A 3-DAY TRAINING PROGRAMME IN HIV / AIDS EDUCATION FOR KEY RESOURCE PERSONS / TEACHER EDUCATORS OF ANDHRA PRADESH

7 – 9 October 2003

REPORT

BY

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The current estimates from Government or the U.N. agencies point out that HIV is spreading very fast in South and South East Asia and India in particular. The National AIDS Control Organization has said that the number of people getting infected with HIV, continues to increase with newly released figures showing an increase of over half a million people with HIV in one year alone. The new estimates for HIV/AIDS for the first time crossed the 4 million mark to indicate that HIV/AIDS infection in the Country may have reached 4.58 million by the end of 2002 and 3.97 in the previous year.

What is of particular concern is that the epidemic is now moving from easily identifiable groups at risk such as sex workers and Truck drivers into general population.

The HIV and AIDS are urgent problems with broad social, cultural, economical, political, ethical and legal implications. Because of the sensitivity of issues associated with sexual behaviours, educators confront major problems in the prevention and control of HIV/AIDS and sexually transmitted diseases.

In today's fast changing environment, traditional values and norms are breaking down; young people in their search for identity are experimenting with different life styles. This is an important factor since today's young are the parents and leaders of tomorrow. It is, therefore, crucial to safeguard their health and well-being. One method of achieving this would be to formally provide them with accurate information to facilitate adoption of a safe and healthy life style. Hence, the young constitute an important target group for the AIDS prevention education programme.

In order to achieve this, teacher educators, teachers and other resource person need to be trained in an awareness building programme. It must be remembered that the most important determination of success or failure of an AIDS education programme is the teacher. Therefore, the

primary concern is the qualification and preparation of the prospective teacher educators and teachers. For this purpose, an awareness training package in AIDS education has been prepared keeping all aspects of HIV/AIDS in view. The package is easy to use because all basic background material is built into each lesson. Activities are also provided in module eleven for life skill development. Activities indicated are only representative and suggestive for realising the objectives of AIDS education (See Appendix A).

In response to AIDS pandemic, a three day training programme comprising 27 participants representing DIET, IASE, CTE and SCERT (See Appendix B) was organized by the Population Education Cell, Regional Institute of Education, Mysore, from 7 – 9 October 2003.

The main objective of the seminar was to create an awareness and promote interaction and discussion among the participants about the complex inter relationship between HIV/AIDS education and other critical variables like prevention and control of HIV/AIDS, Drug abuse and Sexually Transmitted Diseases.

The workshop began with a brief review of the package and went on to concentrate on those specific areas which are closely related to HIV/AIDS education (See Appendix C).

After a comprehensive coverage of all the relevant topics the participants were divided into 3 groups for undertaking the following activities.

Role Play

Group I

It was to organize a Role-play using the following situation.

A. One goes to a marriage party where some of your friends are smoking. They persuade you to take part in the activity. One is aware that smoking is bad for health and you are not interested in wanting to smoke. How would you tell them, "No to smoking".

Group II

B. You are with five friends whom you meet after school. Rajesh went to a brothel last week with his elder brother and seems quite happy. As a result, three friends agree to go with Rajesh on a following Saturday and are trying to convince you also to join them. You and your friend do not agree to the proposal and flatly refuse to accompany them. At the same time, you try to warn them of the risk they are taking and try and persuade Rajesh and his friends not to go.

Group III

C. You find out from your friends that one of your teachers is HIV positive. He is a good teacher. On knowing his status, the teacher depressed for a while but rallied round and is back on duty. But the students keep their distance from him both physically and emotionally. They also report to their parents about the teacher. As a result, the parents complain to the Principal and request him to ask the teacher to leave the school. The Principal however calls for a meeting with the parents and asks the knowledgeable students to present a factual and scientific talk on HIV/AIDS to convince the parent about the situation. Once the parents understand the mode of transmission of HIV infection, they drop their demand for the teacher's removal.

Games

Group I

A. Organise a game to demonstrate that HIV is spread like a wild fire.

Group II

B. Demonstrate through a game that HIV/AIDS can have several effects ranging from the individual, societal, national and international as well as several types of impact like social, cultural, economic and psychological.

Group III

C. Organise a game called "Playing God" to demonstrate prejudices and assumptions regarding people with HIV/infection.

Certain activities were also organized on Value-clarification involving the training of teachers and students in HIV/AIDS education. This was done primarily as an exercise to clarify their own values and attitudes on issues related to HIV/AIDS.

These activities were organized for the participants and by the participants to know that shifts in risk behaviour are unlikely if knowledge, attitudinal, and skills based competency are not addressed. Life skills are essentially those abilities that help promote mental well-being and competence in young people as they face the realities of life.

APPENDIX A

AN AWARENESS TRAINING PACKAGE ON HIV/AIDS EDUCATION FOR TEACHER EDUCATORS AND RESOURCE PERSONS.

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Acknowledgement

The Regional Institute of Education would like to gratefully acknowledge all the sources that have used for repackaging in the preparation of this Training Package. The sources used are mentioned in the Bibliography given at the end of this package.

INTRODUCTION

The world is reeling under the onslaught of AIDS pandemic. The current estimates from the government or the UN agencies point out that HIV is spreading very fast in South and South East Asia, and India in particular. The National AIDS control organisation has said that the number of people getting infected with HIV continues to increase, with newly released figures showing an increase of over half a million people with HIV in one year alone. What is of particular concern is that most of the increase is in areas considered to be low prevalence, indicating that the epidemic is now moving from easily identifiable groups at risk such as sex workers and truck drivers into general population. The new estimates for HIV/AIDS which have been revised right from 1998 onwards, for the first time crossed the 4 million mark to indicate that HIV/AIDS infections in the country may have reached 4.58 million by the end of 2002 and 3.97 in the previous year.

The HIV and AIDS are urgent problems with broad social, cultural, economical, political, ethical and legal implications. Because of the sensitivity of issues associated with sexual behaviours, educators confront major problems in the prevention and control of HIV/AIDS and sexually transmitted diseases (STDs)

There are other killer diseases like malaria and tuberculosis, which are now preventable and curable even though these diseases claim millions of lives; especially among the young and the aged, who are the most vulnerable. AIDS, on the other hand, primarily attacks men and women in their economically productive years, when they provide major labour force. Hence, the impact of AIDS on socio-economic development are potentially wide spread, profound and complex. This is exacerbated by recession, debt and poverty; natural disasters, conflict and migration. Among other, AIDS has an immediate impact on population growth; health care costs; maternal and infant mortality; life expectancy; labour productivity; income and economic growth; and social cohesion and traditional support mechanism.

Commercial sexual exploitation and domestic sexual abuse of children are contributing risk factors for HIV infection among children. The belief that children are less likely to be infected has raised the demand for younger sex workers in recent years. The AIDS epidemic has also made child sexual abuse and child prostitution more dangerous than ever before. Studies indicate that rates of HIV infection among child sex workers and street children are often very high.

Since its detection in 1981, AIDS continues to remain incurable and has spread rapidly throughout the world. Worse, an alarming proportion of young pople have been infected by the disease. In today's fast changing environment, traditional values and norms are breaking down; young people in their search for identity are experimenting with different lifestyles. This is an important factor since today's young are the parents and leaders of tomorrow. It is, therefore, crucial to safeguard their health and well-being. One method of achieving this would be to formally provide them with accurate information to facilitate adoption of a safe and healthy lifestyle. Hence, the young constitute an important target group for the AIDS prevention education programme.

Adolescence is a period of profound physical and psychological change, during which the young learn to assume control of their lives and become able to take mature decisions, specifically in relation to the consequences of their actions for themselves and others. However, urbanization, industrialisation, increased travel, rapidly spreading non-traditional values through mass media and continuing decline in the influence and support of extended family have contributed to a change in the society. These factors, either singly or in combination, have given many adolescents a wide range of behaviour to choose from; some of which may be dangerous. This includes not only sexual behaviour but, also experimentation with injectable drugs or skin-piercing instruments, all of which may lead to HIV infection. It is therefore, imperative that youth are made aware of the potential consequences of such behaviour. In fact, adolescents and young adults (20-24 years) account for a disproportionate share of increase in reported cases of STDs. At least, one-fifth of those with AIDS are in their twenties, and most of them are likely to have contracted

the infection in their adolescence. Preventive education, therefore, assumes greater importance for youth and young students, especially in view of the WHO estimates that to date at least half of all worldwide HIV infections have occurred in youth between 15 and 24 years of age.

In India, number of secondary school students who are in the age group of 15-18 years is about 40 million; one-third of these are girls students. Educating these young students regarding various issues related to HIV and AIDS can go a long way in minimizing the spread of HIV infection. This would be possible by developing appropriate attitudes and values, which would create a better understanding of the consequences of their behaviour and thereby assist them in adopting socially desirable behaviour.

Teacher Preparation: Therefore, the question of measures and strategies to be adopted for introducing AIDS education need to be first considered in the light of measures that are required to be taken to initially build an awareness level among teachers and resource persons with regard to various issues comprising AIDS education. It must be remembered that the most important determinate of success or failure of an AIDS education programme is the teacher. In spite of a well designed curriculum an ill- prepared or an uncomfortable teacher can ruin a programme. Parents, on the other hand, are most concerned that the teacher will convey personal values or inappropriate information to their children.

Given these high expectations, the primary concern therefore, is the qualification and preparation of the prospective teacher educators and the teachers. A major reason for a teacher's resistance to teaching adolescent education is basically lack of right information and inadequate preparation to handle the sensitive nature of the subject.

An educator who is knowledgeable but is not comfortable with his/her own sexuality is less likely to provide effective information. Preparation and an awareness programme thus can help educators to understand the values underlying

different sexuality and related issues. More importantly, it can enable the teachers to become aware of their own feelings, attitudes and values regarding adolescent and sexuality education.

Teaching About Values

Teaching about values is an essential component of AIDS education. The teacher has a vital role to play in achieving the objectives of factual teaching and values underlying human sexuality and inter-personal relations. The aim is to support and strengthen pupils' ethical development, their abilities to make and act upon decisions which reflect social responsibility and concern for others. Consequently, careful training should be offered to teachers in the assessment and teaching of values and attitudes.

The exploration and clarification of values must be combined with the clear affirmation of a code of ethics applicable to all affective and social relationships. In doing so, it is important to distinguish between fundamental values which are commonly accepted and often reflected in the curricula of the divergent values prevailing in the society.

The process of enquiry and examination of values concern the pupils preparation for future family life and parenthood. The issues and questions concerning their current interpersonal relationships are often the main preoccupation of teenagers, their curiosity and interest in the different aspects of family relations and life-social, ethical, economic, psychological, legal should be sustained and strengthened through the provision of information and opportunity for discussion.

In any case, instruction should as far as possible, provide an opportunity for learners to examine and clarify problems and values in wider social context and how they change, as societies evolve. The aim of problem explanation and related values is to help the teachers and pupils to become more capable of systematic and careful examination and analysis necessary to make and act upon decisions which reflect social responsibility and concern for others.

Life Skill Development There is evidence that shifts in risk behaviour are unlikely if knowledge, attitudinal and skills based competency are not addressed. Life skills are essentially those abilities that help promote mental well-being and competence in young people as they face the realities of life.

Developing life skills helps youth translate knowledge, attitude and values into healthy behaviours such as acquiring the ability to reduce specific health risk (such as unintended pregnancy and STD/HIV transmissions) and adopt healthy behaviours that improve their lives in general. The adolescent of today grow up in an environment that surround them with mixed messages about sex, drug use, alcohol, adolescent pregnancy etc. On the one hand parents and teachers warn them about the dangers of early and promiscuous sex, adolescent pregnancy, STD's/AIDS, drugs and alcohol and on the other hand, messages and behaviour from entertainers and sports figures and peer pressure contradict their messages, even promoting opposite behaviours. It is through life skills that youth can fight the challenges and protect themselves from teenage pregnancy, STD's and AIDS, drug violence, sexual abuse and many other related problems.

Hopefully, instilling life skills among youth can empower girls to delay pregnancy until physical and emotional maturity; develop in both boys and girls responsible and safe sexual behaviour, sensitivity and equity in gender relations; prepare boys and young men to be responsible father and friends; encourage adults, especially parents to listen and respond to young people; help young people avoid risks and hardships and involve them in decisions that affect their lives.

Described in this way, skills that can be said to be life skills are innumerable, and the nature and definition of life skills are likely to differ across cultures and settings. However an analysis of life skills field suggests that there is a core set of skills that are at the heart of skills based initiatives for the promotion of health and well being of adolescents.

The purpose of life skills education is to enable individuals to make informed choices to serve the interests of self and others; resolve conflict and cope with stress

and develop negotiating skills for personal and social interest. The importance of life skills lies in the fact it influences the way we feel about ourselves and others; the way others perceive us; our productivity, self-esteem, self confidence and interpersonal relationships. Life skills also include the development of social skills leading to effective communication and enhancing negotiating skills which would develop the ability to saying 'NO' to peer pressure regarding problems of drug abuse, alcohol, smoking and promiscuous behaviour. In other words, the most direct interventions for the promotion of psychological competence are those, which enhance the person's coping resources, and personal and social competencies. In school-based programmes for children and adolescents, this can be done by the teaching of life skills in a supportive learning environment. "Education must prepare students to face the challenges of life. For this it needs to be intimately linked with different life skills, the abilities for adoptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of every day life by developing in them generic skills related to a wide variety of areas such as health and social needs. It is through these skills that students can fight the challenges of drug addiction, violence, teenage pregnancy, AIDS and many other health related problems" (NCERT: 2000. P17).

Content: In order to achieve these out comes an awareness building training package is prepared by **repackaging** to assist teacher educators/resource persons in dealing with AIDS education. The package is divided into 11 modules and question and answers.

MODULE I : BASIC INFORMATION ON HIV/AIDS

MODULE II : HIV/AIDS: PREVENTION AND CONTROL

MODULE III : DRUG ABUSE AND HIV

MODULE IV : SEXUALLY TRANSMITTED DISEASES AND HIV INFECTION

MODULE V : WOMEN AND AIDS

MODULE VI : PSYCHOLOGICAL IMPACT OF HIV/AIDS

MODULE VII : SOCIAL, ETHICAL AND LEGAL ISSUES RELATED TO HIV/AIDS

MODULE VIII	**:**	**TEACHER'S ROLE AS AIDS EDUCATORS**
MODULE IX	**:**	**COUNSELLING CARE AND SUPPORT TO HIV/AIDS PAIENTS**
MODULE X	**:**	**VALUES AND LIFE SKILLS**
MODULE XI	**:**	**LIFE SKILLS AND SUGGESTED ACTIVITIES QUESTION AND ANSWERS**

How to use the Package

At the outset, it must be mentioned that the awareness building modules are prepared by **repackaging** from all the available material on HIV/AIDS education (the sources used for repackaging one gratefully acknowledged and are mentioned in the bibliography given at the end of the package).

The package is easy and convenient to use because all basic background material is built into each lesson. Activities are also provided in module 11 for Life Skill Development. Activities indicated are only representative and suggestive; additional or alternative activities may also be undertaken if they are considered to be more meaningful and effective in realising the objectives of AIDS education.

MODULE – 1

BASIC INFORMATION ON HIV/AIDS

OBJECTIVES:

1. To recognize that AIDS is a major social problem impacting on health and development;
2. To distinguish between HIV/AIDS and STD;
3. To identify the major routes of HIV transmission and the ways through which it is not transmitted;
4. To create awareness and enhance knowledge about HIV/AIDS;
5. To impart the basic information about HIV/AIDS and STD in relation to transmission, course of illness, symptoms, testing and prevention;
6. To clarify various myths and misconceptions regarding HIV/AIDS, Sex and Sexuality;
7. To discuss the basic facts and fallacies related to HIV/AIDS and STD.

TIME REQUIRED : 150 Minutes

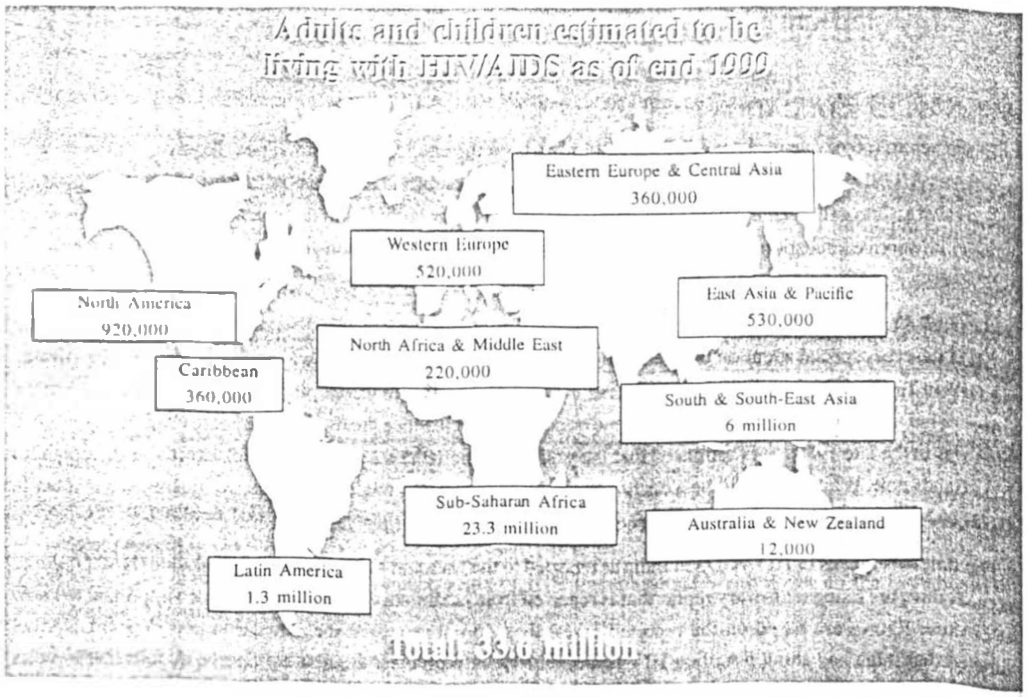
MATERIAL REQUIRED : Flip Charts or Overhead projector (OHP)/Slides, Blank paper, pens etc.

INFORMATION SHEET

Since the first cases of AIDS were discovered in 1981, many cases of HIV infection and AIDS have been identified in people from all over the world, with some of the African countries being worst affected. The first AIDS case was reported in India in May 1986, in Bombay and later followed by reports from Madurai and Madras in Tamil Nadu. Today, in the first year of new millennium India is reported to have nearly 4 million HIV infected individuals. The total number of HIV infected individuals worldwide is estimated at 10-12 million adults and 5-10 million children.

Figure : 1

Adults and children estimated to be living with HIV/AIDS as of end 1999

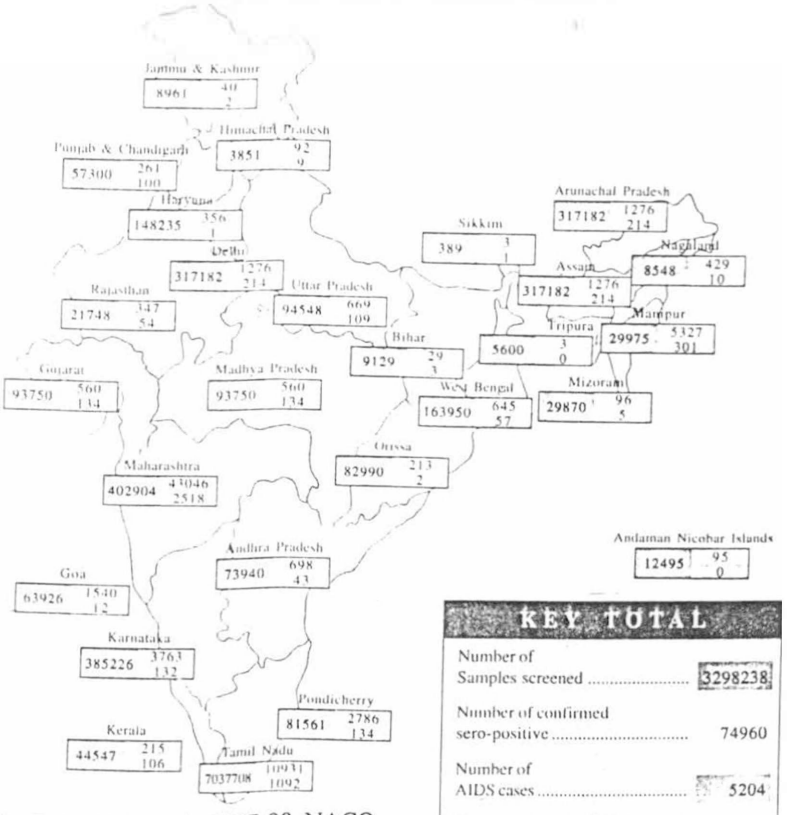


Source :UNAIDS

Table 1: AIDS and HIV infections in South-East as of June 1999

	Reported AIDS cases		HIV infections	
Country	**Number**	**Date of Last Report**	**Estimated**	**Rate per 100,000 Pop.**
Bangladesh	10	3/97	21,000	16
Bhutan	1	8/98	<100	<16
DPR Korea	0	11/96	<100	<1
India	6,252	3/98	4,000,000	418
Indonesia	237	3/98	25,000	12
Maldives	5	1/98	<100	<25
Myanmar	2,312	3/98	440,000	760
Nepal	183	1/96	25,000	66
Sri Lanka	77		6,000	32
Thailand	106,344		950,000	1,325
Total	**115,421**		**~5,600,000**	**<358**

Figure 2: HIV/AIDS IN INDIA



SOURCE : Country scenario 1997-98, NACO

AIDS is a relatively new phenomenon and there is a lot about it that we don't know. But we do have a basic picture of HIV, the Virus which causes AIDS, how it is spread and how it affects the human body. It is essential to have a firm grasp of the basic facts to understand this phenomenon. Also, we have to be prepared to challenge prejudices and offer reassurances against unwarranted fears and anxieties.

What is AIDS ?

AIDS stands for:

Acquired : not genetically inherited but gets it from somebody.

Immune : weakness or inadequacy of the body's main defence Deficiency mechanism, the immune system.

Syndrome : not just one disease or symptom but presents as a group of diseases or symptoms.

AIDS is a condition caused by a virus. A closer look at the term itself tells us a lot about what AIDS is. AIDS arises from damage to the immune system acquired as a result of infection with HIV (Human Immunodeficiency Virus). In healthy individuals, infections and cancers are kept away by a variety of defenders in the body, which constitute its immune system. Unknown to us, these defenders are at work everyday, recognizing foreign bodies (eg. Bacteria, virus etc.) and fighting them with an array of cells and by producing specific chemicals called antibodies which neutralizes the foreign bodies. Each disease stimulates the production of antibodies specific to it. The detection of these antibodies in blood samples is therefore used to determine past or present infection. Because HIV causes damage to the immune system, the antibodies detected in the blood of the carriers of the HIV are ineffective in halting the damage caused by the virus, which may be present in large numbers in the body. Therefore, the body cannot be protected against other infections and cancers, some of which then form the direct causes of death. Because of the way that the virus infects cells, developing a cure or vaccine is extremely difficult.

There are many conditions which can result in someone being diagnosed as having AIDS but what links them all is a deficiency or weakens of the immune system. The word syndrome is used to emphasize that AIDS presents itself as a group of signs and symptoms and not a single disease.

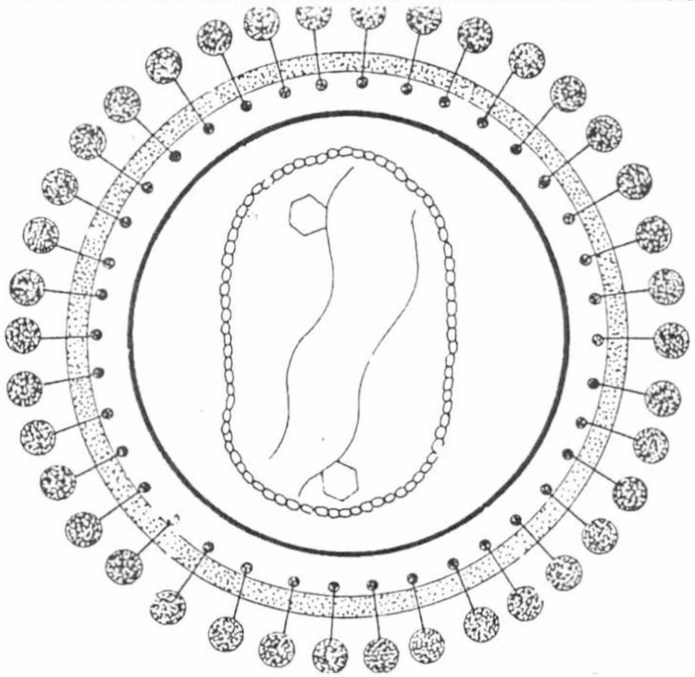
AIDS cannot be diagnosed on the existence of one sign or symptom. All the symptoms of AIDS can be symptoms of other diseases too. Therefore, a person cannot tell whether he/she has AIDS or not unless he/she has been examined at a hospital or health centre and diagnosed as such.

What is HIV ?

HIV stands for : Human
Immunodeficiency
Virus

HIV is a virus which causes impairment to the immune system in humans known to cause AIDS. HIV belongs to a family of many viruses called retroviruses. It is tiny, a thousand times smaller than the thickness of a hair, and it looks like a rolled up porcupine or a sunflower in full bloom. It looks like a wheel having radiating spokes with clubbed terminals. Viruses are tiny organisms that cause many diseases in humans and other animals and even in plants. Viruses are the smallest and simplest living things. There are numerous types of viruses which cause many diseases. Human diseases caused by viruses include measles, polio, mumps, common cold and flu.

Figure 3: THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)



Source : AIDS Education in Schools, A Training Package, NCERT-NACO, New Delhi, 1994

Viruses cannot multiply on their own. They can only reproduce themselves by using the genetic materials of the cells of the host animal or plant. In order to reproduce, HIV attaches itself to the genetic material of the human cell it has infected. This makes it very hard for either the body or drugs to deal with it, without destroying the cell itself. This is why it has been difficult to develop a 'cure' for HIV so far, since anything which damages the virus is likely to also damage the cell it has infected.

The Historical Background: In 1981 in the USA there was a sudden increase of uncommon, rare diseases like Kaposi's Sarcoma (a rare skin cancer), Pneumocystis carinii Pneumonia etc., among young, homosexual males. A study of these cases by the Centre for Disease Control, Atlanta in 1982, resulted in the discovery of AIDS, which they described as "a disease caused by an underlying cellular immune deficiency leading to reduced resistance".

In 1983, Montagnier et al in Paris, reported the discovery of a new Virus that they had isolated in AIDS patients which they called LAV or Lymphadenopathy Associated Virus. At the same time, **Gallo** and His colleagues in the US isolated a virus from AIDS patients which they called HTLV-III (Human T-Lymphotropic Virus).

It was later discovered that these two viruses belonged to the same group of retrovirus and in 1986, the International Committee for Viral Nomenclature decided to call it **HIV-Human Immunodeficiency Virus.** A second type of the virus was isolated in AIDS patients in West Africa. This was named HIV-II. In fact, tests done on blood samples taken from Hepatitis B patients for research purposes and stored for 25 years indicate that the earliest known case of human infection with HIV occurred in a male patient from Uganda in 1965.

Since then, doctors and scientists all over the world have made rapid advances in the various aspects concerned with HIV & AIDS. But still, it is relatively young disease and there are new facts emerging every day.

ORIGIN OF HIV: Veterinary doctors have known for a long time about similar immune deficiency diseases caused by retroviruses in monkeys, cats, cattle, dogs, etc. scientists believe that one of these viruses underwent a mutation (a change in chromosomes) and became capable of affecting human beings.

The changed virus probably came from some African monkey and entered man when he was scratched or bitten. This infection existed in Africa for some 20-30 years before suddenly appearing in Haiti and later in other countries.

All about HIV: In human beings genetic information is carried by the DNA whereas in HIV, the genetic information is carried by RNA. HIV a retrovirus, because it produces an enzyme called reverse transcriptase, which changes its RNA structure into a DNA structure.

The RNA is found inside a core made of protein which is covered by an envelope or membrane. This membrane has protein cum carbohydrate molecules known as glycoprotein (GP). Two of these –gp 41 and gp 120, and the core proteins p-18 and p-24 are specific to this virus. These form the basis for the tests used to discover the presence of the virus in a person.

Like all retroviruses, HIV needs a host cell for replication and cannot reproduce on its own. It also needs a receptor on the host cell to be able to enter it.

There are two known forms of HIV: HIV 1 & HIV 2. There are many subtypes of HIV 1 & 2. No drug has been discovered so far, to kill the virus as long as it is in the body. But once outside, the HIV is a weak, fragile virus which is easily destroyed by heat (drying, boiling) and chemicals like acid, household bleach, surgical spirit, savlon etc.

THE NATURE OF THE VIRUS

Structure: HIV has been known for many years to cause a number of different diseases in animals. Like all retroviruses, HIV contains RNA in its core; the virus itself is surrounded by a protein and lipid envelope or "coat". To replicate itself in human cells, the virus first needs to select cells to which it can attach itself. These are cells carrying a special "receptor" known as the CD4 antigen. This receptor occurs on cells in the body's *immune system*, the helper T *lymphocytes,* and on some *macrophages.* There is some evidence that other cells can support the growth of HIV, such as those in the lining of the bowel (bowel epithelium) and in the brain (microglia cells).

Replication: When the virus has made contact with aCD4-antigen-carrying cell, it sheds its lipid coat and injects its RNA into the human cell. The single-stranded RNA then makes a copy of itself with the aid of an enzyme called reverse transcriptase. This yields double–stranded DNA, which then inserts itself into human cell DNA. Because HIV becomes part of the human cell's genetic material, infection of the cell is irreversible. Although it may be possible to develop a drug that suppresses the activity of the virus (thus keeping an infected person relatively healthy), there is no prospect of cure in the sense of eliminating the integrated viral DNA.

The viral DNA starts to instruct the human cell to produce viral components such as viral proteins and RNA-the two main components of HIV. The viral proteins migrate to the surface of the infected cell. Then, by a process known as budding, enormous numbers of new virus particles detach themselves from the infected host cell, and are taken away in the bloodstream to become attached to other cells carrying CD4 receptors. The virus may remain dormant for months or even years, but if the infected cells are activated by the body's immune system, in fighting another disease, HIV will begin to make copies of itself that will go on to infect more human cells. Any other infectious disease, by activating the immune system, is therefore likely to lead to viral replication, but there is some evidence that a few common viral infections such as those caused by Herpes Simplex Virus and Cytomegaloviral Disease can specifically enlarge the replication of HIV. Increased replication of the virus means that an infected person is more likely to develop full-blown AIDS because such replication leads to the progressive destruction of infected cells, thus destroying the body's immune system and decreasing its ability to fight off infection with other diseases. The advice given to those who are infected with HIV - to lead a healthy life style- therefore has a firm scientific basis. If infection is primarily in the brain, viral replication may cause it to deteriorate, which will often result in dementia associated with encephalopathy and possibly other opportunistic diseases. Although the body's immune system does produce antibodies to the virus, they do not seem to be able to inactivate the virus. The virus in circulation therefore, is able to spread to other parts of the body and can also be transmitted to sexual partners, and passed on to others through infected blood, blood products, and other body fluids (semen, vaginal/cervical secretions), and from an infected mother to her child before, during or shortly after birth, and possibly also through breast milk.

Properties: HIV, like other viruses, is easily destroyed by boiling and steaming (autoclaving). The virus can be destroyed by various chemicals used in standard disinfectants-hypochlorite, glutaraldehyde and formaldehyde, normally recommended for hepatitis B virus – as well as alcohol, acetone, phenol, household bleach and several detergents. However, the lipid envelope can protect the virus from dehydration. This means that contaminated fluid which has been allowed to dry may still contain infectious virus for hours or even days if kept at room temperature. It is important, therefore, to ensure that any surfaces or clinical instruments contaminated with body fluids are treated with effective disinfectants.

What does HIV do in the human body: HIV causes damage to the immune system. The immune system is the means by which the body protects itself from infection and disease. The skin serves as a physical barrier and the white cells in our blood deal with potentially harmful organisms such as viruses and bacteria. HIV is attracted to white blood cells. These cells are among the most important in the working of the body's immune system, as they regulate the immune response of the body in case of an infection.

After being infected with HIV, the body produces the antibodies to HIV in an effort to protect itself. These antibodies are not powerful enough to neutralize the virus and by this time HIV will have already attached itself to and integrated into the genetic material of some white blood cells, ready to reproduce itself some time in the future.

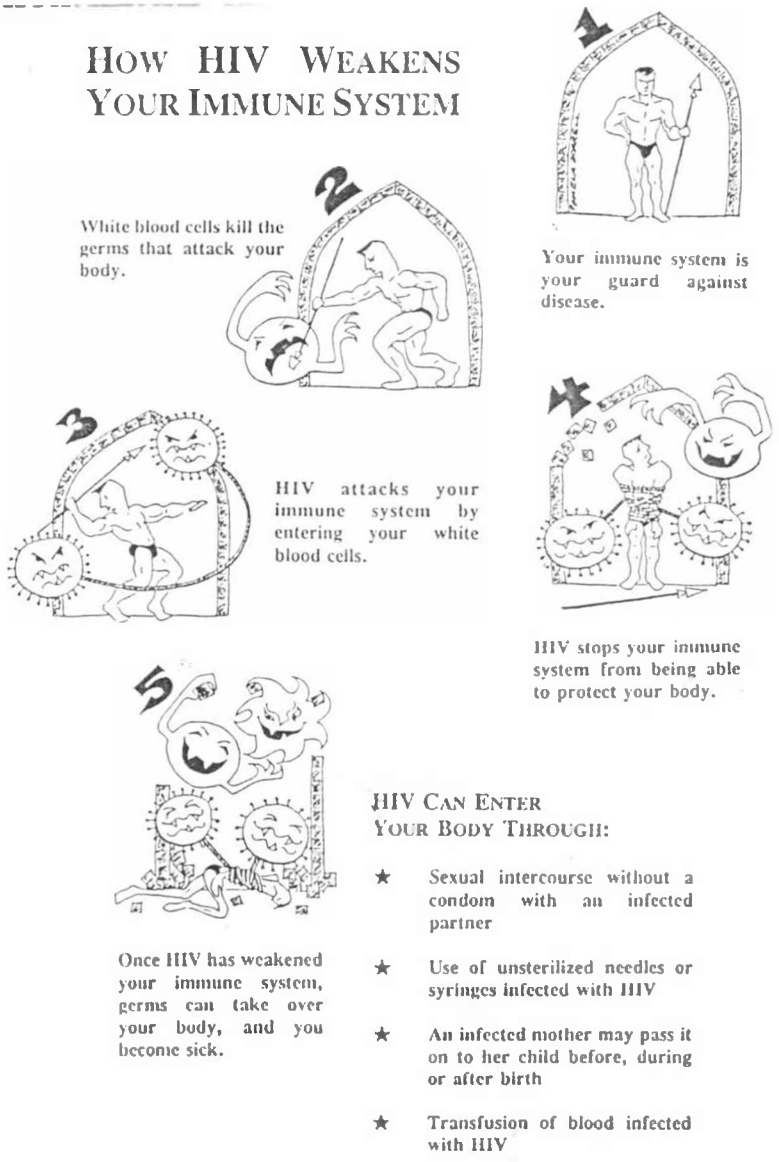
Most people with HIV show no symptoms of disease and may be asymptomatic for months and even up to ten years. These people may remain completely healthy and free from symptoms of a disease but they have the virus in their blood and are at risk of developing AIDS at any time in the future. Once a person is infected with HIV, he/she can transmit the virus to other people even though he/she may appear perfectly healthy and may not know that he/she has been infected with HIV.

There is no way of knowing whether a person is infected with HIV except by having a blood test.

Some people with the HIV infection develop one or more of the signs and symptoms which make up AIDS. These can be easily mistaken for those of many other illnesses. They include persistent fatigue, severe weight loss, night sweats or fevers lasting several weeks, persistent diarrhoea lasting over one month.

Common complaints of people with AIDS are painless swollen glands, usually in the neck and armpits, which last for at least three months. Some people develop recurrent infections such as oral thrush (Candida), Herpes Zoster (shingles) or genital herpes. Many develop TB. A common manifestation in children is failure to thrive, prolonged diarrhoea and pneumonia which do not respond to treatment.

Figure 4:



These symptoms are also common in people who do not have HIV infection. However, when several of these occur at the same time and they are persistent, this may indicate the development of AIDS. As the immune system is increasingly damaged, these health problems become more serious and more difficult to treat, as the body no longer responds to treatment.

It is not yet understood why the length of time it takes for people with HIV to develop AIDS varies so widely from person to person. The following factors are thought to contribute:

- The amount of concentration of the virus in the blood and infection with different strains of virus.
- Individual differences in immune responses.
- Stress on the immune system through general lack of fitness and exposure to repeated or severe infections.
- State of mind-anxiety, depression and generally feeling low may increase the risk of other infections and so add stress to the immune system.
- Other health risks such as smoking, overtiredness, low nutrition, poor diet and heavy drinking of alcohol.

How is HIV transmitted: It is now quite clear that HIV can be transmitted through semen, vaginal and cervical fluids.

Sexual Intercourse: The most common route of transmission is unprotected sexual intercourse with an infected partner. It accounts for nearly 80-90 percent of the world's HIV infections. HIV is present in semen and in cervical and vaginal fluids and the vagina and penis provide entry points to the body. The rapid spread of HIV/AIDS in the world is attributed to transmission through sex. HIV has been described as the 'latest' Sexually Transmitted Disease. Transmission is made easier by the presence of other STD's, particularly genital ulcer disease such as chancroid and syphilis. In the presence of an STD, particularly where a sore is present, the risk of contracting HIV during unprotected sex with an infected person is very high. This is because semen or vaginal secretions of an HIV infected person can come in contact with open sores easily.

Infected mother to new-born child: HIV can be transmitted by a woman with HIV to her child before, during birth and after birth. Before birth, it may be transmitted across the placenta to the foetus and during birth it may be transmitted through the mother's blood. The chance of an infected mother passing on HIV to her child is estimated at about 30 percent. That means one out of three children born to an infected mother is likely to be born already infected with HIV. Few children with HIV survive for longer than 2-3 years.

Blood: Human blood provides a good medium for the growth of micro-organisms including HIV because of its nutrient value, adequate oxygen content and adequate temperature. Therefore, infusion of blood and blood products which are infected with HIV, is one of the most efficient means of transmission of HIV infection. As such testing of blood for HIV before transfusion is mandatory. This means that before transfusion each and every unit of blood must be tested for HIV. National AIDS Control Organisation in India is, therefore, trying to provide facilities for testing of every unit of blood. As a virus which lives in the blood, HIV may be transmitted by the transfusion of blood from an infected donor.

HIV can also be transmitted through the use, without proper sterilization, of needles, syringes, blades, knives, surgical instruments and other piercing instruments that have been used on an infected person. This includes instruments used for circumcision, tattooing, acupuncture, ear piercing and traditional healing practices. Used needles and syringes can be soiled with minute amounts of leftover blood. If these needles and syringes are used, then the infected blood could directly transfer HIV into the blood stream. It should be noted that the possibility of transmission of HIV through normal infections in clinics and hospitals is extremely low.

Sharing of syringes among injecting drug users is common. Such a behaviour is highly risky from the point of view of getting HIV infection as injecting Drug users often end up giving themselves mini transfusions.

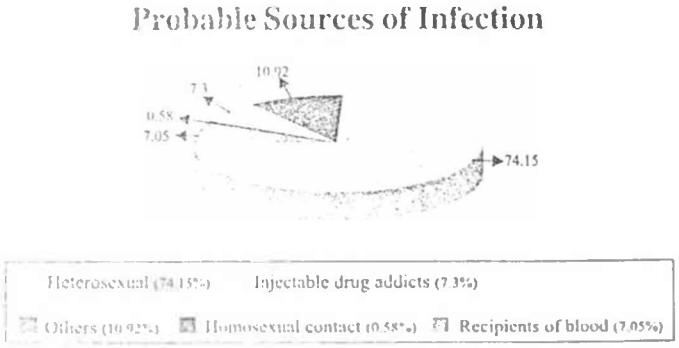
The following table shows the efficiency rate and the percentage of HIV infected persons for different routes of HIV transmission:

Table 2: HIV TRANSMISSION

Type of Exposure	Efficiency per single exposure	Percentage of total number of HIV infected persons
Blood Transfusion	90%	3% - 5%
Perinatal (mother to child)	15% - 45%	0.1%
Injecting Drug use (Sharing needles)	0.5% - 1.0%	5% - 10%
Sexual Intercourse	0.1% - 1.0%	80% - 90%

In the table, against each type of exposure efficiency per single exposure and percentage of total number of HIV infected persons are shown. 'Blood transfusion' has the highest efficiency, but the percentage of persons who get the HIV infection through this route, is very low i.e. 3% - 5%. As against this 'sexual intercourse' has an extremely low efficiency rate i.e. 0.1% -1.0%, but the percentage of persons who get the HIV infection through this route is very high, i.e. 80% - 90%. For instance, in India as of 30 November 1994, 905 AIDS cases were reported. Out of this total as many as 676 persons got it through sexual route.

Figure 4: Probable Sources of Infection



Source : Country Scenario 1997 –98, NACO

How is HIV not transmitted: We know that HIV is not passed on in these ways:

- Shaking hands
- Kissing and hugging
- Sharing cups, plates and other eating utensils
- Sharing toilet and bathroom facilities
- Through coughing or sneezing or through the air we breathe
- Sitting in the same class or canteen
- Sharing work instruments or machinery
- Swimming together or playing together
- Donating blood to the Blood Bank (with sterilized needles)
- Bites by insects, e.g. mosquitoes, bed bugs, etc.

One cannot get HIV/AIDS through everyday social contact with a person infected with HIV.

Major Symptoms:

- Weight loss greater than 10% of the body weight
- Fever for longer than one month
- Chronic diarrhoea for longer than one month (intermittent or consistent)

Minor Symptoms:

- Persistent cough for longer than one month
- General itchy dermatitis (skin irritation)
- Recurrent Herpes Zoster (Shingles)
- Oropharyngeal candidasis (fungus infection in the month/throat)
- Chronic progressive and disseminated Herpes Simplex infections
- General Lymphadenopathy (swelling of lymph glands)

Neurological Manifestations: Neurological abnormalities, such as peripheral neuropathy and memory loss, in people with HIV infection are increasingly being reported. In some patients, they may be the initial manifestation of HIV infection and are often atypical in their presentation. The most frequent neurological disorder is a subacute encephalopathy characterized by progressive behavioural changes associated

with dementia: it occurs in approximately one-third of people with late –stage HIV infection. Its onset is usually insidious, and cognitive dysfunction initially predominates. Common early signs include tremor, slowness, and aphasia. The course is usually progressive towards severe dementia. Mutism, incontinence, loss of vision, and paraplegia may develop in the terminal stages. Other causes of neurological manifestations in people with HIV infection include cryptococcal meningitis, cerebral toxoplasmosis, lymphoma of the brain and papovavirus and cytomegalovirus disease.

Manifestations in Infants and Children: A substantial proportion of infants who contract HIV infection from their mothers or from blood transfusions generally show symptoms by about 6-12 months of age. Children with AIDS survive, on average, for about 18 months after signs first appear. Clinical manifestations include failure to thrive and to reach neurodevelopmental milestones, with the appearance of neurological manifestations in many HIV-infected infants. Weight loss, diarrhoea, oral and oesophageal candidiasis, pneumonia, and fever are common. However, these signs and symptoms also represent common background illnesses in the paediatric age group and make the clinical diagnosis of paediatric AIDS very difficult.

Tuberculosis and HIV: One of the several opportunistic organisms that can attack people with HIV infection is Mycobacterium tuberculosis, the organism that causes tuberculosis (TB). Though this organism is present in the bodies of one-third of the world's population, it generally remains dormant in healthy individuals because of their healthy immune system. In people infected with HIV, it is quick to gain an upper hand over the damaged immune system and spread to various parts of the body. In some of the developed countries particularly in the United States of America, TB is resistant to multi drug therapy. In South-East Asia, where TB exists as a latent infection in nearly 40% of the population, the deadly duo of HIV and TB mean an additional drain on the meagre health resources. Effective treatment of TB is important.

Test for the presence of HIV virus : There are two tests, **ELISA and WESTERN BLOT** test for the presence of HIV. Both these tests detect antibodies to HIV and not HIV itself.

Antibodies are produced by our body's defence system to fight against intruders like viruses and germs. These antibodies detect, attack and destroy unwanted intruders. There are antibodies against the HIV too but these are powerless to destroy the HIV. The blood tests to detect the virus itself are very elaborate, difficult and expensive. **ELISA** (Enzyme Linked Immuno Sorbent Assay) and **Western Blot** tests that detect the presence of HIV antibodies and special kits, equipment and trained personnel need.

Limitations of the Tests: The test may indicate false positive from time to time because of the window period in which the presence of the antibodies is not detected.

False Negative ELISA: The ELISA test is not fool-proof. The antibodies against HIV are formed only 2 weeks to 3 months after the person gets infected (seroconversion). During this time lag called "Window period" the ELISA test will show a Negative result because of the absence of HIV antibodies, even though the person actually has HIV infection. In the late stage of the disease also there is a total collapse of the immune system and there is no production of antibodies and hence test ends up with false negative ELISA.

False Positive ELISA: Sometimes the ELISA test is positive even though there is no HIV because of inherent limitations in the test kit. So two more ELISA or the Western Blot is done for confirmation.

ELISA test in infants – All infants born to HIV infected mothers will have maternal HIV antibodies circulating in their blood till 18 months of age. So the ELISA test will show a positive result whether or not the child has HIV infection.

Criteria for doing the ELISA test: 1. All blood and all organ – transplant donors, to prevent transfusion of infected blood and organs.

2. Any person who has: a) Multiple sexual partners (b) Casual unprotected sex (without using condoms) (c) Sex with male or female prostitutes (d) Homosexual encounters (e) Blood transfusion with untested blood (f) Multiple blood transfusions for Haemophilia, Thalassemia, Cancer etc.

3.Sexual partners of the above.

4.A clinically suspected case of AIDS, for diagnosis.

5.Unlinked, anonymous testing for the purpose of surveillance studies.

Maintaining the confidentiality of the identity of a HIV positive person is of utmost importance. Testing should be done with pre and post test counselling after taking the consent from the person.

What does this Test mean or tell us : The HIV antibody test tells us about the past but it is no guarantee against the future. One could still get infected if one does not understand the risks and does not take necessary precautions. A very recent infection cannot be detected by the test. It takes about 6 weeks to 3 months to reveal the presence of HIV in the body.

In 50% of those who are HIV +ve, it takes ten years to develop AIDS but it is faster in societies where the health and nutritional status is low.

Once a person comes to the AIDS stage, there is a rapid downhill progression till it finally ends in death. The number of years the HIV positive person takes to come to the stage of AIDS and thereafter how long he lives with AIDS is much shorter in developing countries like India, as compared to developed countries like USA. This is because of :

1. The already low nutrition level in the people;
2. The number of diseases present in these countries;
3. Poor hygienic conditions;
4. The prohibitive costs of tests and medical treatment.

To protect youth from mental and physical health problems including HIV infection, the solution lies in changing their behaviour and attitudes. This can be done through systematic knowledge dissemination related to HIV/AIDSS/STDs and sexuality education. Youth have in the past shown tremendous flexibility in adopting behaviour leading to suitable action.

The three major intervention strategies for HIV/AIDS are

1. Information, Education and Communication;
2. 2. Control of sexually Transmitted Diseases and
3. 3. Condom PROGRAMMING

SEXUALLY TRANSMITTED DISEASES

Why do we need to know about sexually transmitted diseases?

AIDS is only one of the sexually transmitted diseases (STDs) and knowledge about the others will help one to answer adolescents' questions. If the adolescents are already sexually active, it will help them to protect themselves from infection. If they are not sexually active, the information will provide a good basis for their understanding of AIDS.

What are STDs? STDs are those diseases which are transferred via mucous membranes and secretions of the sexual organs, throat and rectum. Most STDs are easy to treat. If they are detected and treated early, they do not cause any serious problems. If they are not detected and treated early, the infection may spread and cause complications such as sterility. They are relatively easy to contract, and so it is important to know what they are, what they look like and what you need to do to get them treated.

In India, there is a very high incidence of STDs, primarily because there is a lack of knowledge of STDs, inadequate health facilities, inadequate utilisation of health facilities due to stigma associated with STDs and urbanisation which, at times, compels the person to leave his/her spouse and family in villages limited Condom use and lack of personal hygiene are other factors.

HIV infection/AIDS is also a kind of sexually transmitted disease. The significant difference being that while most of the other STDs can be cured, HIV/AIDS is incurable. The incidence of HIV/AIDS is found to be directly correlated to the incidence of other sexually transmitted diseases, so people at low risk of STDs are also at low risk of HIV. For this reason too, it is important to concentrate on the prevention and treatment of STDs. The lifestyle which prevents STDs will also prevent HIV.

Prevention of STD infection: Abstinence from all sexual activity is the most effective prevention. However, most people do not choose lifetime abstinence. The risk of acquiring an STD, including HIV is virtually absent when one has sexual intercourse with a mutually faithful monogamous uninfected partner.

In all other situations condoms should be used for protection against infections. Personal hygiene (washing of genitals after intercourse) might also contribute to prevention of infection, but by itself this is not an effective method of disease prevention.

Signs and Symptoms of STDs: All STDs will not have signs and symptoms and the same STD may seem different in different people. It is extremely important to note that many women and some men have an STD without sign or symptom. The following signs could indicate presence of STD in a sexually active person:

Both Women and men	: Burning urination/sores/blisters/ulcers on genitals
Women	: An unusual discharge or smell from vagina
	Pain in the pelvic area between the navel and vagina
	Burning or itching around theVagina
	Abnormal bleeding from the vagina which is not the menstrual flow
	Pain inside the vagina during sex
	Swelling in the groin – area around the sex organ
	Any change in menstrual cycle
Men	: A drip or discharge from penis

If untreated, STDs can lead to infertility, abortions, still births, birth defects, and damage to other body organs/parts.

A person may be infected for some time and not know it. The danger is that the person can spread the disease to others without realising it. It is important that sexually transmitted diseases are adequately treated. If not, they can become chronic and be the cause of serious complications.

For adequate and effective treatment it is necessary to go to a qualified doctor. Self-treatment or treatment by quacks is not advisable. One should not feel ashamed to go to a doctor. It is the doctor's duty to maintain strict confidentiality.

SUMMARY

1. Total number of HIV infections worldwide is estimated at 10 – 12 million in adults and 5 to 10 million children over.
2. In India, it is estimated that there are 3 - 4 million people infected with HIV.
3. Youth in their early twenties would constitute an estimated 20 to 30 percent of all the cases which are HIV +ve and they were probably infected during adolescence.
4. HIV stands for Human Immuno Deficiency Virus.
5. AIDS stands for Acquired Immune Deficiency Syndrome.
6. HIV is a retrovirus which causes impairment to the immune system in human beings.
7. HIV is transmitted through Blood transfusion, perinatal (mother to child), sharing of contaminated needles and sexual intercourse.
8. There is no way of knowing whether a person is infected with HIV except by having a blood test.
9. One cannot get HIV/AIDS through everyday social contact with a person infected with HIV.
10. Presence of HIV is detected through two tests – ELISA and WESTERN BLOT.
11. HIV/AIDS is a sexually transmitted disease.
12. To protect youth from mental and physical health problems including HIV infection, it is necessary to change attitudes and behaviour through systematic knowledge dissemination related to HIV/AIDS/STDs and sexuality.
13. Let us keep one thing in Mind …. AIDS can strike Anyone, Anytime.

MODULE – 2

HIV/AIDS PREVENTION AND CONTROL

OBJECTIVES

1. To explain the importance of AIDS preventive education and Counselling and the adverse effects of irresponsible sexual behaviour;
2. To discuss ways and means of preventing HIV transmission;
3. To learn about the Blood Safety programme;
4. To identify risky and safe sexual behaviour;
5. To appreciate the value of responsible sexual behaviour;
6. To review the modes of transmission of HIV and identify the degree of risk involved in different behaviour;
7. To examine the risk factors related to HIV and be able to assess the risk behaviour;
8. To discuss the ways and means of managing HIV infection and AIDS;
9. To clarify certain myths, misconceptions, common doubts and falsebeliefs associated with HIV infection.

TIME REQUIRED : 120 Minutes

MATERIAL REQUIRED : Flip Charts or Overhead projector (OHP)/Slides, Blank paper, pens etc.

INFORMATION SHEET

How to prevent and control HIV/AIDS is a very difficult question. There is no preventive vaccine or cure. The only option available today is to prevent it by observing practices that are safe. Compliance with such practices can make a significant difference. The discussion in this module, therefore, is focussed on the preventive practices regarding three major routes of HIV infection: Sexual Intercourse; Blood; and Mother to Child. Blood safety programme as an integral part of National AIDS Control Programme is also discussed.

HIV/AIDS : Its Prevention and Control

SEXUAL INTERCOURSE: In most cases, HIV infection is caused by unsafe sex practices. A healthy attitude towards sex and observing responsible sexual behaviour can reduce the chances of getting HIV infection. Abstinence from sex, sticking to one uninfected life partner and not having multiple sexual relations (or not having pre-marital and extra-marital sexual relations) constitute responsible sexual behaviour which are the best guarantees against HIV/AIDS.

Sex plays a very important role in a person's growth into adulthood and in his/her subsequent life. Decisions regarding sex must be based on careful and mature consideration. References to sexual behaviour have been made here only in the context of HIV/AIDS. The use of condom is recommended not only for avoiding unwanted pregnancy but also as a 'protection' against HIV/AIDS and other STDs. Although the use condom provides good protection, it should be remembered that it does not make sex 100 percent safe.

a) BLOOD: Another route of HIV infection is though blood.

Sterilized Syringes and Needles : Great care should be taken that instruments which draw blood and are used in activities such as circumcision, tattooing or ear piercing, are sterilized after use if they are to be used again. Instruments can be cleaned by leaving them in a solution of one part bleach (powder or liquid) to nine parts water (1:9) for 30 minutes or boiling them in water for 20 minutes.

Do not get 'injections' from an unqualified doctor. The needles and syringes used by such practitioners are not sterile.

If an injection is needed, one must ensure that the syringe and needle are disposable or properly sterilized. There should never be any sharing of needles and syringes while taking an injection.

Drug users sharing needles are identified as a very High Risk group spreading HIV infection. Sharing needles will increase the chances of HIV transmission on the needles can contain minute amounts of blood which may carry the virus.

b) BLOOD SAFETY: The blood Safety Programme in the country is an integral part of the National AIDS Control Programme. There are more than 1000 blood banks, both government and non-government, which collect and supply blood.

HIV Zonal blood testing centres have been set up in many cities and towns of the country. The centres receive samples of blood from blood banks for HIV testing. Under the Drugs and Cosmetics Act, it is mandatory to test every unit of blood for HIV. The zonal blood testing centres/ district level blood banks have been provided with testing kits and the necessary equipment for conducting tests. The blood of a donor is discarded, if it is tested HIV positive.

In order to know the prevalence and progression of HIV in the community and in the country as a whole, the mechanism of sentinel surveillance has been established. This is being done through screening of the blood samples, collected from sentinel sites including STD clinics, antenatal clinics, drug de-addiction clinics etc. The surveillance data from different states is compiled at the national level.

Efforts are also being made to augment voluntary blood donations and to phase out professional blood donors.

Can one have a blood test on HIV right after getting infected?

As already stated actions that can put you at risk of getting HIV include having sexual relations without using a condom, receiving blood into the body, or sharing unclean needles and syringes with other people.

It will take at least three months after the risky action before the blood test can tell whether you have HIV. For example, if a woman has sex with an HIV infected man. On the 1st of January, she should have the blood test in April. If she has the blood test before April, the test may show she does not have HIV even though she has HIV from the man in her body. This means that during these three months, she can have many HIV in her body and give HIV to other persons who have sexual contact with her even though the blood test may not show that she has HIV. In April (three months after sex), the blood test will show that she has HIV if she received HIV from the man on the 1st of January. After April, for the rest of her life, her blood will always show that she is infected with HIV.

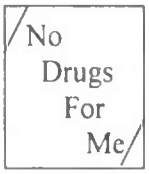
Illustration:1

Receive HIV into body	Blood test cannot tell about HIV for three months	Blood test can tell that you are infected with HIV for the rest of your life

Remember	To have a blood test for HIV requires good decision making. First, it has to be done on a voluntary basis. Second, a person needs to have pre-test counselling (before the test) and post-test counselling (after the test). In brief before deciding to have a test for HIV, a person needs to have a good understanding of HIV/AIDS, risk behaviours and the test. A person also has to prepare himself/herself emotionally to accept the test result and think about what he/she would do if he/she is infected with HIV, both for himself/herself and for other people concerned (such as a spouse). The post-test counselling also helps the person to cope with the test result and support his/her follow-up decisions and actions.

MOTHER-TO-CHILD: The risk of an HIV infected mother passing the virus to her unborn child is about 30%, the risk being greater if she has symptoms of AIDS rather than if she has no symptoms. The risk of passing HIV through breast-milk is relatively small. Breast-milk has many substances in it that protect an infant's health and the benefits of breast-feeding for both mother and child are well-recognised. Bottle-feeding is not safe because of difficulties in sterilizing the feeding bottles or lack of clean water supplies. In developing countries, the risk of an infant becoming infected through breast-feeding is usually outweighed by the benefits of breast-feeding.

LIFE-STYLE EDUCATION



It is important to recognise that we need to be conscious of our life-styles today. Stress is a part of day-to-day life-stress about exams, unemployment, parental restrictions, choice of career, love relationships, etc. Stress can be handled by turning to easily available escapist routes like drugs/alcohol/sex; violence of all types; theft and other crimes. We may follow short-cut methods to reduce stress. Some may isolate themselves from others to handle their stress. All of these lead us to develop maladaptive or harmful life-styles. Instead, we can adopt positive ways of stress management like engaging in a creative hobby, learning or developing a skill or talking about our problems to others who understand and care.

"NO RISK" BEHAVIOURS"

The following "no risk" behaviours are extremely important:

1. **Responsible Sexual Behaviour**

a) Abstinence from sexual intercourse before marriage is a "no risk" behaviour. In this context, the traditional value of 'no sex' before marriage is important to stress. Students may be encouraged to discuss the significance of this traditional value in the context of contemporary situation. Abstinence is a responsible behaviour and students need to discuss the reasons for observing abstinence and learn how to resist pressures to have sex.

(b) Sex with one uninfected and mutually faithful partner is another "no risk" behaviour. In this context, it is important to note that this is in consonance with the Indian value which discourages pre-marital and extra-marital sex.

(c) Use of condoms.

2. Not sharing needles/syringes and using sterilized/disposable needles and syringes for all purposes.
3. Ensuring that one accepts HIV free syringes/blood transfusion, if and when necessary.

"RISKY" BEHAVIOURS"

The following behaviours carry the risk of HIV infection/AIDS:

1. Not sticking to one uninfected partner or having multiple sex partners.
2. Having sex with a person who has multiple sex partners.
3. Sharing unsterilized needles and syringes, accepting untested blood transfusion.

REMEMBER !

1. Once HIV enters a person's body, it says for life. It cannot be dislodged at any point.
2. There is, as yet, no cure, or vaccine against HIV. Therefore, prevention is the only way to avoid HIV infection & AIDS.
3. Sooner or later, the HIV infected person gets AIDS which is usually fatal.
4. An HIV infected person looks healthy, the only way we can find out if he is infected is by doing a special blood test called ELISA and Western Blot.

CURE, VACCINE, MANAGEMENT OF HIV/AIDS:

Zidovudine/Retrovir / AZT and other antiviral groups of drugs like ddL, ddA, ddL etc. which have been developed against HIV have not been able to totally destroy the virus in an infected person. But they have been able to prolong the life of the person by delaying the onset of AIDS, especially if one or more drugs are used at the same time. Though these drugs are available in India, they are very expensive and therefore are unaffordable by most people in India.

Various other allopathic drugs including aspirin, interferon etc., ayurvedic drugs, naturopathic treatment using pineapple, jackfruit etc., are being tried. But so far, no proven cure has been found.

Gene therapy (gene manipulation) is the latest area where research is being conducted to find an effective cure.

Vaccine- Why it hasn't been produced as yet: Traditionally, live attenuated virus or killed virus is given (injected or oral) to a person to stimulate his natural immune system to produce antibodies against that particular virus. In the case of HIV, the killed virus can produce various toxic side effects, and the live attenuated virus could mutate, and this mutant could produce an AIDS-like disease.

In any case, the antibodies produced against HIV in an infected person does not seem able to destroy the HIV, and we know for a fact that the person continues to be infected for life.

Since the HIV mutates very rapidly, any cure or vaccine developed against one form may not be very effective against the new variant.

Management of HIV infection & AIDS:

Since therapy with AZT and other antiviral drugs is very expensive, the management of HIV/AIDS patients consist of:

a) Counselling and psychological support –including advice about safer sex methods to prevent spread of infection to other;
b) Advice about general health, nutrition, exercise etc. to strengthen the immune system;
c) At the first sign of any opportunistic infection, medical treatment should be started;
d) Tuberculosis being endemic in India, HIV positive people may consider taking anti-tubercular drugs as a preventive measure and
e) An HIV infected individual, working in a health care set up, may have to be taken away from direct patient care and given work in an administrative capacity.

SOME MYTHS, MISCONCEPTIONS, COMMON DOUBTS & FALSE BELIEFS:

1. **One can get HIV infection by donating blood .....Wrong!**

   One cannot get HIV infection or any other infection when donating blood because pre-sterilized disposable needles and blood bags are used to collect blood.

2. **Why should one take blood from a voluntary donor only?**

   Statistics the world over prove that there is a high incidence of transfusion transmitted diseases among paid donors. The option of voluntary deferral is exercised by the voluntary donor but the paid donor will want to give blood even if he/she has any risk behaviour.

3. **It is safe to take blood from close relatives and friends ..... not always!!**

   One should always test the blood prior to transfusion even if it is from close relatives or friends.

4. **Can we take away all the blood from an infected person and replace it with new uninfected blood?**

   HIV is found not only in blood but in all other cells and body fluids like semen, vaginal secretions, lymphatic fluid, sweat, saliva etc. so it will not help to replace the blood with uninfected blood.

5. **Can healthy CD4 cells either form donors or by growing it in laboratories be transfused to an AIDS patient to build up his reduced CD4 cell level?**

   Each person's immune system, and especially the CD4 cells are unique to that person and the CD4 cells are programmed to recognize what is "self" and what is "foreign". So, CD4 cells from another person or laboratory grown CD4 cells may not suit that person.

6. **Can mosquitoes spread HIV infection?**

   No, when mosquitoes bite an infected person, the blood that is sucked by it goes into the stomach, where HIV is destroyed. The amount of virus found on the proboscis is not enough to infect. What little blood there is also dries up

and the HIV dies. We also know that the HIV infections are most common among the most sexually active younger age group between 18 and 40 years of age. Whereas if mosquitoes could spread it, HIV infection would have been as common among all age groups and also would have spread much faster. This is an indirect evidence that mosquitoes and other insect bites cannot spread HIV.

7. **How good is the protection given by condoms against AIDS and other STDs?**

   Condoms give considerable protection against AIDS and other STDs provided they are used every time properly. Condoms should be of good quality, manufactured by a reputed company which follows good manufacturing practice and with quality control and quality assurance methods.

8. **If prostitution is abolished, the spread of AIDS will be stopped....wrong!**

   One can acquire the HIV infection from any infected person, not necessarily from commercial sex workers only. Obviously because of multipartner sex, the prevalence of HIV is very high amongst commercial sex workers, and therefore the risk of acquiring HIV from them is greater. Abolishing prostitution by legislation only makes the problem go underground. The 'clients' of the prostitutes should be made aware of the risks associated with this kind of unprotected casual sex.

9. **It is safe to have sex with a "healthy partner"!**

   Sure! But what do you mean by a healthy partner? By looking at a person one cannot make out that a person is infected with HIV or not. Only by doing the blood test (ELISA) can you decide whether that person is infected.

10. **One should have sex with a "tested" partner only...not possible!**

    The ELISA test takes three hours to perform. The ELISA gives a false negative result during the window period and false positive result due to inherent limitations in the principle and procedure of the test. A person can acquire infection at anytime, so ELISA negative once does not make the person safe for life, at the same time it is not possible to test the person every time before sex.

11. **How do lesbians have sex? Can HIV pass through sexual activity from one lesbian to the other?**

Lesbians either masturbate by stimulating the clitoris, which is the sensitive button-like structure, found above the vagina, or by using dildos, vibrators etc. for penetrative activities. The chance of HIV passing from one lesbian to the other through the sexual route is very low.

12. **Can HIV infection pass from the patient to the doctor or from the doctor to his patient?**

As long as positive precautions like using gloves, sterilizing needles, syringes, and surgical and dental equipment, etc., are followed strictly HIV cannot spread from the doctor to the patient or vice versa.

13. **Is there any risk in trying to help and give first-aid etc., to a bleeding accident victim?**

If there are no cuts or open wounds or ulcers on your hands & arms and mouth giving first aid to the accident victim is quite safe. As an additional precaution a mouthpiece may be used for mouth-to mouth resuscitation.

14. **Is it safe to use public toilet and public swimming pools?**

Yes, it is safe because, the HIV is destroyed by the chlorine (bleach) used to disinfect swimming pools. On a toilet seat, even if infected blood or other body fluids dries up, the HIV is destroyed, and in any case cannot enter your body unless it comes into contact with a cut on your skin.

15. **If detected early can HIV infection be cured? If not why test a person with risk behaviour?**

No, whether detected early or late, so far no cure has been found, but early detection can help to modify the course of HIV infection, increase life span as well as the quality of life with the help of counselling and medical care.

16. **Can HIV affect other animals?**

No. HIV is the virus that affects human beings specifically. There are other viruses, which affect animals. HIV is most similar to the SIV (Simian Immunodeficiency Virus) which affects monkeys and apes.

17. **Why don't we test everyone for HIV?**

The test should be done for a specific purpose only as given earlier. Even then it should be done with pre and post test counselling. In case ELISA is negative once does not mean that the person cannot get the infection later.

18. **Should a couple get tested before marriage?**

Marriage is based on mutual trust, affection and respect. So each couple will have to decide for themselves whether to get tested. They should remember that unless there has been some risk behaviour or risk factors, there is no need to test and that a person who is HIV negative when tested the first time, can get the infection later if there is risk behaviour.

19. **Should an HIV infected person be dismissed from his job?**

HIV does not spread by normal social contact. He/she can continue to work.

20. **Can legal action be taken against an HIV infected person?**

Only if he/she deliberately tries to infect others.

SUMMARY

1. **HIV Transmission Occurs from Exposure to HIV-infected Sexual Secretions or Blood**

* Sexual intercourse (vaginal or anal)
* Sharing drug injecting equipment
* Transfusion, injection, or transplantation of HIV-infected blood, blood products, semen, tissues or organs
* From mother to foetus/infant (perinatal transmission)

2. **ABC of HIV/AIDS Prevention**

A. Abstain (abstain from or delay sexual activities)

B. Be faithful (mutually faithful relationship between couple/partners)

C. Condom use (for preventing infection and unwanted pregnancy)

3. **Risky and Safe Behaviour**

Route of HIV Transmission	Risky Behaviour	Prevention/Safe Behaviour
1. Injecting instruments needles	Sharing of needles/syringes for drugs	a) Not injecting drugs/not sharing needles b) Use of sterilized needles
2. Blood transfusion	Taking untested/infected blood	Giving blood
3. Sexual Intercourse	a) Sex with multiple partners or sex outside marriage	a) Abstinence from sex
	b) Unprotected sex (without a condom)/ having sex with a person who has multiple sex partners	b) Sex with one uninfected, mutually faithful partner C) Masturbation

4. Blood Safety Programme in the country is an integral part of the National AIDS Control Programme.
5. The advent of Antiviral Drugs is known to prolong the life of the person by delaying the onset of AIDS but can't cure the disease.
6. Counselling and Psychological support is the only means of managing HIV/AIDS since the therapy with AZT and other antiviral drugs are very expensive and can't guarantee cure.

MODULE – 3

DRUG ABUSE AND HIV

OBJECTIVES:

1. To recognize the need to deal with peer pressure, which it may lead to harmful consequences;
2. To know that drug is a chemical substance that brings about a change in the functioning of the body system.
3. To know the extent of damage caused by drug abuse;
4. To learn why people practice drug abuse;
5. To list the symptoms of drug addiction;
6. To know about common myths associated with drug intake;
7. To explain the role of a parent and teacher in prevention of drug abuse;
8. To recognize the relationship between drug abuse and HIV infection;
9. To state different ways of saying no to drugs.

TIME REQUIRED : 150 Minutes

MATERIAL REQUIRED : Flip Charts or Overhead projector (OHP)/Slides, Blank paper, pens etc.

INFORMATION SHEET

SUBSTANCE ABUSE

What is a Drug? When a synthesized or naturally occurring substance is used primarily to bring about a change in some existing process or state (physiological, psychological or biochemical) it can be called a "drug".

When drugs are used to cure an illness, prevent a disease or improve the health condition, it is Termed **"drug use".**

What is Drug Abuse? When drugs are taken for reasons other than medical, i.e. wrong use, too much, too long or in a wrong combination with certain other drugs to enhance the overall effect, it becomes "drug abuse".

Any type of drug can be abused. Drugs with medical uses can also be abused
Illegal drugs like brown sugar and ganja have no medical use at all. With these drugs, there is no "drug use". To use them is to abuse them.

Drug abuse leads to drug addiction with the development of tolerance and dependence.
Tolerance: is a condition where the user needs more and more of the drug to experience the same effect. Smaller quantities, which were sufficient earlier, are no longer effective and the user is forced to increase the amount of drug intake.

Psychological Dependence: is a state characterized by emotional and mental preoccupation with the effects of the drug and by a persistent craving for it. When psychological dependence develops, the user gets mentally 'hooked on' to the drug.

When **Physical Dependence** develops, the user's body becomes totally dependent on the drug. With prolonged use, the body becomes so used to functioning under the influence of the drug, that it is able to function normally only if the drug is present.

After the user becomes dependent if the intake of drugs is abruptly stopped, **withdrawal Symptoms** occur. In a sense, the body becomes 'confused' and protests' against the absence of the drug. The withdrawal symptoms may range from mild discomfort to convulsions, depending on the type of drug abused, the amount of drug intake, and duration of abuse.

Addiction is a disease requiring medical and psychological treatment. Abstinence is the only method to control addiction; treatment will help in achieving abstinence.

Etiological Factors/Clause of Substance Abuse: It has been found that many adolescents and young people become victims of substance abuse. Teenage drinking and drug addiction is a growing menace in our society today. There are many reasons why our young people start taking and continue to abuse alcohol and drugs. Some of them are:

To 'belong' with the crowd, or with peers. Peer pressure is the most important factor.

Curiosity about drugs and the effect of alcohol.

To overcome boredom by having new, thrilling experiences.

As an expression of rebellion against parents ot to express independence or even hostility.

To gain improved understanding or to enhance creativity.

For relaxation.

As an escape from life's problems.

To get sleep or relieve depression.

To forget feelings of rejection from persons on whom the addict is emotionally dependent.

To cope with the transition to a more demanding adult role such as those involving occupational responsibilities, sexual relationships, marriage, and parenthood.

To bear with serious physical illness.

Availability and easy access to drugs and alcohol.

Effects and consequences of substance abuse: Most young people who start substance abuse do not really know the risks involved. Many believe that they are strong enough to overcome its effects.

But the reality is that abusing alcohol and drugs can cause serious problems e.g.,

1. Tolerance & dependence.
2. Social problems: social isolation, aggressive behaviour, domestic violence, child abuse or neglect, marital discord, financial debt.
3. Academic and occupational problems due to the 'hang over' effects, attitudinal changes, apathy, lack of efficiency and accidents due to dulling of the senses.
4. Family relationships suffer, as the abuser becomes indifferent to everything, except the next drink or dose of the drug.
5. Legal problems: Offences such as theft, deception, fraud, driving offences.
6. Psychological problems: depression, suicide attempts, phobias, anxiety, and personality changes.

Effect of Substance Abuse on the family: The family may go through a cycle of denial, cover up, and acting as a protector and desperately try to control the abuser's behaviour by any or all means. They feel tension, anger, desperation, confusion depression and face economic strain; social stigma and isolation as a result of the aggressive and antisocial behaviour of the abuser.

Problems that children of addicts face: The unpredictable behaviour of the parents confuses them, as the parent is tender and affectionate when sober and violent and offensive when intoxicated. Family values remain unclear and there are frequent quarrels and fights at home. Therefore the child suffers from low sense of self-esteem, feelings of guilt, behavioural problems and becomes withdrawn and aloof.

Why Drug Abuse? There is no single reason why people practice drug abuse. As generally observed, most of the drug addicts start using drugs out of curiosity or to have some wrongly assumed pleasure, quite often under the influence or pressure of some friends and peer group. Some take to drugs as they wrongly believe that it will

help them overcome their boredom, depression and fatigue. It has also been found that some persons start taking drugs because of the lack of love and understanding on the part of those who have been very closely attached to such persons. Most of the drug-addicts are found to suffer from frustration in life. Of course, the easy availability of dependence-producing drugs is a major factor in the proliferation of drug abuse.

Adolescents are particularly more at risk for drug abuse because they take to drugs quite often under peer pressure. Many of them are given to believe that everybody takes drug in some form or the other. To begin with some of their school mates and friends prompt and persuade them to start smoking or taking tobacco and alcohol. From this stage they are further driven to take other dangerous substances. Some of them who have problems at home or school are made to believe that taking to drugs will relieve them of their problems and frustrations in life. They also think that if they do not pay heed to the request of their peer group, they will not be liked by the group and they may lose their friends. Moreover, their temptation 'to look and behave like adults' and their tendency to refuse any kind of authoritative elderly advice encourages them to move in this direction. At times mere curiosity drives them to take to drugs. Some of them think that taking drugs once will not make any difference. But they become habituated to smoking or taking tobacco or alcohol and other substances very soon.

Figure : 1

Peer Pressure

Adolescents in India are equally vulnerable. According to the India Drug Country Report, 1995, most of the drug abusers are between 16 and 35 years of age, and among 18-35 age-group the drug abuse is more predominant. Whereas the rate of current abusers is low during early adolescence, it rises sharply during late adolescence and remains high in early twenties.

Symptoms of Drug Addiction: It is not very difficult to know whether a person has become a habitual smoker. However, it takes sometime to immediately identify a drug addict. It is not so easy to distinguish between drug-induced behaviour and common behaviour particularly among adolescents. But there are certain symptoms on the basis of which it can be suspected that a person is a drug addict, though all the symptoms do not appear in every person. The following symptoms are noteworthy:

Physical symptoms:

- **Reddening and puffiness of eyes, unclear vision**
- **Running nose, congestion, coughing**
- **Pale face, circles under eyes**
- **Slurring of speech**
- **Nausea, vomiting, body pain**
- **Messy appearance, lack of cleanliness**
- **Drowsiness or sleeplessness, lethargy and passivity**
- **Loss of appetite, significant weight loss or gain**
- **Fresh numerous injection sites on body, blood stains on clothes**

Behaviour symptoms:

- **Changing mood, temper, tantrums, hostility, defiance**
- **Acute anxiety, depression, profuse sweating**
- **Blaming, lying, making excuses, emotional detachment**
- **Loss of interest in sports and daily routine**
- **Impaired memory and lack of concentration**
- **Secrecy in respect of possessions and actions**

Performance Symptoms:

- **Withdrawal from family environment and non participation in family work**
- **Sudden lowering of grades in schools, non-completion of home work, absenteeism**
- **Presence of needles, syringes and strange packets at home**
- **More time spent in personal room, in the bedroom or away from home**

Drug Dependence: Drug abuse leads to drug addiction with the development of **tolerance and Dependence.** Tolerance refers to a condition where the user needs increasing amount of the drug to experience the same effect. Smaller quantity that was sufficient earlier becomes ineffective, and hence the user is forced to increase the amount of drug intake at regular intervals. This is referred to as the state of dependence. Regular excessive use of drug leads to physical and psychological dependence. Some drugs produce only physical dependence while others produce both physical and psychological dependence.

Psychological Dependence: When psychological dependence develops, the drug user gets mentally 'hooked on' to the drug. The drug user constantly thinks only about the drug and has a continuous uncontrollable craving for it. This state of euphoria is characterised by mental and emotional preoccupation with the drug.

Physical Dependence: Physical dependence denotes a state when the body of the user requires continuous presence of the drug within it. With prolonged use the body becomes so used to its functioning under the influence of drug that it is able to function normally only if the drug is present. After the user becomes physically dependent on drugs, he or she develops withdrawal symptoms, if the intake of drug is abruptly stopped. In a sense the body becomes confused and protests against the absence of the drug within it. The withdrawal symptoms may range from mild tremors to convulsions, severe agitation and fits, depending on the type of drug abuse. The intensity of withdrawal symptoms depends on the type of drug abused and the amount and duration of drug intake.

These withdrawal symptoms make it difficult for the user to give up drugs. The user is caught up in a vicious circle of his/her own making. He/she wants to avoid

the experience of seemingly unbearable withdrawal symptoms, and hence takes drugs. The addict is thus forced to continue with drug abuse even when he/she realises that the drugs are dangerous.

Classification of Abused Drugs: Drugs that are abused may be classified into the following five basic groups:

Group	Drugs	Effect that user feels
Stimulants	Amphetamines like Benzedrine Dexedrine and Methedrine, cocaine, Nicotine, Tobacco	Accelerate the brain (central nervous system)
Depressants	Alcohol, babiturates like seconal, membural, garedenol, tranquillers like valium and libirium	Slow down activity of the brain
Sedatives	Hypnotic like mandrax, doriden	Hypnotic effects
Narcotic/Analgesics	Opium,Morphine, codeine heroic, brown sugar, synthetic drugs like Methadone, Pethidine, Mephradine	Produce opium like effects and stupor feeling
Cannabis	Bhang (Marijuana), Ganja, Charas	
hallucinogens	LSD (Lysergic acid, diethylamide) PCP (phyncyclidine), Mescaline, Psilocybin	Distort the way we see, hear and feel

Effects of Drug Abuse: Drug abuse leads to a number of short-term and long-term effects that are detrimental to health.

Short-term Effects : These are the effects that instantly appear only a few minutes after the intake of drugs. The drug abuser feels a false sense of well being and a pleasant drowsiness.

Long-tem Effects: Drugs have long-term impact that lead to serious damages because of the constant and excessive use. The damages include both physical and mental, making the life of the user unbearable and hellish.

Some Common Myths About Drug Intake

There are certain commonly prevalent myths that encourage individuals and particularly the adolescents to take to drugs. These are :

Myths	Facts
There is no harm in trying drugs just once, because one can stop after that.	Almost all drug addicts start by trying just once. Once the drug is taken, the user is always amenable to further drug intake, which becomes a part of his/her habit.
Drugs increase creativity and makes the user more imaginative.	Drug addict loses clarity and becomes incoherent in action.
Drugs sharpen thinking, lead to greater concentration and increase sexual pleasure.	Drugs induce dullness and adversely affect normal functioning of body and mind. Drugs may remove inhibitions but temporarily.
Will power alone can help a drug addict stop taking drugs.	Addiction transforms into a disease which requires medical and psychiatric treatment.
Most of the addicts get their drugs from a peddler or a pusher.	Most of the addicts get their first dose of drugs from a friend or a close associate.

Table : 1

Remember!

Drug effects are not precisely predictable. They will be influenced by:

~ the amount taken;

~ how much has been taken before;

~ what the user expects to happen;

~ the situation and company the user is in;

~ the user's state of mind.

Statements about drug effects are often about what happens to most people in extreme cases. But each person is different and may react differently to any drug. Body size, sex, mental and physical condition will all make a difference.

In short there are few simple once-and-for-all statements or universal truths about drugs. True or false statements need discussion and reflection.

ALCOHOL

Alcohol: Medically, it is a depressant drug that shows down the brain's ability to think and to make decisions and judgements.

Immediate Effects of Alcohol use: Alcohol is only a lot of empty calories. It has no vitamins or vital minerals. It has a depressing effect on the brain. Many users become physically dependent on it. When one drinks, alcohol is absorbed directly into the bloodstream through the walls of the stomach and the intestine. Unlike other foods, alcohol does not require digestion. Once alcohol enters the bloodstream, it circulates throughout the body. It reaches the brain and goes along with blood to every organ, including the heart, liver, and pancreas. In the liver, alcohol is detoxified & it is changed to carbon dioxide, water, and a few calories of energy. A small amount of alcohol goes out of the body through breath, urine and sweat. Depending on the amount consumed, the initial effets can be seen to be predominantly on the brain:

(a) **At first, the person feels relaxed, talks freely, and may feel elated.**

(b) **Slowly, as he becomes intoxicated, movements become clumsy, and speech becomes slurred. Loss of judgement, unsteady gait, and blurred vision may also occur.**

(c) **Gradually, the person becomes more insensitive to the surroundings and slips into a coma-like stage. He may then sleep heavily and seem to be unconscious.**

DRUG ABUSE AND HIV VULNERABILITY: ASIA, including India, has a long history of traditional use of locally produced drugs, such as cannabis and opium. In recent years, the region has become a transit point for international drug trafficking. Drug abuse is on the increase, and so are the problems caused by this abuse. It causes not only the deterioration in the physical and psychological health of the people who abuse drugs, but also drug related crime, vehicular accidents, absenteeism in the workplace, disruption in the family life and violence. In more recent years the lifestyle and risky behaviour of drug users are also linked to the HIV/AIDS pandemic.

In India the abuse of heroin was confined to smoking and inhaling until about 1993. At that time the practice of injecting heroin began to increase. Today, it is major concern in several parts of the country, especially urban centres such as Mumbai and Delhi and the North-Eastern states bordering Myanmar which, together with Laos and Thailand, constitute the Golden Triangle. Among the North-Eastern states a significant increase of HIV infection was initially noticed in Manipur in 1990. it is now expanded to Nagaland and Mizoram as well. The HIV prevalence among injecting drug users in Manipur is about 60-70 percent. It has reached 50 percent in Nagaland and 6-10 percent in Mizoram. Among the likely sources of infection in the reported AIDS cases in India injecting drug use accounts for about 7 percent. What is more disturbing is that the rapidly growing HIV infection among injecting drug users in Manipur is followed by a slower but steady increase of prevalence in the general female population.

The worst aspect of the drug abuse is its deepest impression on the school and college going youth who is most vulnerable. Most drug users begin taking drugs at an early age, as adolescents or even younger. Young students are attracted to drugs due to peer pressure, curiosity, ignorance, changing social structure, urbanization and other related causes. The intervention for prevention of drug abuse must begin early. Parents and teachers can play decisive roles in helping children develop proper attitudes against drug abuse.

As a Parent

Parents have the most important influence on their children. In spite of the fact that children today are exposed to various factors, parents continue to be role models for an overwhelming majority of them. Parents can make the following efforts:

- Communicate openly with your child and be a patient listener. Build a close relationship by conversing with your child and try to understand and respect his/her point of view.
- Keep yourself interested in your child's activities and friends. Try to make him/her aware of the implications of peer pressure and how to deal with it tactfully.
- Help your child to develop self-confidence. Try to examine his/her behaviour carefully and be critical to actions and not the person.
- Share with your child the problems at home and try to know his/her own problems. The child should be encouraged to participate in the solution of domestic problems and also to solve his/her personal problems.
- Help your child appreciate values and norms and try to inculcate in him/her respect for such socio-cultural values that would keep him/her away from drugs.
- Parents are the best role models for their children. Set an example before your child by not taking drugs yourself. Remember that your actions speak louder than your words.
- Learn as much as you can about drugs. If unfortunately your child has fallen victim to drug abuse, try to tackle the problem with great care.

As a Teacher

- Whenever you get appropriate time, while teaching or informally, discuss with students the problem of drug abuse.
- Keep yourself interested in your student's activities and their interests. Observe continuously their behaviour within and outside classroom.
- Encourage them to volunteer information of any incidence of drug abuse. Encourage discussion among them on the issue of drug abuse. Try not to pontificate and do not adopt the didactic approach while moderating the discussion.

- Try to share the problems, academic and personal, of your students and guide them on how to handle their problems. Be careful in advising them and try not to make any value judgment on their views and actions.
- Help them examine their career options and encourage them to set goals and achieve those goals.
- Learn as much as you can about drugs. If unfortunately any of your students has fallen victim to drug abuse, try to tackle the problem with great care by cooperating with his/her family.

SAYING 'NO' TO DRUGS

Saying 'No' to drugs is applicable to those who have been addicted to drugs but have given up and for those who are not addicts.

The pressure for using drugs can be friendly, coercive or sometimes even threatening. But it is very important that one should know that he/she has every right to say "No".

Bring assertive and saying "No" to drugs is the choice one has. It is a freedom that one must exercise to protect ones rights.

How to say "No"

First the individual should believe in himself/herself and should have the conviction that saying "No" to drugs is for his/her benefit. Suggestions for refusing drugs are:

1. **Be firm, look into the eyes of the person who is offering and politely say "No".**
2. **Keep the reasons simple and honest. "Sorry", I simply do not want to taste.**
3. **Say that you have something else to do and leave the place immediately.**
4. **Change the subject.**
5. **Simply avoid situations where you know people will be using drugs, i.e., certain people and places.**
6. **The best way to say "No" indirectly to drugs is by "Choosing friends wisely". Be with friends who don't use drugs.**

Sometimes your saying **"No"** may work positively, i.e. who is on drugs may think why and how this person can stay away from drugs.

Those who had been on drugs for sometime and have stopped through treatment, should find ways to nurture their talents. Those who have not taken drugs can spend their free time in a similar search rather than keeping the company of drug abusers.

By finding out their real interests and talents adolescents can look for ways in building upon their other activities. These would include activities which induce relaxation like music, drawing, painting, story-writing, playing, reading, nature watching etc.

Risks of contracting STD/HIV/AIDS: Drug addicts, have a higher risk of getting AIDS, because of the exchange of the same needle for injecting the drugs (heroin, pesthodine, etc.). Using the same needle without it being sterilized will have a higher chance of coming directly in contact with HIV/AIDS.

Alcoholics too have a higher risk of getting sexually transmitted diseases because alcohol makes them feel that their sexual drive has increased, and wives many a times resist their husbands when they are drunk. This rejection forces an alcoholic to seek out other women and thereby contract STD and HIV/AIDS. These highly communicable diseases are then passed onto life and the unborn child.

SUMMARY

1. Drug is a chemical substance that brings about a change in the following of the body system.
2. Drug abuse leads to drug addiction with the development of tolerance and dependence.
3. Addiction is a disease requiring medical and psychological treatment. Abstinence is the only method to control addiction.
4. The lifestyle and risky behaviour of drug users are also linked to HIV/AIDS pandemic.
5. Parents and teachers can play decisive roles the helping children develop proper attitudes against drug abuse.
6. Being assertive and saying 'No' to drugs is the choice one has. It is a freedom that one must exercise to protect one's rights.

MODULE –4

SEXUALLY TRANSMITTED DISEASES AND HIV INFECTION

OBJECTIVES:

1. To learn about STD's, their transmission and prevention;
2. To understand the value of prevention and treatment of STD's especially in the context of HIV;
3. To understand the importance of appropriate medical care for treatment of STDs and
4. To learn about the role of men in prevention and control of STD.

TIME REQUIRED : 90 Minutes

MATERIAL REQUIRED : Flip Charts or Overhead projector (OHP)/Slides, Blank paper, pens etc.

INFORMATION SHEET

Sexually transmitted diseases (STDs) are usually contracted through sexual relations. These diseases affect sexual organs and can seriously affect the entire health of the individual. Most STDs are easy to treat. If they are detected and treated early, they do not cause serious problems. If they are not detected and treated early, the infection may spread and cause complications such as sterility. STDs are relatively easy to contract, and so it is important to know what they are, what they look like and what we need to do to get them treated. STDs are also known as venereal diseases. STDs are common in the age group of 19-35 years. Targeting the younger generation with information regarding prevention and control of STD is essential.

STDs : a social as well as a medical problem: There is still a lot of social stigma attached to STDs. People are often afraid and ashamed of seeking help in the clinic. In the past it was difficult to get treatment without harassment. However, this situation is gradually changing. STDs often have very few symptoms. A person may be infected for some time and not know it. The danger is that the person can spread the disease to others without realizing it. Following are some of the common STDs and their treatment.

1. GONORRHOEA: Symptoms occurs 3-5 days after infection. In men, it causes a yellow/green discharge and pain during urination. Women may also have a discharge. Both women and men may have no symptoms at all.

Treatment : Antibiotics. Both partners must take the treatment and not have sexual intercourse until the treatment is finished.

Risks: If the infection is not detected and treated, then it will spread and may cause sterility in both males and females. There are some strains of gonorrhoea that are resistant to certain antibiotics, so it is important to be treated by a qualified health worker/doctor to ensure proper treatment.

2. CHLAMYDIA: Caused by a bacteria. Often there are no symptoms. The infection may lie dormant for some time and then start to cause problems. The symptoms include a discharge or burning sensation when urinating. It may occur together with gonorrhoea.

Treatment : Antibiotics. It is very important that both partners are treated and that they avoid sexual intercourse until they have finished the treatment.

Risks : If Chlamydia is not treated, the infection may spread causing inflammation in the womb and sterility. It is very common infection.

3. Syphilis: The first sign of infection is a small painless ulcer (cancer) at the site of infection – usually the sexual organs or the mouth – which appears 9 to 90 days after infection. This disappears in a few days and may not be detected. The infection lies dormant in the body. This can also pass undetected.

Treatment : Antibiotics. Both partners need to be treated and they must not have sexual intercourse until treatment is finished. If the small ulcer is not detectable, a blood test may be taken to detect whether infection has taken place.

Risks : If syphilis is left untreated it can cause major problems in later life. Heart disease is not uncommon in the terminal stages. Dementia is caused by infection in the brain. Women may pass on syphilis to their unborn child and this can cause congenital abnormalities. Treatment can take place at any time once syphilis has been detected, but it is more successful in curing the disease and treatment is shorter, if detected early.

4. Chancroid: This infection causes small, usually painful ulcers on or around the genital organs. The ulcers tend to grow in size, and will not heal spontaneously.

Treatment : Antibiotics. Both partners need to be treated and they must not have sexual intercourse until they have finished the treatment and are cured.

5. Herpes: Caused by a virus. Herpes lives in the nerve root endings and once infected a person is infected for life. The first attack after infection is often the most painful. Small blisters occur around the site of infection-the mouth or the genitals-about 2-20 days after infection. The blisters may be accompanied by a high fever, general aches and pains and eventually heal. Attacks occur about 3-4 times a year for many years but gradually decrease in intensity.

Treatment : There is no cure for herpes. The symptoms can be reduced by bathing the blisters in warm salty water and by taking painkillers. It is important to avoid sexual intercourse until the blisters have completely disappeared. To avoid spreading the infection, the sufferers should make sure they keep their own towel and avoid contact with their eyes without first washing their hands.

Risks : Pregnant women can pass the infection onto their baby. Herpes may infect the brain and cause serious damage to the new born.

6. Trichomaniasis: Women complain of a smelly discharge, itching and soreness. Men usually have no symptoms at all. Symptoms start 2-3 days after infection.

Treatment : Both partners need to be treated. No sexual intercourse should take place until the treatment has finished.

7. Candidiasis: This is an infection of the vagina, caused by a fungus. It causes a whitish discharge, and itching in the vagina. Candida infection need not be sexually transmitted and can occur spontaneously.

Treatment : Vaginal tablets with an anti-fungal drug.

8. Condyloma: A virus that causes warts which appear on or around the sexual organs. These flesh coloured bumps can be very difficult to identify, especially if they appear in the birth canal of a women. They usually appear 3-9 months after infection. This long incubation period means it is difficult to find out where they came from and that they can be passed on to others.

Treatment : The warts are painted with a solution called Podophyllin. The solution must be washed off after 4 hours to avoid irritation. No sexual intercourse should take place until the warts have completely disappeared.
Both partners need to be checked to see if they have any warts.

Risks : Women who have come in contact with the Condyloma virus should have their wombs checked regularly for the first stage of cancer. The Condyloma virus is very common.

It is important that sexually transmitted diseases are adequately treated. If not, they can become chronic and be the cause of serious complications. For adequate and effective treatment it is necessary to go to a qualified doctor. Self-treatment by quacks are unadvisable.

STDs and HIV Infection: The relationship between STDs, for instance Syphilis, Herpes, Gonorrhoea and Chancroid, and HIV infection is as follows:

- The same risk behaviours that predispose for STDs also predispose for HIV infection (that is unprotected sex with multiple partners).
- The presence of STDs facilitates the transmission and acquisition of HIV infection upto 10 fold.

This means that anyone who has (had) STD is also at risk for HIV infection, both through the predisposing behaviour, as well as through increased risk associated with STD themselves.

STD AND HIV CONTROL: Since the relationship between STD and HIV infection are all associated with unprotected sexual intercourse with multiple partners, early diagnosis and effective treatment of STD can significantly reduce HIV transmission.

Anybody who suspects that he/she might have an STD should go for a medical examination and get treatment. One should remember that all sexually transmitted diseases except AIDS is curable provided if detected and treated early. One should abstain from self-medication or approaching a quack which may even lead to disability or death.

MEN AND STD : The role of men in prevention and control of STD among women is significant as men not only act as a source of infection to their sexual partners but are the major decision makers in the family and can influence the health care seeking behaviour of their partners. Besides treatment, it requires that both partners whether symptomatic or not should take medication simultaneously and practice abstinence during treatment in order to ensure complete cure and prevent relapse.

SUMMARY

1. STDs are those diseases that are mostly transmitted through sexual intercourse.
2. There are many STDs other than Gonorrhoea and Syphilis.
3. The presence of STDs has been found to facilitate the acquisition (providing an entry point) and transmission (providing an exit point) of HIV infection 5-10 times.
4. Symptoms of STD
   - Discharge from penis or vagina
   - Ulcers on genitals
   - Swelling in groin
   - Abdominal pain

But many STDs especially in women, are without symptoms. STDs facilitates the transmission of HIV.

5. STDs can be prevented by abstinence, having sexual intercourse with a faithful single partner and the use of condoms.
6. STDs are curable if detected and treated early by a qualified doctor only.
7. STDs can be effectively treated only if the sexual partner is also treated simultaneously.
8. STDs are most common among adolescents and the young. They should consult their parents, teachers or doctors in case of any signs/symptoms or doubt.

MODULE – 5

WOMEN AND AIDS

OBJECTIVES:

1. To create an understanding of the AIDS epidemic and its physical impact on Women.
2. To know the factors that place women at risk in HIV transmission.
3. To understand the factors that contribute to women's inability to protect themselves.
4. To explain the impact of AIDS on women and society.

TIME REQUIRED : 45 Minutes

MATERIAL REQUIRED : Flip Charts or Overhead projector (OHP)/Slides, Blank paper, pens etc.

INFORMATION SHEET

AIDS was at first taken as a problem of homosexual men, then "became" a disease which affected men only. Today, women and children are the centre of concern. It is now estimated that almost half of all infected adults are women. A rise in the infection of women means an increase in the infection of infants born to them. This means greater impact of the disease on women and children in particular, and society as a whole.

In Africa, half of all HIV infections are among women and children: infant mortality rates are increasing rapidly due to the number of children born with HIV/AIDS. AIDS will single handedly wipe out all the advances made to date on maternal and child health, and by the year 2000, WHO estimates that there will be 10 million uninfected orphans whose parents will have died of AIDS. India is following many patterns existing in Africa.

AIDS affects women in their various roles as : individuals, health care providers, educators, wives, mothers and income providers. They not only suffer from the physical aspects of the disease, but the economic and social consequences too. It is much more than a medical issue. It raises many of the fundamental questions on equality between sexes and among regions of the world.

Women play an important role in development and they are over-burdened. These burdens will be increased dramatically due to the epidemic and will adversely affect their role in the development effort.

AIDS loads the dice most heavily against the vulnerable, particularly women and their children, whether as victims of the disease itself or by the loss of a husband or father. The odds will be further lengthened if in the urgency to combat AIDS their more mundane but no less real needs are forgotten. Deaths as a result of unattended childbirth, for example, will be far higher in the next generation than those attributed to AIDS: though the risk of AIDS will make childbirth even more hazardous.

Women need information, advice and services to help them cope with the real and rumoured threat of AIDS. They still need-will need even more- the full range of primary health care services. As part of the attack on AIDS, countries need to pay even closer attention to their health infrastructure, its staff and facilities. Basic health care will be just as important to the predominantly rural communities as the blood screening, laboratory, education and counselling services needed for a full scale, anti-AIDS campaign. The channels for education and information about ADIS are the same as those for primary health care.

The advent of AIDS also means that men will have to become more responsible for both their sexual behaviour and their use of family planning. This may, in turn, mean that health ministries will have to add a new element to their approach to family planning generally. Family planning services are incorporated with maternal and child health services in the vast majority of countries, and are aimed primarily at women. Involving men in the battle against the spread of AIDS may mean setting up separate clinics with their own staff to cater to men's needs. This will also bring a much needed element into the battle for responsible parenthood.

AIDS may also encourage an all out attack on sexually transmitted disease, which increase the risk of the disease. The open climate necessary for any effective anti AIDS campaign might at last make it possible to deal effectively with a much older problem-and incidentally with associated infertility and problems in childbirth.

Putting the AIDS problem in a different perspective, it can clearly be seen that attacking the health problems of women, especially mothers will be of direct assistance in attacking AIDS. A more effective approach to women's health problems may be one of the keys to controlling the AIDS pandemic.

RISKS FOR WOMEN:

Biological vulnerability: Women are more vulnerable physiologically to HIV infection than men because the area of mucous membrane exposed during intercourse is much larger in the woman than for the man and the mucous

membrane of the vagina (compared to the penis) can more easily be penetrated by the virus. It now appears that male to female transmission is 2-4 times as much as female to male transmission, while with other STDs male to female is at least 15% more than female to male transmission.

STDS NOT DIAGNOSED OR TREATED: Many women suffer from asymptomatic STDs or have symptomatic STDs which are not diagnosed or treated. While men will notice symptoms of STDs soon after infection, women may not be aware that they are infected and continue having sex without treatment. This puts them at a higher risk of acquiring other STDs and AIDS. In addition, women have limited access to STDs treatment facilities and health care in general. If a woman goes to an STD clinic, she is often considered a sex worker.

USE OF NON-BARRIER METHOD OF CONTRACEPTION: Women use contraceptives without accurate knowledge of their relationship to HIV infection. Use of IUDs or heavy use of viricide could put women at greater risk, while use of other contraceptives such as the pill, injectable and implants discourages the use of condoms.

BLOOD TRANSFUSIONS: Women often receive transfusions during childbirth or while treating anaemia e.g. because of their poor nutritional status.

TRADITIONAL FACTORS: These include female circumcision, tattooing, women's passivity to sexual advances.

OTHER RISK FACTORS FOR WOMEN: Women are at risk of HIV infection and other STDs just like men, if they have multiple partners, or share syringes for IV drugs. But women are also at risk of contracting HIV infection from coercive sex, or due to their low economic status from selling sex. One estimate claims that everyday, 1500 women become infected with HIV, and their only risk behaviour is having sex with their husbands.

SOME OF THE FACTORS THAT CONTRIBUTE TO WOMEN'S INABILITY TO PROTECT THEMSELVES:

- ♠ Poor access to health care including STDs services.
- ♠ Lower socio-economic status.
- ♠ Lower literacy rates.
- ♠ Limited mobility.
- ♠ Limited access to information.
- ♠ Passive attitude towards sexuality.
- ♠ Less social support than for men infected.

Attitudes towards sexuality: Women are traditionally passive, submissive, partners in sexual relations. Women are not told the basic facts about sex. Very often a majority of women are subjected to sexual relations in order to conceive a male child. This enhances their chances of getting infected by HIV.

Psycho-social, cultural and legal barriers to women's decision making powers and independence: Even if a women knows about HIV and how to protect herself, it is not always possible for her to refrain from sex with her husband if she feels he is unfaithful or convince him to use a condom. Even in the most progressive sexual relationship, asking a husband to use a condom is a topic many women hesitate to bring up.

Effective condom use is entirely dependent upon the cooperation of the male partners. The woman's decision to use a condom may be hampered by misconceptions regarding the various aspects of the condom and its traditional association with illicit and commercial sex.

If a woman has an STD, the psycho-social and cultural condemnation is so great, that visiting a reputable STDs clinic is often ruled out in favour of self-medication.

All this is related to the status of women in society. The lower the status of women, the lesser their ability to protect themselves against HIV infection. This means that women's position in society has to be strengthened so as to lessen their susceptibility to HIV infection.

IMPACT OF AIDS ON WOMEN AND SOCIETY:

The AIDS epidemic will not only have a physical impact on women, but it also affects the many roles they play in society.

Caretakers: women are traditionally the caretakers of the families. As the epidemic takes its toll, this will increasingly take women away from their duty as a parent, and their individual productivity towards the community. The impact of this in terms of agriculture, child health, and social structures will be enormous.

Wives: They will be affected in their role as wives when they are confronted with transmission of HIV by their husbands.

Mothers: Physically and emotionally women generally want to bear children. If the woman is HIV+ and also pregnant, she is in a dilemma. 30% of all children born to an HIV+ mother are infected with the virus. The remaining 70% will become AIDS orphans, as the mother will eventually die of AIDS.

Economically: women will be adversely affected as their scarce resources are spent on the treatment of terminally ill family members.

The social impact in terms of discrimination will be severe. Today in the developing world, including India and Thailand, commercial sex workers are being blamed for spreading the disease. Women who give birth to HIV+ children are blamed. Women in many parts of the world are disowned by their families if they are HIV+ and deprived of their rights. Discrimination against HIV+ men also take place, but men have more legal accessibility as compared to women.

MODULE – 6

PSYCHOLOGICAL IMPACT OF HIV/AIDS

OBJECTIVES:

1. To explore one's feelings and attitudes towards HIV/AIDS related issues;
2. To understand how prejudice affects attitude towards HIV/AIDS;
3. To realise that there are limited resources in relation to prevention, control and care;
4. To develop sensitivity to issues and impact of HIV/AIDS.

TIME REQUIRED : **75 Minutes**

MATERIAL REQUIRED : **Flip Charts or Overhead projector (OHP)/Slides, Blank paper, pens etc.**

INFORMATION SHEET

The psychological issues faced by most people with HIV infection or disease revolve around uncertainty and adjustment.

With HIV infection, uncertainty emerges with regard to hopes and expectations about life in general, but it may focus on family and job. An even more fundamental uncertainty may concern the quality and length of life, the effect of treatment, and the response of society. All these are relatively unpredictable in terms of their long-term outcome. They need to be discussed openly and frankly, but care should always be taken to encourage hope and a positive outlook.

In response to uncertainty, the person with HIV must make a variety of adjustments. Even the apparent absence of a response may, in itself, be an adjustment through denial. People start to adjust to the news of their infection or disease from the time they are first told about it. Their day-to-day lives will reflect the tension between uncertainty and adjustment. It is this tension that causes other psycho-social issues to assume more or less prominence and intensity from time to time.

PSYCHOLOGICAL ISSUES FACED BY PEOPLE WITH HIV INFECTION

FEAR: People with an HIV infection or disease have many fears. The fear of dying and particularly, of dying alone and in pain is often very evident. Fears may be based on the experiences of loved ones, friends, or colleagues who have been ill with, or died of AIDS. It may also be due to not knowing enough about what is involved and how the problems can be handled. As with most psychological concerns, fear and the pressures can often be managed by bringing them clearly and sensitively into the open. They should be discussed in the context of managing the difficulties, along with the help of friends and family or with the counsellor.

LOSS: People with HIV disease experience feelings of loss about their lives and ambitions, their physical attractiveness and potency, sexual relationships, status in the community, financial stability and independence. As the need for care increases, a sense of loss of privacy and control over life is also experienced. Perhaps the most common loss that is felt is the loss of confidence. Confidence can be undermined by many aspects of life with HIV, including fear for the future, anxiety about the coping abilities of loved ones and care-givers, by the negative and / or stigmatising actions of others. For many people, recognition of HIV infection will be first occasion that forces them to acknowledge their own mortality and physical vulnerability.

GRIEF: People with HIV infection often have profound feelings of grief about the loss they have experienced or are anticipating. They may also suffer the grief that is projected on to them by close family members, lovers, spouses and friends. Often these same people are supporting and taking care of them on a day-to-day basis, and watching their health decline.

GUILT: A diagnosis of HIV infection often provokes a feeling of guilt over the possibility of having infected others, or over the behaviour that may have resulted in the infection. There is also guilt about the sadness the illness will cause to the loved ones and family, especially children. Previous events that may have caused pain or sadness to others and remained unresolved, will often be remembered at this time and may cause even greater feelings of guilt.

DEPRESSION: Depression may arise for a number of reasons namely—the absence of a cure and the resulting feeling of powerlessness, the loss of personal control that may be associated with frequent medical examinations, and the knowledge that a virus has taken over one's body. Similarly, knowing others or about others who have died or are ill with HIV, and experiencing such things as the loss of potential for procreating and for long-term planning may contribute to depression.

DENIAL : Some people may respond to the news of their infection or disease by denying it. For some people, initial denial can be a constructive way of handling the

shock of diagnosis. However, if it persists, denial can become counter productive, since people may refuse to accept the social responsibilities that go with being HIV positive.

ANXIETY: Anxiety can quickly become a fixture in the life of a person infected with HIV, reflecting the chronic uncertainty associated with the infection. Many of the reasons for anxiety reflect the issues discussed above and concern the following:

- **Prognosis in the short and long term.**
- **Risk of infection with other diseases.**
- **Risk of infecting others with HIV.**
- **Social, Occupational, domestic and sexual hostility and rejection.**
- **Abandonment, isolation and physical pain.**
- **Fear of dying in pain or without dignity**
- **Inability to alter circumstances and consequences of HIV infection.**
- **How to ensure the best possible health in the future.**
- **Ability of loved ones and family to cope.**
- **Availability of appropriate medical/dental treatment.**
- **Loss of privacy and concern over confidentiality.**
- **Future social and sexual unacceptability.**
- **Declining ability to function efficiently.**
- **Loss of physical and financial independence.**

ANGER: Some people become outwardly angry because they feel they have been unlucky to catch the infection. They often feel that they or information about them has been badly or insensitively managed. Anger can sometimes be directed inwardly in the form of self-blame for acquiring HIV, or in the form of self-destructive (suicidal) behaviour.

SUICIDAL ACIVITY OR THINKING: People who are HIV-infected may have a tendency towards suicide. Suicide may be seen as a way of avoiding pain and discomfort or of lessening the shame and grief of loved ones. Suicide may be active (i.e., deliberate self-injury resulting in death) or passive (i.e., concealing or disregarding the onset of a possibly fatal complication of HIV infection or disease).

SELF-ESTEEM: Self-esteem is often threatened early in the process of living with HIV. Rejection by colleagues, acquaintances and loved ones can quickly lead to loss of confidence and social identity and thus to reduced feelings of self-worth. This can be compounded by the physical impact of HIV-related diseases that cause, for example, facial disfigurement, physical wasting, and loss of strength or bodily control.

HYPOCHONDRIA AND OBSESSIVE BEHAVIOUR: Preoccupation with health and even the smallest physical changes or sensation can result in hypochondria. This may be transient and limited to the time immediately after diagnosis, or it may persist in people who find difficulty in adjusting to the disease.

SPIRITUAL CONCERNS: Concern about impending death, loneliness, and loss of control may give rise to an interest in spiritual matters and a search for religious support. Expression of sin, guilt, forgiveness, reconciliation and acceptance may appear in the context of religious and spiritual discussions.

Many of these and other concerns will appear to become pronounced when a diagnosis of AIDS is made. The appearance of new infections, cancers, and periods of severe fatigue all have a significant emotional and psychological impact. The effect is likely to be even greater if the person with AIDS has been rejected by family or friends and has withdrawn from normal social relationships.

SOCIAL ISSUES: Environmental and social pressures, such as loss of income, discrimination, social stigma (if the diagnosis becomes commonly known), relationship changes, and changing requirements for sexual expression, may contribute to post-diagnosis psycho-social problems. The patient's perception of the level and adequacy of social support is of vital concern and may become a source of pressure or frustration.

SUMMARY

1. Most people with HIV infection are confronted with Psychological issues that revolve around uncertainty and adjustment.

2. People with HIV infection experience fear, loss, grief, guilt, depression, denial, anxiety, anger, suicidal activity or thinking, low self esteem and hypochondria and obsessive behaviour.

MODULE – 7

SOCIAL, ETHICAL AND LEGAL ISSUES RELATED TO HIV/AIDS

OBJECTIVES:

1. To know the social, ethical and legal dimensions of HIV/AIDS;
2. To create an awareness of HIV/AIDS as a socio-economic problem.

TIME REQUIRED : **75 Minutes**

MATERIAL REQUIRED : **Flip Charts or Overhead projector (OHP)/Slides, Blank paper, pens etc.**

INFORMATION SHEET

HIV/AIDS is not just a health problem. It is a socio-economic problem. It's Social ramifications stem from the fact that there is social stigmatisation and associated guilt. It is a behavioural disorder-not just a viral disease. As Ms Bacchi Karkaria puts it – "It affects the intensely personal area of sexual relationships, making even marriage a high risk activity".

Other diseases can lead to loss in man hours, debility and death, but do not wipe out economically active generations.

In India there is no specific legislation at present to deal with HIV/AIDS. One has often rushed to enact laws to deal with problems and experience shown that specific legislation are often incapable of dealing with all dimension of the issue. Therefore, our needs to be careful as to how we approach this or any other problem.

There can be several approaches to deal with various issue: **The prescriptive/isolationist approach** is coercive, criminalizes and punishes non-compliance and target groups (example sex workers and drug users), makes testing compulsory and provides for discrimination and isolation. This approach has not worked in India or anywhere else in the world. Example The Goa Public Health Act amendment had led to the isolation and virtual imprisonment of Dominic D'souza who was HIV positive. This act was challenged and Dominic was later released.

It is better therefore to use the Protective Human Rights Approach which is non discriminatory and can deal positively with issues such as decriminalisation of certain behaviour like commercial sex work, homosexuality etc.

The **Instrumental** model is an even better approach where law plays a proactive role seeking to change social values and patterns that create vulnerability to HIV infection.

Though there is specific legislation for HIV/AIDS there are existing laws which can be applied if and when required. These are:

I) **Articles 14, 15,16, 19 and 21** of the Constitution of India – dealing with fundamental rights and provides for equality, equal opportunity, freedom of speech, and prohibiting discrimination etc.

Articles 38, 39, 41, 42 and 47 dealing with **directive principals of state policy** to promote welfare of the people and provide for education, basic living conditions, employment etc.

II) **Statutes like public health act, epidemic diseases act etc.**

III) **Rules and Regulations made by administration, customary law (practice that has existed from time immemorial) precedents (tax laws, judicial interpretation).**

HIV AND LAW:

1. A person who **knowingly transmitted** HIV infection to another is liable for criminal prosecution.

2. **Notification:**
   - There is only one law, which provides for the notification of AIDS- Section 51 of the Goa Public Health Act.
   - Local Municipal Law requires every medical practitioner who treats or becomes cognizant of the existence of any dangerous disease to give information of the same to the executive Health Officer.
   - The age and sex of an HIV/AIDS patient is given to the health authorities for epidemiological (statistical data) purpose. Other confidential matter like name, address etc are not revealed.

3. **Testing:** The National and International policy of testing should be initiated only after informed consent is accepted, which should be supported by counselling services.

4. **Confidentiality and Right to privacy:** No specific statute providing for medical confidentiality in India. Common Law doctrine therefore becomes applicable

and since the relationship between doctor and patient is a fiduciary relationship – patient has reposed trust in his/her doctor. Therefore, the doctor requires maintaining the confidentiality of the information revealed by the patient.

5. **Partner Notification:** The same principle is applicable to with the spouse/sexual partner of the HIV +ve person and therefore the doctor cannot disclose about his/her HIV status. However the doctor can counsel the patient to reveal the HIV status to the spouse.

6. **Discrimination at the work place:** In a vast majority of occupations and occupational settings, work does not involve a risk of acquiring or transmitting HIV between workers. Hence workers with HIV infection who are healthy and have the required skill for the specific jobs should be treated as any other worker and the workers with related illness including AIDS should be treated as any other workers with an illness or disability.

   But when the work involves the possibility of transmission example health care/first aid workers, he/she should be given an alternative area, example clerical or administration where there is no risk of transmission to others. The person living with HIV/AIDS should be protected from discrimination, stigmatisation, at the work place.

   It is necessary to take precautions to reduce risk of transmission of HIV at the work place by the blood borne route.

   Mandatory testing for HIV/AIDS is considered inappropriate. However an employee is requested to be medically fit to carry on his/her employment, hence they are subjected to regular medical fitness testing. Under this general requirement of medical fitness, employer may test employees for HIV/AIDS. There is no clear cut policy being followed in this regard. At the moment, defence personnel and people seeking overseas employment especially in gulf countries are subjected to compulsory HIV/AIDS testing.

   The Bombay High Court has recently held that the medical fitness of a person should correlate with job requirement. Government Institution cannot discriminate in the matter of employment.

7. **Treatment:** All doctors have a duty to treat the patient but there are innumerable cases, where doctors have refused to treat HIV/AIDS patients. There is no specific statute/rule/regulation obliging the doctors to treat HIV patient.
Supreme Court has held that a doctor in Government hospitals have an absolute duty to treat a patient (Parmanand Kataria Vs Union of India)

8. **Blood banking:** Drug Control Rules and Regulations have made testing for HIV 1 and HIV 2 mandatory for every unit of blood before issue. Only licensed blood banks are allowed to collect, process and dispense blood. The Blood Banks should keep records of testing etc for more than 10 years to safeguard against litigations.

9. **Marriage and Divorce:** There is no specific law covering this issue.

10. **Insurance:** Ideally Insurance policy / scheme should not deprive HIV/AIDS persons of the benefits of the scheme.
However, if the companies are doing so it can be challenged in the court on the basis that it is discriminatory.

Homosexual and Law: Section 377 of the Indian Penal code has criminalized this behaviour and has classified it to be unnatural offences. It provides as follows: "Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal is punishable with imprisonment for life or ten years with or without fine"

Sex workers and Law: Immoral Traffic (Prevention) Act, 1956 deals with sex workers. Prostitution itself is not an offence and it does not prohibit or legalize prostitution. But it focuses on institutions and brothels – carrying on prostitution in a

public place, abetting prostitution, soliciting or seducing for the purpose of prostitution, brothel keeping, living off an earnings of a prostituted women are punishable offences. Child prostitution is prohibited and attracts severe penalty.

Drugs and Law: The Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985 regulates as well as prohibits certain operations viz., cultivation, production, manufacture, possession, sale, purchase, transport, warehousing, consumption, inter state movement, import – export out of India and transhipment of drugs and narcotics substance. It provides for presumption that the accused if he is found to be in possession of drugs/psychotropic substance that he has committed the offence.

Criminal Law:

Transmission offences: There are no specific offences for transmitting HIV. However, a large number of offences ranging from murder & hurt, to nuisance may be attracted depending on the facts and circumstances of the case. As transmission of HIV may cause death or hurt (grievous or simple), transmitting HIV with intention of causing death or hurt, or with the knowledge that it is likely to cause death or hurt, may attract the offence of murder (sec 302, Indian Penal Code), voluntarily causing hurt (sec 323, Indian Penal Code) or causing grievous hurt (sec 325, Indian Penal Code). On the other hand, if the transmission is caused rashly and /or negligently, another set of offences may be attracted, viz., section 304A, 336, and 338 Indian Penal Code.

Moreover, under section 133, code of criminal procedure (for removal of nuisance), any person conducting any trade or occupation injurious to the health of the community can be prohibited from doing so by an order of a magistrate.

Women and HIV: Woman as a group require a special attention while dealing with HIV/AIDS issues, because the current preventive strategies offer very little protection from the risk of HIV infection for women.

The preventive strategies are – a) Monogamy and Fidelity, b) Safe sexual practices and c) Reducing the number of sexual partners. Unfortunately all of them depend on the male partners and women have little or no role to play.

SUMMARY

1. HIV/AIDS is not just a viral disease or a health problem. It affects the personal area of relationships, behaviour and causes social stigmatisation.

2. It victimises the economically active younger generation and causes a serious economic crisis.

3. The existing legislation concerning HIV/AIDS is in-capable of dealing with all dimension of the issue. The protective Human Rights approach is a better alternative.

4. Women as a group require a special attention but unfortunately even this depends mainly on the male partners.

MODULE – 8

TEACHER'S ROLE AS AIDS EDUCATORS

OBJECTIVES:

1. To understand the importance of the role played by teachers as AIDS educators.

TIME REQUIRED : **45 Minutes**

MATERIAL REQUIRED : **Flip Charts or Overhead projector (OHP)/Slides, Blank paper, pens etc.**

INFORMATION SHEET

The most important determinant of success of any educational programme is the teacher. Efforts have already begun to integrate adolescence education including awareness on AIDS, into syllabi and text books of relevant subjects being taught at different stages of school education. Even when this task is accomplished, the knowledge in these elements can be imparted effectively only through teachers. Therefore, the question of measures and strategies to be adopted for introducing adolescent and HIV/AIDS education in the school curriculum need to be first considered in the light of measures that are required to be taken to initially build an awareness level among teachers with regard to various issues comprising adolescent education. It must be remembered that the most important determinate of success or failure of an adolescence education on HIV/AIDS programme is the **teacher.** Inspite of a well designed curriculum, an ill-prepared or an uncomfortable teacher can ruin a programme. Parents on the other, are most concerned that the teacher will convey personal values or inappropriate information to their children.

Educators and teachers must accept that forming a sexual identity is a major development task of adolescence education. Teacher training, therefore, is essential because educators must know the subjects matter well to be able to communicate it effectively. A gap sometimes exists between what educators know and how they communicate that information.

A critical issue is the comfort with the role of teaching sexuality education. An educator who is knowledgeable but is not comfortable with his/her own sexuality is less likely to provide the right information effectively. Preparation and awareness programmes, thus, can help educators understand the values underlying different sexuality issues and more importantly, become aware of their own feelings, attitudes and values regarding the same. A teacher therefore, needs complete mastery and understanding of the content, as without it he/she will not be in any position to teach with any degree of success. A part from this, there needs to be positive approach to help learners build up a personal code of ethics as the basis for decision-making.

This is a generally accepted notion as it is customary for the school to promote certain fundamental values which are usually reflected in the curricula and the teaching materials.

Therefore, an effective teacher is a pivotal element in a functional human sexuality and HIV/AIDS education programme. Beyond all the abstract controversy and rhetorical argument, it is the human factor, personal interaction, that can make or break a programme and it is the human factor that is most strongly personified in the teacher. It would be unfair to expect an educator required to teach adolescence education to instantly imbibe emotional adjustment and develop inter-personal communication. Yet these qualities are pre requisite to teaching adolescence education effectively.

* **Competent adolescent and HIV/AIDS educators are expected to be knowledable about the physical, psychological, social and moral dimension of human sexuality. They should develop positive attitude that promotes the goal of adolescence education. These attitudes would include:**

- **Being comfortable with one's sexuality;**
- **Being respectful of the diversity of backgrounds, beliefs and behaviour of others;**
- **Being committed to the importance of adolescence and HIV/AIDS education;**
- **Being supportive of the parent's role as sexuality educators;**
- **Being skilled in communicating and teaching about human sexuality; and**
- **Being respected by parent's students' and school administrators.**

Giving these high expectations, the primary concern therefore, is the qualification and preparation of the prospective teacher educators and the teachers. A major reason for a teacher's resistance to teaching adolescent and HIV/AIDS education is basically lack of right information and inadequate preparation to handle the sensitive nature of the subject.

It is against this background that it is essential to create awareness among teachers by disseminating appropriate information and build upon their "comfort level" with regard to different areas in adolescent education.

Raising one's comfort level would basically involve being satisfied with one's sexuality, communicating effectively about sexuality, being tolerant of other's sexual values, sensitivity and respect for other's feelings and anxieties, developing confidence and right knowledge about sexuality; and using methods which communicate information about sexuality effectively.

Hence, it is necessary to initiate the process of introduction of adolescence education by discussing its various dimensions in the context of needs, requirements and strategies which are specially geared to building awareness among teacher educators and teachers. This would also include identifying various means and methods to be adopted for building the comfort level in teacher educators and teachers of adolescence and HIV/AIDS education.

For effective transaction of AIDS education the teachers are expected to employ non-traditional methods of teaching. They will have to encourage the use of proper vernacular without inhibition, provide accurate and scientific knowledge and promote open communication in the classroom. A teacher has to function as a resource for accurate information in matters about sex and sexuality which are sensitive. It will also be better to prepare selected peer-counsellors in every school. Some selected students may be given adequate training to act as counsellors. In this case, the teachers will have to ensure that the trained students get congenial environment to act as peer-counsellors.

It is also necessary for teachers to perform the functions of a counsellor. Since the elements of AIDS education are related to the most intimate aspects of individuals, the students may be confronted with some individual problems which may not be possible to discuss in groups. Since students response considerable trust in the teachers, it may be possible for them to build their confidence to enable them to act as counsellors. The advice given by teachers is more acceptable to students which will also influence their behaviour. It is however, extremely important for teachers to be non-judgemental so that students are treated with compassion and care. Students should feel comfortable while asking questions. The teacher should

enlist the help of a local expert if necessary, to provide information. If the students' problem is complex, than he/she should be referred to a medical practioner or a professional counsellor. The teacher should also request parents of the student to take care of his/her problem.

Since teacher is respected and recognised in the community his/her role in providing information and guidance, particularly to out-of-school youth, in a rural situation would be extremely helpful. Many young people are not aware of the reproductive process; the teacher in this instance can impart scientific information to the students which would influence their demographic behaviour including adolescent attitudes, values and knowledge about marriage, family, heterosexual relationships, anatomy, reproduction and palled parenthood.

Education about HIV/AIDS is specially relevant in this context as it planned not only deals with sex and sexuality but also makes the younger generation aware of the means of self protection, personal hygiene and a healthy life style. It is therefore, against this background that is necessary for a teacher to transmit the basic information about HIV/AIDS to students which would include the facts that AIDS is incurable and is transmitted through unprotected sexual contact, unsterilised needles and syringes and contaminated blood. It is essential to know that the use of a condom minimizes the risk of HIV infection and drug injectors must not share syringes and other drug related instruments that pierce the skin. As far as blood transfusion is concerned, it should be assured that the blood is tested for HIV.

SUMMARY

1. While traditionally psychologists, social workers and doctors have served as counsellors, it is important to explore the role of teachers as AIDS educators with young students. What a teacher needs to do is to gain the trust and confidence of students.

2. Responsible sexual behaviour being an important component of AIDS education, a teacher has to function as a resource for accurate information in matters relating to sex and sexuality which are sensitive in nature.

3. It is important to build the comfort level of the teacher.

4. With training, the embarrassment and shyness can be overcome among the teachers and they can be in a better position to communicate with the students in their own language and appreciate their problems and needs.

5. The advice given by the teacher is more acceptable to students with a higher possibility of behaviour change.

6. It is extremely important for teachers to be non-judgemental so that they can treat the student as a person needing understanding, compassion and care. In communicating about AIDS/STD, understanding, compassion and care are very important for bringing about desirable change.

7. The teacher should not put off a student when he/she asks questions. The teacher should not tell the students that their questions are silly; rather he/she should tell them that their questions are very genuine and relevant.

8. The teacher may try to answer a student's questions as best as he/she can. For personal problems too the teacher may advice the student to the best pf his/her ability. At the same time' if the problem demands, the student should be advised to consult a qualified doctor/counsellor for further treatment/counselling.

The student should also be advised to talk to his/her parents in case of any serious personal problems.

9. The teacher should ensure that his/her students understand the following crucial messages:

- ♣ Since there is no cure for HIV/AIDS, prevention is the only defense at the moment.
- ♣ Women now account for 43 percent of the adults with HIV/AIDS. and about half of all new infections are in the 15-24 year old.
- ♣ HIV can be transmitted through unprotected sexual intercourse, unsterilised needles and syringes, and contaminated blood.
- ♣ HIV transmission can be prevented through abstinence and mutually monogamous sexual relations in which neither partner is HIV infected. These constitute responsible sexual behaviour.
- ♣ Use of condoms minimises the risk of HIV transmission as it reduces exposure to blood, semen or vaginal fluids.
- ♣ The risk of exposure to HIV increases in sexual partners.
- ♣ Drug injectors must not share syringes or other drug-related instruments that pierce the skin with anyone else.
- ♣ In case of blood transfusion it should be assured that the blood is tested for HIV.

MODULE – 9

COUNSELLING CARE AND SUPPORT TO HIV/AIDS PATIENTS

OBJECTIVES:

1. To know the importance of counselling.
2. To recognize the qualities of a good counsellor.
3. To imbibe the different skills of counselling.
4. To learn the essential stages of counselling.
5. To understand the different techniques in pretext and post test counselling.

TIME REQUIRED : **120 Minutes**

MATERIAL REQUIRED : **Flip Charts or Overhead projector (OHP)/Slides, Blank paper, pens etc.**

INFORMATION SHEET

SECTION : I

Counselling for HIV/AIDS is a new concept in India/We know about counselling activities associated with Family Planning, but never before has counselling for the prevention of a disease been so urgently required. HIV/AIDS counselling has two broad aims.

1) Provides psychosocial support to those who are already infected; and

2) To prevent HIV infection by changing life style / behaviour.

Prevention and support are complementary to each other. In HIV counselling, if prevention efforts are not accompanied by some type of support then counselling is unlikely to be effective. The acceptance of prevention messages is always improved when these messages are made personally relevant to individual needs and life styles. Counselling therefore indicates education but, unlike just education, it is directed towards the specific needs arising from HIV infection. It also involves communication. However it is different from casual conversation as the information exchanged and obtained is specific, focused and serves a purpose. Counselling in the context of HIV/AIDS means, helping people deal with reaction to HIV infection and then helping them protect others from infection. A diagnosis of the HIV infection or AIDS brings with it profound emotional, social and medical consequences. The kind of adjustment that is required from a person with HIV both at the personal and societal level is tremendous. As it has a bearing on his or her family life, social relations, work education, spiritual needs, status and civil rights. The adjustment to HIV infection or AIDS involves constant stress management and adaptation. Counselling has to take into account not only the patient's immediate social and medical environment, but also his or her social relationships and attitudes towards HIV/AIDS. Moreover, counselling should not be restricted only to the person who is infected with HIV/AIDS. It should be extended to his or her family members, friends, employees and colleagues. This will help not only the person with HIV/AIDS to cope with the disease but also enable the family members, friends and colleagues to do the same. Their counselling must be based on up-to-date and authentic information.

IMPORTANCE OF COUNSELLING AND CARE: When a person is infected with HIV, he or she will experience a broad range of physical needs and problems. These problems need not necessarily be constant, as they will progress with the advancement of the disease itself. They will become more serious and therefore it calls for increased and different resources both for those who are infected by HIV and those who are affected by it. i.e. family members, friends etc. These changing needs are bound to lead to psychological and emotional stress on both the individual and those who are closest to them. People who have been diagnosed as HIV positive are often shocked and may enter a state of denial. They may feel angry and blame themselves or others. Some may even want to take revenge by infecting others. Most will feel lonely and will be afraid of losing their jobs, people rejecting their friendship, their families deserting them, pain death etc. The stress could also be because of increasing drain on the financial resources. All the above-mentioned situations require **Counselling**.

HIV infected people often tend to feel limited in what they can do and in what changes they can make in their lives. Whether these limitations are imagined or real is something that needs to be determined by the counsellor especially if behavioural changes are to be effective. Given this situation, counselling is very necessary, as it is a process of empowering the person who is infected with HIV. Through counselling one can identify the personal strength and resources to face and manage their lives in a productive and constructive manner despite facing periods of crisis of infection or illness. Counselling can help the infected person to look at the problems in a new light and solve them creatively, thereby enabling them to have a control over their lives.

When a person is infected with HIV, counselling must include:

- **Supporting the process of the grief that one is likely to face after being diagnosed as HIV positive;**
- **Planning for continued involvement of the client in self-care;**
- **Establishing or re-establishing a support network to provide physical and emotional care during the course of the disease;**
- **Exploring ways of taking care of survivors; and**
- **Accepting fear of death and continuing to provide emotional support.**

VALUES AND ATTITUDES OF A GOOD COUNSELLOR

COUNSELLOR VALUES AND ATTITUDES: People are influenced by the culture within which they live, develop and mature. Every culture has certain kinds of behaviour, ceremonies, rites of passage and points of view that are *preferred* above all others. These are called *values*. Some values are practically universal - preserving the lives of innocent people, for example - but the values which guide and direct day-to-day behaviour are usually specific to the culture in which they evolved.

The counsellor must understand and accept that people from different backgrounds have different values, and that these values influence attitudes towards HIV infection or AIDS. Values determine the degree to which a person asks for help, or attempts to handle a problem alone. They also determine how people view health, illness, and death. Counsellors will have their own values, attitudes and beliefs but have to work with clients who may have quite different ones. Fear and prejudice against people with AIDS causes stigma, discrimination, hostility and oppression, and may even be stronger than the values which underlie the humane care of the sick. Counsellors themselves share their culture's prejudices, and must therefore examine and recognize their own prejudices and values. Competent counsellors do not have to like all their clients, but should be keenly aware of their own feelings, opinions, attitudes and prejudices. They must learn to recognise when they are not communicating clearly, or are distracted by the background or appearance of their clients, or are being influenced by bias rather than facts. Counsellors must never allow their own personal values or prejudices to influence their counselling. If a serious conflict seems likely, the client should, if possible, be transferred to another counsellor. If this is not possible, the counsellor should consult a supervisor or colleague for help in resolving the difficulty.

Some institutions may benefit from operating a formal policy of reducing or eliminating prejudice or discrimination, implemented with the help of staff training at all levels, and supervision or staff support groups. Counsellors must explore and reflect on their own feelings and prejudices which can interfere with the objective

assessment of clients or, in the case of unremitting work with distressed and dying clients, can cause severe depression and inability to relate to other people. They will also need to decide how ready they themselves are to discuss sensitive topics and to what extent their own inhibitions and attitudes will complicate the task. The kinds of questions which counsellors might ask themselves are:

- What are my *own feelings* about people whose behaviour has placed them at risk of infection? About people with HIV infection or AIDS? Am I afraid, critical, overwhelmed ...?
- In view of the ways in which the infection is sometimes contracted, can I treat certain persons as fellow humans, or will I see them as being at fault and immoral?
- Which sexual practices would be most difficult to talk about, given my own personal and cultural values?
- What everyday/slang words would I use, or never use, to explain risk practices or behaviour, especially to clients who differ from me racially, culturally or sexually, or are much younger or older?
- Can I maintain my own values of individual worth and dignity for everyone, even if my client's cultural background and way of life are very different from mine?
- How would I explain the need to discuss behaviour that is seen as strange or deviant in a particular society or culture?
- In this culture, to what extent am I ready to let clients do what they decide to do and take responsibility for their own care? Will I involve others in decisions if it is the accepted thing to do, or always try to be in control?
- How much do I want to influence, control or dominate other people?
- Are there some kinds of people or types of behaviour of which I disapprove so strongly that I probably could not counsel those concerned competently?

Counselling regarding sensitive and deeply personal topics requires the counsellor to:

(1) ***Feel secure and at ease*** when enquiring about intimate matters that are rarely discussed openly, and be *able to convince* clients of the need to talk about taboo topics in order to prevent transmission of infection.

(2) ***Focus the discussion*** on specific practices and behaviour. The detail needed (e.g. number of partners, frequency of sharing needles) may embarass the client, and even the counsellor, who must nevertheless find culturally acceptable ways of

dealing with these sensitive topics (e.g. instructing clients in "safer" or "protected" sex). To support their clients emotionally and help them to change their behaviour, counsellors should pay attention to certain important values and attitudes which keep counselling focused and directed, as discussed below:

Maintenance of Confidentiality. This is essential in any kind of counselling. The counsellor must assure a client that his/her sharing personal or intimate feelings and events will be respected and kept confidential. This is very important in building trust in the counselling process.

Positive regard. Counsellors must view clients as individuals with problems and respect them without judging or condemning their past behaviour. They should not add to the self-blame or guilt which characterizes many clients.

Acceptance. Counsellors need to appreciate the stress caused by the fear of being infected or the need to change behaviour. They must accept the resulting emotions and reactions of clients and their close associates, even including resistance and hostility to the counsellor. People with HIV infection and/or disease (including AIDS) should always be encouraged to feel that they are fully accepted by the counsellor, irrespective of their life-style, sexual preference, and socio-economic, ethnic or religious background. While responses to their needs should be technically sound, counsellors should, at the same time, be sensitive to their personal circumstances and not be affected by subjective feelings about a person's background.

Empathy. Empathy is more than sympathy, which is generally not very useful in counselling, although it may be expressed as a statement of support (e.g., "I am sorry that you are having to go through this pain.") Empathy involves trying to place oneself in another's situation. The counsellor cannot truly say "I know how you feel," because that is impossible with HIV infection. The counsellor can demonstrate empathy by changing the counselling approach to make it culturally more acceptable to a person, or modifying the mode of communication to make it more understandable. Empathy

is very often conveyed not in words, but through non-verbal communication, e.g., by nodding the head, changing position, or using gestures understood within the culture to mean "I am listening and responding to you."

Self-determination. Ideally, people take responsibility for their own conduct and how they behave when they are ill, but the degree to which they can do so is strongly influenced by culture and tradition. Some cultures are fatalistic about illness, for example, and have little place for self-determination. In other cultures, people are expected to do as they are told by someone above them. Still others attach great importance to self-determination. So far as cultural norms allow, the counsellor should encourage self-determined behaviour, but appreciate that people who are frightened or ill may not feel disposed to exercise self-determination. Rather, they will be disposed to look to others for support and decisions. The counsellor should always try to counter this inclination and support the client's autonomy with information and guidance on sound decisions, even at times of severe stress.

Understanding grief, mourning and loss. HIV-infected people or their families often grieve for, and mourn prematurely their anticipated loss. The counsellor needs to focus during his/her training and experience on what loss means, become familiar with the various cultural ways of expressing grief, and become skilled in discussing with clients, and helping them have recourse to, their spiritual sources of comfort and support.

Mobilizing resources. The counsellor should not try to provide everything the client needs, but rather be fully aware of, and able to use competently the *formal* and *informal* resources on which people can call. Formal resources include medical care services, income or food supplements, and counselling. Informal resources include families and friends, religious groups, civic clubs, and peer support groups. The counsellor can also encourage the development of new social resources if the need arises.

COUNSELLING SKILLS: Communication is the counsellor's principal tool. Communication skills are employed to ensure that client and counsellor correctly

interpret each other's messages and comments, and their responses are consistently appropriate and helpful. Because counselling almost always involves communicating about sensitive issues, and differs from advising, counsellors must develop the skills of *Listening, Supporting, Guiding, Confronting, Assessing and Maintaining Self-awareness.* Effective counsellors adapt their counselling style to the characteristics of the person or family being counselled. Good communication also depends on careful observation. Typically, the counselling of HIV-infected persons takes place at times of stress, when they need support, information, and an opportunity to express and discuss their feelings. The trained counsellor becomes skilled in imparting information, encouraging productive expression of feelings, asking about sensitive or taboo topics or kinds of behaviour, and finding ways to induce clients and their family/friends to change behaviour. This calls for a range of skills, including:

(1) ***Active Attending or Listening***. The counsellor indicates by words, expression and posture/gesture that very careful attention is being given to what is being said, clarifies uncertainties by interrupting and asking questions, and then helps the client resume the narrative. By utilising good attending behaviour to enhance the client's self-respect and to establish a safe atmosphere, the counsellor facilitates free expression of whatever is in the client's mind.

(2) ***Reflection of Feeling.*** The counsellor must recognize feelings such as anger, sadness, and fear in a direct, unemotional way, indicating both verbally and non-verbally: "Your feelings are very strong, and I accept them, and I accept you". The focus is on the emotions of the client and his/her subjective experiences in coping with the situation.

(3) ***Questioning.*** The counsellor always tries hard to use questions to make communications clear so that both the problem and the solutions are clear. The communication itself (for example, "Do you mean...?"), or the facts (for example, "No, HIV infection is not transmitted by eating out of the same dishes") can be clarified. The counsellor asks questions in order to bring to awareness all the dimensions of the problem and help the client to go deeper and face the core issue underlying his/her fears or concerns.

(4) ***Paraphrasing.*** Many people can tell they are being understood accurately if the counsellor repeats what they have said in different words - for example, "You seem to be saying that you are afraid your family is not going to take care of you". The client might then agree with the interpretation. If not, the counsellor can clarify the matter. When utilizing this technique, the counsellor attempts to feed back to the client the essence or content of what the client has just said.

(5) ***Interpretation.*** Often people will avoid focusing on the real problem and talk around the issue. Interpretation goes beyond what is explicitly expressed to the feelings and meanings only implied by the client's statements and which are somewhat below the surface of the client's awareness. It removes or *redefines* from a different point of view or brings out more clearly, feelings which are at the edge of awareness. The counsellor helps to establish what is relevant, emphasizing the important points for example, "Of all the things you talked about today, it seems to me you are most concerned about...".

(6) ***Repeating.*** At times of stress and crisis, people do not always understand everything they are told, as they are in a state of denial or feel overwhelmed. The counsellor should not hesitate to be repetitive. Someone who understands and accepts information correctly will show this in some way. The counsellor should repeat statements of support or fact as often as necessary to ensure that the client clearly understands what must be done about risk, illness and health management.

(7) ***Summarizing.*** Many people who are stunned by news of their infection may respond by talking quickly and trying to provide more detail - or ask more questions - than the counsellor can absorb or comprehend. It is then helpful for the counsellor to interrupt at times and summarize what has been said. This is very much like paraphrasing in that it helps to ensure that each understands the other correctly.
Summarizing also provides guidance and direction to both as they try to sort out emotions, deal with practical matters and make plans. A summary puts together a number of the client's paragraphs, or an entire phase of a session or may even cover the full session. It thus resembles a combination of Reflection of Feeling and

Paraphrasing but over a longer period of time. At the end of each session, the counsellor should summarize the salient points of the discussion, highlighting decisions which have been made and need to be acted on.

(8) ***Confrontation.*** Many people become so preoccupied with their fears that they cannot see the *connection between their behaviour and the responses of others.* Confrontation involves a direct examination of incongruities and discrepancies in the client's thinking, feeling and/or behaviour. It calls attention to possible forms of self-deception, games, resistance, denial and evasion. It challenges the client to begin new, less destructive ways of behaviour. The counsellor also shows how *thoughts and actions, behaviour and consequences* are related - for example, "Have you noticed that when you withdraw and do not speak to your family, they get very irritated with you?" Because it is a highly intrusive skill, timing is very important. A strong relationship and rapport must be established. The confrontation should be delivered in an atmosphere of warmth, caring and concern.

(9) ***Respecting.*** The counsellor should appreciate that people see and cope with their predicaments in uniquely personal ways, determined by culture, social class and personality. Counsellors must respect clients' views and beliefs and build on them. They should show respect, for instance, by asking a client to explain aspects of the culture or personal belief which are strange to them - for example, "You feel strongly about this. I don't know about it. Tell me more about it".

(10) ***Structuring or Prioritization.*** Structuring means helping the client to see how facts and feelings are related. It determines what needs immediate attention and what can be put off until later. It is an essential part of planning and probably one of the most critical skills in counselling. In summary, counselling succeeds only to the degree that counsellors can communicate at their clients' level of comprehension. Counsellors must communicate with absolute clarity, frequently checking their clients' interpretation and comprehension of their explanations. They must always adapt their language and style to their clients' culture and traditions.

ESSENTIAL STAGES OF COUNSELLING

Stage One:-

Forming Rapport and gaining the Clients Trust: The counsellor must spend time with the client in order to establish a rapport with the client by winning over his or her trust. He/She may do this by letting the clients share about their life's story in their own way. Initially the clients may react in many different ways, at times it could be contradictory to the ways of the counsellor. But the counsellor should let the clients continue irrespective of that while noting what is highlighted and what is played down or what is ignored.

Stage Two:-

Definition and Understanding of Roles, Boundaries and Needs: The counsellor must explain and make it clear to the client the roles and boundaries that are essential for the counselling relationship. It is essential to identify the client's needs and goals, on the basis of those that need to be addressed immediately and those that need to be addressed in the long term before counselling can progress any further. At this point, the counsellor also helps the client to tell his or her story in a more orderly fashion. This history will include basic personal data as well as information on client's beliefs, knowledge and concerns about HIV infection. This step will also help the counsellor to consolidate his/her relationship with the client further.

Stage Three :-

Process of Ongoing, Supportive Counselling: On going counselling focuses on enabling the client to take charge and move towards change. At this stage, the client is encouraged to express intense emotions like anger, fear etc. At this stage, the discussion may also revolve around informing the family and other close associates of HIV/AIDS infection. Thus, at this stage counselling will basically involve supporting and sustaining work on the selected problems and monitoring of progress towards mutually decided goals.

Stage Four :-

Ending the Counselling Relationship: The counsellor will end the relationship only when it is certain that the client is **(1) maintaining the necessary changes in behaviour (2) Can cope and adequately plan for day to day functioning and (3) Has a support system (family, friends, support groups etc.)** The ending must be

carefully planned, as by this time the client would have developed a very strong relationship with the counsellor.

The counsellor may increase the intervals between visits so as to let the client try and be independent, while knowing the counsellor is still available. Also the client should be assured of being able to return to counselling whenever this is necessary. The expertise required for counselling can be acquired after special training. However, there are some basic ideas of counselling for HIV/AIDS which, even without special training, can be learned by **teachers and can form the basis of interaction with students. The teachers can play a very important role in educating the students as they have greater influence on the students.** However, it is important for the teachers to assume the role of a friend and approach the matter in an objective manner. If the teacher comes across as a person who is very understanding, compassionate and really cares about the students, then the chances of bringing about behavioural changes among the students is quite high.

PRINCIPLES OF HIV TESTING: HIV testing should be part of the overall comprehensive programme of AIDS control and prevention. Testing by itself does not result in behavioural changes that restrict transmission of HIV to others and therefore testing should be a part of total control programme. HIV testing carried out on a voluntary basis and with appropriate counselling is more likely to promote behaviour changes than mandatory testing. Any health programme that does not maintain the dignity of the patient and deprives him of his/her basic right to employment or access to medical care or social support is harmful on long-term basis. Testing without explicit consent of the patients(mandatory testing) has proved to be counter productive in the control of HIV epidemic. Social support and intervention must be directed to anybody vulnerable to risk behaviour. Else such testing can drive the target people underground and make it more difficult for launching intervention. Before testing procedure is undertaken it is important to decide how the results will be used for the benefit of the individual or the community.

Pre-Test Counselling: Testing should not only be voluntary but counselling should precede it. It is very important to ensure that the client understands what the test implies and what a positive or negative result means. The client should be given

information on what the technical aspects of screening and on the possible personal, medical, social, psychological and legal implications of being found either positive or negative. Further, testing for HIV infection should be organised in such a manner that it minimizes the possibility of information disclosure or of discrimination.

Post-Test Counselling: Once a decision has been made to take the test for HIV antibodies, arrangements should be made to prepare for the post -test counselling. HIV testing can have three possible outcomes. They are:A negative result; A positive result; and A equivocal result.

Counselling After a Negative Result: It is very important to discuss the meaning of a negative result. A negative result is likely to produce a sense of relief to the person who has undergone the test. But it is important to explain to the person that the testing was possibly done during the 'window period'. This is the time the body takes to produce measurable amounts of antibodies after infection. For HIV, this period may be as short as two weeks, but it may be upto 6 weeks or even 12 weeks and in rare instances this period may be longer. This means that if an HIV antibody testing is taken during the " window period" it is likely to be negative since the blood test is looking for antibodies that may not yet have developed. Still that person may be infected.

Counselling After a Positive Result: People who are diagnosed, as having HIV infection or disease should be told as soon as possible. The first discussion should be held in private and under conditions of confidentiality, and the client should be given time to absorb the news. Once the client absorbs the result of the test, he or she should be given a clear factual explanation of what this news means. This is the time for acknowledging the shock of the diagnosis and for offering and providing support. After a positive result, crisis counselling will always be necessary and also problem solving counselling. The client must be told how to get in touch with the counsellor during periods of stress. Counsellors must always stress the individual's responsibility for changing behaviour to avoid infection or limit, if not eliminate, the risk of transmission, and the life long nature of the infection and the risk of infecting others.

Counselling After an Equivocal Test: A test result may be equivocal for number of reasons. The result could be doubtful if testing had been undertaken during the "window period". The most commonly used method of testing for the first time is the ELISA test, which is 100 per cent sensitive. Thus a negative result can be regarded as definite, unless of course it has been done during the window period. On the other hand a positive result suggests the possibility of infection. The usual procedure then is to re test using ELISA. Sometimes a third ELISA test is also carried out particularly in areas where the levels of infection are very low. In such an area the risk of finding a false-positive result is greater than in those areas where background rates of infection are really high. The period of uncertainty following an equivocal test may be three months or longer. **During this period it is essential "for the counsellor to emphasize essential prevention messages regarding sexual and drug use activity, body fluid and tissue donation and breastfeeding.**

Screening of Blood: Screening of blood forms an important part of the HIV control and prevention programme. In considering the screening of blood donors and the specific screening tests available to detect infection by HIV, it is important to remember that a safe donor makes a safer donation. The safest donors are regular, voluntary and non-remunerated. Donors specifically at risk of HIV infection (or any other infectious diseases) should be discouraged from donating blood.

The Specific Points to Remember are:

• There is a risk of transmission of HIV if donated blood is not tested before the blood is transferred.

• Donors at risk of HIV infection may also cam other transmissible infectious agents such as Syphilis and Hepatitis B Virus (HBV).

• The collection of a unit of blood from an anti HIV positive donor wastes precious resources and time. If many HIV positive donations are found, the number of repeat tests and confirmatory tests needed increase. This raises the total cost of testing.

An effective donor education and selection programme that promotes self-exclusion by donors at risk of transfusion-transmissible infections therefore makes screening easier, saves time and money and results in a safe donor population.

Detection Methodology: Testing for HIV involves a blood test to confirm the presence of antibodies to the virus. Two tests arc commonly done: the ELISA or the

Enzyme Linked Immuno absorbent Assay and the Western Blot Test. ELISA test is widely used to screen individuals and for large numbers of blood samples in a blood bank. This is a rapid, easily available and a relatively inexpensive test. While the Western Blot test is more expensive and is used as a confirmatory test.

SUMMARY

1. Counselling for HIV/AIDS, a new concept, provides psychological support to these who are already infected and helps in bringing about a change in the life style and behaviour.
2. Counselling should address the patient's immediate social medical needs, social relationships and attitude towards HIV/AIDS. The counselling should extend to the patients family members, friends, employees and colleagues.
3. Counselling is both are art and a science and requires not only a knowledge of HIV infection but also self knowledge, self-discipline and restraint.
4. The counsellor must achieve a balance between warmth and acceptance, on the one hand, and objectivity, on the other.
5. Approaches to counselling are likely to vary but certain essential qualities in a counsellor should exist on be developed. These include caring, empathy, self-awareness, cultural sensitivity and patience.
6. The counselling relationship with each client goes through four stages, each with its own particular characteristics and each calling for certain actions by the counsellor.
7. Principles of HIV testing and pre and post counselling, Counselling are a negative and positive result.

SECTION- II

LIVING WITH PERSONS WITH HIV/AIDS

Objectives :

1. To recognize that persons with HIV/AIDS need sympathetic and compassionate treatment;
2. To develop positive attitudes towards persons with HIV/AIDS;

3. To imbibe rudimentary skills in dealing with HIV/AIDS patients.

The prevalence of HIV/AIDS is such that very soon, many of us will have to address the issues that surround living with HIV/AIDS. We will soon have to deal with it because either we could ourselves be infected or we could be affected. In other words we could be in touch with someone - a family member, friend, a neighbour or a colleague who is infected. Thus we will have to deal with it one way or the other. Since HIV is closely interlinked to the sensitive issues of sex and death, the negative reaction from the general public-to AIDS has been in alarming proportions. People with HIV/AIDS face rejection and exclusion in their personal and professional lives. It has been suggested that people with AIDS should be isolated and there have been calls for compulsory testing. In certain instances, some health care providers have also resorted to discriminatory and stigmatising attitudes and behaviours such as refusing care for HIV infected people. Compulsory testing is not an effective way for controlling the epidemic. First of all it is an obvious violation of the human rights. Moreover it is not possible for us to test each and every person. On the other hand such measures of compulsion would only result in people living with high-risk behaviour to avoid testing and go into hiding. Hence, testing should not be made compulsory. Negative reactions such as those mentioned above are often the result of ignorance. The introduction of education about HIV/AIDS should help do away such negative reactions and produce a higher degree of understanding for those affected by the epidemic.

GUIDELINES ON POSITIVE LIVING WITH HIV/AIDS: Progress of HIV infection to AIDS varies depending on individual immune system, immune response, exposure to opportunistic infections, its treatment and physical and mental resistance. Psycho-sociological and social support, care from family and friends, diet and exercises and stress management are important factors. For a holistic approach to Health management of people with HIV, the following need attention:

Role of a Doctor

- **Timely treatment of opportunistic infections;**
- **Good Food and Nutritional habits; &**
- **Stress Management;**

Role of the Doctor: A HIV/AIDS person must have a good rapport with a doctor. This is necessary especially for treatment of common opportunistic infection. The Doctor should be able to:

- Discuss the diagnosis with the patient and provide useful information on the condition;
- Advise about the course of the treatment;
- Clarify doubts:
- Keep confidentiality;
- Treat the patients without discrimination;

Opportunistic Infections: People with HIV can get many infections (called opportunistic infection or OIs) the common opportunistic infections found among people living with HIV/AIDS in India are:

1. **Tuberculosis:** People with HIV are at special risk for TB. TB can harm the lungs, brain or spine. TB is infectious and TB patients must always cover their mouth while coughing or sneezing.
2. **Orpharyngeal Candidiasis** (Mouth sours): One of the earliest opportunistic lesions that reveals HIV infection and is evidenced in all its phases.
3. **Diarrhea** (loose motion): This further contributes to dehydration, electrolyte imbalance, shock and nutrition deficiency, Nutritional Management is critical.
4. **Skin:** Constant itching, Herpes simplex, shingles, dryness of the skin.
5. **PCP (Pneumocysts Carinii Pneumonia):** PCP is an infection that clogs the lungs, making it hard to breathe.
6. **CMV (Cytomegalovinus):** CMV affects the eyes and can cause blindness if not treated.
7. **Toxo (Toxoplasmosis):** Toxo causes headache, inability to think clearly, seizure, nerve problems, weakness, fever and coma.

A HIV/AIDS patient must keep his/her body's immune system as strong as he/she can. This means eating healthy food, taking enough rest and exercise and staying away from alcohol, cigarettes and street drugs. It may also mean taking medicines even while feeling well.

FOOD AND NUTRITION: The dietary requirements of a person with HIV is determined by his/her current health conditions and opportunistic infections .HIV infections with several opportunistic infections is indirectly a cause for serious

nutritional deficiencies. These include difficulty in food intake, malabsorption, metabolic changes (that is the way body uses nutrients) malnutrition and the consequent weight loss. The emotional stress and opportunistic infection reduces a person's appetite. The loss of essential nutrient like minerals during vomiting and diarrhoeal episodes increases the need for nutrients.

Hence a dietary requirement for a person with HIV/AIDS should work towards:

- **Increasing weight;**
- **Providing symptomatic relief;**
- **Avoiding nutritional deficiencies;**
- **Making eating enjoyable;**
- **Providing adequate levels of nutrients;**
- **Optimising nutritional stores; and**
- **Preserving normal growth in children;**

Special Nutritional Requirements of Women and Children who are HIV+: Vitamin A in pregnant woman should be increased through eating dark green leafy vegetables or orange coloured fruits and vegetables and if possible liver or egg yolk. This is because vitamin A is important for immune protection and prevents HIV from passing across the placenta from mother to child. Women should feed their infant on breast milk irrespective of HIV status. This is important as children in developing countries like India are more likely to die of malnutrition than from AIDS.

STRESS MANAGEMENT: People living with HIV/AIDS face prolonged and varied stress in day-to-day life making the body more vulnerable to infections.

The main causes of stress are:

- **Knowledge of HIV status;**
- **Breach of confidentiality;**
- **Breaking news to family and friends;**
- **Difficulty in making decisions;**
- **Opportunistic infections;**
- **Lack of health care system;**

- **Discrimination and isolation;**
- **Job and financial security;**
- **Changes in relationship;**
- **Fear of death.**

HOW TO REDUCE STRESS:

- **Avoid anxiety provoking situations;**
- **Set limits for few responsibilities and face them;**
- **Express emotions rather than bottling them;**
- **To try and overcome the trauma of the past and the present which has caused resentment, loss guilt and rejection;**
- **Counselling help;**
- **Adapt techniques of mental and physical relaxation.**

AIDS in the Home: The Home is a very important place for a person with AIDS. If a person with AIDS is assured of a caring and understanding family, he/she will be able to cope emotionally and practically with the illness. A person with AIDS will need both moral support and physical care. The relatives can often give the best care. The patient will feel more secure at home where he or she is amongst loved ones. There is no risk attached to caring for a person with AIDS at home provided that sensible household hygiene measures as stated below are taken:

- **Avoid skin contact with blood of the infected person; if blood gets on to your hands, wash as soon as possible in soapy water. Do the same for other body secretions such as urine or faeces.**
- **Cover any cuts or sores on your hands with a waterproof plaster.**
- **If plastic or rubber gloves are available, use these to cover your hands.**
- **Boil laundry soiled with blood for twenty minutes and/or use bleach (one part bleach powder or liquid to nine parts of water) or soak it in a chlorine solution to kill any virus present.**
- **Providing physical care to someone with AIDS is a very sure way of showing them you love them. It is also important to be ready to listen and to talk to them.**

- **Sit and talk with patients, giving them the opportunity to chat or remember old times if they want to.**
- **Find out what patients need and want, e.g. to eat, to pass the time, or who they would like to see.**

Talking to someone about HIV and AIDS : People with HIV or AIDS need to talk to someone about how they are feeling. They also need information about what to expect and what they can do to help themselves. There are many people to talk to. A religious leader can give spiritual comfort. Doctors, nurses and counsellors can give useful facts and support. These people are trained to listen to your problems and experiences with HIV and AIDS. They can help you to understand your feelings, to sort out your problems and to make decisions for yourself, either individually or within your family or small group.

Feelings about: HIV and AIDS are new and serious problems. So it is natural for people to have strong feelings about them. Most people are frightened of HIV and AIDS. People who know that they have HIV or AIDS feel many different emotions. Some feel shocked. Some feel angry.

Shock: No matter how much you prepare it is a shock to learn that you have HIV or AIDS. You may feel very confused and not know that to do. It is good to be with someone you trust at this time.

HIV and AIDS: The feelings of people with HIV or AIDS change often. One day they may feel rejected and lonely. The next day they may feel hopeful. This is normal. On the following pages, you can read about some of the different feelings experienced by people with HIV or AIDS.

Denial: At first some people cannot believe that they have HIV or AIDS. They say: "The doctor must be wrong". "It can't be true, I feel so strong". If you have been told that you have HIV or AIDS, a counsellor/health worker can help you to understand what this means.

Anger: Some people get very angry when they find out that they have HIV or AIDS. They blame themselves or the person they think gave them HIV. Some may even

blame God. Anger is normal but it is not helpful. Talking to a counsellor/health worker or a friend can help you through the feeling of anger.

Revenge/spite: Some people want to take revenge when they find out that they have HIV/AIDS. They want to infect other people. People with HIV/AIDS need to be told that by infecting others out of spite will not cure them of their condition.

Bargaining: Some people try to bargain. They think: ' 'God will cure me if I stop having sex". "I will get cured if I have sex with a virgin or a child". "The ancestors will make me better if I slaughter an animal". People with HIV or AIDS need to be helped to get through the feeling of bargaining.

Loneliness: People with HIV or AIDs often feel lonely. If you have HIV or AIDS, remember you are not alone. Many other people have HIV or AIDS.If someone you know has HIV or AIDS, give them companionship. Take away their loneliness.

Fear: People with HIV or AIDS fear many things.

_ Pain
_ Losing their job
_ Other people knowing that they are infected
_ Leaving their children
_ Death.

It is frightening to have HIV or AIDS, but you may find that your fear becomes less when you talk to someone who understands. You may also find that you are worried about things that you do not need to fear. For example, you may find that when other people learn you have HIV, they show you great love and kindness.

Self-consciousness: Some people with HIV or AIDS think everyone is looking at them or talking about them. This makes them want to hide. Sometimes they feel rejected by other people, or they reject themselves. Sometimes they feel guilty. If you have HIV or AIDS, don't hide. Try not to feel discouraged if people talk about you. Stay active in your community. By staying active, you can show the world that people with HIV and AIDS are valuable members of society, just like anyone else. If you have HIV or AIDS try to think well of yourself. Be proud of yourself. **You are still you.** You are still important.

Depression: Some people with HIV or AIDS feel there is no good reason for living. They feel useless. Sometimes they stay at home, not eating, not talking to anyone. Depression can make you weak in mind and body. So it is important to try to overcome depression. If you have HIV or AIDS, don't give up. Put on your nice clothes. Visit your friends. Keep busy. Do something that helps others. If you have children, think about them; they still need you. Health care workers may help if you feel very depressed. Do not hesitate to visit one if your depression is very deep or long lasting.

Acceptance: After some time most people with HIV or AIDS accept their situation. This is helpful. They often feel more serene (peaceful in mind). They often feel able to begin to think about the best way to live. They think: ' 'What can I do to make the best of the rest of life''? * 'What foods should I eat to help me stay healthy"? "What plans shall I make so my children are provided for in the future?" They might also think : "Let me be grateful for every day. Let me appreciate my friends and family.

Hope: People with HIV or AIDS can have hope about many things:

_ **hope that they will live a long time**
_ **hope that scientists will find a cure**
_ **hope that the doctor will be able to treat each sickness as it comes.**
_ **hope because they are loved and accepted for who they are**
_ **hope because of their belief in a life after death.**

It is important to have hope. Hope lifts your spirits and gives you strength to face each situation. Hope can help you to fight HIV and AIDS: and live longer. Remember: Even if you have hope today, it is possible to feel angry or depressed tomorrow. This is normal. The important thing is to try to regain the feelings of hope again and again.

Living positively with HIV and AIDS: Hope and acceptance can help people live positively with HIV and AIDS. But what does living positively mean? In the following pages, you can read about how families, friends and neighbours can help people with HIV or AIDS to live positively.

The importance: Families are very important for people with HIV or AIDS. The family home can be a shelter :

_ **Where someone can rest assured that they are loved and accepted**

_ **Where they don't have to be brave or hide their feelings. If someone in your family has HIV or AIDS, you can help them in many ways**

_ **You can help them to rest by doing their household jobs for them**

_ **You can help them to eat nutritious food by going to the market and cooking for them**

_ **You can help to dispel their fear by making them feel loved**

of the family: If you have HIV or AIDS, it is usually good for your family to know about it.

_ **They can give you love and support**

_ **You can make plans for the future**

_ **They can share the financial burden**

_ **It will be easier for you if you do not to hide your situation**

If someone in your family is sick with AIDS you can :

_ **Bring them food and drink**

_ **Wash their clothes and sheets**

_ **Nurse them.**

Remember: *If you have HIV or AIDS, you can use the knowledge you have to help others. You can teach your family how HIV is spread, and how it is not spread. You can help them to avoid HIV infection. This is one of the most loving contributions you can make.*

Don't let HIV or AIDS: Sometimes when a husband knows his wife has HIV/AIDS, he sends her away from the home. Sometimes it is the wife who abandons the husband with HIV or AIDS. Abandoning your partner can cause problems and add to the pain. The children will certainly suffer. They need love and guidance from both their parents. Such separation can spread HIV. For example, the husband may also have HIV. But he will want to take a new wife. The new wife may then become infected with HIV. It is better to stay together and work out the future together.

Sometimes families argue about who is to blame for bringing HIV into a marriage. This can cause great unhappiness. It can make it difficult for the family to plan for the future. It can make it difficult to live positively.

Divide your family: Some people believe that the person who falls sick first is the one who got infected first. **This is not always true.** Of course, it is natural to think about who brought the infection But thinking or talking about it too much will cause more pain. It is more helpful:

_ **To forgive**

_ **To support each other**

_ **To plan for the future by making a will to provide for your children and partner**

_ **To care for your children**

_ **To enjoy the remaining days together.**

Going back to: Some people with HIV or AIDS want to go back to the village. They may find better food there. Their extended family may be able to give them more attention than they would receive in town. **Village life may be better for you.** But some people with HIV or AIDS do not want to go back to the village. Their village

relatives may be very poor. They may be neglected. **But for some people, village life may be worse.** People with HIV or AIDS should be allowed to decide for themselves about returning to the village. **It is better if it is their choice and not the choice of their elders, parents or partner.**

The village: Remember: People with HIV or AIDS need medical treatment to feel better and live longer. Is there a doctor or medicine in the village? This should be one of the important considerations while deciding on where to stay. **Town life may be very poor for some people.** Husbands or other relatives who remain in town can still support a family member who returns to the village. They can send money and medicine. They can visit. **But town life may be better for others.** If a wife goes back to the village, she should take the things that belong to her and that she bought with the money she earned in town. It is her right to keep her property.

Friends: If you have a friend who has HIV or AIDS, you should be supportive and kind. You can learn from your friend. Your friendship can even grow. You can also help your friend to live positively. You can meet your friend at a place where you can drink tea or soda, not alcohol. You can go to sports and other events together. If you have HIV or AIDS, friends can make your worries seem smaller. They can give you moral support. And remember, if you have HIV or AIDS, your friends still need you. Don't cut yourself off from your friends. You are still worthy of friendship. **You are still the same person.**

If friends seem to reject you, try not to feel hurt. It may be that they are not rejecting you. You may be imagining it and worrying for nothing. It may be that they don't know what to say. They may also be ignorant. Or they may fear that they also have HIV. Like anyone else, people with HIV or AIDS can make new friends. Often they like to make friends with other people with HIV or AIDS. They find them more understanding about the frustrations and challenges. If you have HIV or AIDS, you may find new friends at AIDS support groups, or you can start a group.

Neighbours: Neighbours can help a family that is affected by AIDS. **What can we do?** We can:

_ Collect water
_ Go to the market
_ Cook food
_ Care for the children
_ Help in the garden
_ Sweep the compound
_ Wash clothes

We can also simply spend time with the family. Often this is the most important thing you can do. Our concern will help them to feel that they are still part and parcel of our community.

Community Care: Women's clubs and youth and religious groups can also mobilize to assist, as well as local political and social organizations. It is good if a community

feels free to talk about AIDS, just as it talks about any other sickness. Then the people who want to gossip in an unkind way will find themselves isolated and with nothing to say.

Remember: *"Today it is me, tomorrow someone else" (Philly Bongeley Lutaaya, popular Ugandan song writer, who died of AIDS).*

Community organizations should organize:

_ Educational sessions on how HIV infection is spread 0r How HIV is not spread, how to help support individuals/families affected with HIV infection/AIDS

_ Organize various types of assistance to individuals/families affected with HIV infection/AIDS by arranging for:

a) financial assistance

b) food

c) spiritual care

d) medical care

e) ambulance/transport for medical care

f) care and support of children affected with HIV infection/AIDS as well as healthy children and orphans.

Some traditional customs: Some traditional customs are now risky because of HIV. Customs which involve having non-regular sexual partners are risky. Any custom which involves sharing cutting instruments is also risky. Risky customs include:

Circumcision with unsterilized.

knives or blades.

Scarification with unsterilized.

knives or blades.

Wife-sharing and wife inheritance.

You cannot know who has HIV. HIV is found both in villages and towns. So it is much safer to modify dangerous practices in order to make customs safe.

Care: Religious support can strengthen your spiritual beliefs and can help you to accept yourself and others. It can help you to get rid of bad feelings and to live positively. Religious leaders should be approachable and open to people with HIV or

AIDS. They should give them hope and encouragement to rise above their problems. When they counsel a person with HIV or AIDS, they should not be judgmental or moralistic. The person will already be feeling sad and sorry. Some people find that religious writings can be a great comfort. They are helped by reading the holy books and find that they get personal messages which encourage them. If you are lonely or sick, you can take out these books and read passages that are meaningful to you. It can also be helpful to pray with a friend. You can share your fear and anxiety. Spiritual care helps people with HIV or AIDS to face the trials of sickness. It also helps them to prepare for death. Often it is the fear of the unknown that makes us frightened to die. But your spiritual beliefs can help you to overcome such fear. It is important to prepare for death. You will feel much better:

_ if you put your affairs in order

_ if you settle old disputes by making peace.

Death is for everybody. It is part of being human. We all have to die one day. But how we die is important. It is very good to die in dignity surrounded by people who love you. If you accept death in serenity, your courage can transform the lives of those you leave behind.

SUMMARY

1. People with HIV/AIDS face rejection and exclusion in their personal and professional lives.
2. Psycho-sociological and social support care from family and friends, diet and exercises and stress management are important factors.
3. People with HIV/AIDS need information about what to expect and what they can do to help themselves.
4. People with HIV/AIDS often feel lonely and fear pain, losing their job, other people knowing that they are infected, leaving their children and death.
5. Hope and acceptance can help people live positively with HIV and AIDS.

MODULE – 10

VALUES AND LIFE SKILLS

OBJECTIVES:

1. To explore one's own values and attitudes related to HIV/AIDS;
2. To understand possible effects of AIDS and help develop positive attitudes towards matters relating to HIV/AIDS;
3. To develop the abilities for adaptive and positive behaviour that enable youth to deal effectively with the demands and challenges of every day life.

TIME REQUIRED : 150 Minutes

MATERIAL REQUIRED : Flip Charts or Overhead projector (OHP)/Slides, Blank paper, pens etc.

INFORMATION SHEET

SECTION – I: Theoretical Aspects

Life Skill Development: The factors responsible for inadequate knowledge, low awareness and unfavourable attitude among students are inaccessibility to right information. Most young people simply do not have access to adolescent and/or reproductive education including HIV/AIDS Education and training as this does not form a part of their school curriculum or because they leave school at an early age. Experience with adolescence education in other parts of the world has shown that in addition to the normal school curriculum, what the students need are life skills to empower them. What are life skills? According to WHO life skills are "abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of every day life" (WHO; 1997, P 1). UNICEF defines life skills based education as basically being a behaviour change or behaviour development approach designed to address a balance of three areas: Knowledge, Attitude and Skills (UNESCO; 2001, P 1). There is evidence that shifts in risk behaviour are unlikely if knowledge, attitudinal and skills based competency are not addressed. Life skills are essentially those abilities that help promote mental well-being and competence in young people as they face the realities of life.

Developing life skills helps adolescents translate knowledge, attitude and values into healthy behaviours such as acquiring the ability to reduce specific health risk (such as unintended pregnancy and STD/HIV transmissions) and adopt healthy behaviours that improve their lives in general. The adolescents of today grow up in an environment that surround them with mixed messages about sex, drug use, alcohol, adolescent pregnancy etc. On the one hand parents and teachers warn them about the dangers of early and promiscuous sex, adolescent pregnancy, STD's/HIV/AIDS, drugs and alcohol and on the other hand, messages and behaviour from entertainers and sports figures and peer pressure contradict their messages, even promoting opposite behaviours. It is through life skills that teenagers can fight the challenges and protect themselves from teenage pregnancy, STD's and AIDS, drug violence, sexual abuse and many other related problems.

Hopefully, delaying life skills among adolescents can empower girls to delay pregnancy until physical and emotional maturity; develop in both boys and girls responsible and safe sexual behaviour, sensitivity and equity in gender relations; prepare boys and young men to be responsible fathers and friends; encourage adults, especially parents to listen and respond to young people; help young people avoid risks and hardships and involve them in decisions that affect their lives.

Described in this way, skills that can be said to be life skills are innumerable, and the nature and definition of life skills are likely to differ across cultures and settings. However an analysis of life skills field suggests that there is a core set of skills that are at the heart of skills based initiatives for the promotion of health and well being of adolescents.

The purpose of life skills education is to enable individuals to make informed choices to serve the interests of self and others; resolve conflicts and cope with stress and develop negotiating skills for personal and social interest. The importance of life skills lies in the fact it influences the way we feel about ourselves and others; the way others perceive us; our productivity, self-esteem, self confidence and interpersonal relationships. Life skills also include the development of social skills leading to effective communication and enhancing negotiating skills which would develop the ability to saying 'NO' to peer pressure regarding problems of drug abuse, alcohol, smoking and promiscuous behaviour. In other words, the most direct interventions for the promotion of psychological competence are those, which enhance the person's coping resources, and personal and social competencies. In school-based programmes for children and adolescents, this can be done by the teaching of life skills in a supportive learning environment. "Education must prepare students to face the challenges of life. For this it needs to be intimately linked with different life skills, the abilities for adoptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of every day life by developing in them generic skills related to a wide variety of areas such as health and social needs. It is through these skills that students can fight the challenges of drug addiction, violence, teenage pregnancy, AIDS and many other health related problems" (NCERT: 2000. P17).

Adolescents need clear information in non-medical terms about sexual development, reproductive health, gender issues and the need for gender equality and STD's and HIV/AIDS. They need assistance in developing skills for responsible, gender equality, the ability to anticipate, analyse, plan and take decisions, learn how to communicate with others and to share. These skills can be taught to adolescents within school, out of school and in the workplace through teachers, parents, peers, the community and the media. Each sub-group of adolescents has its special needs for which different approaches are necessary.

LIFE SKILLS are abilities for adaptive and positive behaviour, that enable us to deal effectively with the demands and challenges of everyday life. They enable us to translate knowledge, attitudes and values into actual abilities – 'what to do and how to do'. The list below enumerates a core set of important values and life skills.

Self – esteem: Self – esteem is essentially a measure of self-worth and importance. When this assessment of ourselves is level – headed, reasonable, and positive, we develop a strong sense of self-esteem.

Self – esteem is an important part of the personality that should be shaped from the very early years.

During childhood, if an individual's feelings are respected, thoughts valued and abilities recognized, the child's self-esteem is strengthened.

When feelings are trampled upon (I don't care what you think/want), thoughts belittled (what a lousy idea!), the child's self-esteem remains at a low point of development and stays weak.

Individuals with a **strong self-esteem** are able to act towards others in non-threatening ways, build healthy relationships and find themselves successful. They are:

More effective learners

Dynamic

Show healthy growth and development

Form satisfactory relationship

Show responsible behaviour

Have positive mental health

Are more confident and ambitious

Are more likely to succeed

Have feelings of being valued and worthwhile

Have a constant image of their own distinctiveness as people

Know their own capabilities

Are active members of social groups

Function effectively and with personal satisfaction

Have a high resistance to pressures to conform (e.g. to peers, to the media, etc.).

Individuals with **low self-esteem:**

Are less able to resist pressures to conform

Are less capable of responding to others

Have feelings of isolation

Feel unable to control their personal life or to make decisions or to have any personal power

Are more likely to smoke, and abuse alcohol and other drugs

Cause themselves to be thought unworthy by others and so feel that others don't respect/esteem them.

Factors which affect self-esteem:

Our self-concept and self-esteem start to develop very early on in life. They are formed out of our observation of:

(i) our own behaviour-how we cope with situations, our successes and failures;

(ii) how other people significant to us, behave towards us (parents, teachers, close community);

(iii) the way we believe that others see us.

Self-esteem vs. Health & Drug Education: Changing this particular value might be one of the single most effective health education measures at our disposal
Education programs on health, substance abuse etc. must aim to enhance self-esteem and life skills and must be sensitive to locality, ability and culture.

Self Esteem can be increased by: A history of success (nothing succeeds life success)
receiving respect, acceptance and concerned treatment from 'significant' others;
an accepting, considerate school/classroom ethos;
certain types of teaching methods (group work, active tutorial work etc.)
developing social and life skills.

What is an attitude – your state of mind – when you approach a situation

The same you with

a positive attitude	**a negative attitude**
Planning ahead – 'I will take the safe way'	**Carelessness**-'it doesn't matter'
Knowing your goals– 'I want to improve'	**Ignorance**-'I didn't know it would explode'
Willingness to learn-'thanks for your suggestion'	**Fatalism**-'if happens-it happens'
	
Faith - 'I will do my best'	**Cynicism**-'safety is kid's stuff'
Alertness-'I will concentrate and be careful'	**Recklessness**-'danger is the spice of life'
Willingness-'I will fix it now'	**Laziness**-'it is too much trouble'
	Overconfidence-'I never get hurt'

Attitude affects

How you look, what you say and what you do
How you feel both physically.& mentally
How successful you are in achieving your purposes in life

Your personal health and safety depends on your attitude

Self Esteem forms the basis for the following life skills:

Autonomy

* The words autonomy, self efficacy and locus of control are all terms which involve the individual making his or her own decisions, feeling that they are responsible for their own actions, that their own behaviour produces a particular outcomes is internal and not due to outside forces (e.g. fate).

Self –empowerment is a process by which a person takes a greater charge of his/her and of their lives and comes to believe that they are responsible for their own actions. Self-employment means that we can decide which path we choose to travel along. It can enhance by developing powers of Awareness (of ourselves and others), by developing life and social skills and by having a certain amount of information (or the knowledge of where to find information). By helping young people to develop these five areas we can assist them to gain self-empowerment and the freedom and ability to choose their own way of life.

Peer pressure is seen as one of the factors which induces young people to start drinking alcohol, smoking, or taking cannabis or narcotics, having unsafe sex, and other such irresponsible behaviour.

Resisting Peer Pressure: Students can be taught to be capable of resisting peer pressure if we can enhance their self esteem and increase their self empowerment. Young people's concept of peer pressure is not a direct overt coercion, but a more subtle force involved with meeting certain desirable image characteristics. There is pressure to appear independent, to be recognized, to appear nature and grown up and to have fun. Skills learning enhances the sense of independence and security and helps resist social pressures. Young people can be helped to recognize the nature of pressures, to develop a better understanding of alternative ways to achieve aspirations and become better prepared to resist pressures to participate in health depreciating behaviour.

Harnessing Peer Pressure: Developing positive peer pressure can help. By getting young people to work together and help and encourage each other, through group work and extending their interpersonal relationships, they can learn to support each other in achieving alternative lifestyles to drugs and other risk behaviours.

Assertive Behaviour: Assertiveness is the ability to express clearly and assertively one's opinions, beliefs etc. giving the other's opinions and feelings due consideration. Assertiveness is about saying what you want or would prefer without using force or coercion. It involves not feeling anxious about having to tell people what is important to you. Assertive behaviour is a communication skill based on the expression of thoughts and feelings. Assertive is not the same as aggression as it does not involve hurting other people's feelings or losing one's temper, or getting one's way despite the other person's needs. Again self-esteem plus confidence and a positive outlook on life help us to be assertive. In turn this helps us to feel confident and happy and increase our self-esteem. Being assertive can help young people to resist peer pressures. Assertive behaviour is important, for e.g., to resist pressure to do potentially health damaging activities (both physical and emotional).

The verb 'assert' means, to start or affirm positively, assuredly, plainly and strongly.

Each one of us can think and act in three different ways, and the characteristics which dominate each personality type are given in the following table:

	Passive	Aggressive	Assertive
Behaviour	Doesn't stand up for one's rights Put oneself down and is always apologetic about feelings, needs and opinions	Stands up for one's rights but violates others rights Puts down others ignores or dismisses feelings, needs and opinions of others. Expresses oneself in a rude manner	Stands up for one's rights in such a way as to not violate others' rights Expresses needs, opinions and feelings in direct, honest and appropriate ways.
Attitude		I'm okay, you're not okay Thinks that one's needs are more important than others' Thinks that others don't have rights Thinks that others don't have anything to contribute	I'm okay, you're okay Thinks that everyone has their own needs Thinks that one has one's own rights, others also have theirs Thinks that everyone has something to contribute
Feelings	Feels helpless, frustrated and angry with oneself and resentful towards others	May feel good because one has won, but feels remorse, guilt and self-hatred because of hurting others	
Aim	To avoid conflict-pleases others at any expenses	To win at all costs-even at the expense of others	Maintain self respect

People lack assertiveness because of one or more of the following reasons:

- Low self esteem
- Fear of rejection
- Inadequacy
- Guilt

The types of assertive responses that need to be developed in a passive/aggressive individual are-Non –Verbal:

- Making adequate eye contact is very important-the child should learn to look people in the eye
- Talking in a loud, clear voice so as to be heard by others
- Maintaining an adequate, comfortable, erect body posture
- Using 'facial talk', which involves practicing facial expressions that normally go with different emotions
- Using appropriate natural gestures.

Verbal

- Use 'feeling talk', which involves practice in expressing any feeling literally
- Practice expressing one's own opinion when disagree
- Practice the use of 'I' in situations like admitting a mistake or accepting responsibility
- Practice accepting and giving compliments.

How can we learn to be assertive? Assertiveness training is an educational experience which promotes self confidence. It helps individuals to analyse problematic situations and offers techniques for the development of more effective behaviour. There are different ways, like behavioural rehearsal, modelling or role playing by which we can be assertive, and if we have practiced it beforehand, it becomes even easier to be assertive. The aim of all this assertiveness skills training is:

(1) to make individuals ask for what they want, say what they want, and express their real feelings appropriately;

(2) to realise the difference between passive, assertive and aggressive behaviour.

Most people have difficulty in forming an assertive response in a tense emotionally charged situation, especially if it is suddenly thrust on them. They do

not know how to say 'No' or 'Yes' even when the situation warrants it. It is for this reason, that assertiveness practice or "behavioural rehearsal" helps in assertiveness training. Through behavioural or role rehearsal, (i.e. the practicing of the desired behaviour) a person knows hat exactly has to be done when confronted with the new situation.

It is sometimes difficult to develop an assertive response immediately when the situation calls for it, especially if the emotions aroused are strong or the consequences are serious. In such cases, it is better to postpone a reaction or reply, while at the same time expressing emotions that are felt, later on. Modelling has been used as a behaviour change technique. As it is usually practiced, the individual is exposed to a live or filmed model (another person who models or shows how one should act) who engages in the behaviour that is desirable for the individual to develop. Assertive skills may also be taught through working in groups.

Decision Making: This skill helps us deal constructively with decisions about our lives (to weigh all options at hand and the effect of each before coming to a final decision)

It gives us the ability to analyse information and experiences in an objective manner.

It helps us recognize and assess the factors that influence attitudes and behaviour.

a) Responsible v/s Risk behaviour b) Peer pressure, Media and other factors influencing decision-making.

Decision making involves : a) Knowing the difference between wants and needs.
b) Recognizing that rights go hand in hand with responsibilities and this includes responsibilities for others as well as social responsibility.

Problem- Solving : Helps us deal constructively with problems in our lives. It involves :

- Identifying needs
- Defining the problem
- Identify possible solutions
- Evaluate these and decide on the best option
- Follow up on the outcome
- Re-evaluate and change if necessary

Interpersonal relationship skills: Help us relate in positive ways the people we interact with

Empathy : the ability to imagine what life is like for another person, even in a situation that we may not be familiar with. The ability to "feel with" the person as against "feel for" (sympathy). Avoiding prejudice and discrimination of people who differ caring about people with problems.

Coping with stress: recognizing the source of stress in our lives, recognizing how this effects us, and acting in ways that help to control our levels of stress.

Effective communication: the ability to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations.

'Encouragers' of Communication:

Non Verbal: Nodding one's head

Verbal: "Yes", "I see"; "Go on, please"; "Mm-hmm", etc.

Attending Skills: Eye Contact ~ Body Language ~ Gestures ~ Facial Expression ~ Vocal qualities (Speed, volume. Pitch, variety, verbal underlining) ~ Silence.

Three skills which most people need to continue to improve are listening actively, giving feedback, and showing empathy (showing you understand how the pther person feels or what his/her point of view is)

Listening well: To listen well so that you really hear and understand what another young person is saying means that you:

- Focus on the person with direct eye contact (looking into people's eyes)
- Do not interrupt
- Do not cut in to describe your experience
- Do not give your attention to outside disruptions (other people or events)
- Are comfortable with silence.

Giving feedback: To give feedback to another person means you comment on the person's statements, behaviour or performance. When you do this, you show the other person that you are listening and care about what he/she has said or done.

Do-

- Ask questions to show you are interested in the person (e.g. "How do you feel about that?")
- Be sincere, caring and understanding
- Use verbal encouragement (such as "What happened the?")
- Use nonverbal encouragement (such as nodding you head)
- Ask questions to make the situation clearer (if necessary)
- Summarize the person's points and feelings

Do Not-

- Judge the person
- Comment on things that cannot be changed
- Interrupt too early to give feedback

Fighting Stereotypy: Before they are two years old, children are aware of racial/caste differences. Value judgements may be attached by age three. Between the ages of 4 and 6, they show gender stereotyped behaviours, and may reject children who differ from themselves in terms of race, caste or physical disability. By the age of 10, students hold stereotypes about persons from far-away countries.

Some important terms defined:

Prejudice: is a negative personal attitude or opinion about a person or group, which is not necessarily based on knowledge of that person, or group.

Stereotype: An oversimplified, generalized attitude about a group of people is a stereotype. Stereotypes are often, but not always, negative. They may be based on prejudice; they may also be derived from contact with one member of a group, if an impression of that person is assumed to be true for all that belonging to that group.

Racism: Racism describes attitudes, actions, or institutional practices based on the assumption that certain people have the right to power over others solely because of their colour. Racism has been described as 'prejudice plus power'.

* In India, the emphasis is more on CASTE than it is colour/race. Stress must not be laid on CASTEISM.

Sexism: Attitudes, actions, or institutional practices which subordinates people because of their sex are sexist. While racism and sexism are widely known types of social oppression, groups of people are also discriminated against on the basis of age, class, occupation, caste, religion, and income and physical ability.

Value: Gender Equality; Awareness of gender inequalities in society; economic issues and gender-based roles – Gender roles/subliminal messages; stereotyping.

Gender: refers to the socially determined personal and psychological characteristics associated with being male or female, viz. masculinity and femininity.

Gender Roles: they tell you what society expects you to do or not do because you are male and female.

Gender Stereotype: is any biased generalization according to which people are wrongly assigned traits they do not possess, and extends the stereotypes not only to personality traits, but to all spheres of activity.

Gender Exploitation: when the sex of the individual is reiterated and used to promote products/ideas in a gender – irrelevant situation.
These examples may be blatant and offensive or carry subliminal messages of gender bias and stereotyping etc. e.g. female models used to sell men's shirts; coffee ads'; the 'macho/complete' man used to sell cigarettes.

Gender inequality and discrimination because of gender especially against females is the most reason why many atrocities are e committed including female

infanticide, sexual abuse dowry harassment and discrimination at work etc. it is therefore important that gender stereotyping as well as other stereotyping should be dealt with at the earliest.

Teaching about images and perceptions – Aims & Objectives

Knowledge	Skills	Attitudes
Knowledge of one's own culture, heritage and worldview.	Being able to detect biases, stereotypes and egocentric attitudes-one's own and others'.	Positive valuing of cultural diversity, alternative points of view, equality & justice.
Knowledge of the cultures of others, in one's own community & in different parts of the world.	Ability to perceive differing perspectives in speech, print, & audiovisual media.	Respect & openness towards those who may appear to be different.
Understanding that worldviews are not internationally shared, & that different perspectives have their own logic & validity.	Ability to think critically about images & information received from a variety of sources.	Appreciation of the commonalities which exist between peoples.
Knowledge of the common stereotypes about others which exist in one's own culture.	Ability to use knowledge & imagination to develop insight into the ways of life, attitudes and beliefs of others.	A thoughtful & informed scepticism about images that are presented in text and media.
Understanding the sources of these stereotypes.	Ability to challenge stereotyping when encountered in the media, in institutional practices, or in interactions with individuals and groups.	A willingness to find out more information about the images one is presented with.
Knowing about techniques used in print & visual media to create, alter, or manipulate images.		

Table : 2

Gender discrimination: Gender is the different meanings and roles that societies and culture assign to people, based on whether a person is male or female. It is strong, but often unknowledged, part of what we learn as we grow up, for example, how we treat

each other and ourselves. These roles change with changing times as well as within communities from time to time due to factors like improved literacy, higher economic status etc, these divisions and roles are not equal between men and women and women are usually given less powerful and restricted roles to perform.

From the time of conception the girl child is discriminated against all her life. To begin with she is subjected to foeticide & infanticide. The reason for this is that daughters are perceived as an economic and social burden on the family because of the dowry system, their dependency on males and therefore a lower status of women and of course the son obsession in our patriarchal society. Most women feel that it is better to die in the womb than to be ill-treated later. Further discrimination includes being weaned from breast feeds earlier than males babies; her nutritional, health, emotional and other needs being given the last priority; having restricted access to education-either not sent to school at al or if sent, not allowed to complete her education in order to look after siblings or do household & other work; and are often married off during adolescence.

The women is required to meet the needs of her family before her own needs and acquires recognition as a family member only after she bears a child, and more specifically a male child.

She has very little decision – making power and issues concerning her are marginalized. Men continue to control decision-making, limited family resources, women's sexuality, freedom of movement, access to the world outside the home, etc.

Work outside the home places an additional demand on the women who are already burdened with household work; reproduction and child bearing; and family demands-both physical and mental.

Wage earning empowers women in decision making, but non-wage earners do not have this advantage and their contribution is not even recognized. But very often the women do not have control over their earnings. Girls' starts working earlier than boys, work longer and harder throughout their lives. The energy consumption in mere survival tasks of fetching fuel, water, fodder, care of animals; washing; cleaning

which are exclusively women's responsibility, results in negative nutritional balance and calorie deficit. The situation worsens when women also have to perform hard labour for wages. Walk long distances to fetch water and fuel, especially in hilly

areas; take care of large extended families, caring of children, elderly, sick husband and animals is done by women alone with little or no help. All this domestic work is unpaid work and is considered unproductive work. Even when women work outside the home, they do not get wages for equal work and are made to perform unskilled jobs which are poorly paid, more hazardous and demanding.

Violence against women has been recognised as a major women's health and public health problem, and occupational health hazard. Crimes against women in the form of sexual harassment, domestic violence, rape and sexual abuse, marital rape, forced prostitution; abuse of children, neglect of widows and elderly women, etc., are definitely increasing.

Gender based violence can lead to unwanted pregnancy, forced abortion, miscarriage of a wanted baby, STDs/HIV/AIDS, gynaecological problems, physical injuries, depression and suicidal tendency. 80% rapes are perpetuated by relatives or men known to the women; 24% of rapes involve young girls, less than 16 years of age.

Mental cruelty of men with low self worth especially against women who perform better than themselves at work, jealousy towards wives are also examples of violence.

Violence against girls and women is prevalent among all-social classes and castes in India & linked to their low social status within a patriarchal society. Violence has its roots in the way men have been socialised to exert social and economic control over their wives and other females in the household. Control over women's sexuality is an integral component of this process, where men believe they have the right to have sex with their wives regardless of whether or not their wives consented justified wife beating as appropriate discipline when their wives refused sex. When couples are unable to produce children. It is the women who is blamed, ostracised and abused, regardless of which partner is infertile or the cause of infertility.

Alcoholism and its strong correlation with domestic abuse of women is also a problem that should not go unaddressed in programmes dealing with violence against women.

Attempts must be made to change attitudes and behaviour of men in relation to sexuality so that they value women's roles and responsibilities, engage only in consensual sex between partners, arrive at peaceful settlements of conflict within the family and participate equally with their spouse in decisions and practices relating to contraception and to enable women to exert greater control over security and sexuality through gender awareness.

When gender discrimination has been socialised and internalised, it is longer visible to the gender insensitive. Unfortunately, religion, health care, education the legal system. Employment and the media, reflect and promote gender discrimination.

Women's empowerment therefore remains the single most important tool in bridging this gap and abolishing discrimination.

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VALUES AND LIFE SKILLS

SECTION II : SUGGESTED ACTIVITIES

Objectives:

1. To make learners aware about HIV/AIDS;
2. To remove myths and misconceptions regarding the AIDS syndrome;
3. To inculcate skills among adolescents to assert themselves and avoid risky situations;
4. To develop the skill to say 'no' to drugs
5. To develop a healthy and positive attitude towards reproductive related issues, HIV/AIDs and drug abuse, and respect for the opposite sex.

TIME REQUIRED : 150 Minutes

MATERIAL REQUIRED : Flip Charts or Overhead projector (OHP)/Slides, Blank paper, pens etc.

The activities are expected to generate effective learning situations where in students will be very enthusiastic to participate and explore issues through a variety of participatory learning formats. These may be organised in both classroom and out-of-classroom situations with basic minimum infrastructural facilities.

The activities included here are

(i) Question Box

(ii) Value Clarification

(iii) Role Play

(iv) Group Discussion/Presentation

(v) Games

(vi) Quiz

(vii) Case study

(viii) Painting/Poster Competition

(ix) Essay Competition

The activities includes in this part are only suggestive, other activities may be planned and conducted.

ACTIVITY : 1

QUESTION BOX

Question Box Activity may be very effective for imparting authentic and accurate information regarding reproductive health issues to adolescent students. This may provide appropriate opportunities to adolescent students, both boys and girls, to get needed information on sensitive topics, which they are not receiving now either from

teachers or from parents or any other authentic sources. This activity may provide them with such opportunities where they may have discussions on critical issues with their teachers or with counsellors or experts who may be invited to make their special contribution during this activity in the school.

Objectives:

1. To provide authentic information on physical, physiological and psychological changes and developments during adolescence and interpersonal relationship issues pertaining to adolescents;
2. To impart the basic information about HIV/AIDS/STDs in relation to transmission, course of illness, symptoms, testing and prevention;
3. To make them aware of the factors leading to drug abuse, its consequences and ways to preventing drug abuse; and
4. To clarify various myths and misconceptions regarding sex and sexuality, HIV/AIDS and drug abuse.

What you need: Shoe box/Wool box

Time : One class period for one presentation. Three to four presentations will be needed to cover all questions/queries and the basic information or content.

What to do

1. A teacher who has been trained in adolescence education, is best suited to take up the question box activity. He/she is advised to go through Part II of this Package thoroughly.
2. The question box activity may either precede or follow the teacher's presentation.
3. Arrange for a box (shoe box/wool box0 and make a slit like opening in its lid. This will be used as the "Question Box".
4. Distribute a piece of paper to each student.
5. Let each student write his/her query/queries on the given piece of paper without mentioning his/her name.
6. Each student may insert his/her piece of paper in the Question Box through the slit

provided for this purpose.

7. The teacher may sort out the questions and identify some of the common queries. These queries may be classified into broad categories for the purpose of answering them.

8. Students should be encouraged to ask questions/queries on matters pertaining to the process of growing up particularly related to reproductive health, STDs, AIDS, sexual health, drug abuse sex related myths and misconceptions, and their changing relationships with the peer group, the opposite sex and the parents.
9. In order to further ensure anonymity, possibility may be explored to keep the Question Box in the Principal's / teacher's room and students may be asked to put their questions in the Box any time during the day. The teacher will subsequently, may be at the interval of a fortnight or a month, organize talks or presentations on matters raised in those queries.
10. Depending upon the number of questions asked, the teacher may organize such talks and discussions as many times as possible during the year.
11. To begin with the teacher may like to hold these sessions separately for boys and girls. The sessions can be organized for one class or a group of classes.
12. For answering certain questions the teacher may like to consult a local expert/doctor/health officer/counsellor who has been trained in adolescence education.
13. Some questions asked by students may be very personal. Such questions are best tackled privately and in confidence with the concerned students.

Activity : 2

Value clarification

Value influence the behaviour pattern of an individual. Values are norms, beliefs, or attitudes, which determine how persons act upon available choices. The educator's task is to present content in a value-fair manner. The basic assumption in a value clarification approach is that there are no decisions or actions which are by

nature "right" or "wrong". It is the educator's responsibility to provide content which will enable learners to evaluate the available options for a given issue. Learners are given an opportunity to examine and clarify different value positions.

Objectives:

1. To promote among students healthy attitude towards sex and responsible behaviour towards the opposite sex in consonance with the positive Indian socio-cultural values; and
2. To explore own values and attitudes related to reproductive health issues HIV/AIDS and drug abuse.

What you need: Three sheets of paper with one of the following written on each sheet.

Agree

Disagree

Not sure

Time: One period

What to do

1. Stick the papers on different corners of the room or ask three students to hold and display the three paper sheets. Alternatively, the three words viz. Agree, Disagree and Not Sure may be written on the left corner, the right corner and in the middle of the blackboard respectively.

2. Announce that you will read out some statements one by one. After you read one statement, the students should immediately go to the paper sheet / corner of the blackboard which best describes their response to it. Each student will have to state whether he/she agrees or disagrees with the statement or is not sure about any option.

3. Emphasize the importance of responding to the first reaction and acting accordingly. Once a student says that he/she agrees or disagrees or is not sure, he/she should stick to that view and should not change his/her stand during the course of discussion.

Statement for Teacher Training

a. Adolescence Education should be imparted to all the students, both boys and girls, at the secondary stage.

b. Use of condom for preventing HIV/AIDS and unwanted pregnancies should be taught to students of secondary stage
c. If unmarried persons come to know that they have HIV, they should not get married.
d. Alcohol should not be sold to persons under the age of 21.
e. There is no harm in taking bath by girls/ladies during the menstruation.
f. Men should make important decisions because men think before acting while women act based on their emotions.
g. Husbands and wives should share the housework and child care.
h. Only prostitutes and drug users are responsible for the spread of AIDS.
i. Only indisciplined, degenerated and bad adolescents feel attracted towards the opposite sex.
j. People who have HIV/AIDS should be put in isolation.
k. Blood of even close relatives of a patient should be tested for HIV before it is given for transfusion.
l. Safe sex should be taught to all young people in schools.
m. Women with HIV/AIDS should not have children.
n. HIV infected students/teachers should not be allowed in schools.
o If a boy masterbates, he must be punished severely
p. The married life can be successful only when the husband dominant and the wife is totally dependent on him.
q. Men who solicit (pay for) sex are responsible for the spread of AIDS.
r. There is no need to make adolescents aware of sex – related matters, as it will promote promiscuity among them

Statements for students' activity

a. Teenage students should abstain from sex until they are married.
b. It is okay for a boy to have premarital sex, but a girl should be a virgin when she gets married.
c. There is no harm in accepting a lift on a cycle/vehicle from a person whom I do not know.
d. It would be all right with me to be in the same classroom with someone who has AIDS.

e. People who have AIDS should be put in isolation.

f. Persons who have AIDS should not be allowed to work in restaurants and hotels where people eat food.

g. A woman who has sex only with her husband is not at any risk for HIV infection.

h. A young person can inject drugs once in a while without any risk of getting infected with HIV.

i. Smoking/ taking drugs is injurious to health and hence must be avoided.

j. I have difficulty in saying 'No' to smoking/drugs when I am with my friends.

k. Eve-teasing is a normal human activity which should not be taken seriously.

4. When they have responded to a statement as directed, there will be a few students standing at each of the three positions. Each should take 1-2 minutes to explain in why he/she is standing there.

5. They should not argue/discuss, but listen to other's views, even if different from their own.

6. Statements given for teacher training programme and for students are suggestive. How many statements should be discussed at both the levels, will depend on the availability of time.

Points to be considered

1. The teacher should move around but not intervene except when students break the ground rules.

2. In the end, the teacher will provide enough information about each statement. For this he/she may find Part II of this Package useful.

Four Corners

To express attitudes towards issues raised by HIV and AIDS; to listen to the attitudes of others, and to evaluate our own thinking in the light of what we hear from others.

Pin up drawing sheets with "Agree", "Don't Agree", "I agree but ....." and "I disagree but .....", at four corners of the room.

Ask the students to take their stand about certain statements (examples given below), and go to the particular corner.

Each group will try to convince the other groups to change their opinion. Since the game is about opinions and attitudes, there is no wrong or right; the teacher can try to influence the opinions towards the general goal, which is "No matter how or who has the HIV infection, one should try to empathise with and help that person."

Statements:

1. Serves this fellow right. He is sexually promiscuous and deserves to get AIDS. But I pity this child who is an innocent victim and got HIV infection through blood transfusion.
2. Government should ban prostitutes, then only AIDS can be controlled.
3. Unless the HIV infected person is dismissed, we will not work in this factory any more.

What If ?

This game will bring out the fact that the many ambitions that the students have will be affected if they are infected with HIV.

Ask the students to do the following:

Fold a piece of paper vertically into half. Then make four columns in the second half. In the first half of the paper, list out the following:

a. Two things which you really want to do in the next three weeks.
b. Two things which you wish to do in the next 3 years.
c. Two things which you would like to accomplish in the next 10 years.

Now write "cost" on the first column and mark anything on your list which would cost more than Rs.10,000/-. On the second column write "Out of Station", and mark on your list anything that requires you to go out of station to accomplish.
Write HIV in the third column. Suppose you get HIV infection today, marks the activities in your list, which you will not be able to do.

Write AIDS on the fourth column. Suppose you got HIV infection 10 years ago and now you have AIDS, mark the activities in your list, which you will not be able to do.

Preserve this piece of paper, it will help remind you that many of your ambitions and aims in life which you wish to accomplish will not be possible, if you were to acquire HIV.

AIDS AND YOU : VALUES AND ATTITUDES CLARIFICATION

HIV and AIDS are more than medical problems. Due to their association with sexuality, illness and death, they arouse strong feelings and relate to our values. In order to communicate on HIV/AIDS, we need to clarify our own values and attitudes on issues related to AIDS and help those with whom we communicate in order to understand their values and attitudes related to the same.

Activity : Exercise on Value Clarification or Forced Choice

Objective

To explore one's own values and attitudes related to AIDS.

Material Needed/Arrangements

Large room, five large pieces of white chart paper with one of the following written on it.

1. Strongly Agree
2. Agree
3. Strongly Disagree
4. Disagree
5. Not Sure / Confused

Method

a. Stick the first four pieces of four corners of the room and the 'confused' in the centre.
b. Ask participants to stand together in the middle of the room.

c. Announce that you will read out some statements. After you read one statement, the participants should immediately go to the piece of chart paper which best describes their response to it.

d. Emphasise the importance of responding to first reactions and acting accordingly.

Some controversial Statements

1. Compulsory testing is the only way to control the spread of HIV.
2. Those infected with HIV have only themselves to blame.
3. Condoms should be freely available to all, regardless of age.
4. If unmarried persons come to know that they are HIV+, they should not get married.
5. Prostitutes, drug users and homosexuals are responsible for the spread of AIDS.
6. Injecting drug users should be provided clean needles on request.
7. People who have HIV/AIDS should be put in isolation.
8. There is nothing abnormal about having sexual relations with persons of one's own sex.
9. Safer sex should be taught to all young people in universities and college/ schools.
10. People with HIV/AIDS must be punished if they do not inform others that they are infected.
11. Prostitution should be banned to prevent the spread of HIV/AIDS.
12. People with HIV/AIDS should not have children.

e) When they have responded to each statement as directed, they should find another person, standing at the same piece of paper and each should take 1-2 minutes to explain why he/she is standing there.

Note: They should not argue/discuss, but listen to the other's views, even if it is different from their own.

f) Participants should now 'cross the floor and move to someone else in a different position and repeat the procedure for 1-2 minutes. Both should get an equal chance.

g) Participants should now move to the position that expresses their feelings now.

Points to be considered

a) The facilitator should move around but not intervene except when participants break the ground rules.

b) At the end of all statements, the following issues/questions can be taken up for discussion :

- How did it feel to think about these statements ?
- What kind of things did you think about when you were choosing a side?
- How much does peer pressure affect your values and their expression?
- Was it easy to change your stand? If you did so, what made you do that?
- How did it feel setting forth your views before the other participants, especially when you were in the minority ?
- Before this exercise how often did you think about the values behind these statements ?
- How did it feel to listen without being able to argue/discuss ?

Points to be emphasized in the discussion

1. The faculty logic and prejudgemental attitudes behind demands for testing: Advocates or testing believe that the test will identify people who are likely to transmit HIV and will then enable society in some ways to prevent them from doing so. This argument is flawed.

The virus can exist in the body for a period any time between a few weeks upto 3 months (or even longer) before antibodies are detected. This means that it is possible for someone to have the virus and yet have a 'negative' test result. If the test result for HIV is negative in a person, he or she is often advised to repeat the test after three months. If the person is infected, antibodies will have developed by that time. During this interim period, care must be taken not to participate in any activity which can transmit infection. Even if accuracy of the test is assumed to be high, there would be a large number of people with either false negative or false positive test results. Hence, testing is useless for purposes of disease control.

Underlying this demand is essentially the prejudice about groups that are seen at risk, e.g. sex workers, homosexuals, injecting drug users, etc. The demand may thus arise from an uninformed fear and a desire to punish groups seen as 'responsible' for

AIDS. Besides, taking a test demands a decision which is complex as it assumes a careful consideration of the consequences of a positive result. A positive result implies major changes in one's relationships with people, possible difficulties in finding or retaining employment, accommodation, etc. and often distress and pain at the individual level. Preparation for these consequences is essential before going in for a test.

In India, such tests are not available everywhere and counselling facilities of a uniform standard are not available in all parts of the country. Availability of testing needs to be backed by a strong counseling and support services network. In its absence, testing will only identify the infected but not help them to cope with HIV and live positively.

2. The trend towards scape-goating : Some groups in society are seen as 'inviting' AIDS due to their behaviour, e.g. sex with a partner of the same gender, prostitution, injecting drug, etc. It is also true that people with AIDS are divided into 'innocent victims' and the 'guilty'. Babies with HIV infection, hemophiliacs, those infected with untreated blood, spouses of the HIV+ are seen as "innocent", deserving sympathy while the "guilty" viz. prostitutes, homosexuals, injecting drug users are seen as deserving to die. This tendency to isolate some for responsibility, leads to a chain of blame, anger and resentment, creates rifts between people and does not contribute positively to the control of AIDS.

It is important to emphasise that AIDS is everybody's problem; that alternative life-styles, e.g. homosexuality, prostitution needs to be understood; that certain life-styles are not really a matter of choice (e.g. prostitution) even if they seem to be. They are neither easy to alter nor do the persons adopting them, always want to alter them. Preventive behaviour for all is the most effective way to control HIV/AIDS rather than expecting some to give up a life-style or alter their behaviour.

Society, can, however, make it easier for some to adopt safer behaviour by specific steps, e.g. providing condoms, safe needles, alternative occupations, detoxification services, counseling and rehabilitation services, etc.

3. Understanding homosexuality : 'Gay' men or men who have sex with men are often seen as perverted and abnormal. In fact, attraction to the same sex is itself seen as immoral and unnatural. It must be emphasized that though different from the majority of people in society, homosexuality is not as uncommon as believed and has been around for centuries. Such individuals are often victimized by society because homosexuality is seen as a moral aberration rather than a matter of psychological and social identity and choice. The recognition of the existence and validity of homosexual relationships, helps in a non-judgemental attitude that contributes to being a person who accepts that people can be different and that all persons are equal and deserve respect. It is important to accept everybody even if we do not always approve of their behaviour.

4. The hesitation about condom availability and the spread of knowledge about the use : There are strong taboos – religious, cultural and social – that prevent the free availability of condoms, especially for young people. It is feared that availability of condoms will encourage sexual experimentation by the young. It needs to be emphasized that sexual experimentation occurs at this age in any case and often with erroneous and misconceived ideas that place youth at risk of STDs and AIDS; it is of importance to give correct information; it is important to transmit appropriate values about responsible sex; non-availability of condoms may place people at risk of exposure to AIDS; prevention can be made easier if placed in the hands of the people themselves, i.e. condoms are made accessible. This does not mean that one is encouraging young people to have sex.

Yet another barrier is condom education, viz. how to use condoms. The importance of condom use education needs to be seen vis-à-vis the possibility that lack of knowledge of proper use is likely to lead to breakage, spillage and thus, exposure to infection. Since such education is not being provided even in the family

planning programme, its introduction will be useful. Besides, the interest of youth in AIDS education will be aroused as their curiosity will be satisfied.

5. The rights of the HIV/AIDS affected person : Society is often conscious of the rights to protect the uninfected against infection from HIV/AIDS. This is why there are repeated demands for isolation of people who have HIV/AIDS, and for informing their near and dear ones as well as acquaintances and colleagues of their HIV/AIDS status. Several counter-arguments can be offered.

- Isolation increases the visibility of the person.
- Isolation is stigmatizing e.g. leprosy.
- Prevention of transmission of infection does not necessitate physical isolation but preventive behaviour e.g. use of condoms. Such behaviour can occur when the person is part of society.
- Merely informing those in the social network may lead to rejection, social isolation and discrimination; counselling and seeking support however, may lead to a different outcome. The individual must be given the right to decide whether he/she wants to inform, who he/she wants to inform, when and how he/she wishes to inform, etc. Persons with HIV/AIDS can be counselled in this area but informed against their wishes or without consent is unethical and may have negative results. As this information is likely to have serious repercussions on their life, only persons with HIV/AIDS can make the decision about revealing their HIV/AIDS status, after careful reflection of the possible repercussions.

ACTIVITY: 3

ROLE PLAY

Role play means presenting small spontaneous plays which describe possible real life situations. In role play we imitate someone else's character. A situation is given to the group and they take on the roles of the characters involved. Role play allows us to practice situations before we meet them in real life. it also gives us an opportunity to practice skills that are important to protect ourselves from risky situations.

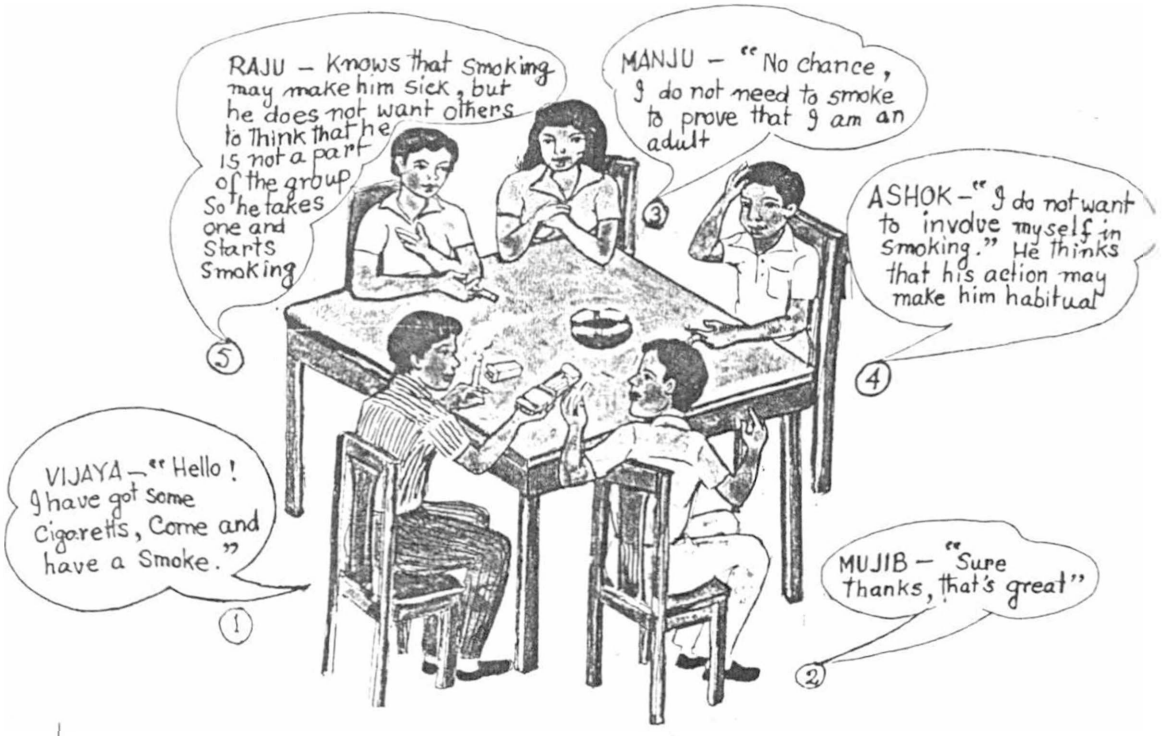

FIGURE : 1

Role play – I

Objectives

1. To identify instances of peer pressure which may have harmful consequences for themselves; and
2. To develop assertive skill to say 'No' to the situation which is unfavourable.

Time : One period

What to do

1. Identify five students who are ready to play different roles on smoking.
2. Assign them names and their respective roles. They can be given the names as Raju, Ashok, Manju, Vijaya and Mujib with the following roles:-
   a. Vijaya is a smoker. He wants that his other friends should also smoke. He is saying to Mujib and Manju "Hello Mujib ! Hello Manju ! I have got cigarettes, come and have a smoke".
   b. Mujib says , "Sure thanks, that's great". He is thinking that if he does not smoke, others would mock at him. So he also starts smoking.
   c. Manju says, : "No chance, I do not need to smoke to prove that I am an adult. I know that smoking cigarette is bad for my health. I would not like to prove my adulthood at the cost of my health."
   d. Ashok is thinking that one cigarette may not harm a person. However, he does not want to involve himself in smoking. He is afraid that his action may make him habitual in the long run, so he outrightly rejects the offer given by Vijaya.
   e. Raju knows that smoking may make him sick, but he does not want others to think that he is not a part of the group, and hence he takes one cigarette and starts smoking.
3. After the role play, call the whole class and ask students how they felt during the role play.
4. Discussion with the whole class emphasizing an appropriate action to be taken in such situations.

Role playing – II

Objectives

To illustrate to children how HIV is different from other viruses.

Time: 15 minutes

What you need

A minimum of three face masks are needed for this activity, one for influenz, one for pneumonia and one for HIV. It is fun for students if "the body" and the "warrior T-Cells" can also have masks or costumes. Students may make their masks and costumes during Art classes or bring from home if they have.

This role play may be staged along with other items on Annual Day or any other such function in schools.

What to do

1. Select some students who can act on stage.
2. Prepare the skit according to the following steps:
   a. Ask a child to stand in the center of the room or stage. This child represents "the body". The child artist should express the following idea:

      "Each one of us has an immune system which defends our body against a range of infections. Some of the cells that we have in our immune system are called T-Cells".

   b. Ask other students to form a circle around "the body" by joining hands and facing out. These students represent the "Warrior T-Cells". These student artists should state the following idea:

      "We now have a healthy body, with an effective immune system to protect it against infection. Now what happens when a virus actually attacks the body?"

   c. Ask student wearing the influenza mask to try and attack "the body". The Warrior T-Cells fight off the influenza virus and prevent it from harming "the body". The following idea should be conveyed through the stage artists: "When we have an effective immune system, it is able to protect the body from the influenza virus".

d. Ask the student wearing the HIV mask to approach "the body". Through this act, the following ideas may be conveyed:

"We now have another virus in our society called HIV, HIV is different from other viruses. Our immune system has difficulty in coping with HIV. HIV appears to have a secret weapon which is able to destroy the T-Cells and gradually the body becomes weaker and more vulnerable to other infections".

As the student wearing the HIV mask touches the Warrior T-Cells, most of students disappear one by one until there are only two or three students representing Warrior T-Cells left to protect "the body". The student wearing the HIV mask now stands very close to "the body".

e. The student wearing the pneumonia virus mask approaches "the body". When this virus comes along, it finds a depleted immune system and, therefore, has much easier time attacking "the body" because there are only a few T-Cells left to fight it, "The body" is pulled down on the ground.

Role play – III

Objectives:

To help students become aware of some of the ways by which a community can work towards preventing HIV/AIDS.

Time: One Period

What to do

1. Outline the problem for students as follows:

"There are two HIV positive cases of young persons in locality 'A'. in response, the municipal committee of locality 'A' is holding a special meeting in order to find out ways of prevention".

2. Select six students who can act as members of the municipal committee. Give each one of them a separate slip of paper indicating his/her number as a member and also his/her role. Students should be briefed properly about the views that they will individually express while acting as Members of the Committee. Prepare these slips in the following manner:

Member A	:	You don't really believe that it is a big problem as only two persons have been identified. So you think that AIDS is not a big problem particularly in your locally.
Member B	:	You think that it is mainly the poor and unhygienic people who contact STDs and HIV/AIDS. People living in your area are very religious and, therefore, there is no need to discuss this issue.
Member C	:	You think that the school should teach AIDS education to the young people for preventing its spread. Since at present, there is no cure, therefore, the only alternative to prevent it from spreading is education.
Member D	:	You are determined to get re-elected and, therefore, hesitate to take a strong stand on introducing AIDS education in the school curriculum, although you feel that it is the key issue.
Member E	:	You are concerned but you are an important member of the community which has very conservative views about AIDS education
Member F	:	You would like to ensure that HIV/AIDS does not spread. You realize the seriousness of the problem and you want to see that all members together should come up with solution. You also think that AIDS education should be introduced in the school for educating young population.

3. Assign students their respective roles and make it clear while their attitudes are already defined on the role slips, they should be encouraged to expand on these roles.
4. Ask the six selected students to form a circle. The rest of the class will serve as audience and ask questions. They can offer comments/contributions if asked by

the chairperson.

5. The teacher can play the role of the chairperson.
6. Some other roles such as those of local health officer, a high school teacher, a local religious leader and a concerned parent, can also be assigned to some other students.
7. Attempt to get some consensus on a plan of action.
8. Call the whole group and ask how they felt during the role play.
   How would you feel playing the roles of members?
   How would the community react to a plan of action on which a consensus emerged during this activity?
9. Discuss the experiences.

Some role play situations are given below as examples. The above mentioned methodology can be adopted while organizing these activities.

Situation I:

You go to a marriage party where some of your friends are smoking. They try to get you to smoke also. You know smoking is bad for you and you really do not want to do it. How would you tell them 'No'?

Situation II :

Your parents or guardians decide to get your ears pierced. They tell you that you can get it done at a place out of town. You arrive there but it does not look very clean. You have heard about HIV/AIDS and the possibility of its spread through unclean needles. You decide to ask the person if the needles are clean and to see the equipment and the process they use for cleaning. When the person cannot show you, you decide to say 'No' to ear piercing assertively.

Situation III :

You are with five friends after school. One of them, Rajesh went to a brothel last week with his elder brother. Three others have agreed to go with Rajesh on Saturday and are trying to convince you to join them. You and your friend Mansoor do not agree to go there and explain your refusal, try to warn them of their own risk, and suggest that they should not go.

Situation IV :

You find out from your friends that one of your teachers is HIV positive. He is a good teacher. For a while he was depressed, but now he is back to his regular mood and manages his class as before.

Many students in the class keep away from that teacher and sit as far away from him as possible. Those students do not want to ask questions nor spend any time with the teacher. They also complain to their parents. The parents contact the Principal demanding that the teacher must leave the school. The Principal plans to call a meeting with the parents to discuss the case. Since the Principal knows that you and your friends are knowledgeable about HIV, he asks you to prepare a convincing talk for the meeting of the parents, so that the parents will understand the mode of HIV transmission and drop their demand. As decided in that meeting, the teacher stays in the school.

Just say "No"

To increase student's ability to say "No" to drug offers.

Introduce this session by saying that we will be looking at the skills of saying 'NO' when a drug is offered.

Split the class into groups of three. There are three roles that each person will play in turn.

ROLE A : This is the persuader, the person whose job it is to try to talk ROLE B into taking the drug.

ROLE B : Is the decider, the person who has to decide whether or not to take the drug.

ROLE C : Is the observer, who makes notes about all the techniques used by the persuader.

This is best done at the end of a lesson so that the persuaders can prepare their case for the next lesson. give the persuader one drug with which to tempt the decider. Use cannabis, heroin, cocaine, brandy, cigarettes, amphetamines, LSD tranquilizers, sleeping pills, etc.

- ♠ The object of the exercise is for the persuader to try to get the decider to take the drug. He/she has 4 minutes to try to do this. The observer makes notes on how the persuader tries to accomplish this, and on anything the decider does to resist the pressure.
- ♠ After 4 minutes there is then a period of 3 to 4 minutes in which the observers feed-back their observations and the deciders talk about what devices were easy and which were difficult to refuse.
- ♠ Everyone changes roles and repeats the exercise.

When everybody has had the chance to play each role, review the process. Ask:

- ♠ What kind of argument did the persuaders use? Which were the most persuasive ?
- ♠ How did it feel to be a 'persuader' ? Are we ever persuaders in real life (offering a cigarette or drink for example)? How does that feel?
- ♠ How different would it have been if the persuader had been our best friend? Are best friends ever the persuaders in real life ?
- ♠ How did it feel to be the decider? Were you under pressure? How easy is it to make decisions under pressure? Any real life parallels in that?

- ♠ Find out from the observers what techniques the persuaders used:-
  - Trying to make the person feel silly, bullying, making the decider feel guilty for leaving the persuader.
  - To take it on his/her own
  - Trying to convince him/her friends that he/she was 'chicken'
  - Minimizing any risk by offering it as if it were no more than a sweet
  - Promising an incredible experience – a real 'high'
  - Daring him/her to do it
  - Telling him/her it would help him/her forget all his/her problems

- Telling him/her that all of his/her friends were doing it, and he/she was the odd one out
- There may be others. Write them up on the blackboard.

Ask the deciders which techniques they found to be most difficult to refuse. Discuss with the class why that should be.

Ask the group to break up and change partners so that completely new trio is formed. Announce the task as being the same once again.
In the persuader's role people may try new arguments as well as previously used ones. The emphasis in this round is very much on the decider.
Tell the group:
"This time when you are in the deciders position try not to feel on the defensive. Sit up or stand up straight, look the persuader in the eye and just say 'NO' . Whatever arguments they come up with just say 'NO' See how that goes".

The groups will need less time for this round, allow about two minutes each for each role. Review the round, Ask:

- ♠ How much easier was it to be the decider this time? Is saying 'NO' easier than trying to work out the best way to argue against the persuader ?
- ♠ Did the decider saying 'NO' and nothing else make the persuader's job harder ? What is it like trying to persuade somebody who just says 'NO'?
- ♠ Tell the group that the "just say 'NO'" technique is called "Broken record" (a broken or scratched record simply repeats the same phrase) and is used in training people to stick up for their rights.

Summarize

You are not being preached at to say 'NO' to any drug offered to you. We live in a drug using society: 45% of all adults drink alcohol regularly; 20% of adults are smokers; 1 in 7 adults take tranquilizers at some time each year, and 1 in 40 take them throughout the year. Just about everybody takes caffeine each day. However, whether we think it right or wrong, most of that drug taking is legal. There are

possible legal consequences for someone taking cannabis, heroin, amphetamines, LDS, cocaine, alcohol or non-prescribed sedatives and tranquilizers. It is also possible to become physically dependent to many of these drugs and psychologically dependent on any of them. Sometimes it is all too easy to experiment with one of these without knowing about the medical and legal consequences of doing so. In the final analysis, everyone must make up their own mind about whether to experiment. But if you decide to do so, you should do so with full knowledge of the facts. You should also do so because it is really your decision and not because you've been talked into it. That is why you need to learn how to say 'NO'. This is also an important skill in many other situations in life where you are called upon to make an important decision".

- ♣ You will be able to comfortably and convincingly say "no" if you have not taken drinks even once. The more number of times you drink, you will find it all the more difficult to say "No".
- ♣ When you are convinced about the truth that drugs destroy people and that nothing positive comes out of them saying "No" will follow naturally and easily.
- ♣ When offered say "Drugs-Not my style!". Say it clearly and politely. Long winded, vague statements fail to get others to see that you are serious about your decision. Repeatedly say "No". You will find that after a few "No's" others will give up.
- ♣ What if they don't?
- ♣ Walk away. You need to take Care of yourself. If your "No" is Unacceptable to them, it is their business. Not yours. Staying around with them may make things difficult.
- ♣ Can identify situations where they may be offered alcohol or such things usually happen such as picnics, parties, etc.

ACTIVITY : 4

GROUP DISCUSSION/PRESENTATION

Which is Safer ?

Sexually Transmitted Diseases

It is important for the student to know ways to protect themselves from HIV / STD. It is also necessary to know that some ways are better than others.

Divide the class into groups.

1. Ask the students in each group to list the possible ways to protect oneself against HIV/STD.
2. Ask them to rank the method as to which is the most safe, the second most safe, etc., down to the least safe method.

Ask each group to present their findings in a creative fashion (eg. skit, song, poetry etc.)

Protection against STD / HIV / AIDS

1. Reduce the number of sexual partners.
2. Know the other person's sexual history.
3. Show affection without having sexual intercourse (kissing, touching).
4. Have only one sexual partner.
5. Abstain from sexual intercourse.
6. Use a condom every time you have sex.
7. Get tested for HIV.

Method	Problem (s)
Abstinence :	This is difficult for a person's whole life.
Kissing :	Becomes risky only if blood, vaginal secretions, semen are exchanged.
Condom :	If not used properly, it may break.
One partner :	Your partner may be already be infected and not know it;

	partner must be 100% faithful to each other.
History :	May lie to have sex ; are unwilling to tell everything.
Few partners :	Sex with one infected partner is enough to become infected with HIV.
Get tested :	Both partners need to be tested; you can get infected (e.g. by not being faithful) after being tested; one test is not enough.

ACTIVITY : 5

GAMES

GAME :1

Risk Taking: It is not enough to give theoretical knowledge about AIDS. The students will have to realize that HIV / AIDs is something that can affect them and that the responsibility of preventing the infection lies entirely with them.

This game will bring out the meaning of "risk" and the factors which could lead to risk behaviour.

Procedure:

1. Read out the following scenario, and give more information in stages.

"You are waiting to cross the road and see a bus coming at high speed. Will you try and run across?" (Usually the answer is – "No").

Your friend says, "I bet ten rupees that you cannot cross the road". "Will you take the bet?" (Some students may say that they will take the bet).

Your younger sister also has to cross the road with you. Will you take the bet and run with her across the road? (Usually nobody will want to take the risk at this point).

From this game try and bring out the following points:

- Peer pressure can make you take risks, which you would not normally take. So this is why more students experiment with alcohol, smoking, drugs, sex, etc.
- When you feel responsible for someone else (in the above story, your sister), you are less inclined or not at all inclined to take any risks. But you must remember that you have a responsibility not only towards your parents, teachers, friends, etc but also to your own self in the context of HIV/AIDS.
- All the facts about HIV / AIDS / Prevention / Risk Behaviour, etc. may not be of relevance to you today.

The peer pressure along with the freedom away from parental care, which you may experience a few years hence, can pressurize you into risk activities. Please remember that HIV / AIDS is one area where there is no looking back, and only you can take the right decisions.

WILDFIRE GAME

Objectives :

1. To illustrate that one cannot identify an HIV infected person merely by looking at him/her.
2. To illustrate the rapid spread of the HIV infection.
3. To discuss various implications regarding spread and attitudes related to HIV transmission (personal as well as social).
4. To personalize the experiences and relate to the actual situation in India.

Method :

Games, role play, group discussion.

Material needed :

Chalk and Blackboard

Group size :

Unlimited (35 – 50)

Notes to Facilitator :

1. Identify two or three participants who would be told that they are to act as HIV positive persons. Each time that they shake hands, they are to scratch the palm of the other person. They are not to identify themselves as being infected or tell others. They are to begin scratching only after the facilitator says so.

2. Inform the group that there are some infected persons in the audience whom they should try to identify. After some pause, explain that it is very difficult to conclusively prove that somebody is infected with HIV by mere looking at that person.
3. Now ask the group to shake hands with any three other participants of the group. If during the course of *handshake* they are scratched in the palm, then they are to scratch the palm of whomever they shake hands with next. Explain that each hand shake represents an opportunity to pass infection through unprotected sexual intercourse or sharing of needles.
4. After the group has been through the rounds of the handshakes ask them to be seated in their places. Ask all those whose hands have been scratched to either stand up or raise their hands. Count the number of people and explain that one or two persons have been able to spread the infection in such a short time. This clearly establishes the fact that one cannot take chances even if it means your own friends. The virus has already made its presence felt strongly in our country and is spreading like wild fire.
5. Ask all those who were scratched to sit on one side of the room and those who were not on another side.
6. Ask those who have been infected what they felt when their palms were first scratched and later when they scratched the palms of the others. Discuss the responses.
7. Ask those who were not scratched what their feelings were after the exercise was over. Explain that they may not always be lucky and that protection is always required.
8. Ask those who are not infected, what they would like to do with their friends who are infected. You may want to raise issues like isolation, living together, marriage, etc. The facilitator should being in all the issues which were strongly debated by the group in the earlier exercises and point out the change in attitude, if any. Probe also for responsible behaviour (i.e. not scratching after first scratch; irresponsible behaviour (i.e. scratching many with anger) and point out to the group that different people will have different attitudes.

9. You may find people who after getting infected, continue to stay with the non-infected group. Have a discussion on this also. Explain that in real life one cannot identify when a person gets the virus. Knowingly and unknowingly people will be spreading the virus in the country. Thus it is important to talk about prevention instead of isolation.
10. At the end of the discussion, explain that this was only a game and that in real life, scratching palm does not spread the HIV infection and that nobody would have been infected with the virus because of this game. This is absolutely essential.

Impact of HIV/AIDS

HIV and AIDS can have many levels of impact ranging from the individual to societal, national and international, as well as several types of impact, e.g. social, cultural, economic and psychological. Since it covers many dimensions, it is often crippling to cope with the impact of AIDS. This exercise helps people to identify the nature of this impact in the context of their own lives.

Activity : Exercise on being HIV positive

Objectives :

1. To appreciate the total impact of HIV/AIDS.
2. To personalize the experience of having HIV.
3. To develop sensitivity towards supports needed to reduce this impact.

Method : Game, individual imagination, idea sharing.

Material Needed : Chairs in a circle, small square pieces of paper, pen, two wall-charts, pin.

Notes to Facilitator :

1. Give the participants three small pieces of paper and a pen each.
2. Tell them that a person they know has tested HIV+. Ask them to write down 3 possible consequences for the person that they imagine would occur to him/her because of being HIV+. Then ask them to write down what would be the consequences for this person's spouse, school-going child and two year-old sister (Give no explanation about the nature of the consequence).

3. Put up two wall charts, one labeled PERSONAL, the other labeled SOCIAL for each of the persons – namely the HIV affected individual, his spouse, child and sister.
4. Explain that PERSONAL is for all consequences that are related to the individual and the different relative of the individual who is ill, either at the disease level or the mental emotional level.

Some examples :

"Worries about dying"

"Fear of losing job"

"Being ill in the future"

"Fear of contracting the disease"

SOCIAL, is for all consequences that are related to people's reactions towards someone who has the HIV infection.

Some examples :

"Loss of job"

"Being discriminated at work"

"No friends"

"Inability to marry"

5. Collect all pieces of paper.
6. Call out each "consequence" and ask the participants to decide, to which category it belongs. Some will not fit properly into either category. Debate and discussions should be encouraged.

7. New categories may be created by the group, such as poled by the economic, cultural, etc.

POINTS TO BE EMPHASISED IN THE DISCUSSION

1. Explore the feelings of the participants when they thought their acquaintance was HIV+ or when asked to imagine the consequences.
2. Explore with the help of the participants, the full-range of possible areas of impact and help the participants to recognize the far-reaching impact. Some questions that could be asked are :

* How do you think people may react when told they are HIV+?
* What kind of worries would they have ?
* How would others react to the knowledge that someone they know is HIV+ ?

3. Place equal emphasis on socially driven impact and self-driven impact and how these affect one another, e.g. rejection from friends (social) can lead to depression/ fear (personal).
4. Actively encourage any positive areas or reactions if they emerge, but do not force them upon the group.
5. Allow the group to dwell on their negative reactions and fears, if any about working in the area of AIDS prevention, e.g. possibility of burn out, depression, feeling of hopelessness, and pessimism, etc. as a worker in the area of prevention.
6. Emphasise :
   * levels of impact, e.g. individual, family, community, work-place, village/ town, country, international.
   * Types of impact, e.g. social, cultural, economic, psychological (practical and emotional).
7. Trace these consequences over time.
8. Identify the required course of action and source of support, highlighting the positive role of self and others in reducing this impact by using examples, e.g. in the case of loss of job – what if a Trust fund is created or the person becomes self-employed or if the spouse/another family member gets a job? OR in the case of loss of friends – new friends may be made, more time could be spent with the family, etc. In personal reactions, discuss how the negative impact can be reduced, e.g. depression – by reaching out to others who are HIV positive, fear – by finding out more about HIV/AIDS, etc. or finding out how others can play a role in reducing these feelings.
9. Focus on how misinformation and irrational rear on the part of the HIV+ and others is often responsible for this impact.
10. Emphasise the reality that HIV has an impact on every aspect of life of the individual and even the nation, as it cripples development at all levels.

11. Emphasise what we can do for the HIV+ person/persons with AIDS, e.g. support, understanding, companionship, concern, help practical aspects, keeping their status confidential, respect, being there, etc.

Likely Outcome of Exercise

The different levels and types of impact of HIV/AIDS will emerge on introspection as well as on sharing of ideas. The need for acceptance and support as well as concrete services at the societal level will emerge from this exercise.

STD/ HIV/ AIDS

Sexually Transmitted Diseases

Show a poster / picture of an STD / ISD phone booth.

Ask the children if they know any other expansion of STD.

Follow this up with information regarding STDs.

Playing God

This game helps to explore attitudes, prejudices and assumptions towards people with HIV infection.

Play this game after you give information regarding what happens after a person gets HIV infection and regarding testing.

Read out a scenario and give additional information in stages.

"You have a medicine which will cure HIV completely, but it is enough for one person only. There are three HIV infected people – a two year old child, a commercial sex worker, and a businessman. Who will you give the medicine to and why ?

(Usually at this stage, most students might say – "the child").

"The child has cancer and can live for two more years only. Would any of you like to change your minds? If so, give your reasons".

(Usually at this stage, the students might want to give it to the commercial sex worker, to prevent more people from getting the infection from her).

"The businessman gives a lot of money to charity and especially to an organization that is helping AIDS patients and doing research to discover a cure for AIDS".
The prostitute will continue in her profession. Would you like to change your mind? If so, why?
(Based on this information, some students might now want to help the businessman).
"The prostitute works hard to pay for her 20 year old daughter studying in an Engineering college. Who will you help and why ?"
Note: Explore and discuss on the attitudes, prejudices and assumptions students had initially which changed with more information.

STD/HIV/AIDS

I didn't know I had it

To illustrate that sexually transmitted diseases spread fast.

This game can be played before explaining about HIV/AIDS.
Give each member of the class a piece of paper. Just before the cards are given out, mark one card with a tiny dot on the bottom hand corner on the back of the card. Ask everyone to stand, walk around the room and ask three to five of their classmates to sign their card. Ask the class to look at the back of their cards and raise their hand if they have a dot in the lower right hand corner of their cards. Have this student stand up. Inform this student that he has just been infected with measles or chicken pox and give them a magic marker or pen. Tell them to go back to each of the 5 people whose cards they signed and say "I am sorry, I didn't know I had it!" and put a mark on the back of their classmates hand. Give each of these students a pen and ask them to go to all of the students whose cards they signed and say the same thing and mark their hands. Next, ask all the students with marks on the back of their hands to stand.

Risky/ Not Risky

This game is helped to correct wrong beliefs and misinformation.

Follow up with details regarding family planning methods.

Materials : drawing sheets

Pin up drawing sheets with "RISKY", "NOT RISKY" AND "I DON'T KNOW" written on them, in three different corners of the room. Make some statements (it is better in the form of stories or examples), and ask the students to go to the corner, which they believe to be applicable. This can be followed by a general discussion in which wrong beliefs will be corrected.

Examples of Stories

1. Peter said, "I don't have sex with B grade women or prostitutes. I sleep only with 'healthy girls from good families'".

   Do you think Peter is at the risk of getting HIV infection ?

2. Raju is a happily married man who has two children; the first, a 5 year old girl and the second, a 3 month old boy. After the second child he had a vasectomy operation. On and off, Raju has had extramarital sex. Two years ago when he had an ELISA test done before applying for a VISA to go to a foreign country, it was discovered that he had HIV infection and his VISA application was rejected. Lakshmi, his pretty unmarried neighbour and Raju were attracted to each other. But when it came to having sex, Lakshmi was worried. Raju said, "Don't worry, I have had a vasectomy operation, you wont' become pregnant".

True. Lakshmi will not become pregnant, but what about HIV infection ?

3. Mumtaz is very careful with her boyfriend. She has heard about AIDS. So she refuses to have sex with him. But occasionally, when he has pleaded at least to have oral sex she has agreed. Mumtaz's boyfriend has HIV infection.
4. Is there a risk of HIV spreading from the boyfriend to Mumtaz ?

ACTIVITY –6

QUIZ

STD/HIV/AIDS

Are You a Responsible Person ?This short test will help to decide if the students is a responsible person. Only responsible people can stop HIV and STD.

Statements	Yes / No
I know how HIV/STD are spread and how to protect myself.	
I would not have sex at this time in my life.	
When I decide to have sex, I will use a condom	
When I have sex, I will have only one partner	
I would tell my partners if I had HIV or STD	
I would not use unsterilised instruments to pierce my ears, tattoo, or shave,etc.	
I would think hard before having a baby if I or my partner had HIV.	
If I thought I could have HIV, I would go to a hospital/laboratory/health centre to get tested.	
If a schoolmate/neighbour had HIV/AIDS, I would be a friend to him/her.	
I would go to a doctor / counselling center if I thought I had HIV/STD.	
Total Score	

TABLE :1

Introduce this activity by telling the students that this activity is private (confidential) and scores will not be seen by the teacher or other students (unless revealed by the student).

Tell the students that every individual is responsible for his/her own health. Only they can decide how to avoid getting HIV and other STDs.

Provide a worksheet for each student or read out the statements or write them on the black board. Each student should do the exercise individually.

Ask the students to answer yes, no, or put a ? (question mark) if they are not sure.
Tell the students to write 3 for Yes, 1 for ? and 0 for No.
Students should total their score and refer to their 'Responsibility Score".

Responsibility Score

Yes	= 3 points
Uncertain	= 1 point
No	= 0 point

Very responsible	27-30 points
Responsible	24-26 "
Somewhat responsible	21-23 "
Not very responsible	18-20 "

You are taking risks! May be you should think again. < 17

Quiz Contest is also a very popular activity both within and outside educational institutions. It enables students and other participants to gather all kinds of information on the concerned theme or topic and understand the implications of different aspects of the concerned issue. This activity creates a motivated environment for audience, also in which learning takes place in a very involved manner.

Objective

To create awareness regarding reproductive health issues during the process of growing up, HIV/AIDS and drug abuse among students and to motivate them to collect comprehensive information on related issues.

Time: One hour/one period

What to do

1. Develop a Quiz-item Pool by collecting questions from various sources. As an example, a pool of some questions is given at the end of this activity.

2. The whole class can be divided into three or four groups according to the number of rows of students. These groups may be named as Team A, Team B and so on.
3. The blackboard may be used as the score-board.
4. One of the students may be identified as the Scorer and another as the Time Keeper. The teacher may act as the Quiz-master.
5. The Quiz master may select questions from the quiz item pool and put them to each team turn by turn. A team may score two points for a correct answer. But, if a team is unable to answer the question, the other teams may be asked the same question. The team answering the passed on questions shall get a bonus point for a correct answer.
6. Similarly, next team may be asked the next question. Thus, the whole class may be involved in this competition.
7. After five or six rounds, the Scorer may announce the name of the team with the highest score. That team may be declared as winner in the Quiz contest.

Quiz Item pool

A. Quiz Item Pool

1. When does adolescence start ?
2. What is puberty ?
3. What are the major changes during adolescence ?
4. What are the phases of adolescence period ?
5. How effective is the abstinence in respect of HIV/AIDS ?
6. By which age gender identity in children is well established ?
7. Which drugs have no medical use ?
8. What is the full form of AIDS ?
9. What is the full form of HIV?
10. What is the full form of STD ?
11. What are the sex hormones that are produced in females on the eve of the onset of puberty ?
12. Is one drop of semen equal to 100 drops of blood ? Yes / No
13. Is bathing during menstruation harmful ? Yes / No

14.	Does the height of the girl stop after menstruation ?	Yes / No
15.	Can STDs be cured in the infected male has sex with a virgin?	Yes / No
16.	Can girls get pregnant even if she has sex once ?	Yes/ No
17.	Is STD an important contributory factor for HIV infection ?	Yes / No
18.	Can a person get HIV by sharing needles or syringes with someone who has this virus ?	Yes / No
19.	Can AIDS be cured if detected early ?	Yes / No
20.	Can a person get HIV by wearing clothes used by someone who has this infection ?	Yes / No
21.	Can one identify the HIV infected person on the basis of his/ her looks ?	Yes / No

B. Multiple Choice Questions

1. Education of adolescents in reproductive health is necessary because
   a) Their reproductive health needs as a group has been largely ignored
   b) they have become indisciplined and create problems in society.
   c) they do not observe the norms which adults like.
   d) it will help them concentrate on their studies.

2. That men are not supposed to be weak
   a) is an example of gender conflict
   b) indicate sex role stereotyping
   c) is a fact of life
   d) is a biologically deterministic argument

3. Which one of the following statements is correct in respect of the difference between physical maturation of girls and boys ?
   a) Girls usually mature earlier than boys.
   b) Most of the boys mature earlier than most of the girls.
   c) All boys and girls mature fully by age 13.
   d) There is no difference between physical maturation of girls and boys.

4. For most adolescents their emotions
   a) are pretty stable
   b) seem to change frequently
   c) are completely unstable
   d) are neither stable nor frequently changing

5. AIDS is caused by
   a) Virus
   b) Bacteria
   c) Fungus
   d) Protozoa

6. HIV is transmitted through
   a) casual contact
   b) eating together
   c) blood
   d) hand shake

7. HIV is
   a) blood-borne organism
   b) water-borne organism
   c) air-borne organism
   d) pollution-borne organism

8. Sex of a baby is determined by the
   a) egg from the mother
   b) hormones in the mother
   c) sperm from the father
   d) genes of the parents

9. During the menstrual periods, girl should
   a) not take part in sports or exercise, as they become too weak.
   b) observe a normal routine, as it is not at all an unusual phenomenon.
   c) not take bath and change clothes
   d) not associate themselves with the kitchen work.

10. A person with HIV infection may
    a) becomes insane
    b) may seem healthy but infect others
    c) become over-weight
    d) may not infect anybody till AIDS develops.

11. One can know whether one has HIV infection by
    a) blood test
    b) urine test
    c) X-ray
    d) Stool test

12. Spread of STDs and AIDS is
    a) not at all linked
    b) very closely linked
    c) linked to some extent
    d) very rarely linked

13. One way by which people can protect themselves from HIV/ AIDS is by
    a) not donating blood
    b) not taking blood from professional donors without testing
    c) not embracing a person with HIV
    d) not eating with a person with HIV

C. True / False

1	Increased hormone production is responsible for physical, sexual and emotional changes during adolescence.	True / False
2	Abstinence is the only method of preventing HIV infection, which is 100% effective and has no medical side effects.	True / False
3	Gender roles are mostly determined by biological factors beyond our control.	True / False
4	Attraction towards the opposite sex during adolescence is the indication of an unhealthy mind.	True / False

5	Persons who are infected with HIV can look and feel healthy.	True / False
6	AIDS can be cured if it is treated early.	True / False
7	There is no harm in trying drugs just once.	True / False
8	A male who is infected with HIV, can transmit it to another person through his semen.	True / False
9	Persons who are infected with HIV, can transmit it to another person through their blood.	True / False
10	An infected mother can pass on HIV to her unborn child.	True / False
11	Drugs increase creativity.	True / False
12	Persons who have sex only with their own spouses have no chances of becoming infected with HIV.	True / False
13	Mosquitoes can transmit HIV from one person to another.	True / False
14	A woman can get pregnant the first time she has sexual relation with a man.	True / False
15	Childcare is a skill determined mostly by heredity.	True / False
16	A person can become infected with HIV by donating (giving) blood.	True / False
17	Persons can reduce their chances of becoming infected with HIV by using condom during sexual intercourse.	True / False
18	People can be infected with HIV and not know that they have it till they are tested.	True / False
19	It is medically advised that students who have HIV should not be allowed in schools.	True / False
20	It is medically sound to allow people who have HIV to work in places that handle food.	True / False
21	Having sex with more than once one can increase a person's risk of getting infected with HIV.	True / False
22	Smoking and drinking during pregnancy increase the risk of birth defects and other problems for the child.	True / False
23	Eve-teasing is the indicator of an unhealthy mind.	True / False
24	Teenage girls have very low risk of miscarriage and birth defects	True / False

	in their babies as compared to women in other age groups.	
27	A person may get HIV by shaking hands with a person who has HIV/AIDS.	True / False
28	AIDS is a contagious disease like common cold.	True / False
29	There is no known vaccine to prevent AIDS.	True / False
30	When a person has AIDS, his or her body cannot defend itself from certain diseases.	True / False
31	All persons suffering from STDs are also suffering from AIDS.	True / False
32	Not to allow a student with HIV to attend the school is an example of irrational discrimination.	True / False
33	Drugs sharpen thinking and lead to greater concentration.	True / False
34	Drug addiction can be cured by medical and psychological treatment.	True / False
35	To get rid of drugs, the addicted person has to have sustained self-determination.	True / False

Myths

Tick the correct answer / Write **T** (True) and **F** (False).

1. Alcohol is a drug.
2. Alcohol is digested like any other food.
3. Everyone's body reacts the same way to the same amount of alcohol.
4. Alcoholic beverages are fattening.
5. All alcoholic beverages are equally strong in alcohol content.
6. Drunkenness and alcoholism are one and the same.
7. The same drug can affect you differently at different times.

Answers

1. True – Alcohol is a drug. It affects the nervous system when it reaches the brain.
2. False – Alcohol does not need any digestion. As soon as it is consumed, it is immediately absorbed into the bloodstream through the walls of the stomach and small intestines. The blood carries it to all organs of the body.

3.	False – Reactions to alcohol vary tremendously. The same amount of alcohol produces different reactions in different people. This is because reactions depend on many complex physical and psychological factors.
4.	True – Alcohol is higher in calories than sugars and starch. The 'empty calories' in alcohol contribute to overweight. However, if alcohol is used as a substitute for a balanced diet, the person may suffer from malnourishment.
5.	False – Alcoholic beverages are prepared by two different processes – fermentation and distillation. Distillation produces beverages containing higher concentration of alcohol.
6.	False - Drunkenness is a temporary loss of control over one's reactions and behaviour. Even a social drinker may get drunk. Alcoholism is a serious illness, which requires treatment.
7.	True – the effect of the drug would depend upon the body weight of the person, the amount of food in the stomach, etc. at that point of time.

Fun test on HIV / AIDS

Ask the students to write **True or False** for the following :

Give this quiz a couple of months after the class on HIV/AIDS to assess their knowledge level.

A short, fun test about HIV/AIDS/STD

1	HIV is caused by AIDS.
2.	AIDS damages the body's defense system.
3.	There is no cure for AIDS.
4.	People with AIDS often die from serious diseases.
5.	STD means Subscriber Trunk Dialing.
6.	A person can have HIV or an STD and have no symptom (not know it).
7.	There is no way you can protect yourself from AIDS and STD.
8.	An example of STD is Gonorrhea.
9.	It is difficult for women to get AIDS.
10.	If you are strong and healthy, you can't get HIV/ AIDS/ STD.

Discuss the answers with them.

Answers :

1. False. AIDS is a number of diseases that invade the body because HIV is progressively destroying the body's defenses (immune system). AIDS is caused by HIV.
2. False. It is HIV that damages the body's immune system.
3. True. It may be some time before a cure is developed. Some drugs can help to prevent opportunistic infections.
4. True. Most people with AIDS will die within 6 months to 2 years after AIDS has developed.
5. False. STD are sexually transmitted diseases – that is, diseases that are transmitted by sexual activity.
6. True. Many people have HIV or STD and do not know it. The sad part is that they can pass the infections onto someone lese without it. Some STD can cause severe damage if left untreated.
7. False. Since they are transmitted sexually or by using unclean needles, you can control these diseases by protecting yourself.
8. True. There are more than 20 STD: Gonorrhea is one of the more common STD among young people.
9. False. Women are slightly more vulnerable physiologically to HIV infection than men. Women are becoming infected at younger ages than men. This is partly because many young women marry or have sex with men older than themselves, who have already had a number of partners, and partly because of their biological vulnerability.
10. False. Anyone can get HIV/AIDS/STD.

True or False

For students to confirm what they know; to identify areas of uncertainty or lack of knowledge; and to provide an opportunity for students to discuss and gain new information.

Before the quiz questions are called out, explain the purpose of the exercise, and emphasize that it is not a test, nobody else need see what they have written, and it is as much about discussion as about right or wring answers.

I. 1. Ancan catch AIDS.

2. Women are as likely as men to get infected with HIV.
3. Only sexually active people are at risk of HIV infection.
4. There is no risk of HIV infection if I check my partner's sexual history.
5. If I avoid penetrative sex (vaginal, anal or oral), there is no risk of HIV infection.
6. Condoms provide considerable protection against HIV infection.
7. An HIV positive woman should avoid pregnancy.

Answers

1. FALSE – nobody catches AIDS. AIDS is a pattern of diseases, which may result from infection with HIV.

2. TRUE –Women are quite as susceptible to HIV infection as men. In fact the evidence from sexual transmission of HIV shows that women are roughly twice as likely to become infected as men.

3. FALSE – Sexual activity is one form of possible transmission, but another is the sharing of needles and syringes for IV drug use, as well as infected blood transfusions.

4. FALSE – There is no way that asking a partner for their sexual history can ensure safety from HIV infection. The partner cannot know the history of all his/her partners; she may not remember all of them; she may choose not to tell the truth. However, talking about ourselves is a valuable part of the process of getting to know each other.

5. TRUE- Avoiding unprotected penetrative sex could considerably reduce the risk of sexually transmitted HIV infection, however one needs to be careful and know whether the person was involved in any other risky activities such as IV drug use.

6. TRUE- Condoms provide a very high level of protection, though they cannot guarantee safety. However, the likelihood of the transmission of HIV coinciding

with condom failure is several million to one against. The lower the initial risk (i.e. oral sex is less risky than vaginal sex, and vaginal sex is less risky than oral sex) the greater the protection that the condom can provide.

7. FALSE – There is no 'should' about it . An HIV positive woman who has been given good information will be able to make her own decision about the risks of pregnancy.

II.

What is the Risk of Catching HIV from?	High Risk	Some Risk	No Risk
Hugging			√
Kissing			√
Sharing Cups			√
Sitting on toilet seats			√
Being spat on			√
Using someone else's razor		√	
Having a friend pierce your ears		√	
Sharing needles for IV drug use	√		
Using drugs		√	
Giving blood			√
Swimming in a public pool			√
Using condoms while having sex		√	
Having a blood transfusion from close relative/friend		√	
Cleaning up spilled blood		√	
Giving mouth-to-mouth resuscitation			√
Being operated on by on HIV +ve surgeon		√	
Being bitten by mosquitoes			√
Having unprotected vaginal sex	√		
Having unprotected anal sex	√		
Having unprotected oral sex		√	

Masturbating			√
An HIV +ve mother		√	
Eating food prepared by someone who is HIV +ve			√
Working alongside someone with AIDS			√
Sex with a man who has undergone a vasectomy	√		
Sex with a woman who is taking birth control pills	√		

III. Tick the following if the answer is Yes

1. Can anyone catch AIDS?
2. HIV has been shown to be transmitted through which of the following body fluids?

blood? (True)	semen? (True)
vomit? (False)	urine? (False)
sweat? (False)	saliva? (False)
tears? (False)	faces? (False)
breast milk? (true)	vaginal fluid? (True)

3. If a person is HIV antibody positive:

~Have they got AIDS?

~ Will they be dead in five years?

~Will they be infectious to other people?

~Will you be able to tell?

~Is their sex life over?

4.If you were worried about HIV or AIDS and wanted information or a test, whom would you talk to:

Your doctor?

An AIDS Helpline?

A teacher?

Your family?

Your friends?

When everybody has finished, divide them into small groups to share answers, noting disagreements and questions. Allow about 15 minutes of this.

They could further discuss:

* What have they learnt?
* Is there anything else they want to know about?
* How do they feel about the information now?
* Were there any surprises?
* What difference will it make?

"Lines" And More "Lines"

Illustrate these facts with the help of the Raju transparency which shows how many different people get HIV infection from one source. Stress the fact that multipartner sex is therefore all the more risky as one never knows the risk behaviour pattern of ones sexual partner

"For every reason to say "NO", someone has found a way to persuade you to say "YES". In this activity you learn various ways of replying to these "lines".

Read each of the lines to persuade you to say "yes".

Using the "Possible responses to Lines and more lines" (given below the box) , select the best reply and write the letter in the 'responses' column.

	Lines and more lines	Responses
Fear of Pregnancy	You can't get pregnant the first time	
Fear of STD	You don't think I have a disease, do you?	
Family expectations	Come on, you're not a kid anymore	
Fear of violence	I know you want to, you're just afraid	
Friendship	We're more than friends, I love you	
You partner are drunk	Come on, have a drink, it will get you in the mood	
Religious values	No one will know about it	
Not ready	Look, I'm excited, you'd better do something about it	
Not with right person	You might not get another chance like this	

Wait until marriage	Everyone else is doing it	

Possible responses to "Lines & more lines"

A. Once is all it takes

B. This isn't a joke. I don't want to get pregnant or get an STD

C. Maybe we're not ready for sex

D. I really don't want sex just now

E. Look, I'm not having sex until I'm older

F. Maybe we could just hug and kiss

G. I know that everyone is not having sex

H. I have no idea, but I'm not taking the risk

I. I don't feel good when pressured, so I'm leaving

J. No, but I'll know about it

K. I feel OK about myself without sex

L. I do too, but I'd like to wait

M. I don't need a drink, I just don't want sex

N. I trust me, and me don't want sex.

ACTIVITY : 7

CASE STUDY

Case Study is a very effective activity, in that it focuses on a particular problem and leads the person conducting case studies to understand almost all the aspects of that problem. The use of case study as an activity in the area of adolescence education will help students understand the significant problems of adolescent

reproductive health in a more comprehensive way. In this activity, case studies on various issues of reproductive health may be placed before students who in turn may discuss questions that emerge in the context of such studies.

Objectives:

1. To develop healthy attitude towards sex and responsible behaviour towards the opposite sex in consonance with the positive Indian socio-cultural values;
2. To assist students to understand possible effects of AIDS and to help them develop positive attitude towards matters relating to HIV/AIDS; and
3. To develop skills to assert and avoid potentially risky situation including skills to resist persuasion for the abuse of drugs.

Time : 30 minutes/one period

What to do

1. Select simple, realistic, useful and short case studies.
2. Read out one case study to students. For example,

   "Mohan died of AIDS recently. Now no one goes near his wife and children. Some people are suggesting that they should be made to leave the village".
3. After reading out the case study, the teacher may facilitate the discussion by asking :
   A) Why are people behaving like this ?
   B) Do you justify people's behaviour ?
   C) What are the options for Mohan's wife and children and also for the villages?
   D) What are the possible consequences of each of these options?
4. Teachers should read case study to students very slowly.
5. It is good to go over the main points again to make sure that everyone has understood.

For adopting the same methodology some case studies are given as examples:

Case Study – I

Amit is invited to a party where some of his friends are injecting drugs. The same syringe is being used for the entire group. A friend keeps asking him if he wants to try the drug. Amit at first says "No", but after having beer, he thinks to himself, "Why not?". And he also joins the group. Amit does not even know what drug he is trying.

Many months later, Amit calls on his friends to see how they are. He finds out that one of the friends he shared drugs with at the party, has since died of AIDS. Frightened, he takes a test for HIV infection. His result is positive. A Counsellor at the testing centre tells him that the positive report means that he has been infected with HIV. Although it does not necessarily mean that he has AIDS at that moment, but he certainly can infect others even now and he will certainly have AIDS later on.

Case Study – II

There is a small island, the main industry of which is tourism. As a response to the world's concern on AIDS, the Government of the Island decides to make blood testing for HIV compulsory for its people and all tourists/other overseas travelers coming into and going out of the island.

Case Study – III

You learn that a classmate who is also your friend has HIV. Although HIV is not transmitted by casual contact, a group of parents and students in the school demand that the boy be prevented from attending the school. Many of the parents and friends of yours ask you to join that group, and you are to decide what to do.

Case Study IV

Meena and Ramesh have been going together for a year. Everyone at college knows that they are a couple and that they plan to marry when they graduate. Ramesh wants Meena to have sex with him. She does not want to do so, but finally agrees when Ramesh threatens to call off their engagement.

KEY
Quiz Item Pool

Answers

A.

1. Adolescence starts at puberty.
2. Puberty is the first external sign ie., menarche is case of girls and seminal emission in case of boys.
3. Physical, physiological, emotional and psychological changes.
4. Early, middle and late
5. Hundred percent effective
6. 3 Years
7. Brown sugar and ganja
8. Acquired Immuno Deficiency Syndrome
9. Human Immune-deficiency Virus
10. Sexually Transmitted Disease
11. Menarche
12. No
13. No
14. No
15. No
16. Yes
17. Yes
18. Yes
19. No
20. No
21. No

Multiple Choice Questions

1. (a)	2. (b)	3. (a)	4. (b)
5. (a)	6. (c)	7. (a)	8. (c)
9. (b)	10. (b)	11.(a)	12. (b)
13. (b)			

True or False

1. (T)	2. (T)	3. (F)	4. (F)
5. (T)	6. (F)	7. (F)	8. (T)
9. (T)	10. (T)	11. (F)	12. (T)
13. (F)	14. (T)	15. (F)	16. (F)
17. (T)	18. (T)	19. (F)	20. (T)
21. (T)	22. (T)	23. (T)	24. (F)
25. (T)	26. (F)	27. (F)	28. (F)
29. (T)	30.(T)	31. (F)	32. (T)
33. (F)	34. (T)	35. (T)	

ACTIVITY : 8

PAINTING/POSTER COMPETITION

Painting and poster competitions have become popular co-curricular activities. Students are involved in these competitions to that they think on a given issue seriously and thereafter translate their ideas into paintings/posters. In order to draw a painting/poster, students gather necessary information from various sources and also give serious thought to the style of expressing critical ideas in the form of a painting/poster. This activity may prove very effective in respect of sensitive and complex topics relating to reproductive health.

Objective

To illustrate Painting/Poster Competition as a useful way of generating interest among students and motivating them to collect information on matters relating to reproductive health during the process of growing up, HIV/AIDS and drug abuse.

Time: One hour and fifteen minutes

What to do

1. Invite students of upper primary, secondary and higher secondary classes to participate in the painting/poster competition on ay of the topics related to the process of growing up, HIV/AIDS and drug abuse.
2. Give them 15 days for going through various materials related to the theme/ themes.
3. Decide a date on which the competition may be held.
4. Organise the painting/poster competition separately for secondary/ higher secondary and upper primary stages.
5. The teacher may discuss for about 15 minutes with the group/groups about the theme/themes selected for the competition. Preferably the talk may be aided with some visual materials.
6. Arrange all art-related materials like colours, papers, brushes, etc. Alternatively, students may be asked to bring art materials themselves.
7. Allow them to do painting for one hour.
8. Invite a panel of judges for evaluation and selection of best paintings from each group.
9. Exhibit the selecting paintings/posters at appropriate places in the school premises.

ACTIVITY : 9

ESSAY COMPETITION

Essay competition has also been a popular activity since long. This activity has proved very useful in providing opportunities to students to gather needed information and ideas from various sources for interpreting and analysing facts relating to a particular topic of the essay. While writing the essay, students understand and appreciate various aspects of the given topic – an exercise which develops in them the competence of logical and rational thinking which is so important an objective to be attained through a curricular area like adolescence education.

Objective

1 To illustrate Essay Competition as a useful method of making students reflect over various issues regarding reproductive health during the process of growing up, HIV/AIDS and drug abuse.

Time: 45 minutes/one period

What to do

1. Invite students of secondary and higher secondary classes to participate in the Essay Competition on the topic/topics related to process of growing up, HIV/AIDS and drug abuse.
2. Give students some topic/topics related to above areas for writing an essay.

Some topics are :

a) Adolescence – an important phase of life
b) Abuse of drug is fatal
c) AIDS as an epidemic
d) Control and prevention of HIV/AIDS
e) Respect for girls is respect for human dignity
f) Education of adolescents in reproductive health by parents.
g) Abstinence

3. Let each student write an essay on one of the given topics.
4. A panel of judges may assess all the essays written by students.

5. A few selected essays may be read out by students in the classroom.
6. Some interesting essays may be included in the school magazine.

QUESTIONS AND ANSWERS

1. **Can girls and boys have STDs without having any symptoms?**

Ans. Yes. It is possible for boys and girls to have STDs without having any symptoms. While some STDs may have quite recognizable symptoms, others may not. Gonorrhea, for example, typically displays no outwardly symptoms in females and often is undetectable in males. It is important to be examined by a doctor at the earliest, if you think you may have an STD.

2. **Can STDs be cured if the infected persons have sex with a virgin?**

Ans. No, not at all. It is a superstition which abets a reprehensible offence. STDs require regular medical treatment. By having sex with a virgin or anyone else, one will only transmit this infection, which is an inhuman act.

3. **Where did AIDS first appear?**

Ans. The first report of AIDS came from the Centre for Disease Control in Atlanta, Georgia in the United States (a public health body) responsible for investigating epidemics and new or unusual disease). They described the cases of five young, previously healthy homosexuals who had been treated in Los Angeles hospital for a rare infection of the lungs called Pneumocystis pneumonia. This type of pneumonia is caused by **Pneumocystis Carinii,** a small organism (protozoa) which invades the lungs and as a result makes breathing very difficult. The opportunity for infection by this organism usually occurs only in individuals whose immune system is damaged or profoundly impaired.

Why AIDS did not appear until the late 1970's is a scientific mystery, but in the space of six years AIDS has become an epidemic throughout the western world and almost all parts of equatorial Africa, in India too, it is spreading very fast.

4. **Where did HIV come from?**

Ans. No one knows where HIV came from, through there are a few scientific opinions About the origin of HIV. However, it is more important to know the

ways for preventing its spread than to know where HIV came from. It is pertinent to note that it is now present in our country and is spreading with a rapid pace. One has to learn to protect oneself.

5. Do sexually transmitted diseases increase the chance of HIV infection?

Ans. Yes, there is strong evidence that other sexually transmitted diseases put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membrane, that occur with STD which allow HIV to be absorbed more easily.

If a person suspects that he/she may have acquired or been exposed to STD, he/she should seek medical advice.

A person who has STD, should be aware that if he/she is participating in unprotected sexual activity, he/she is at an even higher risk of getting HIV infection.

6. What are antibodies?

Ans. The defence system (immune system) of the body develops germ fighters, called antibodies to fight off and destroy various viruses and germs that invade it. The presence of particular antibodies in a person's blood indicates that the person has been exposed to that infection. For example, when a blood test reveals that the antibodies to HIV are present in the blood, it means that the person is infected with HIV.

7. How can one test for the presence of HIV?

Ans. There are a variety of tests like ELISA, Western Blot and Rapid Test. These tests detect the presence of antibodies to HIV in concerned person. Antibodies are produced by our body's defence system to fight against intruders like viruses and germs. These antibodies detect unwanted intruders. When HIV enters the human body, its antibodies also are produced by the immune system. But these antibodies are powerless to destroy the virus.

8. How long after infection does it take for the body to reveal the presence of antibodies?

Ans. It takes about 6 to 12 weeks to reveal the presence of HIV antibodies in human body. However, this period may be as short as two weeks and in rare instances may be even longer than three months.

9. How long after infection does it take to develop AIDS?

Ans. In 50 per cent of those who are HIV positive, it takes 10 years to develop AIDS, but it could be faster in societies where the health and nutritional status of people are low.

10. What is the "Window" period?

Ans. This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period may be as short as two weeks, but it may be as long as 6 weeks or 12 weeks, and in rare instances this period may be even longer.

This means that if an HIV antibody test is taken during the "Window" period, it is likely to be negative since the blood test is looking for antibodies that may not yet be developed. Yet that person may already be HIV infected.

11. When a person is tested for HIV infection, what is actually tested and where?

Ans. Some blood is taken from the body of the concerned person and tested. The report of the test is not available immediately. The blood may be tested for HIV at Zonal Blood Testing Centres and District level Blood Banks or Transfusion Centres.

12. What are the advantages and disadvantages of testing for HIV infection?

Ans. Since everyone expresses concern after knowing the serious consequences of the spread of HIV, it is immediately felt that every individual should be tested for HIV. But there are advantages and disadvantages of being tested for HIV. It

is a decision that should be taken after considering the implications of positive and negative outcomes of the test with the assistance of an HIV/AIDS Counsellor. Information about the test procedure and the many factors involved in testing, should include emotional and social consequences regardless of whether the test is positive or negative. Advantages of testing should be discussed and the decision to be tested should be made only after careful consideration of all factors.

Advantages of being tested include:

- **Persons who after the test are informed that they do not have HIV infection, would feel relieved.**
- **People who find out that they have HIV and receive early treatment, usually live longer.**
- **A person can make decisions to take good care of himself/herself.**
- **A person can develop a good emotional support system early in the disease.**
- **One can utilise new medications as they develop.**
- **One can utilise new decisions about getting pregnant, as the baby can be born with HIV.**
- **One can inform his/her partner(s) that he/she has HIV.**
- **One can abstain from sex or use a condom during sex.**
- **One can avoid sharing items that come in contact with blood like toothbrushes, razors, tweezers, needles and syringes.**
- **A person will decide not to donate blood and other tissues or body organs.**
- **He/she will practice responsible sexual behaviour.**

Disadvantages include:

- **A person who learns he/she is infected with HIV, may become very distressed. The degree of distress depends on how well the person is prepared.**
- **Should a positive test result become public knowledge, the person would suffer stigmatisation and discrimination.**
- **A negative test result may lead to a false sense of security and unwillingness to change any high risk behaviours currently practiced.**

13. What does the asymptomatic carrier stage mean?

Ans. It is the period of time between infection and the beginning of signs and symptoms of AIDS. This varies from person to person for HIV/AIDS. It may be as short as 6 month or as long as 10 years or more. During this period there may be no evidence that the person is sick, and yet the person can pass HIV on to others.

14. What are the symptoms of AIDS?

Ans. This question must be approached with caution in any specific case, since it is often difficult to determine if the symptoms actually mean onset of AIDS or if they are simply symptoms of other conditions. The obvious signs and symptoms are indications of an opportunistic disease such as tuberculosis or pneumonia. However, associated findings might include: recent, unexplained weight loss; fever for more than a month; diarrhoea for more than one month; nerve complaints; enlarged lymph nodes; skin infections that are severe or that reoccur.

15. What happens to a baby born to a woman with HIV infection?

Ans. If the mother is HIV positive, the baby may be born infected with the virus. About 30 percent of babies born to infected mothers will have HIV. Some will develop AIDS during the first year of life. The majority of the HIV infected babies may survive only for few years. All children born to HIV positive mothers will carry antibodies to the virus. However, although the antibodies are always passed from mother to child, the actual virus is transmitted in only about 30% of cases. Therefore, 100% of children born to HIV positive mothers will test positive, but only 30% will go on to develop AIDS. The remaining 70% will test HIV negative by the time they reach 18-25 months.

16. Do some people have a high likelihood of getting HIV?

Ans. It depends on a person's behaviour. People with the following "high risk" behaviour have more likelihood of being HIV infected:

- **People who have more than one sexual partner.**

- **People who already have other sexually transmitted disease and are sexually active.**
- **Injecting drug users who share needles and syringes.**
- **People whose one partner has multiple sex partners.**
- **People who received blood transfusion with blood that contains HIV, or with blood that has not been tested to ensure that it does not contain HIV.**

17. Does breast-feeding transmit HIV?

Ans. Breast milk of an HIV infected mother contains HIV in relatively low concentrations, which can be transmitted to the baby. Notwithstanding the risk, the World Health Organisation and UNICEF recommended that women in countries or areas with problems of malnutrition and high rate of childhood infection should continue breast-feeding.

18. Can one get infected by menstrual blood?

Ans. Menstrual blood from HIV infected people does contain the virus. The risk of infection would be dependent on the flow, freshness of the blood, and whether it had access to the sexual partner's bloodstream. More serious, a woman who is menstruating is at a much higher risk for HIV through sexual intercourse, because at this time the interior lining of the uterus is open to HIV in semen.

19. Can a person get infected by blood transfusion or by blood products?

Ans. Yes, if the blood is infected. Recommended standard practice for all transfusion services is to test and exchange from use all blood and blood products that are "sero-positive". In India under the Drug and Cosmetics Act, it is mandatory to test every unit of blood for HIV.

20. What happens if a person lives close to someone with AIDS?

Ans. Living near someone who has AIDS or who is infected with HIV will not infect anybody with HIV. A person can live in the same neighbourhood, in fact, he/she can live quite safely in the same room with someone who has AIDS, provided that the person with HIV is not his/her sexual partner and that precautions are taken in handling body fluids (urine, faeces, blood and vomit).

21. How does one treat AIDS?

Ans. There are drugs that are effective against many of the infections associated with AIDS. These drugs are not a cure for AIDS but help manage the disease and improve the quality of people's life.

A lifestyle with balanced diet, regular physical exercise and rest may also slow the progression of the disease. Few drugs have been able to inhibit the multiplication of HIV in the infected persons. These drugs do not eliminate the virus from the body but are very useful in improving the quality of life.

To date, there is some optimism over the development of a vaccine to protect against the disease. Part of the difficulty is that there are many strains of HIV. Even within the same person the virus can change over time. Research work aimed at developing a vaccine is continuing but it can take many years.

22. Can needles, knives and other instrument transmit HIV?

Ans. Yes, any instrument that cuts the skin or punctures the skin, can collect small amount of blood that can be passed on if used again by another person without sterilising. However, the risk is extremely low.

23. How can one identify a person with HIV?

Ans. It is not possible to know by physical appearances that a person has HIV, because the virus may remain in the body for many years without causing any symptoms or signs.

Only a blood test taken after the window period can tell if a person has HIV.

24. How does one get HIV by injection needles and syringes?

Ans. Small amount of blood can remain in the needle and syringe after use. If someone else uses that needle or syringe, the blood left in the needle or syringe may be injected into his/her bloodstream. If the first user was infected with HIV, the second person might also become infected. Such a possibility is very high among the injecting drug users. The possibility of getting infected with HIV through general injections that are given by a doctor or nurses in a hospital are almost negligible.

25. Do mosquitoes or other insects spread HIV?

Ans. No. Evidence clearly shows that HIV is not spread by mosquitoes and other insects. For example, bedbugs, lice and fleas in the household of persons with HIV/AIDS do not spread the virus among the persons living in the household. From the way they bite, it may be thought that mosquitoes are flying injection needles, passing HIV on to who ever they bite. But it is not so because mosquitoes do not inject blood, they suck blood. HIV is not like the malaria parasite which lives very well in the mosquito and spreads in people when mosquitoes bite. Malaria germs go into the blood stream of the mosquito. Then they come to its salivary glands. It is through salivary secretion during mosquito bite that malaria germs enter the victim. The incidence of HIV infection is the highest among the sexually active age group of 15 to 45 years. If mosquitoes were a means of spreading HIV, the incidence of HIV infection would have been uniformly high among all age groups.

26. Can blood donors get HIV donating blood?

Ans. No. HIV cannot be acquired through blood donation. Neither HIV nor any other disease can be contracted from giving blood. The materials used for collecting blood are sterile and used only once.

27. How can a person not get HIV? What are the misconceptions people have regarding AIDS?

Ans. A person cannot get HIV by:

- **Shaking hands and embracing, through objects in phone booths and public transport, touching doorknobs, coins, bank notes;**
- **Shared use of crockery, glasses, towels, bedding, linen, toilet articles;**
- **Eating and drinking from common dish;**
- **Caressing, petting, kissing;**
- **Masturbation;**
- **Coughing, sneezing, tears;**
- **Use of public toilets, swimming pools, community showers;**

- **Medical treatment in hospitals, in doctor's and dental clinics and in all therapy situations where normal rules of hygiene are maintained;**
- **Donating blood;**
- **Scratches and bites by pets;**
- **Caring for person with AIDS or HIV.**

28. Can a person get AIDS from a barber shop?

Ans. No. It is very unlikely. You are talking about an unlikely string of coincidences - an HIV infected man from your colony must visit that barbershop. He must receive cut which bleeds, leaving some blood on the razor. That razor must remain unwashed, and the blood must not dry. You must walk into the shop, be attended to by the same barber and ask for a shave. He must cut you while shaving, with the same razor, and what is more some of the blood from the razor must enter your body. The chances of so many incredible coincidences in one morning would be less than a billion to one.

29. Can one get HIV infection from water in the swimming pool? Is it true that the chlorine in the pool completely destroys the virus?

Ans. No.One cannot get HIV infection in a swimming pool. Chlorine is an extremely effective way of destroying HIV. Any common household bleach in water is an effective antiseptic- for example; one part bleaching powder/liquid mixed in with nine parts water, or hydrogen peroxide six per cent. However, low-level disinfectants such as Dettol and Lysol do not kill HIV. Disinfectant only kill HIV outside the body; they cannot reach the virus once it is in the body. It is dangerous and useless to drink or inject antiseptics, or apply them over the genitals thinking they will prevent or cure HIV.

30. How fragile and how dangerous is HIV?

Ans. The hepatitis B virus is vastly more infectious than HIV. A graphic analogy, though not a rigorously scientific one, appeared in an issue of Discover, the US-based science magazine: if you draw a cubic centimetre of blood - about enough to fill an eye dropper - from a person infected with hepatitis B, put it into a

swimming pool containing 24,000 gallons of water, and inject 1 cc of that into a chimpanzee, there will be enough virus in the water to infect the animal. But if you put the same amount of blood from someone infected with HIV into the pool, the chances of infection would be zero. In contact with open air or direct sunlight, HIV is destroyed in about 15 or 20 minutes. Certain publications and leaflets are claiming that HIV cannot survive more than seven or eight seconds in the open but WHO recommends that syringes must be boiled for at least 20 minutes in order to be safe beyond reasonable doubt from any other possible infections.

31. How can I help if a close friend or relative has AIDS?

Ans. A person with AIDS needs your friendship and love more than ever; so it is important for him to know that you are a friend that he can trust and rely upon.

- **Give him a hug or hold his hand, if you get the opportunity - he/she will enjoy the physical contact and the reassurance that goes with it.**
- **If he/she is on the phone, give him a call and gossip.**
- **Remember he/she needs a friend who he can get close to and with whom he can relax and show how he really feels.**
- **Just because someone has AIDS does not mean that he/she wants to stay home all the time. Take him out for the day or evening.**
- **If he/she wants to talk about his illness encourage him/her to do so. He/she may want to let off steam and you may be the ideal person on whom he/she can vent the anger or frustration he/she feels about being ill.**
- **Try to keep up to date with what is happening medically to the person with AIDS. Hope is very important to someone with AIDS.**

32. What is a 'Drug'?

Ans. A Drug is a chemical substance that changes the way our body works. When a pharmaceutical preparation or naturally occurring substance is used primarily to bring about a change in some existing process for state (physiological, psychological or biochemical) it can be called a drug. In short, any chemical that alters the physical or mental functioning of an individual, is a drug.

Drug may or may not have medical use. Their use may or may not be legal. When drugs are used to cure an illness, prevent a disease or improve the health condition, it is termed 'drug use'. Doctors prescribe various kinds of drugs to cure the patient. All such drugs have medical use.

33. What is 'Drug abuse'?

Ans. When drugs are taken for reasons other than medical, in an amount, strength, frequency or manner that damages the physical or mental functioning of an individual, it becomes 'drug abuse'. Any type of drug can be abused. Drugs with medical uses can also be abused. In short, 'drug abuse' is taking a drug without medical reasons. The method, quantity and frequency in which drug abuse takes place, lead to physical, emotional and sociological problems.

34. Why do people become addicted to Drug abuse?

Ans. There is no single reason. Most of the addicts start using drugs out of curiosity or to have some pleasure, often under the influence of their friends and peer groups. Some take to drugs to overcome boredom, depression and fatigue. Lack of love and understanding on the part of those the person is attached to, also becomes a cause of addiction in many cases. Most of the addicts are found to suffer from frustration in life. Of course, easy availability of dependence producing drugs is a major factor in the proliferation of drug abuse.

Teenagers take to drugs commonly due to the following factors:

- Persuation by school-mates and friends (peer pressure);
- Temptation of the teenager 'to look and behave' like an adult (symbol of adulthood);
- Refusal to accept any kind of authority (rebellion);
- Mere curiosity to experience how it feels to take drugs (misconceived adventure); and
- Imitating the drug-taking behaviour of others (demonstration impact);

Often, drugs are taken for the first time by a teenager due to peer pressure. A peer is usually a person of more or less the same age, who may be a close friend, a schoolmate or a neighbour.

35. What are the symptoms of Drug addiction?

Ans. Following are the symptoms of Drug addiction:

- **Loss of interest in sports and daily routine;**
- **Loss of appetite/weight;**
- **Unsteady gait/clumsy movement/tremors;**
- **Reddening and puffiness of eyes, unclear vision;**
- **Slurring of speech;**
- **Fresh/numerous injection sites on body and blood stains on clothes;**
- **Presence of needles, syringes and strange packets at home;**
- **Nausea, vomiting and body pain;**
- **Drowsiness or sleeplessness, lethargy and passivity;**
- **Acute anxiety, depression, profuse sweating;**
- **Changing mood, temper, tanrums;**
- **Depersonalisation and emotional detachment; and**
- **Impaired memory and concentration.**

36. What are the principal Drugs of Abuse?

Ans. **Stimulants** : Amphetamines like Benzendrine, Dexedrine and Methedrine, Cocaine, Nicotine, Tobacco

Depressants : Alcohol, Barbiturates like seconal, Nembutal, gardenol, Tranquilizers like valium and Librium

Sedatives : Hpnotic like mandrax, doriden

Narcotic/ Analgesics : Opium, Morphine, Codeine, Heroin, Brown Sugar, Synthetic drugs like Methadone, Pethedrine, Mephradine

Cannabis : Bhang (marijuana) Ganja, Charas

Halluscinogens : LSD (lysergic acid diethylamide), PCP (Phencyclidine), Mesacaline, Psilocybin

37. What are the effects of Drug abuse?

Ans. Drug abuse leads to a number of short-term and long-term effects that are detrimental to health:

a) Short term effects : These are the effects that instantly appear a few minutes after the intake of drugs. The effects include a sense of well being and a pleasant drowsiness.

b) Long term effects : These are the damages that occur due to constant excessive use of drugs. The damages include both Physical excessive use of drugs. The damages include both physical and mental illness.

38. What can you do to help prevent addiction to drugs?

Ans. As a Parent

- Communicate openly with your child. Be a patient listener;
- Keep yourself interested in your child's activities and friends;
- Share problems at home, talk about your child's problems and teach him or her to handle them;
- Do not abuse alcohol and drugs in your home;
- Keep track of the prescribed drugs in your home;
- Learn as much as you can about drugs; and
- Have your child appreciate values and norms.

As a Teacher

- Talk to your students informally and openly;
- Discuss with them the dangers of drug abuse;
- Keep yourself interested in your students' interests and activities;
- Encourage them to volunteer information of any incident of drug abuse;
- Talk with students about the problems of adolescence, guide them on how to handle those;
- Help them examine career options and set goals; and
- Learn as much as you can about drugs.

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APPENDIX B

Training Programme in AIDS Education for Teacher Educators of Andhra Pradesh, 7 – 9 October, 2003

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APPENDIX C

REGIONAL INSTITUTE OF EDUCATION

3-Day Training Programme in HIV/AIDS Education for the Key Resource Persons/Teacher Educators of Andhra Pradesh
7 – 9th October 2003

Programme

Date	9.00 – 10.00	10.30 – 11.30	11.30 – 11.45	11.45 – 1.00	1.00 – 2.00	2.00 – 3.30	3.30 – 3.45	3.45 – 5.30
7-10-03 (Tuesday)	**Registration** 10.00 – 10.30 Introduction to the Package **Dr.Sudha V Rao**	Basic Information on HIV/AIDS **Dr. Govind Rao**	Tea / Coffee break	HIV/AIDS Prevention & Control **Mr.A. seshadri**	Lunch Break	Drug Abuse & HIV **Dr. Sudha V.Rao**	Tea / Coffee break	Sexually Transmitted Diseases & HIV Infection **Mr.A.Seshadri**
8-10-03 (Wednesday)	Teacher's Role as AIDS Educators **Dr.Govind Rao**	Counselling Care and Support to HIV / AIDS **Mr.A.Seshadri**		Women & AIDS **Dr. Sudha V.Rao**		Psychological Impact of HIV/AIDS **Dr.Sudha V Rao**		Continued
9-10-03 (Thursday)	Values & Life Skills **Dr.Govind Rao Mr.A.Seshadri Dr.Sudha V.Rao**			Life Skills & suggested activities **Dr.Govind Rao Mr.A.Seshadri Dr.Sudha V.Rao**		Life skills & Suggested activities **Dr.Govind Rao Mr.A.Seshadri Dr.Sudha V Rao**		Continuation Disbursement of TA/DA

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