16. ADOLESCENT HEALTH: AVOIDING RISK

(Total time: 2 hours)

Training Materials *(Pre-prep)*

- **Flipcharts**
- **Felt pens**
- **Handouts: Youth and AIDS**

Session Objectives

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

- Discuss sexuality, fertility management and practice with young people.
- Create sustainable and supportive environment through strategies that have a moral demand on adults and youth alike.

CONTENT AND PROCESS

STAGE	CONTENT	REF.	PROCESS	TIME	FACILITATOR
One	Session objectives		Use the flipcharts to read through the objectives	2 mins	
Two	Introduction	Course A Teachers notes Pg. 78-80	Recap (Brainstorm) on course 'A' work on Adolescent Health and Sexuality (a) Self awareness (Knowing self) (b) Managing sexual energy	10 mins	
Three	Youth and HIV/AIDS 'research'	Refer to Research Finding notes	Go through the current research findings	20 mins	
Four	Adolescent and environment	Pg. 91 -92	• In groups, discuss and list situations that lead the young people to risky behaviour of spreading HIV/AIDS.	10 mins	
			• Discuss why young women are at higher risk of contracting HIV/AIDS.	10 mins	
			• Report back.	10 mins	
			• Harmonise with notes on Pg. 19	10 mins	
Five	Strategies	Pg. 92-93	• Discuss in groups strategies to promote an enabling environment.	15 mins	
			• Highlight key points from the teaching notes.	10 mins	
Six	Needs and interest of the youth	Pg. 94-95	• In groups, discuss the needs and interests of the youth.	10 mins	
			• Highlight key points from the teaching notes.	10 mins	
Summary			Stress on key points	3 mins	

Youth and HIV/AIDS

Can we avoid catastrophe?

Today's young people are the AIDS generation. They have never known a world without HIV. Millions already have died. Yet the HIV/AIDS epidemic among youth remains largely invisible to adults and to young people themselves. Stopping HIV/AIDS requires comprehensive strategies that focus on youth.

Of the over 60 million people who have been infected with HIV in the past 20 years, about half became infected between the ages of 15 and 24. Today, nearly 12 million young people are living with HIV/AIDS. Young women are several times more likely than young men to be infected with HIV. In nearly 20 African countries, 5% or more of women aged 15 to 24 are infected. Such statistics underscore the urgent need to address HIV/AIDS among youth.

Why So Vulnerable?

Physical, psychological, and social attributes of adolescence make young people particularly vulnerable to HIV and other sexually transmitted infections (STIs). Adolescents often are not able to comprehend fully the extent of their exposure to risk. Societies often compound young people's risk by making it difficult for them to learn about HIV/AIDS and reproductive health. Moreover, many youth are socially inexperienced and dependent on others. Peer pressure easily influences them often in ways that can increase their risk.

AIDS and Education

Important components of AIDS education programme for youth include addressing peer pressure and norms that encourage risky behavior. Changing young people's risk-taking behaviour requires going beyond providing information to help them acquire the ability to refuse sex partners.

Researchers have identified the following key elements of HIV/AIDS education programmes:
- Focusing on reducing specific risky, sexual behaviour
- Using theoretical approaches to behaviour change that have proved successful for programme development
- Having clear messages about sexual activity
- Providing accurate basic information about risk of adolescents' sexual activity and about methods of avoiding intercourse
- Dealing with peer pressure and other social pressure on young people to be sexually active
- Providing modeling and practice of communication negotiation and refusal skills
- Using a variety of teaching methods that involve participants and help personalise information
- Using teaching methods and material appropriate to student age sexual experience, and culture
- Selecting as teachers people who believe in the programme and then training them to be effective.

Peer Education

Many strategies for youth now make peer education a key approach. Perhaps the most important goal of peer education is to establish standards for acceptable behaviour change.

Most young people find trained peer educators credible because they communicate well with other youth and set believable examples of behaviour. Peers can also help other young people acquire such skills as sexual negotiation and assertiveness.

Adolescents and their Environment

- For young people, the most obvious obstacle to their sexual and reproductive health is simply lack of accurate information
- In sub--Sahara Africa however, sex is generally considered a taboo subject for discussion within society and especially within the family
- Mass media and entertainment industries present sexual images in ways that are degrading (especially to women) and often convey factually incorrect information about sex
- In the absence of accurate information about sexuality and reproduction, many young people rely mainly on information and advice from one another often with disastrous consequences
- Parental attitudes and behaviour constitute another factor, which can pose a threat to young people's sexual and reproductive issues. Parents often admonish their children to live moral lives and preach the value of virginity, especially for girls. Yet many parents (especially fathers) fail to set positive examples for their children in their own gender attitudes and sexual behaviour.

- The failure of government, international agencies and financial institutions to provide young people with employment is another external factor, which increases their vulnerability to HIV
- Many young men and women are unable to find regular jobs and lack clear direction in life. They seek excitement and pleasure through alcohol, drugs and casual sex
- When the future seems to hold little or no hope, the risk of contracting AIDS through pleasurable sexual activity hardly seems important
- Another external factor that increases vulnerability of young people to HIV is lack of access to health services, especially to the treatment for STDs. It is now well known that the presence of an STD greatly increases the chances of a person transmitting or being infected by HIV.

Young Women at Risk

- Girls and young women in Sub-Sahara Africa are at even higher risk of contracting HIV and other STDs than their male counterparts (in Tanzania for example, researches found that 17% of young women aged between 15 and 24 in Mwanza town were HIV positive, compared with only 5% of their male counterparts
- This is not because more young women are involved in higher risk sexual behavior than young men.
- Surveys in some African countries have found that unmarried teenage women are in fact less likely, than their male counterparts, to be sexually active
- The higher level of HIV infection among women is   due to a combination of factors which to a large extent are beyond their own control. Women are much more likely to become infected with HIV. They have much larger genital surface area than men. The female genital tract retains semen for considerable period of time
- In addition, in some countries of Sub-Saharan Africa, women introduce drying or tightening agents into the vagina in order to increase male sexual pleasure. This custom increases the risk of abrasions during sex, which in turn heightens female vulnerability to HIV infection
- For societal reasons as well, young women are more likely to be exposed to HIV than older women. Traditionally, women tend to have older men as their sexual partners
- With the spread of HIV epidemic, many African men are seeking even younger women and girls for casual sex in the belief that this will reduce their own chances of contracting HIV.

Resisting Peer Pressure

Peer pressure is the pressure we often feel from our friends and from our agemates to do things that we don't approve of or that we don't really want to do.

Point out to the group that there are different ways of saying "no" and that how we say "no" can make a lot of difference to what happens.

(Demonstrate two ways: aggressive and passive)

Emphasise the importance of body language in this and point out that our body language may sometimes control our words. Show the importance of body language (demonstrate two ways of coming into a room aggressively and passively without saying anything).

Ask participants to observe for the first storm in, slamming the door, glaring around taking up more than your own share of space etc.

For the second, knock timidly. Enter quietly, closing the door softly. Tip-toe to your seat, with eyes down-cast, taking up as little space as possible, looking timidly around etc. (*Ask for comments on what participants have noticed*).

Point out that it is essential to find another way of saying "no" when you need to, a way that is neither aggressive nor passive. Show that there is a middle way, that can be expressed even in our body language by going back to the part of exercise in which different ways of coming into a room were demonstrated. Remind them of the aggressive and passive way and then demonstrate an assertive way. (Knock quietly but firmly, enter confidently but not disruptively, look around openly, take your place without shrinking away or taking over. Meeting people's eyes say that your word for this is assertive.

Definition

Passive: 'Giving up one's rights or position and going along with the position of someone else.'

Example

You are with some friends and one of your friends says let's go and steal some beer from the store. You don't agree with him, but you go along anyway.

Aggressive: 'Demanding one's right or position at the expense of others.'

Example

You are with some friends and you decide you want to go to a local store and steal some beer. Your friends do not think this is a good idea but you keep pestering them and calling them chicken, until finally some of them agree to go.

Assertive: 'Claiming and maintaining one's rights and or position without compromising the rights of others.'

Example

You are with some friends and one of your friends says let's go and steal some beer from store, you don't agree with them... you do not plan to go along with them... they can do what they wish, but you will not go with them.

Tips about Assertive Behaviour

1. Be clear on what you want, where you stand as regard doing whatever is in question.
2. Look for time, if you need it, to find out what you want. (You do not have to be rushed into hasty decision).
3. Say it and say it clearly. Say it concretely. (if you are saying "no" be sure you use the word "no" sometimes we think we are saying "no" but no clear message is given).
4. Repeat it if necessary: it may take time for the other person to hear.
5. Communicate what you are feeling if this seems relevant. (If you are feeling guilt or pressurized, etc, it can help communication and help the relationship to let the other person know how you are feeling).
6. Listen to, and acknowledge the other person's needs and wants. (This may involve some compromise, but there are also times when you need to stick to your principles or what you need for yourself. It is important to recognise both the other person and yourself as persons of respect and having specific needs. There are times when you should compromise or negotiate in order to find a way in which both people are satisfied. On the other hand, where you believe the behaviour in question is wrong, compromise is not to be condoned.
7. Do not get tangled in distractions (often we can get diverted from a simple request by response which brings in irrelevant logic or argumentative bait) e.g. you want to return defective goods you have bought. The shop assistant tells you "no one else complained" or "these never broke before" and so on. Don't get hooked into irrelevant argument or allow yourself to be distracted from the real issue.
8. Find a way of closing the issue when it is right. (Having said "no" or whatever you need to say, make it clear that the issue is closed rather than giving the message that you are waiting for a new round of persuasion. You will need, of course, to find a balance between this and cutting the other person off without hearing him/her).

Adolescence

Adolescence is a special group. They are at a stage of starting sexual activities and can be guided into safe practices. They should be encouraged to delay sexual debut and Practice abstinence. Those already engaging in sexual intercourse should be educated on how to discontinue sexual activities and engage in less risky practices.

Adolescent girls are more vulnerable, biologically and socially, to HIV transmission. The considerably higher rates of HIV infection in young women should alert counselors to special circumstances and needs of young girls. The particular vulnerability of the girl child involved in commercial sex work should be considered by the VCT Counselor.

Youth Problems

Youth problems may originate from:

- Home and educational environment which fail to provide adequate moral, religious/spiritual, cultural and human values, giving rise to misguided, scandalized and unprincipled moral values.
- School and administrative system, which fail to educate the total person, emphasising academic skills and ignoring formation values e.g. justice, hard work, respect etc
- Economic problems of unemployment, inflation, discrimination, poverty etc. (is not always negative) frustrate the youth and lead them to crime, anger, black marketing, shame, isolation, vagrancy etc
- Crises and conflict in the youth themselves cause tension especially between
  - Modernity and traditionalism (we are members of both old tradition and the modern)
  - Oneself and others. Conflict about their growth, parents, priest and teachers
- Society and its institutions in general have little concern for youth activities
- Old mentalities (children should be seen not heard)
- No organized youth activities
- No effective support for activities the youth organise for themselves. (We have to be involved and support their own activities and be careful with how far we can go)
- The youth have developed a life-style based on naiveté (immature) easy and permissive life. This has led to irresponsibility, selfishness etc
- Urbanisation has created an environment of poor morality where many youth lose the good values they may have acquired at home and school
- Lack of continuous religious spiritual education has brought about crisis of faith and religion (children have to utilise their faith. It has to be my faith and not my parents' faith)
- Some youth have abandoned faith, as they do not see its meaning or relevance in their daily lives
- Introduce the children in the family activities. Let them know the activities you are involved in and about how much money you need to do them
- Communication is very important. inform them when they go out so that you have nothing to worry
- We have to form our youth all around as total people (spiritually/religious)
- Until the parents get involved and are equipped with the skills to educate the children we shall not have total person.

Needs and Interests of the Youth

Needs and interests of the youth keep on changing as they develop and mature. Some of the needs and interests are:

1. Recognition

- At puberty the youth discover that they are different i.e. they have their own identity from that of their parents. They are individuals
- They crave for this recognition
- They need affection, respect, interest and understanding due to them as individuals
- Development of their self-esteem, and self-confidence depends on how each one of them is recognised, respected and appreciated
- We must recognise the youths' needs and we must change them (we must grow with them).

2. Sense of belonging

- They feel great need of being taken as an important person, in the family, in the school, in the church community etc
- They want an assurance that their presence or absence makes a difference
- Once they are assured that they 'belong'; they participate willingly and generously (*Guide them slowly and let them feel they are part of the family, their role in family must be recognised, eg "when you were away we missed your contribution"*).

3. Independence

- There is need for the youth to make decisions for themselves without control or judgement from the adults
- This comes as a process of growing to maturity
- There is need for careful guidance so that eventually they are able to make mature and independent decisions.

4. New experiences and adventures

- This is expressed in acquisition of new friends, new interests, wanting to go to places etc. Confront them to make choices of their own. (But guide them)
- Help them in these experiences and adventures.

5. Privacy and private ownership

- The youth have great need for privacy e.g. a room to oneself. (girls alone / boys alone)
- They want to be left alone to do personal things
- They have an urge to own things - responsibility and accountability
- Recognise and grant where applicable. Train on responsibility
- Look at the positive aspects of the individual child and capitalise on that (so that she can feel needed)
- Freedom and decision. They must take responsibility. Let them get in messes and out of them by themselves
- Guide them to make independent decisions.

6. Sympathetic understanding

- In search for independence, the youth may experience loneliness, insecurity, anxiety and sense of uncertainty
- They crave for sympathetic understanding and support
- When given by adults, there should be minimum fuss as this can easily put them off.

7. Discovery of oneself

- The youth go through self-transformation in their personality
- A new realisation is emerging and they get confused before they get used
- They need understanding and loving guidance. They are in fact looking for a role model in the adult world
- This new ego makes the youth feel a need to exert themselves.

8. Need for friendship

- The youth develops interest in the opposite sex
- Friends of both sexes mean a lot to the youth
- They need to know how to have friends of both sexes without getting into anything major.

9. Reading

- They develop a great scope of reading, especially novels and magazines
- There is need for guidance in selecting positive reading materials.

10. Films, dances, videos etc

- The youth need to be educated on the choice of what they see
- It is possible to organise activities that can train them on these e.g. at home, in school, and at church (under supervision yet not interfering)
- Saying "no" to any of their activities must be explained.

17. COMMUNICATION APPROACHES AT SCHOOL
(Total time: 2 hours)

Training Materials *(Pre-prep)*

Handouts:
- Keys of Good Communication
- Running a Good Information Corner, Question Box and School Health Club
- Roles and Objectives of Health Club
- Information Corner

Flipcharts on:
- Good Communication
- Information Corner, Question Box and School Health Club

Book Reference:
- Let's Talk about AIDS, Facilitator's Handbook page 53

Session Objectives *(5 min)*

At the end of the session the participants will be able to:
- Identify various communication approaches that can be used for AIDS education in schools
- To encourage appropriate use of features of a responsive school

CONTENT AND PROCESS

Effective Communication *(30 min)*
What is communication? *(Brainstorm 5 min)*
(Message, Sender, Receiver, Channel, Effect, Feedback (Refer to Pg 53 Facilitator's Handbook - read from the book) Message passed between sender and receiver. Some feedback. A channel (*written information; verbal information; gestures; signs; symbols*.) Practical elements.

Talking about communication involved in passing messages about HIV. 96% awareness, but AIDS continues to spread. Messages are being sent but are not necessarily received. These practical things are essential, but other features or qualities are necessary.

What is effective communication?
a) Relate the 7 Cs of effective communication to the 10 keys to effective communication for prevention of AIDS. Note that the 10 keys are for reinforcing the 7 Cs.

Command attention
Clarify message
Communicate a benefit
Consistency counts
Create trust
Cater for the head and the heart
Call for action

What are the Barriers to Effective Communication? *(Internal/external)*.
Enlist information from your participants (e.g. age difference, distractions like noise, mixed roles in one person)

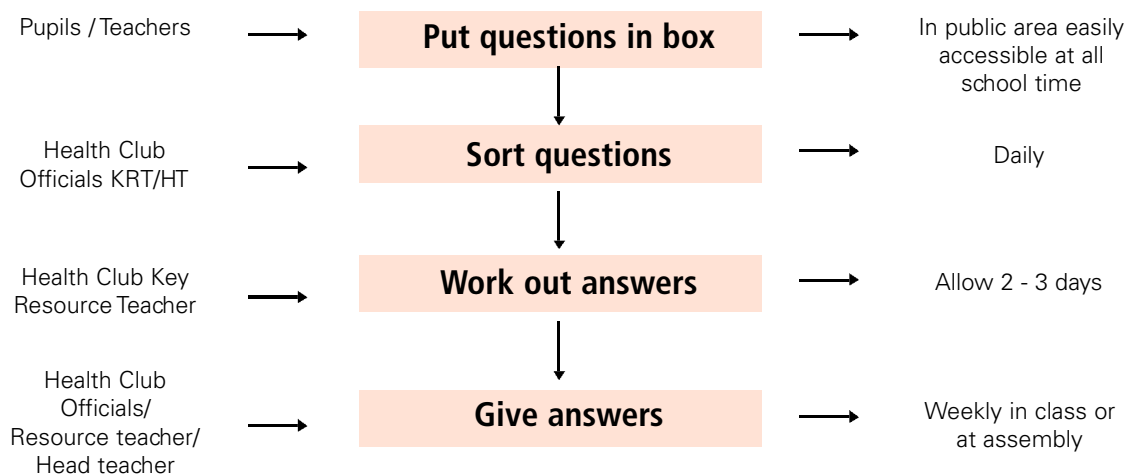#### Communication methods in schools
In relation to behaviour change, what are the features of a good communication?: *(10 min)*

How to use the question box system *(25 min)*

Pupils / Teachers →	**Put questions in box**	→ In public area easily accessible at all school time
Health Club Officials KRT/HT →	**Sort questions**	→ Daily
Health Club Key Resource Teacher →	**Work out answers**	→ Allow 2 - 3 days
Health Club Officials/ Resource teacher/ Head teacher →	**Give answers**	→ Weekly in class or at assembly

Sample Format for Trainers:

ACTIVITY	CURRENT SITUATION	DESIRED CHANGE
1. Performance for Parents	Parents are not responsive – songs, drama etc are treated as mere entertainment activities	The messages in the shows/ performances like songs/drama should be explained in detail before and after the presentations. Parents to take a lead as role models
2. Assembly	Used for administration instructions; flag raising; punishment and prayers. Very little behaviour change messages are passed	Specific behaviour change messages on risky situations; activities of SHC and Question Box be addressed. Special assembly for behaviour change messages be set aside
3. Class Teacher Time	Used for calling register, and discipline. Teachers are shy about discussing other issues	Guidance and counselling be intensified. BC messages be passed and discussed

Summary *(5 min)*

Effective communication approaches encouraged by PSABH Programme are:
- Question box
- Information corner
- School health club
- Quality collaborative approach in activities
- Assembly
- School performances that correspond to the three Ts
- Class teacher involvement in behaviour change.

Communication

Communication is the process of exchanging ideas and information among people.

The Communication process

- Sender
- Receiver
- Channel
- Feedback

A good message will follow the 7 Cs of effective communication

- **Command attention.**
  Statements that are interesting claim people's attention. Sometimes questions that make them think can be used. People do not give attention to things they have heard many times, like 'AIDS is a pandemic and there is no cure'
- **Clarify message**
  It is important to speak or write in a way that people can understand. Unusual or difficult words need to be explained. Don't just assume that people have understood – give enough detail to make sure they have got the whole message
- **Communicate a benefit**
  As you talk or write, show people how the information you are giving can help them and how they can use the new knowledge to their advantage

- **Consistency Counts**

  When people hear or read things that contradict what they have otherwise been told, they start to doubt what is true. It is important not to confuse people by being inconsistent
- **Create trust**

  If your audience is to take notice of your message, they must have trust that you are a reliable source of information. It is important to have all your facts correct and not to pass inaccurate pieces of information so that they can trust you
- **Cater for the head and the heart**

  Your messages need to address people's emotional response (heart) as well as what they think (head). You can use your own experiences to understand how people feel, perhaps the feelings that stop them from changing their behaviour. Even if someone knows something is good for them, they may still fear change
- **Call for action**

  End your message with a clear statement of what you want your audience to do – be faithful to their marriage partners, talk to their children, be responsible role models etc

External barriers must also be overcome: (e.g. noise, age difference, mixed roles in one person etc).

The Role of the Communicator

- Find ways to encourage AIDS prevention as part of daily life
- Raise public consciousness so that people think about AIDS prevention as an issue for their neighbours and for society
- Raise individual consciousness so that people think about AIDS
- Address prevention as an issue that has impact on their personal behaviour

An effective communication programme must also be concerned with feelings, incentives, obstacles, and the ways this can be manipulated through messages to help people

Ten Keys to Effective Communication for AIDS Prevention

Whatever strategy is chosen, it is important in effective communication to:

1. *Define the persons practising high risk behaviour*

   These persons are the audience for your messages. Depending on the particular strategies you select, your audience could be one or all of the following: the sexually active population, school children, or persons practising high risk behaviours. However, each separate target group will require completely different communication approaches. Segmenting your audience before you begin will help to ensure that your messages and strategies will affect those you are trying to help.

2. *Determine the existing levels of knowledge, attitude, and types of high-risk behaviours within your target groups.*
   - Understand what correct information they already have and how they behave.

3. *Specifically define what behaviours must be changed.*
   - What information needs to be changed, and what attitudes require changing, in order for people to protect themselves? This is the crucial step of strategy development.

4. *Determine the relative benefits of each behaviour.*
   - Which behaviours are currently practiced as compared to those you will be promoting? View this as though they were products competing for the individual's attention.

5. *Select the benefits of the correct behaviour.*

   Which benefits are most competitive in the minds of those most at risk? This step requires an in-depth understanding of what motivates your target audience. Is your audience most concerned about:
   - Protecting themselves
   - Protecting their children
   - Protecting their families

6. *Craft messages and appeals that highlight specific benefits.*
   - Make sure that there is consistency across all of your messages and materials.

7. *Pretest messages and appeals that highlight specific benefits.*
   - Try to learn whether the members of your audience understand, believe, and are motivated by the messages.
   - Do the visual images in the materials support the words?
   - Do the images represent people, places, or products with which the audience is familiar?
   - How can the messages be changed to improve the likelihood that they will influence behaviour change?

8. *Select channels that most persuasively reach the audiences at risk.*
   - How can school children and your audience (parents) complement each other for better sources of information, to benefit both and have a larger impact?

9. *Organise the effective delivery of the messages through the selected channels.*
   - What is the "language" of your target audience?

10. *Monitor delivery for mistakes and unexpected changes in the audience.*
    - Are drawings, illustrations giving the correct information and are they displayed?
    - Are teachers giving the right directions to their pupils? Are the pupils interpreting the messages correctly?
    - Have your audience members reached a point of saturation with information? Do they feel unable to perform the behaviours you are promoting?

> **Note:** Communication is flexible and fluid; it can change, grow, develop, and continue to influence throughout this process. The challenge is to utilise limited resources in a way which informs, motivates, and sustains the behaviours that are most crucial to AIDS prevention programmes.

A successful prevention includes three principles:
• Put the audience first
• Target the behaviour to be changed
• Integrate diverse strategies.

The challenge for us now is to move to beyond denial, beyond information, toward more targeted and integrated programmes of prevention. Using communication as a means to understand, reach and influence the youth and the society.

Running a School Health Club

What is a school health club?

A unit set in the school to promote health aspects of pupils and school community in general. This club can be introduced so that it runs along with other clubs that are in existence. Health is the sum total of physical, mental and social being of a person.

1. Physical health

In the club, the pupils will engage in activities that promote physical health. For instance, in music they can participate in creation and performance of a dance accompanied by a song.

2. Social health

The pupils engage in activities that promote social aspects of health e.g., participating in debates, drama, and music, which one does jointly.

3. Mental health

Pupils will engage in activities that promote emotional and psychological aspects of health e.g. guidance and counselling of pupil to pupil, teacher to pupil. They can also form peer groups for the purpose of peer education.

4. Spiritual health

Engage in activities that promote spiritual aspect of health e.g. invitation of guest speakers like preachers, pastors etc.

Guidance for Goal Setting *(Further Reading)*

Roles/Objectives of the School Health Club

1. To promote the following among club members and the wider school community:
   • Personal responsibility for one's health
   • Accurate knowledge of HIV/AIDS, its transmission and effects
   • Responsible sexual behaviour to avoid infection (including changes in high-risk behaviour).

2. To organise health related activities e.g:
   • Visit health centres and homes
   • Talks from health professionals
   • School health days
   • Health-oriented competitions
   • Support for those living with long-term illnesses in the communities.

3. To provide an information and support resource able to respond to the following needs:
   • First aid
   • Professional health services
   • Spiritual and emotional support in matters relating to health
   • Development of school health library.

4. Other matters to be decided within each school include:
   • Membership of all pupils or some standards only?
   • Time of meeting to be acceptable to all intended members
   • Leadership of the club even if this is a pupil-led club. Some substantial health knowledge will be needed. A teacher or health worker could be involved
   • Which official positions are needed in the club e.g. Chairperson, Co-ordinator, Treasurer, Secretary, Patron etc?

Use of Question Box in School

During the AIDS Education workshops, the use of an anonymous question box has been proved useful in enabling people to ask questions on matters that they are unsure about.

How can such a system be used in a school setting?

1. Where would such a box be placed?
2. Would questions be just on AIDS or on health in general?
3. How often would the box be opened?
4. Who would read the questions?
5. How would the answers be given?
6. What support services are available if a pupil has a serious problem that cannot be dealt with by the school?
7. What measures need to be taken to protect pupils' rights to confidentiality?

Refer to HIV/AIDS information on condoms if the subject arises in the question box.

Giving information and facts is important in making informed decisions and acts as a check to ensure that young people are not being misled by advertising or negative peer pressure.

How can we best respond to questions posted in the question box?

The respondent needs to be a familiar figure at the school. He/she should probably have been involved in activities such as health talks, question box sessions or other school activities that are related to the children. The head teacher or teachers need to make a deliberate attempt to introduce this person so that the pupils can identify with him/her.

How can such a question box be used effectively in a school setting?

Essentially there are four stages in using a Question Box:

Who?	Activity	When?	Where?
	• Put questions in the box • Sort questions • Work out answers • Give answers • (Questions and answers should be recorded in a book for further reference)		

During the discussion on how difficult questions will be dealt with, the facilitator should acknowledge that teachers do face difficult situations but it is their responsibility to answer questions accurately and in the light of their knowledge of their pupils.

Sometimes a question is not answered in full immediately as the teacher might wish to consult with other colleagues first OR the answer is given to a smaller group of pupils instead of the whole class.

18. GUIDANCE
(Total time: 2 hours)

Training Materials *(Pre-prep)*

Handouts:
- Guidance for Goal Setting

Other:
- Scarves or blind folds

Session Objectives *(5 min)*

At the end of the session the participants should be able to:
- Improve personal guidance skills as a mentor.
- Support good guidance practices in school (*e.g. advising on selection of Guidance teacher*).
- Continuously guide peers.

CONTENT AND PROCESS

Guidance Activities *(110 min)*
Activities *(with blindfold - 30 min)*

Select 5 pairs of people, one with and one without a blindfold. The person without the blindfold leads the one who cannot see around the area for a few minutes. The person leading must NOT talk to the one who cannot see.

Select another group of 5 pairs and set the same task. This time the person leading MAY talk to the one who cannot see and give instructions.

Class discussion: How did it feel to lead someone?
How did it feel to be guided without being able to see? How were the experiences different?

What is guidance? *(Brainstorm)*
- Giving direction
- Leading
- Assisting/help
- Information
- Empowering/giving advice
- Caring/providing
- Encouraging
- Giving assurance
- Instilling confidence

What guidance is NOT? *(Brainstorm)*
- Judging
- Scorning
- Conditioning
- Condemning
- Misleading
- Sympathising

Activity 3A *(in groups - 35 min)*

Discuss how to organise guidance at school (*use the guided questions*)

Trainers come up with scenarios that should generate discussion and conclude topics to be taught

- At Kanagi Primary school, the teacher on duty found used cigarette butts in class 7
- At Sabaki Primary school the teacher found a couple of love letters written by pupils to each other in class 8
- In the school question box at Sulwet Primary School there have been persistent accusations by students of sexual harassment.

School	Topic	Target group	Expected outcome

1. What is the topic that requires guidance to be given?
2. Who is the guidance intended for? (What do you expect to come out of it?)
3. Why does this group need guidance?

Activity 3B

Class discussion *(Things to consider).*

1. When would be the best time to give the guidance sessions? (*Time is available in school, as long as it is properly planned*)
2. How should these sessions best be given? (What resources are needed – a chalkboard?)
3. Who should give the guidance sessions? (*The audience needs to recognise the speaker as a source to be trusted. The speaker also needs time to prepare and must know what is expected of him/her, who he/she is to talk to, what the purpose is, the time they have etc*)
4. Where should the guidance sessions be held? (*consider the size of the audience, how long they are expected to attend, where will they sit, is there a big enough room? etc*)

Activity 4 *(25 min)*

Suggest topics that could benefit from guidance (*Through group or class discussion. Show method to be used and suggest facilitators*).

Topics at school	Method (Examples for Trainers	Facilitator (Examples for Trainers)
STIs among the youth	Discussion Video – Silent epidemic, Sexual Networking experiment	Community health worker, Key resource teacher
Reproductive health in adolescence	Discussion Charts of Adolescent Health	Homescience teacher/key resource teacher/headteacher
Drug abuse	Drama/role play (Pg 84 to Pg 87) Discussion/lecture	CRE teacher, key resource teacher, church leader
Living values and life skills	Talk, Life skill activities, integration discussion, Video (Sara Saves a Friend)	Invited guest speaker, headteacher, key resource teacher, class teacher
Value of co-curricular activities	Discussion, talk, practical activity, video (Banana)	Professional speaker, games teacher, class teacher, Headteacher, Key resource teacher

Activity 5 *(10 min)*

The general benefits of guidance are to:

1. Give knowledge.
2. Create awareness.
3. Influence behaviour.
4. Offer emotional support.
5. Offer chance of discussion – the discussion should focus on learning points to bring out the intended behaviour change.

> **Summary** *(5 min)*
> - Stress key points on guidance
> - What guidance is and its benefits
> - The need to plan for guidance at school level.

Points to consider when Guiding a Child

- Every career is good and children should not overlook any
- Every career has opportunities and challenges
- Careers complement each other. No career is less important than the other
- Children should always look for alternatives. For example if you can't be a doctor, you can be a nurse, a volunteer, or First Aid activist etc
- Children should be encouraged to go for vocational training
- They can change careers at any stage of life
- Anything done well will be rewarded in future. The children should always do the best they can in whatever they do
- A career is one of the life choices they must make while growing up
- They should not let anything stand in their way of achieving a certain career (assertiveness).

Why is career guidance and counselling necessary in our schools?

- For maximum identification and development of talents and gifts in individuals
- To help the children cope with challenges in future and give them encouragement
- To help them make correct choices
- To help children live a fulfilling life
- To help in confidence and moral building and motivates children to high goals
- To help children to make good use of their gifts
- To lead to appropriate utilisation of available resources
- To encourage positive healthy competition in schools
- To help learners to understand and appreciate the role of education
- To Discuss different jobs on the market.

Forms of Child Abuse

Physical Abuse : Anything that is done to inflict bodily pain on the child

- Harsh punishment
- Defilement / rape
- Child labour
- Involving children in war
- Burning hands / fingers or any other part of the body
- Battering
- Pressing child's private parts / breasts
- Rape and Female Genital Mutilation (FGM)
- Child abduction
- Torture such as corporal punishment
- Puncturing
- Cutting private parts of a child.

Sexual Abuse: An act done to manipulate the child into underage

- Rape
- Defilement
- Touching private parts
- Giving material for sex
- Bad language
- Pornography
- Indecent touches / fondling
- Female Genital Mutilation
- Sexual language
- Indecent dress, walk

Emotional Abuse : Any act that is done with an intention of hurting a child's feelings

- Denying the children access to information concerning their lives (e.g. name of father, relatives, disabilities, using demoralising words to a child)
- Bullying

- Reprimanding
- Child neglect
- Intimidation
- Seduction
- Child abduction

Who Are the Potential Child Abusers?

- Parents
- Teachers
- Community
- Siblings
- Peers

The Society

How to help an abused child

- Find out the problem of the child
- Don't put the blame on the child
- In cases of physical abuse, the child should be taken for medical check up
- If the child is emotional, allow him/her to narrate his / her experiences without being hurried i.e. allow emotions to flow freely e.g. anger, hatred, crying, hopelessness
- Be empathetic when dealing with sensitive issues like defilement, incest etc
- Inform the authorities about the abuse.

Emotions Associated with Child Abuse

- Guilt about the act
- Anger - against the abused
    - against the abuser
- Hopelessness
- Anxiety
- Depression and stress
- Fear
- Disbelief etc.

19. DEALING WITH EXTERNAL AND CONFLICTING MESSAGES THROUGH SONG AND DANCE
(Total time: 2 hours)

Training Materials *(Pre-prep)*

Charts on:
- Two songs – one with conflicting and one with reinforcing messages

Session Objectives *(5 mins)*

At the end of the session the participants should be able to:
- Identify conflicting messages that can be a barrier to positive behaviour change
- Appreciate songs and dances as tools to communicate positive behaviour change.

CONTENT AND PROCESS

STAGE	CONTENT	PROCESS	TIME	FACILITATOR
One	Session Objectives	• Facilitator reads objectives	2 min	
Two	Introduction	• Facilitator introduces the song with conflicting messages	5 min	
Three	Read through the song	• Facilitator reads through the song as participants listen	5 min	
Four	Singing	• All sing and dance to the music/ song	7 min	
Five	Discussion	• Making use of the discussion questions below, participants identify the conflicting messages	20 min	
Six	Alternative song with positive messages	• 2nd song introduced, sung and discussed to counter conflicting messages– example of positive messages	18 min	
Seven	Formulating songs	• Participants in groups formulate/compose songs with positive messages	25 min	
Eight	Presentations	• Participants in groups present songs and dances with positive messages • Analyze/critique songs and dances presented	30 min	
Nine	Summary and Conclusion	• Facilitator stresses on the importance of positive songs and dances in passing behaviour change messages	8 min	

1. Song with conflicting messages

Waniuaua kipenzi waniuaua x 2
Mwendo wako wa maringo waniuaua x 2
Macho yako ya gololi yaniuaua x 2
Kiuno chako chembaba chaniuaua x 2

2. Song with positive messages

Abstain, abstain, abstain from sex till you get married

Secure your body until you marry

Your body's the temple of God.

Discussion Questions for both songs

1. Do you think the musician is sincere in the message he is sending?
   Give reasons for your answer.
2. Is the song entertaining/educating?
3. Does it have messages that you could compare to other messages in the media? Which ones?
4. Suppose you were the youth, who is being addressed by the song, how would you feel about it?
5. What challenges are our youth facing in music and dance? What can they do to face them?

Note:
- Songs with negative/conflicting messages should only be sung by presenter or listened from a recorder. Participants should not be made to sing
- Use examples to demonstrate the misleading messages.

20a. COMMUNITY RESPONSIVENESS
(Total time: 45 min)

Session Objectives *(5 min)*

At the end of the session, participants should be able to:
- Evaluate the course through identification of key features of a responsive school and a responsive community
- Appreciate the teamwork approach in the implementation of AIDS Education in schools and community *(5 min)*

CONTENT AND PROCESS

Step 1:
Brainstorm with the group of community representatives on: *(10 min)*
- What activities will be put in place at the school in response to the PSABH training? *(10 min)*
- What activities will be put in place at the community following the PSABH training ? *(5 min)*

Step 2:
Discuss features of a PSABH responsive community *(25 min)*

Participation at school
- Attendance at meetings
- Whether meetings address HIV and AIDS
- What other topics have to be addressed

Participation in the community groups
- Religious groups
- Women groups
- Other groups (name)

Soliciting for support for community mobilization : Brainstorm on who are the key stakeholders.

Checklist after brainstorming
- Chief
- Assistant chief
- Chair of women's group
- Parents of school children
- Religious leaders
- Head teacher
- Your neighbours
- Politicians
- Others e.g CBO, Teachers and Civil Servants

Including HIV/AIDS in community activities
- Brainstorm what some of these groups are
- Harvest festival
- Marriage ceremony etc

20b. School Responsiveness
(Total time: 45 min)

Session Objectives *(5 min)*

At the end of the session, participants should be able to:
- Evaluate the course through identification of key features of a responsive school and a responsive community
- Appreciate the teamwork approach in the implementation of AIDS Education in schools and community.

CONTENT AND PROCESS

Step 1:
Brainstorm with the group of school representatives on: *(10 min)*
- What activities will be put in place at school in response to PSABH training?
- Who will be involved and why?
- How long will it take?

Who is to be involved?	What is the activity?	How long?

Step 2 *(10 min)*
List down, in order of priority the topics that will be covered while training the teachers.
Use checklist:
- Action planning
- Question box
- Life skills and values
- Life skills and value activity
- Emerging issues
- Use of curriculum
- Adolescent health and sexuality
- Guidance
- Counselling
- Communication approaches

Step 3 *(10 min)*
Discuss the features of a responsive school. Use checklist:
- The role of the community
- Behaviour change lessons infused and integrated
- Messages that respond to the three Ts (Transmission, Transaction and Transformation)
- Question box in place and accessible
- Questions regularly answered
- Existence of the functional School Health Club
- Peer supporters leading the School Health Club
- Use of available AIDS Education resources

Step 4 *(10 min)*
Critique the action plans on the basis of:
- Priority of activities
- Relevance to PSABH School/Community involvement
- Time allocated to activity etc