs) to identify the needs of children, especially in relation to education
- Continue taking action on identified needs at zonal level

2. Poverty

- Form support groups to create income generating activities
- Form welfare groups involving the HT to start school feeding programmes
- Solicit funding from NGOs and others to eradicate poverty

3. Media

- Enlist support from and create forums with other leaders (ZOPA, church, politicians, provincial administration) to educate the public, including the school committees and PAs