AIDS EDUCATION FOR SECONDARY SCHOOLS

TEACHERS' GUIDE

MALAWI AIDS EDUCATION FOR SCHOOLS

PRELIMINARY
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Produced in cooperation with the Malawi Ministry of Health, AIDS Secretariat, Health Education Unit, Ministry of Education and Culture, Ministry of Community Services, UNICEF, WHO, Malawi Institute of Education and USAID/AIDSCOM.

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INTRODUCTION

The purpose of this Teachers' Guide is to help you understand the facts about AIDS so that you can confidently teach the subject. This Teachers' Guide covers five topics. For each topic there is a rationale, specific objectives, recommended number of periods for each topic, background information, suggested learning materials and learning activities and assessment questions. Remember that the recommend times are only a suggestion. The teacher will decide how much time to spend on each topic, based on the needs of his or her class.

Suggested teaching/learning materials and activities are not intended to form an exclusive list. The Students' Handbooks, Teachers' Guide and any other sources you find locally can all be used in the teaching of this subject. Make an inventory of health workers and facilities in your community which can serve as resources.

Many illustrations are included in the two Students' Handbooks. The teacher should refer to both students' books when preparing lessons and can choose from the dramas and exercises as he or she wishes, according to the needs of each class. The plays and exercises are not included in the Teachers' Guide since teachers will have personal copies of the Students' Handbooks.

Book One is intended for Forms 1 and 2. Book Two is for Forms 3 and 4. Both books contain the same core messages, but the material is presented in different styles to make learning more interesting while retaining the factual content that students must learn if we are to conquer this epidemic.

Book One is written is the form of short dramas which cover material from the first three topics in the Teachers' Guide. It is recommended that you encourage the students to write their own short plays or dialogues for the remaining two topics. If you have access to a cassette tape recorder, you can record the plays as if they were radio programs. The students also can present the plays to other classes.

It is essential in any AIDS education programme that the information given about AIDS be accurate, clear and compelling. The teacher must be able to clearly explain the important aspects of AIDS and to present the material in a manner that will be easily understood and remembered.

Outlined below are five suggestions to help you communicate effectively with your students about AIDS:

1. Think like your pupils.

   - Use their words.
   - Use their pictures.
   - Use their stories and music.

2. Be convincing.

   - Use speakers the students admire and trust.
   - Talk about feelings as well as facts.
   - Share information about the benefits of certain actions that the students will find meaningful.
   - Give reasons for recommended behaviours which the students can understand.

3. Be clear and honest.

   - Talk about behaviour. Tell the students exactly how to protect themselves.
   - Tell the students about the consequences of high risk behaviour -- "What happens if..."
   - Dispel rumors, unfounded fears and misconceptions about AIDS/HIV.
   - Confront directly the fears and anxiety of the students about AIDS.
   - Try to answer all the students' questions. Be sure to find the true facts if you are not sure how to answer.

4. Get the message out.

   - Keep the message simple.
   - Repeat it over and over again.
   - Use as many different channels to convey the information as are available to you--books, drawings, posters, radio, leaflets, songs, games, role plays, etc.
   - Be consistent in the message.

5. Evaluate your teaching. Find out if your audience:

- o Understands the material.
- o Believes the message.
- o Thinks the message relates to them personally.
- o Is confused by the message.

There is probably no more import lesson you can teach your students at this time than how to project themselves and others from AIDS. The skill and dedication you bring to this task can help save lives and guarantee a brighter future for the nation.

TOPIC ONE
WHAT IS AIDS?

RATIONALE The success of an AIDS prevention programme depends upon a clear understanding of the causes and effects of the disease. Prevention is the only option. There is no cure nor preventative vaccine for AIDS at the present time.

OBJECTIVES By the end of this topic students will be able to:

1. State the meaning of "AIDS."
2. State the meaning of "HIV."
3. Explain in simple terms how the human immune system works to resist disease.
4. Explain the difference between HIV infection and AIDS.
5. Explain what is meant by the term "opportunistic infections."
6. State the meaning of the term "asymptomatic."

RECOMMENDED TIME Three 40-minute periods. More periods may be required, depending upon the number of activities and exercises undertaken.

BACKGROUND INFORMATION

1. What is AIDS? "AIDS" is an abbreviation which stands for "Acquired Immune Deficiency Syndrome." AIDS is a disease that breaks down the body's immune system, leaving a person susceptible to a variety of illnesses, some minor and others life threatening.

   A -- Acquired. This means anything that is passed from one person to another (unlike genetic inheritance, such as skin colour, height, etc.).

   I -- Immune. This refers to the body's defence system which protects us from disease. The immune system utilizes white blood cells to fight off infections.

D -- Deficiency. This refers to the fact that the immune system is not functioning properly, thus reducing the body's ability to fight off disease.

S -- Syndrome. This is a group of signs or symptoms which are found together in a person with a particular disease, in this case, symptoms and signs associated with HIV infection and AIDS.

2. AIDS is an infectious disease caused by a virus, a special kind of germ, called HIV. Infectious diseases are those which spread from person to person. Because HIV weakens the immune system, people can become infected with diseases more easily. "HIV" is an abbreviation which stands for "Human Immunodeficiency Virus." Note that the word "Immunodeficiency" is simply a combination of "Immune" and "Deficiency," two words which are part of the definition of AIDS.

H -- Human. This is a virus which affects only human beings.

I -- Immunodeficiency. This refers to the fact that the virus destroys the body's immune system, allowing us to become infected by germs we normally could resist.

V -- Virus. The germ which infects us is of a special type called a virus, which can multiply only when it gains access to other cells in the body.

3. The HIV attacks the white blood cells that protect us from infections. It gets inside these cells and takes control of them. The virus turns the white blood cells into miniature factories for making more HIV. Each time a cell is taken over, it fills up with thousands of the HIV. The white blood cell is eventually destroyed and the viruses are released into the blood stream where they can attack other cells. NOTE: Refer to illustrations 1 to 4 in Book Two.

4. After enough attacks on the white cells, our immune system is weakened to such an extent that other infections and conditions that we

can normally fight off can now make us ill. We call these resulting infections "opportunistic infections." An opportunistic infection is one that takes advantage of the "opportunity" to attack the body due to the weakening of the immune system. Examples of such diseases include skin infections, pneumonia, tuberculosis, some forms of diarrhoea and fungal infections.

5. Whatever conditions develop because of AIDS, the outcome is always the same. The person develops progressive infections and eventually dies. There is now no cure for AIDS. Thus learning about the disease and knowing how to prevent it are the only means of combatting AIDS.

6. Some pupils may be confused over the relationship between HIV and AIDS. HIV is the germ which destroys the immune system, and we use the term AIDS to describe the patient's condition when opportunistic infections begin to appear. This is sometimes referred to as "full-blown AIDS." Once this stage is reached, death will follow, sooner or later.

7. When someone is first infected with HIV, he or she may develop a mild flu-like illness with the following symptoms:

   - o Headache
   - o Fever
   - o Body pain
   - o Chills
   - o Skin rash
   - o Swollen glands

   This can occur after six to eight weeks following infection. Then the person begins to feel better and can look healthy for up to ten years, however, they can still pass the infection on to others any time during this period. NOTE: The teacher should make this point strongly, since it represents one of the major difficulties in controlling the spread of HIV. Once infection has taken place, the

immune system begins to produce substances called anti-bodies, which the white cells create to kill specific germs. The person may notice no symptoms but can still infect others. A person displaying no signs of disease is said to be "asymptomatic."

8. Eventually the infected person's immune system is overcome by the HIV and the following symptoms may begin to appear:

   - o Skin infections
   - o Night sweats
   - o Weight loss
   - o Persistent fever
   - o Diarrhoea
   - o Shortness of breath
   - o Dry cough
   - o Sore throat
   - o Repeated infections
   - o White spots on the mouth (candidiasis)
   - o Purplish or pink spots or bumps on any part of the body (Kaposi's sarcoma)
   - o Swollen lymph nodes in the neck, arm pits and groin

   It is important to remember, however, that some of these symptoms are also common to other diseases. An AIDS blood test is required to confirm the diagnosis of AIDS.

9. The origin of AIDS is unknown. However, the first case of AIDS was diagnosed in 1981 in the United States of America. HIV, the cause of AIDS, was discovered in 1983. The occurrence of AIDS has now been reported in every continent. In Malawi the first case of AIDS was diagnosed in 1985. AIDS cases are increasing rapidly in Malawi and all over the world.

10. It is currently estimated that between five to ten million people are infected with the HIV worldwide. This figure is expected to rise in the future unless people learn how to prevent AIDS now. At present (1991), more than 250,000 people have died of AIDS throughout the world. By mid-1991,there were more than 15,700 confirmed AIDS cases in Malaŵi. The rate of HIV infection is estimated to be 9.6 percent. This means that more than 300,000 Malaŵians could now be HIV-positive. NOTE: These figures will change as the epidemic continues. The teacher should update this information for their classes based on newspapers reports and releases from the National AIDS Control Programme.

11. AIDS has become a life-threatening global epidemic and a major public health crisis in most countries of the world. Its impact on society is devastating and will continue to be so unless we act to change this situation. AIDS can be prevented by changes in personal behaviour. It is the responsibility of every individual to be informed about AIDS and to exercise appropriate preventive measures. No knowledge is more crucial today than knowledge about AIDS and how it affects our health.

TEACHING/LEARNING MATERIALS

1. Illustrations in Students' Books One and Two.

2. Dramas and exercises in Books One and Two.

3. Newspaper and magazine clippings about AIDS.

4. Local health workers.

TEACHING/LEARNING ACTIVITIES

1. Discuss the review question on pages 11 and 12 of Book Two.

2. Hold a question and answer session. Allow the students plenty of time to ask questions as follow-up to the discussion. You may want to invite a local health care worker to help answer the students' questions.

3. Organize a role play about the immune system. (See Topic One in Book One.)

4. Have the students find newspaper clippings on AIDS and organize a bulletin board display.

ASSESSMENT Can the pupils:

1. State the meaning of "AIDS"?

2. State the meaning of "HIV"?

3. Explain in simple terms how the human immune system works to resist disease?

4. Explain the difference between HIV infection and AIDS?

5. Explain what is meant by the term "opportunistic infections"?

6. State the meaning of the term "asymptomatic"?

TOPIC TWO
HOW AIDS IS SPREAD

RATIONALE The success of an AIDS prevention programme depends upon a clear understanding of how AIDS is transmitted and those things which increase the risk of becoming infected. One should also understand how HIV is not transmitted. Such an understanding will reduce anxiety and also decrease the fear we have of people ill with HIV/AIDS.

OBJECTIVES By the end of this topic students will be able to:

1. State the major ways in which HIV infection can be spread.
2. Explain the meaning of "risk behaviours."
3. State examples of risk behaviours.
4. State at least ten ways in which HIV infection cannot be spread.

RECOMMENDED TIME Three 40-minute periods. More periods may be required, depending upon the number of activities and exercises undertaken.

BACKGROUND INFORMATION

1. How HIV is spread -- The HIV has been detected principally in blood, semen and vaginal secretions of infected individuals. HIV is spread in three ways: sexual contact, blood to blood contact and from an infected mother to her baby, before or during birth.

   SEXUAL TRANSMISSION

   Transmission through normal sex -- The most common method of sexual transmission is through normal sexual intercourse, which accounts for about 75 to 90 percent of the world's cases of AIDS. Normal sexual intercourse is the act between a man and a woman in which semen from the penis is deposited into the vagina. Increasing the number of sexual partners increases the risk of infection.

   Semen and vaginal fluids, like other body fluids, contain white blood cells which can be

infected with HIV. During sexual contact the HIV can move from the semen, vaginal fluids or menstrual blood of an infected person to the blood of a healthy person. A woman is at greater risk of HIV infection if sexual intercourse occurs during the menstrual period. This is because blood vessels in the wall of the uterus are open to possible infection from the HIV.

Transmission through abnormal sex -- In the United States of America and Europe it has been mostly homosexuals and intravenous drug users (and their spouses) who have been infected with the HIV. Homosexuals are men and boys who may have sexual relations with another man or boy. This may involve inserting the penis into the anus. This is called anal intercourse. Anal intercourse may also occur between a man and a woman. This is considered high risk behaviour because the rectum wall is not naturally made for this act, is very thin and is not lubricated. Therefore the wall can break during anal intercourse and the virus can be easily transmitted from the semen into the blood stream.

Oral sex is another type of sexual contact where the penis is inserted into the mouth of the partner. Oral sex can also spread the HIV through open sores in the mouth.

BLOOD TO BLOOD TRANSMISSION

Blood transfusion is the mechanical transfer of blood from one person to another. A person can be infected with the HIV if transfused with infected blood from another person. In Malaŵi only blood which has been examined and confirmed to be free from the HIV is transfused into patients needing blood. Hence receiving blood from hospitals is safe.

It is unlikely that someone would get the HIV from an injection given in a hospital since the needles used are sterilised. However, it is not advisable to get injections from untrained people because they may not sterilise their needles. Unsterilised needles can transmit AIDS if they are contaminated with the blood of an infected person.

Piercing and cutting instruments such as needles and razor blades can transmit the HIV if shared with an infected person without being sterilised. Examples of dangerous practices would be piercing ears and the nose with HIV contaminated needles, cutting tattoos (mphini) and shaving with contaminated razor blades, and possibly by brushing the teeth with a toothbrush used by an HIV infected person if both parties have bleeding sores in the mouth.

MOTHER TO CHILD TRANSMISSION

When a child is born to an HIV infected mother there is up to a 30 percent chance of the child being infected with AIDS and dying within a few months after birth. The child may become infected during pregnancy in the uterus. Transmission can also occur during birth.

It is now known that very small numbers of the HIV are sometimes found in breast milk. It is not known if this small amount of virus is enough to infect the baby. However, it is unlikely to be a major problem since the majority of HIV infections in babies will result from transmission across the placenta.

While scientists are unsure as to how far the HIV antibodies found in breast milk will go toward protecting the baby from HIV infection, it is very clear that other antibodies in the milk <u>will</u> protect the child from other infections. Even an HIV-infected baby will benefit from the nutrition and protective antibodies provided through breast feeding. Therefore it is currently recommended that mothers continue to breast feed their babies whether the mother is infected with HIV or not.

2. High risk behaviours -- The following are behaviours what can increase your chances of getting or transmitting AIDS:

   - Having multiple sex partners or having sex with someone known to have many sexual partners.

- Having unprotected sex, that is, sex without the proper use of a condom.

- Getting injections with unsterilised needles.

- Sharing unsterilised skin piercing and cutting instruments, such as razor blades, needles and circumcision instruments without proper sterilisation.

- Continuing to have children when either or both parents is infected with the HIV. There is risk both of the child becoming infected with HIV and the pregnancy accelerating the onset of AIDS in the mother.

- Wet kissing, that is, kissing involving the exchange of saliva when either or both partners have mouth sores.

3. Some ways the HIV infection is not spread:

   - Using a common toilet seat.

   - Eating from plates and utensils used by infected persons.

   - Shaking hands.

   - Using public telephones.

   - Using public transport.

   - Eating in public places, such as canteens, restaurants and hotels.

   - Touching someone infected with the HIV.

   - Caring for or nursing an AIDS patient.

   - Going to school with or working beside an infected person.

   - Sleeping with an infected person (excluding sexual contact).

   - Insect bites from mosquitoes, flies and bed bugs. Note: This is a very common misconception. Refer to the graph on page 32 of Students' Book Two. You can

make the point that if mosquitoes spread AIDS, people of all ages would be affected equally.

- o Swimming with someone who has AIDS.
- o Sharing clothes.
- o Coughing and sneezing.
- o Handling money.
- o Living in the same neighbourhood or attending school with AIDS patients.
- o Being in hospital where there are AIDS patients.
- o Donating blood where sterile procedures are practiced.

NOTE: These are only some of the false beliefs about how HIV is transmitted. Your students will probably have heard many more. Some of these wrong ideas are very strongly held and will be difficult to change. The danger of wrong beliefs is that they may distract people from following the behaviors that do reduce the spread of HIV. Take the time to discuss this issue fully with your students. Stress the point that HIV is mostly spread through sexual contact. Emphasize the methods of reducing sexual transmission, such as abstinence, being faithful to one partner and the proper use of condoms.

TEACHING/LEARNING MATERIALS

1. Scripts for dramas about AIDS. (See Topic Two in Book One.)
2. Illustrations in Book One.
3. Ask local health workers for posters and pamphlets about how HIV is spread.
4. Make a simple question box where pupils can deposit written questions they may be too shy to ask in class.

TEACHING/LEARNING ACTIVITIES

1. Have the pupils read aloud the play in Topic Two of Book One.

2. Discuss the illustrations in Topic Two Book Two.

3. Discuss the review questions on page 19 in Book Two.

4. If materials are available, have the class make and display their own simple posters about how AIDS is and is not spread. Display them for other pupils and the community.

5. Answer questions from the question box. You may want to invite a local health worker to participate.

ASSESSMENT Can the pupils:

1. State the major ways in which HIV infection can be spread?

2. Explain the meaning of "risk behaviours"?

3. State examples of risk behaviours?

4. State at least ten ways in which HIV infection cannot be spread?

TOPIC THREE
PREVENTING THE SPREAD OF AIDS

RATIONALE AIDS is a worldwide epidemic and a killer disease. There is no drug to cure it and no vaccine to prevent it. Therefore it is essential that students thoroughly understand how to protect themselves and others from becoming infected with HIV.

OBJECTIVE By the end of this topic students will be able to explain five ways in which the spread of HIV can be controlled.

RECOMMENDED TIME Three 40-minute periods. More periods may be required, depending upon the number of activities and exercises undertaken.

BACKGROUND INFORMATION

1. The prevention of AIDS involves accepting personal responsibility for one's own health and the obligation to protect other people. Anyone infected with HIV can pass the infection to others, even though the person with HIV may look and feel well. Still, the transmission of HIV can be prevented if individuals are educated to take precautions and if these precautions are implemented. HIV is contracted primarily through sexual intercourse with an infected person. It is also spread through blood-to-blood contact, such as the transfusing of infected blood and the sharing of contaminated injection needles and items which pierce and cut the skin. Pregnant women can also transmit HIV to their unborn babies.

   The spread of AIDS therefore can be limited in several ways, including sexual abstinence, a mutually monogamous partner relationships, the correct use of condoms, the sterilisation of injection needles and tools which pierce and cut the skin, the testing of blood before transfusion, and avoidance of pregnancy if one or both parents are HIV-positive.

2. Abstinence -- Abstinence means voluntarily refraining from sexual intercourse. Abstinence eliminates the risk of pregnancy and sexually transmitted diseases (STDs). Abstinence from

sexual intercourse is the only protection that is 100 per cent effective against unwanted pregnancy, sexually transmitted diseases and the sexual transmission of AIDS. Sexual abstinence is the most effective means of preventing the spread of AIDS. People may choose sexual abstinence for a number of reasons:

Personal reasons -- Many young people believe in and practice abstinence because of religious conviction or personal moral beliefs. Abstinence can be a sign or real emotional maturity and integrity. Many young women and men report feeling pressured into having sexual intercourse before they are ready. It requires maturity and honesty to be able to resist pressure from someone you love in order to make a decision that is consistent with personal values, morals and needs.

Medical reasons -- Abstinence is the only method of birth control that is 100 percent free of side effects. Abstinence reduces the risk of unwanted pregnancy. However, remember that pregnancy can occur without sexual intercourse if sperm is ejaculated near the entrance of the vagina during heavy petting. Abstinence also reduces the risk of contracting sexually transmitted diseases such as gonorrhea. Abstinence reduces the risk of cervical cancer. Cancer researchers are now suggesting a connection between early sexual activity and multiple sexual partners with increased incidence of cervical cancer in women under 25. Finally, abstinence is an effective way to decrease the risk of AIDS.

Relationship reasons -- A couple may find that delaying sexual intercourse contributes in a positive way to their relationship. Abstinence may allow a couple time to develop a deeper friendship. They may spend more time talking, building mutual interests, sharing their good times with other friends and establishing an intimacy that is other than sexual. Abstinence can be a test of love. Counter to the old line, "You would if you loved me," abstinence can allow time to test the endurance of love beyond the first attraction and before having sexual intercourse. Abstinence may contribute to

teaching a couple to be more loving and to explore a wide range of ways to express love and sexual feelings.

3. Monogamous partner relationships -- A monogamous relationship between two people who are not infected with the HIV and who have sex with no other partner is an absolutely effective methods of avoiding infection. This is sometimes referred to as a "mutually monogamous relationship."

4. Use of condoms -- If abstinence or mutual monogamy is not practiced, the correct use of condoms is the only practical way to stop the sexual transmission of AIDS. Condoms are designed to act as a barrier to prevent contact with semen, blood or vaginal secretions which may carry many organisms which cause sexually transmitted diseases as well as AIDS. Condoms do not, however, provide a fool-proof method of protection against AIDS and STDs. Their use during sexual intercourse reduces but does not completely eliminate the risk of infection.

   The condom must be put on before any genital contact. Air should be squeezed out of the tip of the condom while it is still unrolled. Then it should be placed on the tip of the erect penis and rolled all the way down, leaving about a centimetre of space at the tip to prevent breakage during ejaculation. When withdrawing, the condom must be held firmly at the rim so that the semen does not spill. Condoms should never be reused. Oil based products such as petroleum jelly and vaseline should never be used with a condom because this makes it porous and ineffective against the virus. Used condoms should be properly disposed of by flushing down the toilet, throwing in the latrine or by burning.

5. Screening blood before transfusion -- Since an HIV-infected person may not have visible symptoms, donated blood must be screened (tested for HIV) before it is transfused into a patient. An AIDS blood test is the only way to confirm that infection has taken place. Specialized tests for detecting the HIV itself are not yet generally available. Instead, doctors use the HIV antibody test as an

indicator for the presence of the virus. It is estimated that it takes six to twelve weeks and possibly up to six months or more for antibodies against the HIV to appear in the blood. Only when the antibodies appear can an accurate test of this type be made. Thus, a blood test taken too soon after exposure may give a misleading negative result.

The HIV antibody test is used to test blood donors in Malawi. Blood found to be HIV positive is never used, thereby protecting those needing blood transfusions from contracting the virus from an infected donor. A positive test result means that the person tested probably has HIV in the blood stream and can pass the virus on to others. Therefore the infected person must always take precautions such as never having unprotected sex (sex without using a condom), never sharing objects which pierce or cut the skin without proper sterilisation and avoiding becoming pregnant or being responsible for a pregnancy.

6. Skin piercing objects -- Skin, if not broken (pierced), is germ proof. However, the entry or exit of germs is made easier when the skin is pierced or cut. Therefore, items such as injection needles, razor blades and cutting knives must be properly sterilised if they are shared.

7. If one or both partners in a sexual relationship is HIV-positive, steps should be taken to avoid pregnancy. Abstinence, the use of condoms or non-penetrative sexual activity should be practiced in such cases.

TEACHING/LEARNING MATERIALS

1. Dramas on the prevention of AIDS (See Topic Three in Book One).

2. Illustrations in Topic Three of Books One and Two.

3. Samples of condoms, if available.

4. Posters and pamphlets from local health facilities.

5. Case studies and exercises starting on page 33 of Book Two.

6. Local religious leaders and health workers.

TEACHING/LEARNING ACTIVITIES

1. Have the class perform a skit about preventing AIDS, based on the drama in Topic Three of Book One.

2. Have the class discuss or write responses called for in Case Studies 1 and 2 on pages 33-35 in Book Two.

3. Discuss the illustrations in Topic Three in Books One and Two.

4. Have the class discuss the review questions on page 23 of Book Two.

5. Demonstrate the proper use of a condom. NOTE: the teacher may want to invite a local health worker to conduct this demonstration. If desired, the class can be divided into male and female groups for separate demonstrations. Be sure to allow time for questions.

6. Have local religious leaders of various denominations visit the class to talk about abstinence and monogamous relationships from the point of view of their religious beliefs.

7. Have a panel discussion on the practicality of various methods of controlling sexual transmission of HIV such as abstinence and monogamous relationships in respect to Malaŵi's culture.

EVALUATION Can the pupils:

Explain five ways in which the spread of HIV can be controlled?

TOPIC FOUR
TAKING CARE OF PEOPLE WITH AIDS

RATIONALE People sick with AIDS need the same care, support and sympathetic understanding from relatives and friends as patients with any other kind of illness. Students should learn not to fear AIDS patients. They should know how to help care for people with AIDS because, as the number of AIDS patients increases, more home care will be required.

OBJECTIVES By the end of this topic pupils will be able to:

1. State ways in which AIDS patients should be cared for.

2. Explain why AIDS patients should be treated like other patients.

RECOMMENDED TIME Three 40-minute periods. More periods may be required, depending upon the number of activities and exercises undertaken.

BACKGROUND INFORMATION

1. When people first learn they are infected with HIV they usually are very frightened and depressed. Sometimes they become angry as well. Their families and friends may also become afraid of the infected person and try to avoid them. People with AIDS want to lead as normal and full a life as possible. They need nurturing and love from those who are nearest to them. Financial, moral, spiritual, psychological and material support are all very important.

2. It is important that HIV-positive people and AIDS patients avoid thinking of themselves as "victims." Such an attitude leads to despair and discourages patients from fighting to prolong their lives. Their goal should be to live as fully, lovingly and honestly as is possible. During such a devastating illness, family members and friends need to share the patient's burdens and offer all the support they can. Those caring for people with HIV/AIDS should strive to maintain a positive attitude and encourage the patient to do the same.

3. People with AIDS can often be cared for best at home. When they are in familiar surroundings with loved ones they will feel more secure and less isolated. AIDS patients need to be able to talk openly with a sympathetic person about their feelings. At times they will also need physical care.

4. Once the symptoms of full-blown AIDS begin to appear, most people with the disease have a life expectancy of about 12 to 24 months from the time of diagnosis, although some have lived much longer. Proper care of AIDS patients can prolong their lives.

5. Since the immune systems of AIDS patients are not working properly. family, friends and health care workers must be careful not to expose patients to infections that could put them at risk. AIDS patients are more at risk of being infected by care givers than vice-versa.

6. When a person with AIDS reaches the terminal stage, their family should provide care and support leading to a peaceful death. Sometimes terminally ill AIDS patients may be abandoned by their families and friends. In such cases hospital staff and other health professionals must be prepared to counsel AIDS patients to help them through this difficult time.

7. In those cases where an AIDS patient expresses a strong desire to die with dignity in his or her own home surrounded by family and friends, this choice should be supported.

8. People caring for AIDS patients at home need to observe the following principles:

   Avoid isolating the patient -- There is no need to isolate a person with AIDS for the sake of protecting others from HIV infection. It is not spread through touch or through the air. However, as previously mentioned, people with other infections should be kept away to protect the person with AIDS.

   Observe normal rules of personal hygiene -- People with AIDS should be helped with their personal hygiene in the same way as other

patients are helped. Bloodstained linen and bleeding wounds can transmit the virus. If possible the person caring for the patient should wear gloves when they clean up blood or bloody diarrhoea. People caring for AIDS patients should wash their hands frequently. Bloodstained linens should be boiled or soaked in bleach.

Treating AIDS symptoms -- At present there are no drugs which can cure AIDS. A few drugs and therapies can slow down the weakening of the immune system and make the person feel better for a time, but these drugs are very expensive and in short supply. However, we can treat the infections which result from AIDS. This can prolong the patient's life and make him or her more comfortable. Treatment may consist of drugs, herbal medicines, fluids and other therapies. The following are ways to treat some of the symptoms associated with AIDS:

Diarrhoea -- This is a common symptom of AIDS, especially among children. As with all cases of diarrhoea it is important to prevent dehydration. Give the patient plenty of fluids, i.e., sugar and salt solution or oral rehydration solution. A qualified health worker may prescribe drugs to treat an underlying infection if diarrhoea lasts for more than two days.

Thrush -- Thrush is a fungal infection in the throat and mouth which appears as white patches. It makes swallowing and eating painful. Treat with nystatin oral suspension as a mouthwash. If nystatin is not available, paint the infected area with a weak solution of gentian violet. Rinse with water. A more powerful drug to kill the fungus may be prescribed if the above treatment is not effective.

Herpes Zoster -- This is a painful skin infection which causes blisters and sores. To treat, give aspirin or panadol tablets. It should be noted that aspirin is not recommended for young children. Bathe the sores with warm water and a little salt several times a day. Keep the sores dry and don't let clothes rub against them. Have the patient wear clean, loose, cotton clothing.

Pneumonia/lung infection -- People with AIDS often develop infections in their lungs. This can appear as chronic coughing and difficulty with breathing. Refer people with pneumonia to a health clinic because they need antibiotic treatment prescribed by a qualified health worker. Help the person to loosen and cough up fluid from the lungs by lying the patient on his or her side and slapping on the back. Have the patient breathe over steaming water, preferably with some herbal remedies to help open airways.

Itching skin -- Painful and itchy skin rashes are a common complaint of AIDS patients. Treat with aspirin and antihistamines.

Take the patient to the health clinic if any new symptoms appear. They may be the result of infections which can be treated.

TEACHING/LEARNING MATERIALS

1. Illustrations in Books One and Two.
2. Review questions on page 28 of Book One.
3. Local health workers.
4. Posters and pamphlets from local health facilities.

TEACHING/LEARNING ACTIVITIES

1. Discuss the illustrations in Books One and Two.
2. Discuss the review questions on page 28 of Book Two.
3. Have local health workers visit the class to discuss the care of AIDS patients in hospital and at home.
4. Role play the visit of school friends to a fellow student with AIDS in hospital. What can you do and say to help the patient?
5. Role play how a family member could give support and encouragement to a brother or sister suffering from AIDS.

6. Encourage the pupils to write short poems and songs about AIDS. Have them read or performed for other classes.

ASSESSMENTS

Can the pupils:

1. State ways in which AIDS patients should be cared for?

2. Explain why AIDS patients should be treated like other patients?

TOPIC FIVE
THE IMPACT OF AIDS

RATIONALE Medical facts alone are not enough to educate our young people about AIDS. While short-term education does requires accurate medical information about HIV infection and AIDS, long-term education needs to include a much broader range of information. The AIDS epidemic has impact on the family, community and nation and it must be resisted at each of these levels. It is important that young people develop self-esteem as well as an appreciation and understanding of family and peer group relationships and moral values if they are to realize and accept the importance of avoiding high risk personal behaviour as a means of slowing the spread of HIV infection. Pupils also must understand the potential for economic disaster AIDS poses to the nation.

OBJECTIVES By the end of this topic students will be able to:

1. Explain how family relationships and family moral values help determine our response to a crisis such as AIDS.

2. Explain how the moral values of a society may help in preventing the spread of AIDS.

3. Explain the meaning and importance of "peer group" influence.

4. State ways in which the AIDS epidemic can have negative impact on the future economic development of the nation.

RECOMMENDED TIME Two 40-minute periods. More periods may be required, depending upon the number of activities and exercises undertaken.

BACKGROUND INFORMATION

1. A family is generally composed of parents and children, although some families have no children. Parents look after their children and provide them with clothes, money, food, shelter, love, and spiritual guidance. Parents also serve as a role model for their children.

2. Families are usually headed by a father who provides most of the family's needs. The mother is generally the one who has the most day-to-day contact with the children and has a major role in teaching them family values and the values of the society. Some families have no father and the mother is the head of the family and wage-earner. Extended families are those in which other relatives live with the basic family unit. Single parent families arise as a result of divorce, death of a parent or separation of the parents.

3. Children are a source of parental pride and satisfaction. Children assist the family in various activities such as chores. Occasionally both parents are not present and an older child must assume responsibility for keeping the family together. This could become increasingly true as the AIDS epidemic spreads.

4. Just as moral values vary from family to family, they also vary from society to society. In general the moral system of a country is determined by both personal and community values. The moral system can greatly influence the response a society makes to the threat of AIDS, since it is personal sexual behavior that is the most important factor in HIV transmission.

5. The observation and imitation of desirable moral values can help stop the spread of AIDS. Morals are based on self-respect and respect for others. This can best be learned from parents.

6. "Peer group" is a term used to define a collection of individuals of the same age range with similar interests. If may consist of only boys, only girls or a mixture of both. A peer group can have great influence on the character development of individual members. It is "peer group pressure" which sometimes leads people to do things they would not normally do.

7. When boys and girls become sexually mature they naturally develop interest in the opposite sex. However, a happy and fulfilling relationship between boys and girls does not

need to involve sexual contact. It is normal for them to feel sexually aroused, but it is essential that they control their sexual feeling and urges and not engage in sexual intercourse. Sexual faithfulness after marriage contributes to the success of family life and is a factor which can greatly reduce the spread of AIDS.

8. It is primarily the responsibility of parents to educate the young in moral and spiritual values and to guide their character formation. Sex education is one of these important educational responsibilities. The wisdom of King Solomon hold true for today: "Train up a child in this way that he should go and when he is old he will not depart from it." Parents know their children better than anyone else possibly can. They know their maturity level as well as how best to influence them when they are young. It is therefore parents who are in the best position to tell their children about sex when the parent recognizes that the child is ready to learn. This does not mean, however, that information about sex should not be taught at church and school, but that sex education offered by churches, schools and through peer groups should be complementary to what the child learns at home, not replace it.

9. AIDS is already having a negative economic impact on the country as well as a social impact, and this negative impact will increase in both areas as the AIDS epidemic spreads. The number of AIDS cases, particularly among the age group of 20 to 44 years of age, is very high (see graph at the end of this topic). This is the age group that contributes most to the economic growth and prosperity of the nation. Since there is now no cure for AIDS, these people will eventually die. If the AIDS epidemic continues to spread, who will take the place of these people?

10. Each case of AIDS carries immense costs, not only to individuals and families, but to the whole society as well. AIDS is a complicated, difficult and costly disease to treat. As hospitals fill with AIDS patients, those with other illnesses will have less medical

resources available to them. In fact, hospitals and clinics may come so overburdened that many AIDS patients will have to be cared for at home.

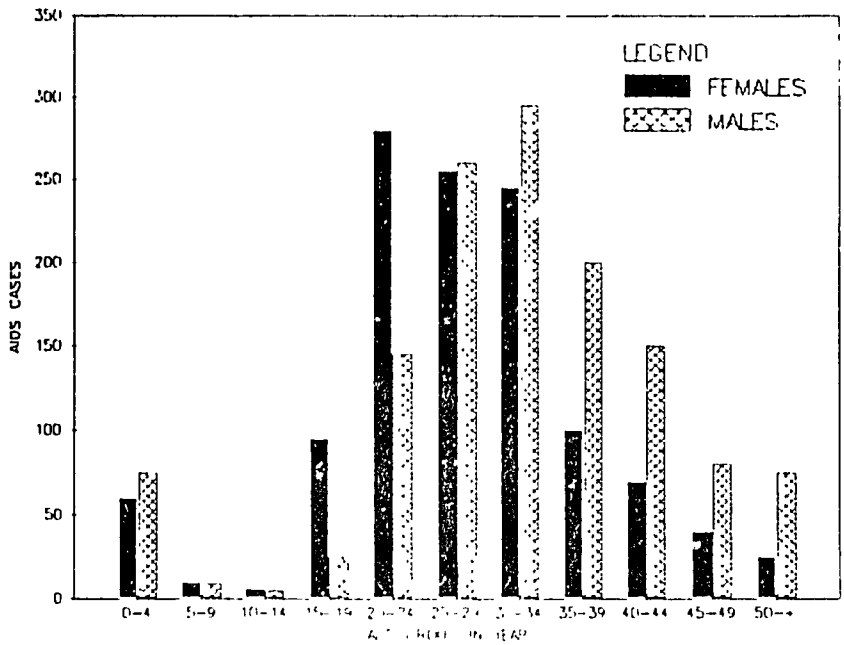
11. The death of parents from AIDS means the creation of a large group of orphans who will need to be cared for. Sometimes families, even extended families, will not be able to care properly for the large number of orphans that may result from the AIDS epidemic. NOTE: It has been estimated that by the year 2000, there could be from 282,000 to 361,000 AIDS orphans in Malawi (AIDS Secretariat).

12. Economic advancement of the nation depends upon healthy people. AIDS affects all social groups. It affects all age groups. Because AIDS is spreading so fast it poses a major threat to the future of this country. When lawyers, teachers, administrators, engineers and other highly qualified individuals die of AIDS, the effects on national development can be devastating. When farmers, fishermen, factory workers, shop keepers and lorry drivers die from AIDS, who will provide and distribute the food, manufactured goods and all the other things we need to live?

13. AIDS is the enemy of the individual, family, community and nation. It spares no one. We must all dedicate ourselves to learning how the disease is spread and how it can be prevented. But knowledge is not enough. We must also live according to the knowledge we acquire and must teach others about AIDS at every opportunity. The future of the nation may very well depend upon what we learn and what we do.

14. The graph on the next page compares the number of confirmed AIDS cases in Malawi for the year 1990, according to sex and age. It can be used to illustrate several points, for example, that insects do not spread AIDS because if they did, people in each age group would be equally affected. It also shows that sexual transmission is the most prevalent means of transmission since it is the sexually-active age groups that are most affected. The graph is also the basis for the exercise on page 31 of Book Two. A further

discussion of the graph will be found in the Teaching/Learning Activities section below.



TEACHING/LEARNING MATERIALS

1. Illustrations in Books One and Two.
2. Exercise on page 31 of Book Two.
3. Local health workers and community leaders.
4. Newspaper and magazine clipping about the impact of AIDS.

TEACHING/LEARNING ACTIVITIES

1. Discuss the illustrations in Books One and Two.
2. Discuss the exercise on page 31 of Book One. NOTE: The following is included to help you analyze the data contained in the graph. In which age groups are there more female AIDS cases than male cases? There are more female than male case in two groups, ages 15 to 19 and 20 to 24. What could be one reason for the difference between female and male AIDS cases noted above? One reason could be that females are becoming sexually active before males of the same age and that these females are having sex with older, HIV-infected men. Why are there more cases in the 0-4 age range

than in the 5-9 and 10-14 ranges? This reflects the fact that babies are being infected by their HIV-positive mothers and that they die before reaching the age of 5.

3. Have local health workers and community leaders talk to the class about the impact AIDS is making in your community.

4. If materials are available, have pupils make posters which show some of the effects of the AIDS epidemic on the community. Display them in public places.

ASSESSMENT Can the pupils:

1. Explain how family relationships and family moral values help determine our response to a crisis such as AIDS?

2. Explain how the moral values of a society may help in preventing the spread of AIDS?

3. Explain the meaning and importance of "peer group" influence?

4. State ways in which the AIDS epidemic can have negative impact on the future economic development of the nation?

GLOSSARY
AIDS RELATED TERMS

Abstinence Refraining from doing something. Often refers to not drinking or not having sexual intercourse.

AIDS Acquired immune deficiency syndrome.

Anal (rectal) Pertaining to the anus, the body opening at the end of the digestive tract from which waste products of digestion (feces) are discharged.

Antibody A specialized cell developed in the blood that kills a specific germ. Antibodies which fight disease are formed in the body in response to an infectious agent (germ).

ARC AIDS-related complex. A group of symptoms which suggest HIV infection, but short of a diagnosis of AIDS itself.

Asymptomatic Having no symptoms.

Bisexual A person who is sexually attracted to both men and woman.

Blood transfusion To transfer units of blood from one person into another.

Carrier A person with an infection who can infect others.

Communicable disease An illness due to a specific infectious agent or its toxic products which can be spread from person to person.

Condom (rubber, prophylactic) A thin latex rubber or skin cover put on the penis before, and removed after, sexual intercourse to prevent pregnancy and the transmission of sexually transmitted diseases, including AIDS.

Confidential test An HIV-antibody test conducted with a name attached to identify the person tested, but the name and test results are kept secret.

Contact A person who may have caught a disease from an infected person.

Contagious disease See infectious disease.

Contract To get or acquire, as to contract an HIV infection.

Dementia General designation for mental deterioration.

ELISA Acronym for "enzyme-linked immunosorbent assay," a test used to detect antibodies against HIV.

Gay A male homosexual. Sometimes applied to female homosexuals as well.

Hemophilia An inherited clotting disorder of the blood that may require transfusions of blood or blood products.

Heterosexual A person who is sexually attracted to persons of the opposite sex.

HIV Human immunodeficiency virus. A virus which makes the body unable to protect itself from certain tumors and infections. HIV also can infect the brain and spinal tissue.

HIV-positive The term used to describe someone whose immune system has produced antibodies to fight HIV, usually revealed through a blood test. This means they are infected with the virus which causes AIDS and can transmit it to others.

Homosexual A person who is sexually attracted to a person of the same sex.

Immune Protected against disease, free from the possibility of acquiring a given infectious disease.

Immune system The system in the body that works to fight off infection. Antibodies are part of the immune system.

Immunity The body's resistance to a disease.

Incubation The time interval between infection with a disease causing organism and the appearance of the first symptoms of the disease itself.

Infection The entry and development of an infectious agent in the body.

Infectious disease A clinically apparent disease.

Intercourse Physical sexual contact between two individuals that involves the genitalia of at least one person.

Intravenous (IV) Inside the veins. Intravenous drugs that are "shot up" (injected) into the veins.

IV drug use Taking drugs for non-medical purposes by injecting them into a vein with a needle and syringe.

Kaposi's sarcoma (KS) A rare form of cancer characterized by purplish or dark colored lesions on the skin.

Latex A kind of rubber from which condoms are made.

Lesbian Female homosexual.

Malignancy A cancerous tumor that tends to grow relentlessly, crowding out normal healthy tissue.

Mutually monogamous When two people have sex only with each other.

Neurologic Pertaining to the brain, nerves and spinal cord.

Nonoxynol-9 The chemical name for a common sperm-killing ingredient in condom lubricants, contraceptive foam and jelly. Also known to inactivate HIV in laboratory tests.

Opportunistic infection Illness caused by organisms already residing in the body which the healthy immune system can resist.

Oral Pertaining to the mouth.

Parasite An organism that grows, feeds and is sheltered on or in a different organism while contributing nothing to the survival of the host.

Pathogen A specific causative agent of a disease, such as a bacterium or virus.

Penis The male sexual organ through which semen is ejaculated.

Perinatal Occurring near the time of birth.

Persistent Continuing steadily.

Psychosocial Associated with the systems of psychological support services often needed by persons with HIV infection.

PWA Person with AIDS.

Resistance	The ability to fight off disease.
Safer sex	A commonly used term describing sexual practices which prevent the exchange of blood, semen or vaginal fluids.
Semen	A viscous, whitish secretion of the male reproductive organs which is the transporting medium for spermatozoa.
Seronegative	When a blood test for HIV antibodies shows no antibodies in the blood, meaning no infection has occurred.
Seropositive	When a blood test for HIV shows that antibodies are present in the blood, indicating that infection has occurred.
Spermicide	A cream, jelly or foam that kills sperm.
Syndrome	A pattern of symptoms and signs, appearing one by one or simultaneously, that together characterize a particular disease or disorder.
Susceptible	Prone to infection.
STDs	Sexually transmitted diseases.
T-helper cells	Immune system cells which recognize disease organisms and activate antibody production. These cells are attacked by HIV and rendered useless.
Transmission	The process of being passed on, as from person to person.
Vaccine	Weakened or killed disease organisms capable of producing immunity which are given to people to prevent development of an infection.
Vagina	The female sexual organ that receives the penis during sexual intercourse and is the passageway through which a baby is born.
Virus	The smallest organism that can cause a disease. Requires another living cell to reproduce.
Western blot	Blood test that detects antibodies against HIV and is more specific than the ELISA. Used to confirm positive ELISA tests.

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