

AIDS EDUCATION FOR SECONDARY SCHOOLS

BOOK TWO STUDENTS' HANDBOOK



MALAWI AIDS EDUCATION FOR SCHOOLS

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**BOOK TWO
STUDENTS' HANDBOOK**

Produced in cooperation with the Malaŵi Ministry of Health,
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TABLE OF CONTENTS

INTRODUCTION.....	5
TOPIC ONE WHAT IS AIDS?.....	7
TOPIC TWO HOW AIDS IS SPREAD.....	13
TOPIC THREE PREVENTING THE SPREAD OF AIDS.....	20
TOPIC FOUR TAKING CARE OF PEOPLE WITH AIDS.....	24
TOPIC FIVE THE IMPACT OF AIDS.....	29
CASE STUDIES AND EXERCISES.....	33

INTRODUCTION

As yet there is no cure for AIDS and no vaccine to prevent us from getting the disease. The only way to stop AIDS is through education. We hope this book will be helpful in ensuring that you know how to protect yourself and others from AIDS.

Book Two is intended for Senior Classes of Secondary Schools. However, Junior Classes can benefit equally from this book. Both Books One and Two contain the same core message, but the material is presented in different styles. This book contains 5 topics, followed by a series of case studies, role plays and discussion exercises.

TOPIC ONE WHAT IS AIDS?

INTRODUCTION

AIDS is a life-threatening disease and a major public health crisis in most countries of the world. Its impact on society is already very serious and will continue to be so unless we act to change it. AIDS can be prevented by changes in personal behaviour. It is the responsibility of every individual to be informed about AIDS and to help stop its spread. No knowledge is more crucial today than knowledge about AIDS and how it affects our health and our future.

WHAT IS AIDS?

"AIDS" is an abbreviation which stands for "Acquired Immune Deficiency Syndrome." These letters stands for:

- A -- Acquired. This means the virus is passed from one person to another and is not an inherited condition.
- I -- Immune. This refers to the body's defence system which protects us from disease.
- D -- Deficiency. This refers to a lack of immunity.
- S -- Syndrome. This is a group of signs or symptoms which are found together in a person with a particular disease.

AIDS is an infectious disease caused by a virus which can weaken and destroy the body's natural immune system. "Infectious" means that it spreads from person to person. People with AIDS are susceptible to many infections which take advantage of this weakness.

AIDS is caused by a virus called HIV. HIV is an abbreviation which stands for:

H -- Human. The disease affects people.

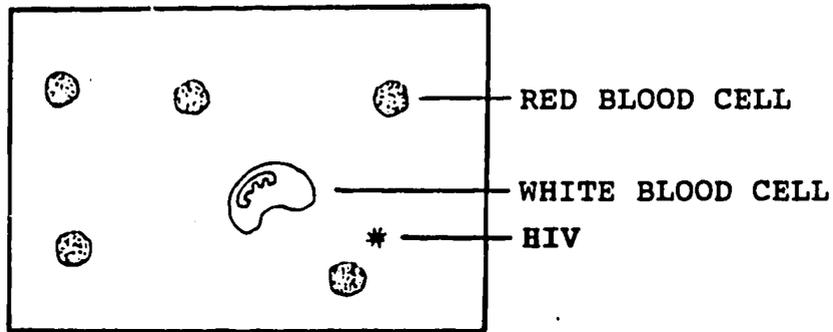
I -- Immunodeficiency. The failure of the immune system.

V -- Virus. A special kind of germ.

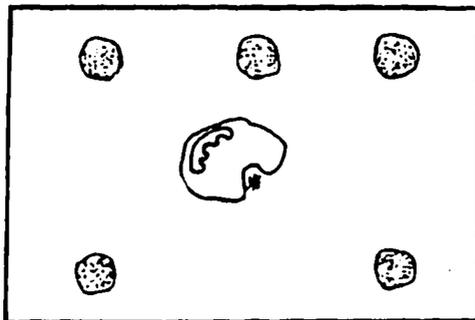
THE IMMUNE SYSTEM AND HIV INFECTION

White blood cells form part of the human body's immune system, its natural defenses against disease. White blood cells defend the human body by surrounding germs and producing substances called "antibodies" which kill them.

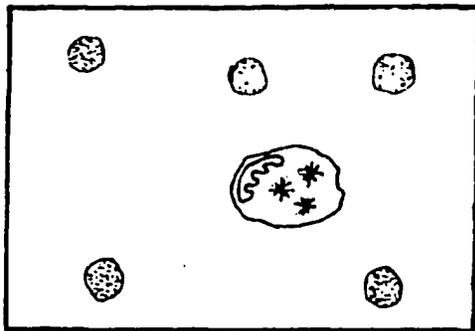
However, HIV attacks the white blood cells that protect us from infections. HIV gets inside the white blood cells and takes control of them. The white blood cells are thereby turned into a factory for making more HIV. Each time a white cell is taken over it fills up with thousands of HIV. When the white cell eventually dies, all the HIV is released into the blood stream to attack other white cells.



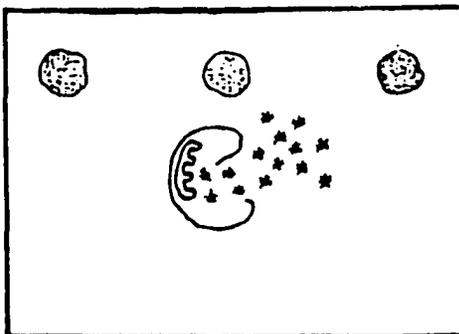
1. HIV enters the bloodstream.



2. HIV attacks white blood cells.



3. HIV multiply inside white blood cells.



4. When the white cell dies, HIV is released into the blood stream.

After enough time the immune system becomes so weak that infections and conditions which we can normally fight off without problem can take advantage of the body's weakness. The resulting infections are called "opportunistic infections" because they take advantage of the "opportunity" provided by the failure of the body's immune system. Opportunistic infections common to AIDS patients include skin infections, pneumonia, tuberculosis, chronic diarrhoea and fungal infections.

THE RELATIONSHIP BETWEEN HIV INFECTION AND AIDS

The term "infection" refers to the entry and development of an infectious agent (germ or virus) in the body. However, it is important to remember that a person can be infected without showing symptoms or they may have what appears to be a mild illness. If they show no symptoms of the disease, they are said to be "asymptomatic," meaning without symptoms. The final stage of HIV infection, however, is always the same-- death.

During the first stage of infection, HIV enters the bloodstream and, as a result, the immune system begins to produce antibodies. The presence of these antibodies usually indicates that infection has occurred. Most infected people have no symptoms at the beginning and do not know that they are carrying the virus. This presents a great danger, since such people can unknowingly pass the virus to others. Since no symptoms of the disease are seen in these infected individuals, they are said to be in the "asymptomatic" stage. Laboratory tests, however, may reveal the presence of antibodies and thus indicate that infection has taken place. It is estimated that some people may remain asymptomatic for periods up to ten years. Then symptoms associated with AIDS may begin to appear.

Some of the symptoms at this stage are not life threatening but may continue for a long time. The symptoms become more severe and eventually the patient dies. The diagram below shows the progression from infection, when the person is said to be HIV-positive, to the development of AIDS itself and eventually, death.



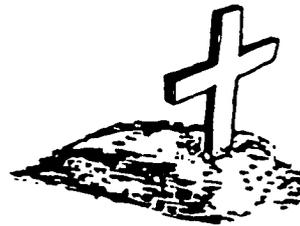
Infection stage.



Asymptomatic stage.



Symptomatic stage.



Terminal stage--death.

5. The progression of AIDS from infection to death.

Some people with persistent symptoms of illness may become temporarily better, but they remain infectious. Eventually, however, the patient may experience some or all of the following signs and symptoms:

1. Persistent (does not go away or comes back frequently) fever, night sweats or shaking chills.
2. Persistent diarrhoea.
3. Significant weight loss over a period of time.
4. Persistent cough.
5. Persistent weakness or fatigue.
6. Candidiasis (white spots around or in the mouth).
7. Kaposi's sarcoma. This appears as purple or pink spots or bumps on or under the skin, inside the mouth, nose or around the eyes. These spots are generally harder than the skin around them and are not itchy or painful.
8. Swelling in the glands of the neck or arm pits.

REVIEW QUESTIONS

1. What does the term AIDS stand for?
2. What is the cause of AIDS?
3. What is HIV?
4. What is the relationship between HIV infection and AIDS?
5. Name five common opportunistic infections connected with HIV/AIDS.

6. Why are these infections called "opportunistic"?
7. How can you tell if someone has been infected with HIV?
8. Explain in simple terms how the human immune system works?

TOPIC TWO HOW AIDS IS SPREAD

INTRODUCTION

Although AIDS is a life-threatening communicable disease, it is not highly contagious. This means that it does not spread as easily as diseases like the common cold, for example. The virus that causes AIDS is not spread or transmitted through the air. There is no evidence that it is transmitted through casual contact, by insects or by food or water. The virus is spread to another person when one is exposed to infected body fluids. This can happen in several ways:

1. By sexual intercourse.
2. By transfusion of contaminated blood or blood products.
3. By using contaminated syringe needles and other instruments which pierce or break the skin (2 and 3 are both examples of blood-to-blood transmission).
4. From a woman to her child during pregnancy and child birth.

SEXUAL TRANSMISSION -- HIV can spread by:

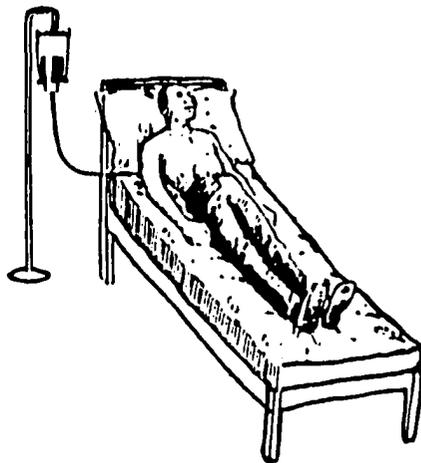
1. Vaginal intercourse -- The vagina has a fluid called vaginal fluid. HIV may be found in the vaginal fluid of an infected woman. Semen produced in the reproductive organs of an infected man may contain HIV. During vaginal intercourse HIV can move from the semen, vaginal fluid or menstrual blood of an infected person to the blood of a healthy person.
2. Anal intercourse -- This is not a common form of sexual intercourse. It may occur between male and female or between male and male. When it occurs between males,

it is called homosexual intercourse. This type of intercourse has a high chance of transmitting HIV because the lining of the rectum is delicate and tears easily during intercourse. The virus in the semen of an infected person can then enter the sexual partner's blood.

3. Oral-genital intercourse -- This type of intercourse is also not common. HIV found in semen and saliva can be transmitted from an infected person to an uninfected person if they have open sores in the mouth.

TRANSMISSION THROUGH BLOOD

It is possible for one to be infected with HIV through receiving a transfusion of blood from an infected person. Infection could also take place if the same needle was used to draw blood from several donors in one of them was HIV-positive. However, giving blood poses no risk to the donor as long as a sterile needle is used. Hospital and clinics always use sterilised needles for this purpose. All donated blood is also tested for HIV before it is transfused. The risk of infection from giving or receiving blood is therefore very small.



6. Donated blood is tested for HIV before it is transfused into a patient.

Injection needles and syringes reused without sterilisation can carry small amounts of blood which can contain thousands of HIV. Injections from hospitals and clinics are safe, since the needles used are carefully sterilised. However, it is not advisable to get injections from untrained persons because they do not always sterilize their injection needles. Other skin piercing and cutting instruments can transmit HIV if they are contaminated with infected blood. For example, razor blades, tattoo needles and tooth brushes can be a source of infection if used by both infected and uninfected persons. Skin piercing and cutting instruments must always be sterilised between use.



7. Instrument which cut and pierce the skin must be sterilised between each use.

TRANSMISSION FROM MOTHER TO BABY

A pregnant mother who is infected with HIV may give birth to a child who is also infected. About 30 percent of infants born to HIV-positive mothers will be infected. The reason for this rate of infection is not yet clear. Infection can occur through the placenta before birth and during birth. It is unlikely that infection would occur through breast feeding. Therefore, it is strongly recommended that breast feeding continue even when a mother is found to be HIV positive. However, a woman who is HIV-positive should avoid pregnancy in order to avoid infecting the unborn child.

HIGH RISK BEHAVIOURS

Activities which increase the chance that you will be infected with HIV are called "high risk behaviours." Examples of high risk behaviours are:

1. Having multiple sex partners, that is, a man having sexual intercourse with many women or a woman having sexual relations with many men.
2. Having unprotected sex, that is, sex without using a condom.
3. Receiving an injection from an unsterilized needle.



8. Injection needles must not be used on more than one person without being sterilised.
4. Sharing unsterilized skin piercing and cutting instruments such as razor blades, needles and circumcision knives.
5. Continuing to have children when either or both parents are infected by HIV. The risk here is that the child may develop AIDS. Pregnancy may also speed up the beginning of the full symptoms of AIDS in the mother.
6. Wet kissing, that is, kissing involving the exchange of saliva when either or both partners have sores in the mouth.

MISCONCEPTION ABOUT HOW AIDS IS SPREAD

There are many wrong ideas about how one gets AIDS. This is unfortunate because (1) we may practice risk behaviours without knowing the dangers, and (2) we may treat people with AIDS unfairly because we wrongly fear that we can easily be infected with HIV by being near them. Here are some examples of how HIV cannot be spread from one person to another:

1. Using a toilet seat also used by someone with AIDS.
2. Eating from plates and utensils used by infected persons.
3. Shaking hands.
4. Using public telephones.
5. Using public transport.
6. Eating in public places, such as canteens, restaurants and hotels.
7. Touching someone infected with the HIV.
8. Caring for or nursing and AIDS patient.
9. Going to school with or working beside an infected person.
10. Sleeping with an infected person (excluding sexual contact).
11. Insect bites from mosquitoes, flies and bed bugs.
12. Swimming with someone with AIDS.
13. Sharing clothes with and AIDS patient.
14. Coughing and sneezing.
15. Handling money.

16. Living in the same neighbourhood or attending school with AIDS patients.
17. Being in hospital where there are AIDS patients.
18. Donating blood where sterile procedures are practiced.



9. You cannot get AIDS from shaking hands, sharing a drink, washing in the same basin or eating with an AIDS patient.

A very common misconception is that HIV can be transmitted by the bite of a mosquito or other insect. This cannot happen because the virus is killed in the stomach of the insect and therefore cannot be passed on when the insect bites another person. Furthermore, if insects spread HIV, all age groups would be affected, which is clearly not the case (see graph on page 32).

Now that you have learned the facts about AIDS, some of these fears may seem foolish. But remember, many people hold such wrong beliefs. It is the responsibility of everyone to teach others the truth about AIDS.

REVIEW QUESTIONS

1. State three ways through which HIV infection can be spread.
2. State three body fluids through which HIV infection can be transmitted.
3. What is meant by risk behaviours?
4. State ten ways in which HIV infection cannot be spread.
5. Why should a woman who is HIV positive avoid pregnancy?
6. Is it likely that you would get an HIV infection by donating blood at a hospital? Explain your answer.
7. Why is it possible to get HIV from a razor blade?

TOPIC THREE PREVENTING THE SPREAD OF AIDS

INTRODUCTION

There is no drug to cure AIDS and no vaccine to protect us. The only option is to avoid infection. HIV infection can be prevented in these ways: abstinence, a monogamous partner relationship, the screening of blood before transfusion, the use of condoms and the sterilisation of instruments which pierce and cut the skin if used by more than one person.

ABSTINENCE

Abstinence means a person chooses not to have sexual intercourse. Abstinence gives 100 percent protection against unwanted pregnancy, sexually transmitted diseases (STDs) and the sexual transmission of AIDS. People may choose abstinence for the following reasons:

1. Personal reasons -- Abstinence reveals signs of maturity in a person, that is, the ability to make and follow decisions based on personal values. In addition, it shows that a person is honest with oneself. His or her religious obligations may also influence the decision to adopt abstinence.
2. Medical reasons -- Abstinence is 100 percent effective in preventing unwanted pregnancies. Abstinence prevents one from contracting AIDS and other sexually transmitted diseases. Abstinence decreases the risk of cervical cancer. Cancer researchers are now suggesting a relationship between early sexual activity and multiple sexual partners and the increased amount of cervical cancer in women under 25 years of age.
3. Relationship Reasons -- Delaying a sexual relationship helps the couple to explore

a wide range of ways to express love and their sexual feelings. It gives them time to build mutual interests and to establish intimacy not based on sexual activities. This can deepen their love. Abstinence allows time for the couple to test the endurance of love beyond the first attraction and before sexual intercourse.

MONOGAMOUS PARTNER RELATIONSHIP

For partners in permanent relationships, a monogamous (only one sexual partner) relationship is absolutely effective if neither already is infected with HIV and the couple have sex only with each other. This is sometimes called a "mutually monogamous relationship."

SCREENING BLOOD FOR HIV BEFORE TRANSFUSION

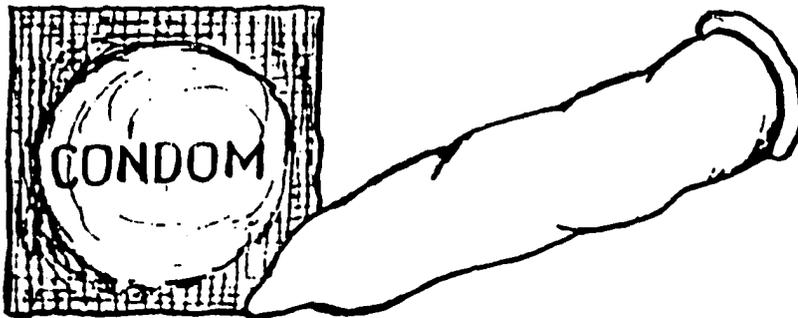
Since an HIV-infected person may not show symptoms of AIDS, blood should be screened for HIV before transfusion, a practice followed in Malaŵi. The only way to confirm that a person is infected is with an AIDS blood test. It takes an average of six to twelve weeks following infection for the test to detect the presence of HIV antibodies in the blood. Tests done soon after infection may give misleading results. That is why several tests over a period of time may be necessary to confirm that a person is actually HIV-negative.

A confirmed HIV-positive test means that:

1. The HIV is in the person's blood stream.
2. The virus can be passed on to others.
3. Precautions must be taken. The infected individual must never have unprotected sexual intercourse or share cutting or skin piercing instrument unless they are properly sterilised.
4. The person must not become pregnant or be responsible for a pregnancy, since the unborn child may become infected.

USING CONDOMS

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

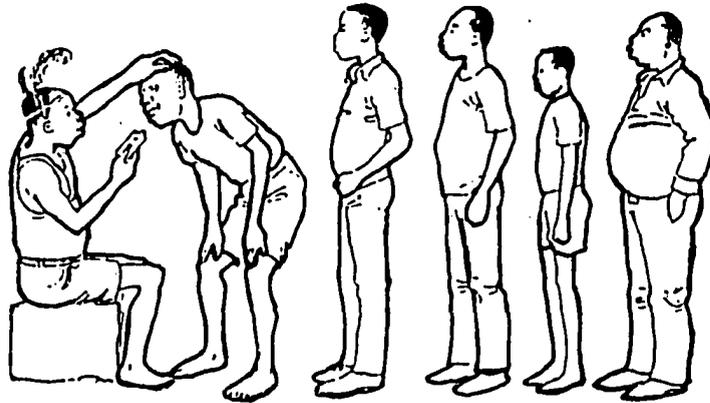


10. Condom can help reduce the spread of AIDS and other sexually transmitted diseases.

The condom must be put on before any genital contact. Air should be squeezed out of the tip of the condom before it is 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 because of pressure from the semen. When withdrawing the penis, 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 can weaken the condom and might allow the virus to pass through. Used condoms should be properly disposed of by flushing down the toilet, throwing in the latrine or by burning.

SKIN PIERCING AND CUTTING OBJECTS

Skin, if not broken (pierced), is germ proof. However, the entry or exit of germs is made possible by the use of objects which pierce and cut the skin. Items such as injection needles, razor blades and cutting knives must be properly sterilized if they are shared.



11. Cutting and piercing objects must be sterilised if they are to be used on more than one person.

REVIEW QUESTIONS

1. Explain "abstinence" as a means of preventing HIV infection. How effective is it?
2. What is meant by the term, a "monogamous partner relationship"? How can it protect you from HIV infection?
3. What can be done to avoid HIV infection from skin piercing objects?
4. How do condoms protect sexual partners during sexual intercourse?
5. What should a HIV-infected person do to prevent him or her from transmitting HIV?
6. How should condoms be disposed of?

TOPIC FOUR TAKING CARE OF PEOPLE WITH AIDS

INTRODUCTION

Society has accepted the role of caring for the sick. Like other people who are ill, AIDS patients many kinds of support. AIDS is of great concern because as of now there is no cure. People become very frightened when they first learn they have HIV. Their families and friends often react in the same way. People with AIDS want to lead as normal and full a life as possible. They need encouragement, love and help from those who are nearest to them if they are to make the most of life remaining to them.



12. People can become very depressed when they first learn they are infected with HIV.

IMPORTANCE OF A POSITIVE ATTITUDE

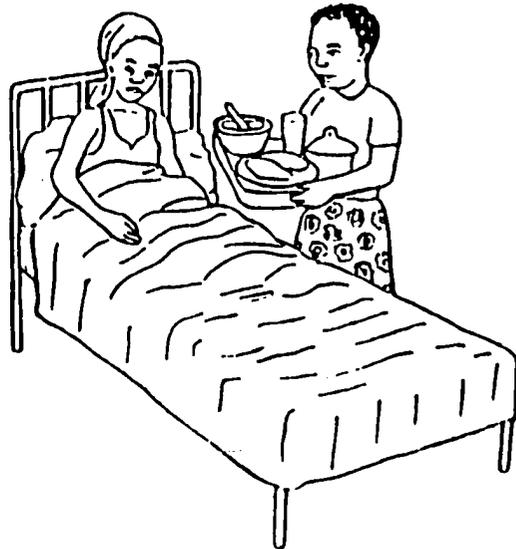
There is a need for people with AIDS to avoid thinking of themselves as "victims." Their goal should be to live as fully, lovingly and honestly as is possible. During such a serious illness, family members and friends need to share the patient's burdens and offer all the support they can. Family and friends should encourage the patient to be as positive as possible by setting a good example themselves by being positive and cheerful when they are with the patient.

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, just as any other patient with a serious illness.

CARING FOR AIDS PATIENTS

Most people with AIDS have a life expectancy of about 12 to 24 months from the time the serious symptoms of AIDS begin to appear, although some have lived much longer. Proper care of AIDS patients can prolong their lives.

Since AIDS patients have lowered immunity and cannot resist opportunistic infections, family, friends and health care workers must exercise caution so as not to expose patients to infections that could put them at risk. AIDS patients are more at risk of being infected by caregivers than vice-versa.



13. There is little risk in caring for AIDS patients, but care should be taken to avoid exposing them to other kinds of infections.

When a person with AIDS reaches the terminal stage (nearing death), 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.

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.

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

1. 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, people with other infections should be kept away to protect the person with AIDS.
2. 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 linen should be boiled or soaked in bleach.
3. 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 do not 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 dilate 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.

REVIEW QUESTIONS

1. How can AIDS patients be helped to maintain a positive attitude?
2. Why is it sometimes better to care for an AIDS patient at home?
3. Why must AIDS patients be protected from other infections?
4. How long do patients normally live after the full symptoms of AIDS begin to appear?

TOPIC FIVE THE IMPACT OF AIDS

INTRODUCTION

We all belong to a family which is a part of a society. Fighting AIDS requires united effort by individuals, families, communities and the society as a whole. AIDS has already had a negative impact at every level. It has disrupted family life and is a threat to the nation's future.

FAMILY RELATIONS

A family unit is usually composed of a father, mother and children. Some families have no children. Others have children but lack one or both parents. In our society, however, we also have extended families in which other relatives such as aunts, uncles, grandparents and cousins may also be a part of the family group. In such cases there are influences in addition to those of the parents which influence the upbringing of the children.

The mother is the family member who is in closest contact with the children. The mother's attitude will greatly affect how the child develops. The mother sifts through moral and cultural values of the society and uses the desirable ones in educating and socializing her child.

The father is the head of the family and is usually the person who provides for security and material requirements. It is, however, the responsibility of both parents to provide spiritual guidance and moral advice to their children.

Children are a source of pride and satisfaction. They assist the family in various activities such as chores. Parents know their children better than anyone else does. They know their maturity level as well as how best to communicate with them. It is generally the parents who teach the moral aspects of sexuality that are so important to the development of a wholesome attitude towards sex. Sex education at church

and from other sources should play a complementary role to what the child is taught at home, not replace home instruction.

MORAL VALUES AND AIDS

Moral values vary from society to society. In general, morals are determined by the needs of both the individual and the society. The practice of desirable moral values can help stop the spread of AIDS. Morals based on self respect and respect for others are essential if the disease is to be eliminated.

"Peer group" is a term used to define a collection of individuals of the same age range with similar interests who consistently spend time together. The group may consist of boys only, girls only or a mixture of both. A peer group has influence on the development of the character of individual group members. There is strong pressure for individuals to "do what the group does," even though it may be something the individual would not do on his or her own.

Informal learning about sex often comes from a peer group. As boys and girls become sexually mature they develop interest in the opposite sex. A happy and fulfilling relationship between boys and girls does not need to involve sexual contact. It is normal for young people to feel sexually aroused, but it is essential that they control their sexual feeling and urges and not engage in sexual intercourse before marriage, in spite of pressures to do so from the peer group. Sexual contact after marriage leads to choosing one faithful life partner, which can save both husband and wife from AIDS.

THE IMPACT OF AIDS ON THE NATIONAL ECONOMY

The cost of the AIDS epidemic is being felt in many ways, by families, communities and the nation. The costs are both emotional and economic. Unfortunately, the spread of AIDS is continuing at an alarming rate, so the disruption to the society will increase as well.

As the number of AIDS patients increases, the cost of caring for them in hospital and clinics is rising sharply. In addition, the many medical resources needed

to care for AIDS patients means less is available to treat patients with other medical problems. One result of these pressures probably will be the need to care for more AIDS patients in the home.

As parents die of AIDS, orphans are created. They must be provided for by the family, community and nation. These costs will increase dramatically in the years ahead unless the spread of the epidemic can be stopped.

The number of new AIDS patients continues to increase at a startling rate. As the graph on the following page shows, the people most affected by AIDS are in the age group representing the most productive sector of the society. Each case of AIDS carries immense economic costs because of lost productivity as well as immeasurable costs in human suffering. The future of the nation can be at peril if we continue to lose the farmers, engineers, government workers, doctors, teachers, shop keepers, factory workers and all the other people upon whom the nation depends for its development and prosperity.

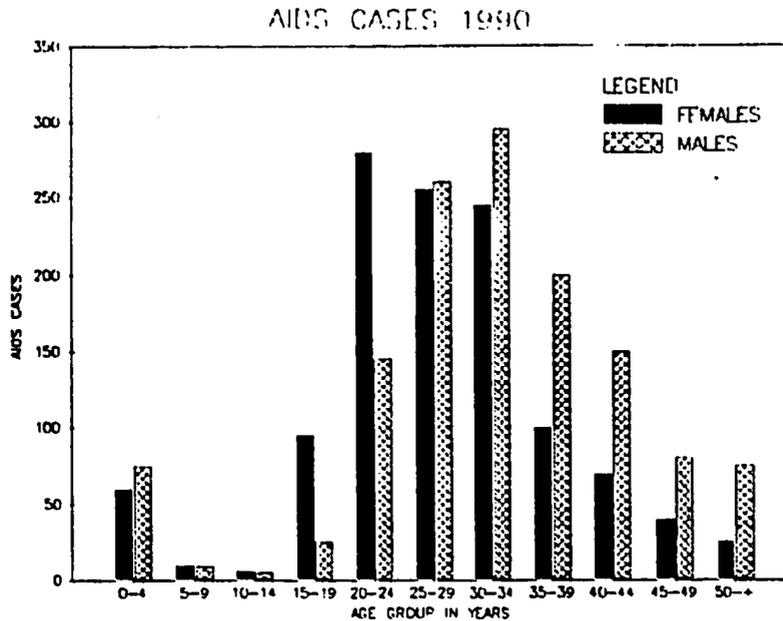
Because AIDS affects everyone, it is the responsibility of all citizens to learn how the spread of the disease can be controlled. No one is safe from contracting AIDS and no one can escape the social and economic consequences of the epidemic. Since education is now our only weapon, we must learn all we can about the disease and pass this information to others.

EXERCISE

Refer to the graph on the next page to answer the following questions:

1. In which age group are there more female AIDS cases than male cases?
2. What could be one reason for the difference between female and male AIDS cases noted above?
3. Why are there more cases in the 0-4 age range than in the 5-9 and 10-14 ranges?

4. The number of male AIDS cases is higher for men than women above the age of 25. What could be one reason for this difference?
5. What does the graph tell you about the belief that AIDS can be spread by mosquito bites or the bites of other insects?



14. Distribution of AIDS cases in Malawi by age and sex.

REVIEW QUESTIONS

1. Who is generally the best equipped to teach children wholesome attitudes and values about sex?
2. What is meant by the term "peer group"?
3. What is the relationship between moral behaviour and AIDS?
4. What are some economic costs of the AIDS epidemic?
5. Why is it probable that more and more AIDS patients will be cared for at home?

CASE STUDIES AND EXERCISES

CASE STUDY 1 - MARGARET

Margaret is 16 and her boyfriend, Barclay, is 17. They have been going out together for nearly a year and feel very much in love. On several occasions Barclay has tried to convince Margaret to have sex with him because he thinks it would be a natural expression of their feelings. Margaret, however, feels unsure and afraid. She believes it would spoil their relationship. She has managed to find ways of making Barclay feel special without having sex with him. In fact, she works quite hard at building a positive relationship which does not focus too much on physical contact. They spend time together having great fun as friends, sharing a book together, walking, going places, listening to music and visiting with their friends. Margaret has decided that having sexual intercourse before she is ready would be unwise.

1. Discuss some of the advantages of saying "No" to sexual intercourse before marriage, such as:
 - o No fear of an unplanned pregnancy.
 - o No reason for guilt or worry.
 - o More freedom to build friendships with others.
 - o No pressure to stay in the relationship.
 - o No fear of contracting a sexually transmitted disease (STD) or AIDS.
 - o Plenty of time for other activities.
 - o Time to explore other ways of expressing your sexuality and affection.
 - o No fear of being "used" by the other person.
 - o The knowledge that when a person decides to get married and have sexual intercourse it

will be a very special expression of love and commitment to their partner.

- o The freedom to be your own person and feel confident and secure in your self-control regarding sexuality.

2. Can you think of any more advantages?
3. Which of the above apply to Margaret? Give reasons for your choices.
4. How could Margaret answer when Barclay is trying to convince her that sexual intercourse would be a natural expression of their love?
5. Write down three possible replies she could have given. Whatever she said did not end the relationship. Which reply do she think she gave?

RESPONSE ONE:

RESPONSE TWO:

RESPONSE THREE:

CASE STUDY 2 - SEXUAL REGRETS

Dear Nangozo,

I had sex with my ex-boyfriend. I didn't intend to, and I wish that I hadn't, but it's too late for regrets. I've since discovered that he has had several sexual relationships, and I feel very hurt. I feel "used" and sorry that I gave in. Since this experience I'm scared that I may have been infected with an STD, even with AIDS. I know that it's quite unlikely, but I can't stop worrying about it.

Your sincerely,
Frantic

1. Things to talk about:

- o What pressures may have caused this girl to give in?
- o Why do you think this relationship ended?
- o What is the possible risk behaviour in this situation which may result in HIV infection?
- o Where should she go for help?
- o What is a STD?

2. Write your reply to the letter.

Dear Frantic,

Sincerely,

ROLE PLAY 1 -- BARCLAY AND ENELISI

Barclay is 17 and has been going out with Enelisi for nearly a year. He can't understand why she won't agree to have sexual intercourse with him. His last girlfriend did, and he thinks that a year is long enough for Enelisi to know that he genuinely cares about her. Enelisi, however, is quite clear about what she feels on the matter and she has decided to wait. Occasionally Barclay has met other girls, some of whom have made it obvious that they would be willing to have sex, but he has resisted the temptation up until now. He has sometimes wondered if he is missing great opportunities to experience sex, and yet he enjoys Enelisi's company so much that he isn't prepared to risk losing her. Inwardly he respects her for having such strong values and it certainly doesn't prevent him from loving her. If anything it probably makes her more attractive to him. Barclay knows that he could find another girlfriend, but he feels that he probably wouldn't find one who was as much fun to be with. He wonders if perhaps Enelisi is right when she says, "Sex isn't always everything it is made out to be." His experiences with his first girlfriend didn't add up to much in the long term.

1. Role play in pairs the conversation between Barclay and Enelisi.
2. Now imagine that Barclay decided to try and persuade Enelisi once more. He thinks that it is normal for two people to have sex if they love each other. Enelisi, however, has her mind made up and is in no hurry to begin being as intimate as Barclay would like.
3. Now swap roles.

Enelisi realizes that Barclay resents her views on this issue and that going out with her is preventing him from forming relationships with other girls who might make him happier. She decides to give him the option of ending the relationship.

4. The choice is his. What does he decide?
5. How important do you think sex is to Barclay?
6. How is Enelisi likely to respond to Barclay's choices?
7. Barclay has many decisions to make. From the following possible decisions, write what you think the probable short term and long term outcomes will be.

DECISION: Barclay decides to carry on in this relationship and respect Enelisi's views.

Short term outcome: _____

Long term outcome: _____

DECISION: Barclay will try to persuade Enelisi to change her mind.

Short term outcome: _____

Long term outcome: _____

DECISION: Barclay will finish the relationship with Enelisi and begin again with a girlfriend who shares his views.

Short term outcome: _____

Long term outcome: _____

8. Can you think of any other decisions Barclay might make?

9. Are there other things Barclay should consider before making his decision?

ROLE PLAY 2 -- CHIKONDI

Chikondi is 17 and has had several girlfriends. He was sports captain at school and he has continued to pursue several of his sporting interests since he left school. As he is good looking, girls are often keen to go out with him and he enjoys female company. He is particularly fond of Stella, his regular girlfriend, although she is a few years younger than him. Despite some of the remarks he has made in the past to his mates, he does not spend his whole time trying to "get on" with the girls, although he has pretended to do this on some occasions. Recently at a party one Saturday night, he drank too much and ended up having sexual intercourse with Stella. He feels sorry about

this, and is quite embarrassed that it happened. He is worried in case Stella becomes pregnant as he would feel responsible and would have to look after her. Chikondi's friends suspect that something is worrying him and he wonders how they would respond if he shared what was on his mind. One of this friends, Faston, meets Chikondi for lunch on the Sunday following the party and encourages Chikondi to talk.

1. Role play in pairs the conversation between Chikondi and Faston.

Faston asks Chikondi where he went after the party and comments on his friend's drunken state. In the first role play Faston is encouraging Chikondi to talk about Stella and their relationship. They start comparing Stella with other girls they both know. Chikondi tries to keep up his image with Faston.

2. Now swap roles.

In the second role play Chikondi tells Faston the truth and goes on to describe his feelings. He tells Faston about his apology to Stella and his resolution to avoid it happening again.

How does Faston react?

How do you think Chikondi's friends might respond if they know the whole story?

List some positive, helpful responses:

List some negative, unhelpful responses:

What thoughts do you think are going through Chikondi's mind?

ROLE PLAY 3 -- ELLENA

Ellena thinks she is a mature girl for her age. She has always been independent and quite determined. She has found her school friends to be quite young in their interests. Out of school she tends to have friends who are several years older. Her closest friend is Chisomo, who is 18. Ellena's current boyfriend, Chikondi, is 17. They have been going out together for six months, long enough for Ellena to know that he makes her feel special. Ellena's recent decision to "go the whole way" with Chikondi came after they had both been to a party and had too much to drink. It seemed like a fun thing to do, and Chikondi made her feel like an adult. Having sexual intercourse with him intensified that feeling and made him more attractive. Whilst away camping with her previous boyfriend, Ellena had agreed to have sex and this became more regular as their relationship continued. She had not taken any precautions at all then as it seemed so unromantic. She hoped now that she would continue to be lucky with Chikondi and that she wasn't pregnant. On the next occasion that she was with Chikondi, he apologized for what happened after the party and assured her that it would never happen again. He said he would never have behaved like that if he had been sober and

that he understood if she was angry. He suggested that they avoid situations like that in the future.

1. Choose a partner and role play the following conversation between Ellena and her friend Chisomo: Chisomo asks Ellena about the party and Ellena

decides to confide in her. What advice might Chisomo give to her friend Ellena?

2. In the first role play, Chisomo probably encouraged Ellena to be responsible and avoid unprotected sex in the future.

Discuss the following questions:

- o Who might Chisomo tell Ellena to go to?
- o Would Chisomo offer to accompany Ellena?
- o Why might Ellena be not want to take Chisomo's advice?

3. In the next role play, Chisomo is encouraging Ellena to find a new boyfriend and she accuses Chikondi of being "unmanly." Somewhat to her surprise, Ellena finds herself defending Chisomo.

4. Based on the background information for the role play on the previous page, how mature do you think Ellena really is? Write your opinion and your reasons for it below:

5. What is your opinion of Chikondi and his character? Write your opinion and your reasons for it below:

DILEMMA 1 -- PEER GROUP PRESSURE

SITUATION: You are walking home after the football match and are talking with your friends.

DILEMMA: You are feeling peer group pressure. One person is boasting of his or her intimate sexual experiences involving intercourse and is encouraging everyone in the group to try sexual intercourse.

Discuss the following questions:

- o How do you feel about this person's statement?
- o What are your friends saying?
- o Why do you think this person is speaking the way he or she is?
- o Can you see any short term outcomes of doing as the friend says?
- o Are there any long term risks?

Decide which of the options listed below you would choose:

- o Be impressed by these disclosures.
- o Walk away in disgust.
- o Ask for more details to satisfy my own curiosity.
- o Question the person and try to make the group see that there is more to sexual intercourse than this.
- o Put the person down, saying how immature he or she is.
- o Seriously consider having sexual intercourse with someone who is willing.

DILEMMA 2 -- HAVING A "GOOD TIME"

SITUATION: You are at a party which is taking place a few kilometres away from your home. There are no adults present.

DILEMMA: Hemp (chamba) and beer are freely available and you are receiving encouragement from others at the party to "have a good time."

Discuss the following questions:

- o What do you feel about the choice?
- o What are your friends saying about it?
- o If you do drink or use drugs what are the possible short term outcomes? For example, who will look after you?
- o Are there any long term risks?
- o What are the risks of HIV infection in these circumstances?

Decide which of the options listed below you would choose:

- o Not drink.
- o Drink some but not get drunk.
- o Take no drugs at all.
- o Smoke chamba but take no other drugs.
- o Take "hard drugs" if they are offered to you.
- o Take no drugs at all.
- o Go home at once.

DILEMMA 3 -- AN APPROACH BY A "FRIEND"

SITUATION: You have just moved into a new school and have begun to settle into the new routine and make new friends.

DILEMMA: A person of the opposite sex who is a friend of the family has now begun showing an interest in you. This person is four years older than you and you know that they are suggesting a sexual encounter. After school one day this person approaches you and suggests that you leave your group of friends and go for a walk in the forest nearby.

Discuss the following questions:

- o How do you feel about suggestion?
- o What difficulties might arise if you do as the person asks?
- o How is this person abusing his or her position as a friend of the family?
- o What are the possible long term outcomes of the family friend's behaviour?

Decide which of the options listed below you would choose:

- o Accept and tell your parents.
- o Accept and not tell your parents or anyone else.
- o Refuse and tell no one.
- o Refuse and tell your parents or a trusted family member.
- o Say you will think about it, then consult your parents or a trusted family member and follow their advice.
- o Accept but ask for something in return.