OCKENDEN INTERNATIONAL

UNESCO
United Nations Educational, Scientific and Cultural Organization.

TRAINING MANUAL

FOR TEACHER / COMMUNITY TRAINERS

On

HIV/AIDS

In collaboration with
UNESCO, PAKISTAN

Ockenden International

Main Office, House # 3 (A) Street # 72 F-8/3, Islamabad, Pakistan
Tel: 92-51-2851966 Fax: 92-51-2851968, E-mail: pakocken@comsats.net.pk
www.ockenden.org.uk

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ELISA	Enzyme-linked Immunosorbent Assay
HETERO	Heterosexual men and women
HIV	Human Immuno-deficiency Virus
IDU	Injecting Drug User
MSM	Men who have sex with men
NGO	Non-Governmental Organization
PHIV	Person with Human Immuno-deficiency Virus
STD	Sexually Transmitted Disease
STIs	Sexually Transmitted Infections
TB	Tuberculosis

PREFACE

HIV/AIDS is a complicated and, thus far, in-curable disease that affects the lives of hundreds of thousands of people, globally, every year. Displaced people and refugees are particularly vulnerable to the disease due to a number of factors, including the economic and social conditions in which they are forced to live. Its prevalence is mostly found in low-income populations where careless behavior among uninformed community members and congested living create an environment ideal for the types of AIDS related illnesses that cause death to high-risk groups, that is one of the reasons that the more vulnerable segments of society, e.g. women are three times more likely to contract the disease.

Pakistan has not suffered an AIDS epidemic like those found in some countries in Africa and Asia, and some believe that Pakistan does not face the same threat. However, there are many people living in poor health and hygiene conditions that provide an ideal environment for the disease to spread.

> HIV prevalence appears to be low in Pakistan at present, the presence of a number of vulnerabilities and risky behavioral patterns suggest the need for urgent, prioritized, and coordinated action to curtail the emergence of a widespread epidemic. Poverty, gender inequalities and low levels of education and literacy all contribute to HIV vulnerability in Pakistan. Other, related factors that can increase vulnerability at the individual level include unemployment, social exclusion or marginalisation, physical and/or mental abuse, and gender-based discrimination.

Due to its Geographical location in south East Asia, Pakistan receives millions of seasonal, economical and political migrants and refugees from around the world that make it more vulnerable to an epidemic. Furthermore, a growing population, especially among young people, and their exposure to the outside world as well as the presence of several million Afghan refugees, who are particularly vulnerable due to the conditions they have faced in the last three decades living in camps and urban settlements, are factors that have led to a growing fear about the spread of HIV-AIDS in Pakistani society. Conditions within refugee camps are typically cramped and there is a lack of health care facilities and basic hygiene provisions. The need to prevent an outbreak of HIV/AIDS is paramount and is possible by spreading the message through the education institutions in Pakistani as well as Afghan refugee communities.

The purpose of this manual is to train Afghan and Pakistani teachers, teaching in refugee and Pakistani schools in NWFP and Baluchistan in Pakistan, by providing them with up to date knowledge about HIV/AIDS. Key facts are outlined as well as methods of teaching that will help inform students about HIV/AIDS.

THE MANUAL

There are more than one billion adolescents in the world. In developing countries they number over 800 million. In Pakistan 63% of the total population is under the age of 25 years. The figure among Afghans living in Pakistan could be even higher. This is expected to rise by 20 per cent in the next 15 years. Young people are our future leaders and it is worth developing in them the capacity to ensure a healthy and productive life, free from encumbrances such as AIDS. Effective AIDS education programmes in schools are a national concern as they involve the most vulnerable adolescents. In Pakistan, the government education department is working to outline a health and hygiene programme with support from the National Commission for Human Development (NCHD).

Looking at the concerns of the issue and its importance in the current situation, Ockenden International in collaboration with UNESCO, Pakistan, has developed an adaptive manual for teachers. It will be used by teachers in schools for Afghan refugees, to assist their communication and interaction with young students to help them in making informed behavioral choices to minimize the risk of contracting HIV/AIDS. This manual is meant to facilitate information sharing with teachers and to develop a mechanism for healthy living.

Objectives of the Manual are to:

- Develop a positive attitude towards understanding HIV/AIDS especially in Afghan refugee communities.
- Understand different modes of transmission of HIV/AIDS among humans.
- Provide guidance on dealing with persons suffering from HIV/AIDS.
- Enhance knowledge about the availability and provision of medical treatment of HIV/AIDS patients at various stages of the disease.
- Help the teachers gain confidence in educating the youth about the prevention and control of HIV/AIDS.
- Produce a sense of common understanding in the students to break the silence and talk about the deadly disease.
- Help wipe out the misconceptions and stigma about having HIV/AIDS.
- Help understand the disease and how to treat the people infected with HIV/AIDS.

How to Use the Manual

A participatory methodology will be applied for the teachers to help involve their students in learning about the spread of, and protection from, HIV/AIDS. The manual contains two parts. The first part is concerned with the use of the manual while the second part contains basic information about HIV/AIDS, its spread and the general attitudes of youth towards different aspects of this social issue. The methodology applied in the manual is to provide a few modules that will help teachers understand the disease and transfer the information in an informal way to their students. The idea is that the teachers, due to their important role in the development of children, will help build protective behaviour among their students during their interaction during class time or outside their school life so that they will find their way in a healthy life.

Inside the Manual

This manual is presented in two parts.

Part I is divided into two sections.

- Trainer's roles and responsibilities
- Trainer's required skills

Part II contains relevant information about the disease.

PART ONE

A. Trainer's Roles and Responsibilities

The roles and responsibilities of the trainer are focused on the planning, organization, implementation, monitoring and evaluation of the training activities. Specifically, they should do the following:

- Study the training modules and pay particular attention to the objectives and assessment, content and activities;
- Prepare the materials and equipment needed for the training,
- Put role models and other supplementary activities in the trainings,
- Plan the follow-up and evaluation of the training;
- Prepare the orientation and conduct the training activities;
- Clarify the goals and objectives of the training;
- Stress the need to come on time to the training;
- Identify the venue(s) for the various training activities;
- Get to know the teachers and their expectations from the training;
- Collect data for revision of the modules;
- Collate the sample lesson plans;
- Make the closing programme simple and participatory;
- Prepare the certificate of participation and identify who will get it based on daily attendance.

B. Trainer Skills

The selection of methods, activities and media is based on the objectives, content and assessment of the training programme. Factors to consider when planning the activities include abilities; time, materials and facilities but the most important among these are the objectives and the learning outcomes. The types of activities will also help attain those outcomes.

The methods should focus around active and participatory learning. This means relating knowledge to the needs of the learner.

Participatory and active learning are used in the training activities. Learning is participatory and active when learners do most of the activities. They analyze, study ideas, solve problems and apply what they learn. Active learning is fast-paced, fun, and personally engaging.

Learning is not just about pouring information into a learner's head. There is a lot more to teaching than telling. Learning requires the learner's own mental involvement and active participation. Merely hearing something and seeing it is not enough to learn it. Learning involves the processing of information received.

Teaching is less about the content than how the students learn the content. **Cooperative learning** is a group approach to learning with common objectives, mutual rewards, shared resources and complementary roles among the group members. The group members help one another to master the lesson or activity.

A variety of learning activities and media are the components of good teaching. Media are the means of presenting the activities. Examples of media are blackboards, books, video, slides, flipcharts, posters, and computers.

Examples of activities include:

- Brainstorming
- Games/simulations
- Group activities
- Case studies
- Panel discussion
- Role plays
- Projects
- Surveys
- Interviews

PART TWO:

MODULE 1: HIV/AIDS FACTS

1.1 Global, Pakistan and Afghanistan Scenario of HIV/AIDS Epidemic

1.1.1 Global Scenario

According to a UNAIDS update 2004, there are 39.4 million people (37.2 million adults, 17.6 million women and 2.2 million children under the age of 15 years) living with HIV or AIDS. People newly affected with HIV in 2003 were 4.9 million (4.3 million adults and 640,000 children under 15 years). Similarly, the death toll in 2004 was 3.1 million (adults 2.6 million and children under 15 years 510,000).

Half of the 37.2 million adults living with HIV are women, according to the UNAID/WHO report released in November 2003 in Geneva. The AIDS Epidemic update 2004 shows that the number of women living with HIV has risen in each region of the world over the past two years, with the steepest increase in East Asia followed by Eastern Europe and Central Asia.

1.1.2 Asia and Pacific Region

National HIV infection levels in Asia are low compared with some other countries, notably in Africa. However, the population of some Asian countries is so big that even low national HIV prevalence means large numbers of people are living with HIV.

Latest estimates show 8.2 million people are living with HIV at the end of 2004 including 2.3 million adult women. Of this overall population 1.2 million became newly affected in the past year. AIDS claimed some 540,000 lives in 2004. Among young people 15-24 years of age, 0.3% of females and 0.4% males were living with HIV at the end of 2004.

In the several countries experiencing the early stages of epidemic, significant economic and social changes are giving rise to conditions and trends that favor the rapid spread of HIV, e.g. wide spread social disparities, limited access to basic services and increased migration, etc.

In Asia, 2,700 people get infected every day and around 25 million people could be infected in Asia by 2010 if prevention is not scaled up. The only the way to tackle the situation is if appropriate prevention programs are put into place.

1.1.3 Pakistan

According to UNAIDS estimates, 70,000 to 80,000 persons, or 0.1 percent of the adult population in Pakistan, are infected with HIV. The officially reported cases are, however, much lower. Until September 2004, only 300 cases of full-blown AIDS and 2300 cases of HIV infection were reported to the National AIDS Control Program.

As in many countries, under-reporting is due mainly to the social stigma attached to the infection, limited surveillance and voluntary counseling and testing systems, as well as the lack of knowledge among the general population and health practitioners. Until recently, Pakistan was classified as a low-prevalence country with many risk factors that could lead to the rapid development of an epidemic. However, recent evidence indicates that the situation is changing rapidly.

In 2004, a concentrated outbreak of HIV was found among Injecting Drug Users (IDUs) in Karachi; where over 20 percent of those tested were infected. High levels of HIV infection - 4 percent - were also found among men who have sex with men (MSM) in the city. The infection rate among *Hijras* was 2 percent. Nonetheless, HIV prevalence among other high-risk groups in Karachi and all vulnerable populations in Lahore is still below 1 percent.

The findings underline the risk of an escalating epidemic. They point to the presence of significant risk factors such as the very low use of condoms among vulnerable populations including female sex workers (FSW), MSM and Hijras, as well as the low use of sterile syringes

among IDUs. They also reveal an alarmingly high prevalence of syphilis among Hijras - 60 percent in Karachi and 33 percent in Lahore - that increases the risk of HIV infection.

1.1.4 Afghanistan

It was shared in a consultative workshop on "review and revision of the National HIV/AIDS & STI strategic plan 2003-2007", organized by the National AIDS Control Program, Ministry of Public Health in Kabul on 24 January 2006, that although only 51 cases of HIV/AIDS were diagnosed in Afghanistan, there is lack of data and the rate could be higher. The Voluntary Counseling and Testing (VCT) Centre Kabul found that of 338 Injecting Drug Users (IDUs) who had approached the center 12 cases tested positive. The director of the Central Blood Bank Kabul explained that across the country a total of 125,832 blood samples were screened for HIV/AIDs during 1989 to 2005. Of these, 67 tested HIV positive.

An estimated 70% of the Afghan population is under the age of 25 years, which in some ways makes Afghanistan even more vulnerable to an epidemic. It is especially important to consider that more then half the population is of reproductive age and that sexual transmission is believed to be the principal cause of HIV infection in Pakistan/Afghanistan today.

1.2 Prevailing Risk Factors

1.2.1 In Pakistan

There are serious risk factors that put Pakistan in danger of facing a rapid spread of the epidemic if immediate and vigorous action is not taken:

Injecting Drugs: The number of drug dependents in Pakistan is currently estimated at 500,000, of whom an estimated 60,000 inject drugs. An outbreak of HIV was discovered among injecting drug users in Larkana city, in Sindh province, where, out of 170 people tested, more than 20 were found HIV positive. In Karachi, 2004 survey of Sexually Transmitted Infections (STI) among high-risk groups found that more than one in five injecting drug users (IDUs) were infected with HIV. These represent the first documented epidemics of HIV in well-defined vulnerable populations in Pakistan. They serve as confirmation of the threat that HIV poses to Pakistan and validate the premise of the country's recent "Enhanced HIV/AIDS Program".

Men who have Sex with Men (MSM): Lahore city had an estimated 38,000 MSM in 2002. The MSM community is heterogeneous and includes *Hijras*[1], *Zenanas*[2] and masseurs. Many sell sex and have multiple sexual partners. The 2004 STI survey found that 4 percent of MSMs in Karachi were infected with HIV, as were 2 percent of the *Hijras* in the city. Syphilis rates were also high with 38 percent of MSMs and 60 percent of *Hijras* in Karachi infected with the disease.

Unsafe Practices Among Commercial Sex Workers (CSW): Commercial sex is prevalent in major cities and on truck routes. Behavioral and mapping studies in three large cities found a CSW population of 100,000 with limited understanding of safe sexual practices. Furthermore, sex workers often lack the power to negotiate safe sex or seek treatment for STIs. Recent findings indicate that although HIV prevalence remains below 1 percent, female sex workers (FSWs) and their clients report low condom use. Less than half the FSWs in Lahore and about a quarter in Karachi had used condoms with their last regular client.

Inadequate Blood Transfusion Screening and a High Level of Professional Donors: it is estimated that 40 percent of the 1.5 million annual blood transfusions in Pakistan are not screened for HIV. In 1998, the AIDS Surveillance Center in Karachi conducted a study of professional blood donors—people who are typically very poor, often drug users, who give blood for money. The study found that 20 percent were infected with Hepatitis C, 10 percent with Hepatitis B, and 1 percent with HIV. About 20 percent of the blood transfused comes from professional donors.

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[1] Biological males who are usually fully castrated
[2] transvestites who usually dress as women

Large Numbers of Migrants and Refugees: Large numbers of workers leave their villages to seek work in larger cities, in the armed forces, or on industrial sites. A significant number (around 4 million) are employed overseas. Away from their homes for extended periods of time, they become exposed to unprotected sex and are at risk for HIV/AIDS.

Unsafe Medical Injection Practices: Pakistan has a high rate of medical injections - around 4.5 per capita per year. Studies indicate that 94 percent of injections are administered with used injection equipment. Use of un-sterilized needles at medical facilities is also widespread. According to WHO estimates, unsafe injections account for 62 percent of Hepatitis B, 84 percent of Hepatitis C, and 3 percent of new HIV cases.

Low Levels of Literacy and Education: Efforts to increase awareness about HIV among the general population are hampered by low literacy levels and cultural influences. In 2001, the illiteracy rate of Pakistani women over 15 years old was 71 percent.

Vulnerability Due to Social and Economic Disadvantages: restrictions on women's and girls' mobility limits access to information and preventive and support services. Young people are vulnerable to influence by peers, unemployment frustrations, and the availability of drugs. In addition, some groups of young men are especially vulnerable due to the sexual services they provide, notably in the transport sector. Both men and women from impoverished households may be forced into the sex industry for income.

1.2.2 Risk Factors to Afghan Refuges

The trauma of war, violence and persecution, followed by the misery of exile, are often the sad destiny of refugees. The plight of the uprooted is even worse in parts of the world affected by HIV/AIDS. Not only are refugees accused of spreading HIV and other diseases, but they are often excluded from multi-million dollar HIV/AIDS programmes.

Afghan communities are more vulnerable to the epidemic of HIV due to their exposure to the outside world; living away from the families in the Gulf and other countries as well as the commercial cities of Pakistan such as Karachi and Lahore. They leave their families in the camps and travel for years often returning infected with the disease and may pass it onto their families due to being unaware about HIV/AIDS can be transmitted.

This has particular importance with the difficult situation in refugee camps and among Afghan families who have migrated. They are likely to face much greater difficulties in making proper arrangement for health care and counseling with physicians and have very low levels of information about the spread of such infectious diseases.

Another reason for the spread of this type of disease is the conservative nature of the Afghan society, where people do not discuss such issues openly and try to hide them, which provides a better chance for the infection to grow and spread. The female population, in such cases, encounters a higher risk of getting infected because they have almost no voice and are excluded from making any decisions in family matters.

Knowing about the HIV/AIDS epidemic is very important for young people. Young people are at the center of the HIV/AIDS epidemic. They are often very vulnerable because they do not have access to information, knowledge and skills related to HIV/AIDS. Young people are the world's greatest hope in the struggle against AIDS.

Health Education is a process that informs, motivates and helps people to adopt and maintain healthy practices and life styles.

Lack of Awareness Leads to AIDS infected Patient's Death

A Case Study

Muhammad Umar was a final year student in the Faculty of Agriculture, Kabul University. A resident of Logar Province in Afghanistan he was admitted to HMC Peshawar for treatment. Umar was suffering from multiple ailments besides being an HIV positive person.

Umar's father spoke of how his son contracted the HIV virus during a blood transfusion at Ibn-e-Seena hospital, Kabul. He said that at that time we were not aware of the importance of screening blood before transfusion.

The result of the above mentioned consequences led towards Umar's death from an AIDS related illness. His father, an elderly man of about 70 years of age, burst into tears while telling his story; "Umar was the eldest of my children and was going to receive his degree in a couple of months, but all my hopes are shattered. He was the only ray of hope, I have no one to support me now".

Conclusion

Umar is one of many who have died of an AIDS related illness after contracting HIV in circumstances that could have been easily avoided had people been better informed. Thousands of people are dying behind closed doors due to the lack of knowledge about the modes of transmission of HIV/AIDS.

1.3 Future Projection of HIV/AIDS Spread in Asia

Projection modes have shown that an additional 18.5 million people will be infected with HIV in the South and the Southeast Asia by 2010 if prevention is not scaled up. Recent estimates project that if prevention is not scaled up or programmes are not successful, China alone will have 10-15 million HIV/AIDS cases and India is likely to have 20-25 million cases by 2010 and similar situation could be faced in other neighboring countries.

Nevertheless, immediate intervention could avert a large number of future infections and thus the course of the AIDS epidemic could be reversed. Comprehensive prevention packages would reduce the number of new infections in the region by 69 per cent (meaning only 5.7 million people instead of 18.5 million, would be new infected).

Module 2: Getting to know HIV/AIDS

2.1 What are HIV and AIDS?

HIV stands for Human Immunodeficiency Virus (HIV).

AIDS stands for Acquired Immune Deficiency Syndrome (AIDS).

Both are names for different stages of the same infection that impairs a person's immune system. HIV is the virus that causes AIDS.

- **Acquired** means that it is the result of contact with a source external to the person, such as sexual partners.
- **Immune** means the body's natural defence system, which provides protection from disease-causing organisms.
- **Deficiency** describes the lack of response by the immune system to organisms that impair the body's ability to protect itself against disease.
- **Syndrome** means the indications or the symptoms of the disease when they start appearing. It weakens our immune system, the body's natural defence against disease-causing organisms.

A person with HIV can still feel and look healthy. He or she can continue to carry on with life's daily activities. This infection attacks the cells that coordinate a person's immune response to foreign invaders and prevents the body from fighting off viruses, bacteria, fungi, parasites and some forms of cancer.

People become infected with the HIV virus through contact with the infected body fluids of another person. Once infected, the virus begins to quietly damage the immune system by invading helper T cells (CD4 lymphocytes), the white blood cells that coordinate the immune system. Virtually all people with HIV will go on to develop AIDS. However, it can take a decade or more before HIV develops into full–blown AIDS.

A person has AIDS when the virus has done enough damage to the immune system to allow infections and other diseases to develop. Such infections make the person ill and lead to his/her death. For every person diagnosed with AIDS, there are many others who have HIV infection without knowing it. There is no certainty in predicting how long it will take for those who are infected with the virus to develop AIDS, but it is estimated that 25 to 50 percent will develop AIDS within five to ten years after infection with HIV. The mortality rate is very high (50 percent of adults with AIDS die within 18 months of being diagnosed). For children, the survival period is shorter. At present, there is no vaccine or cure for AIDS although vaccine materials and several drugs are being tested.

HIV, like other viruses, is too small to be seen with an ordinary microscope. It may live in the human body for years and can be transmitted to others before any symptoms appear. As it affects the body's defence mechanisms, the body becomes unable to fight disease and infections. To reproduce, HIV must enter a body cell, which in this case is an immune cell. By interfering with the cells that protect us against infection, HIV leaves the body poorly protected against particular types of diseases, which these cells normally deal with. Infections that develop due to HIV's weakening of the immune system are called "opportunistic infections". Examples are respiratory, gastro-intestinal, and skin infections. Persons infected with HIV may not exhibit symptoms of the disease and can, therefore, infect others without knowing it.

The rate of HIV infection among women around the world has increased in recent years. Most cases of HIV infection in women are the result of sexual contact with infected men. Women are three times more vulnerable in gender biased societies, where it is unlikely that their concerns will be listened to, for example, asking a sexual partner to wear a condom. In addition, pregnant or breastfeeding women infected with HIV are at risk of passing the disease on to their children.

Though there is no cure for HIV and AIDS, treatments have become much more effective in recent years. Today, people with AIDS can lengthen their lifespan and enhance their quality of life through a variety of medications. Most people in the United States and other developed nations have access to these drugs. In underdeveloped parts of the world, access is limited, and AIDS mortality rates remain high.

2.2 Spread of HIV

2.2.1 HIV is not spread

- Through everyday school and social activities.
- Through casual contact with persons.
- Through air or water.
- By being around an infected person.

The skin protects us from infectious agents, including HIV, but it is wise to be cautious. Simple first-aid and routine cleaning suffice, however, always:

- Use a barrier such as a clean cloth, gauze, plastic wrap, or latex gloves between you and someone else's blood, and;
- Wash your hands with soap and water after giving first aid, whether you were wearing gloves or not.

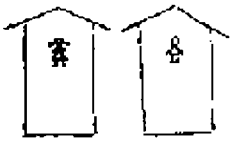
2.2.2 How is HIV transmitted?

- Injection sharing (through drug use and also used)
- Sex without, or improper use of, a condom
    - Anal sex
    - Oral sex (mouth to penis, mouth to vagina)
- Infected blood
- Mother to child where the mother is infected

Since HIV is transmitted via bodily fluids (semen, vaginal secretion), having sex with someone who is HIV positive without protection (by a condom) poses a risk. In most societies, including Pakistan, this represents the mode of transmission for most cases. Among routes of sex that are the most likely to transmit HIV (and quickly) are anal sex and sex with those with obvious (visible) sexually transmitted (venereal) diseases. This of course does not mean that unprotected sex by other routes is safe.

Contaminated needles are a big problem in Pakistan. Injections and drips are used very frequently and often without a good reason. Many a time individuals other than trained doctors practice this. Frequently, needles are used and re-used. This is a major hazard for transmission of HIV, Hepatitis and other diseases. Mother to child transmission is particularly important where the mother's HIV status is unknown. While there are ways to prevent or reduce this transmission, these are costly strategies that are often hampered by mother's status being unknown.

2.2.3 HIV is not Transmitted by

	- Attending School
	- Cough or Sneezing - Sweat or Tears
	-Hugging each other
	-Using toilet or shower facilities
	-Shaking hands
	-Mosquitoes or other insects
	-Using phones, computers, chairs, desks
	-Sharing clothes
	-Eating foods prepared or served by infected person -Sharing forks, knives, spoons and cups
	-Swimming -Using sports and gym equipment

2.2.4 Why Mosquitoes do not Spread AIDS

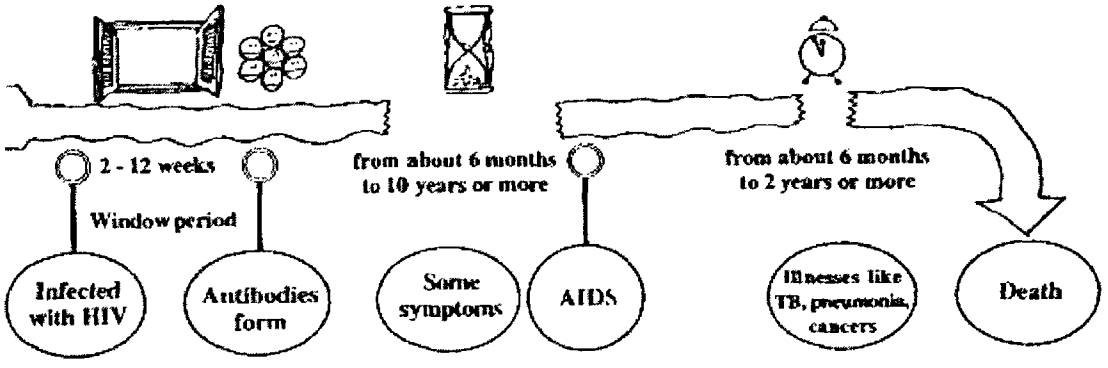
Probably the most commonly asked question about AIDS is whether the virus spreads through mosquitoes or other blood-sucking insects. Fortunately, the answer is NO. Here is why.

Malarial parasites require certain species of mosquitoes to complete their life cycle. The parasites are sucked into the mosquito's body through the blood meal, develop and multiply in gut cells, and migrate to the salivary glands to be injected into the next person's blood stream. HIV multiplies only in human immune cells and infection is acquired through contact with body fluids (semen, blood, vaginal fluids).

2.3 What is the "Window" Period?

This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually 2 - 12 weeks; in rare instances it may be longer.

Window Period illustrated in the figure:



This means that if an HIV antibody test is taken during the "window" period it will be negative since antibodies are not yet present at a detectable level. However, the infected person may transmit HIV to others during that period. People taking the test are advised, if the result is negative, to return for follow-up in 3 months by which time antibodies may be detected to confirm infection. They are also encouraged to avoid risk behaviours during the 3 months. The most common test for HIV antibodies is called the ELISA test.

2.4 Symptoms of AIDS

There are no common symptoms for individuals diagnosed with AIDS. When immune system damage is more severe, people may experience opportunistic infections (called opportunistic because they are caused by organisms which can not induce disease in people with normal immune systems, but take the "opportunity" to flourish in people with HIV). The symptoms associated with AIDS are similar to the symptoms of many other diseases. Some time they are more similar to the symptoms produced by (T.B) Tuberculosis. AIDS can only be diagnosed by a certified doctor after several tests and investigations. The median time to receive an AIDS diagnosis among those infected with HIV is 7-10 years.

Some of these phases and symptoms are described below:

Clinical Picture;

1. Acute syndrome (3-4 months)
   - Patient is sick early on and then becomes totally well and remains so for years
   - Fevers – mild or slightly high, come and go occasionally at night (may be confused with TB)
   - A lasting "cold" or "flu"
   - Headaches
   - Lumps, bumps etc.

2. Latency **(5-7 years)**
   - Patient is well
   - Can not tell if he is infected
   - Can be infectious
3. Final disease stages **(1-3 years)**
   - Problems from infections
   - Skin conditions
   - Wasting
   - Diarrhea

Clinical Picture: Some common infections

- Tuberculosis
- Pneumocystis
- Thrush
- GI Infections

It's the infections that kill the person rather than the virus itself.

2.5 Tests for HIV

There are a number of tests that are taken to check the presence of HIV. Some of them are:

- Elisa
- Western Blot
- Rapid Tests

2.6 Treatment

- Prevention of opportunistic infections (OI)
- Treatment of OIs
- Treatment of HIV

2.6.1 Antiretroviral Drugs

Drugs to treat HIV indirectly are now available. These drugs temporarily protect the patient or infected person from the attack of other diseases. However, the person using these drugs will never become a normal healthy person. Important considerations are that they need to be taken for the rest on ones life and that any break or inconsistency leads to terrible consequences in terms of that medicine becoming ineffective for that patient for the rest of their lives. Since there are only a few medicines available this process can very quickly lead to a point where no medicines remain that can be used for that patient.

There are also side effects to think about. Some are severe and others are not. However on the whole the severity of side effects has decreased and efficacy improved over the years. Finally, these medicines are expensive. Currently, the market value for a month of medicines starts around Rs 30 to 60 thousand.

2.7 Test Centres

Currently, in Pakistan the blood test facility for HIV has been provided at every district headquarter hospital level, according to National Aids Control Programme (NACP) information. Efforts have been in progress to reach out the information about the issue to all quarters of the urban and rural population. For any further assistance the regional NACP centre or any certified physician should be consulted regarding tests and referral etc.

2.8 Care and Support

Delivering HIV care requires more than just handing out medicines. Because it's such a complicated issue that involves all aspects of a persons life care need to be provided at home, community and work levels. Finally for those whose disease is so advanced that treatment may not work, end of life and comfort care ought to be made available within the community.

Module 3: The Affects of HIV/AIDS

3.1 On the Individual

- Immunodeficiency, (a weakening of the immune system, the body's natural defenses against infections) leading to secondary infections (such as diarrhea, skin cancer, pneumonia).
- 50% of the adults diagnosed with AIDS die within 18 months if they do not have access to antiretroviral (ARV) therapy.
- Rejection by friends and loved ones; isolation from social and community activities.
- About 15% to 30% of children born to HIV-positive mothers will be HIV-positive themselves if there is no prevention of mother to child transmission (MTCT) programme.
- Psychological issues including:
    - Fear of pain and dying.
    - Feeling of loss related to their ambitions, confidence, physical attractiveness, potency, sexual relationships, and status in the community, financial stability, future plans and independence.
    - Anger towards themselves in the form of self-blame for acquiring HIV, and towards others for perceived abuse of their body or privacy.
    - Suicidal tendency – may be seen as a way of avoiding pain and discomfort or to lessen the shame and grief of loved ones.
    - Loss of self esteem and feeling of self worth caused by rejection from colleagues or loved ones, combined with physical impacts of HIV- related diseases such as disfigurement, physical wasting and loss of strength.
    - Grief about the losses they have experienced or are anticipating.
    - Guilt over the possibility of having infected others, over the behavior that may have resulted in infection, and over the hardship their illness will cause loved ones, especially children.
    - Depression due to the absence of a cure, and resulting feeling of helplessness and loss of personal control.
    - Dismissal from employment or denial of employment for no other apparent cause.
    - Further acts of discrimination against members of certain groups, such as men who have sex with men and injecting drug users.
    - Denial of entry in to certain countries.

3.2 On the Family

- Psychological stress of all family members caused by anger, sorrow, frustration, and inability to cope with the needs of the infected individuals.
- Discrimination and rejection faced by all family members involved with the care of the infected individual.
- Economic problems due to high cost of drugs and hospitalization frequently combined with an inability to continue working.

3.3 On the Community

- Funds from other areas of public needs are dried by costs associated with AIDS prevention, diagnosis, treatment and care.
- Strain on the health care system and insurance companies.
- Loss of economic output and productivity due to illness in prime working years.

3.4 Impact on Women

- HIV/AIDS/STIs affect women more due to psychological, socio-cultural and economic reasons.
- Women are more vulnerable to HIV/STI infection due to biological reasons.
- Women do not have control over sexual relations; society always cares for the sexual desires of the man and is centered on his pleasure.
- Early marriage of girls with mature men also increases physiological vulnerability.
- Sexual abuse or violence within and outside marriage is common in South Asia and particularly in Pakistan/Afghanistan.
- Economic reasons also make women vulnerable to HIV/STIs because struggling with daily survival that can lead them to high-risk activities.
- Economic dependence and lower social status make women unable to challenge a husband's extra-marital affairs to insist on condom use even when they know they are at risk.
- Women are expected to do the entire household affairs, they have considerable responsibility to look after their children and husband and thus, the burden of caring for family members dying of HIV/AIDS goes to women.

3.5 The Impact of HIV/AIDS on the Education System

Nations that do not pay attention to bring the epidemic under control while prevalence rates are still low, run a risk of facing a large challenge in the future. Once the epidemic has become widespread, it has a tendency to spread much faster because more individuals and many different groups of the society are affected.

The HIV/AIDS epidemic does not only affect individuals, it affects every part of the society and the institutions in society. Achievements in human development are being undermined as countries lose young, productive people to the epidemic, economies stumble, households fall in to deeper poverty, and the costs of the epidemic mount. This easily develops in to a spiral, as worsening socio-economic conditions render people and communities more vulnerable to the epidemic.

HIV/AIDS poses a severe threat to the education system. The impact of the epidemic on African countries clearly shows that Asian countries need to learn from its lessons and be proactive. If nothing is done about the epidemic, the impact of HIV/AIDS may become as severe as it has proven to be in Africa.

3.5.1 Education Demand

HIV/AIDS has a negative effect on students. The number of students in schools decreases. As the epidemic advances, there will be a greater number of sick children, and many children especially girls will drop out to take care of sick people at home. Financially, few families will be able to support their children's education. For psychological and stigma-related reasons, children are less willing to enter and remain in school and they may be distracted and less able to learn.

3.5.2 Education Supply

The sector will experience a loss of human resources as teachers, administration and school supporting staff die, fall sick, or are psychologically traumatized by family and community deaths due to AIDS, therefore become unable to work. Further more, schools will receive less support from families and communities.

3.5.3 Education Contents

The content of current curricula must be reformed to reflect the learning needs related to the HIV/AIDS epidemic, such as health and sex education messages, coping with illness and

death in the family, non-discrimination towards people living with HIV/AIDS, gender roles, issues and life skills.

3.5.4 Education Quality

If the education sector cannot support AIDS-affected teachers or supply adequate replacement for those who fall ill or die, the overall morale of people working in the education sector and with that the quality of education will be reduced. Furthermore, if the curriculum does not provide the knowledge and skills that young people need in an AIDS-affected society, the quality of education provided to them will also decrease.

3.5.5 Education Planning

HIV/AIDS has an impact on ministries, departments, agencies and policy makers responsible for proper planning and allocation of resources and services. Anticipating and then dealing with the impact of epidemics on the demand, supply, content and quality of education at this level are time-consuming tasks, requiring much time and expertise.

Module 4: Prevention Education on HIV/AIDS

The first phase of the battle against HIV/AIDS focused mainly on epidemiological action and research concerning the disease itself. However, scientific progress has revealed that a long period of time (5 to 10 years) can lapse between the first infection and the manifestation of the disease. Thus greater attention needs to be paid. not only to the medical, but also to the educational management of prevention and the post-infection intermediary phase. Strategic guidelines and culturally appropriate prototype educational materials for curriculum planners, teachers, young people (Both in and out-of-school) girls and women, would have to be researched and designed, in order to make them accessible to the specific target groups.

Change in the content and role of education regarding HIV/AIDS is required in order to meet student needs; focusing more on life skills and adapting curricula to marginalized groups. Although there is an increasing consensus for the need of HIV/AIDS education for young people, curriculum design and delivery of HIV/AIDS education will remain a serious cause of concern, unless interventions are designed by taking into account cultural, religious and ethical norms and values while dealing with sensitive issues.

It is important that teachers and students recognize that health-related information in general, and AIDS-related information in particular, is dynamic and accurate because misinformation about HIV/AIDS is available, often through the mass media.

4.1 Why Prevention Education Works?

- A general basic education has an important preventive impact. It can equip people to make healthy decisions concerning their own lives, bring about long-term healthy behaviors, and give people the opportunity for economic independence and hope.
- Education is among the most powerful tools for reducing girl's vulnerability. Girl's education helps to slow and reverse the spread of HIV/AIDS by contributing to economic independence, delayed marriage and family planning.
- Schooling offers an appropriate infrastructure for delivering HIV/AIDS prevention efforts to large numbers of the uninfected population, school children, youth who are the age group at most risk in many countries.
- Education is highly cost effective since the investment in prevention is many times smaller than cost of caring for the sick.

4.2 Guidelines for Preventive Education

- The purpose of preventive education is to promote a healthy lifestyle and responsible behavior and to prevent disease.
- This is achieved by providing knowledge, attitudes, skills, and means to encourage and sustain behavior that reduces risk of infection, by providing social support and care and by reducing stigma and discrimination.
- It is important to start preventive education early before girls and boys become sexually active or drop out of school.
- An effective preventive education approach must be comprehensive, multi-sectoral, open and flexible and it must address all factors that increase vulnerability to HIV/AIDS, such as sexual behavior, the position of women and minority groups, gender issues, community and family circumstances, education, poverty, discrimination, drug and alcohol abuse, peer pressure, etc.
- Education personnel must be equipped with communication skills, including the capacity to listen and to learn and the ability to effectively address sensitive issues.
- Best practices from other countries and regions can be borrowed and adopted, but the unique cultural context of the country needs to be taken in to account.

- General education programs, as well as specialized efforts targeting high-risk behaviors, must be created.
- Prevention education can and should be strengthened by combining various channels such as schools, media, informal networks, etc.
- HIV/AIDS education does not stop in the classroom. Preventive education on HIV/AIDS should be integrated both in to the curriculum and in to extracurricular activities within the school setting such as youth camps, peer education, theater, study tour, exhibitions, contests, sports, etc.
- Preventive education should emphasize life skills.

4.3 What Makes Talking About HIV/AIDS Easier?

- Adequate training for male and female teachers, head teachers, administrators and support staff.
- Good skills and sound knowledge of teachers and facilitators.
- High-quality teaching and learning materials.
- Respect for and support with students.
- Patience and understanding.
- A non-judgmental attitude.
- A positive environment.

4.4 The Epidemic can be Curbed

There is evidence that prevention programmes are successful and that the epidemic can be curbed. Countries such as Thailand and Cambodia are good regional examples that the HIV epidemic can be curbed by strong and focused campaigns before it becomes too big. Thailand's well-funded politically supported and comprehensive prevention programme has saved millions of lives, reducing the number of new HIV infections from 143,000 in 1991 to 29,000 in 2001.

4.5 National Response to HIV/AIDS in Pakistan

Government: The Federal Ministry of Health initiated a National AIDS Prevention and Control Program (NACP) in 1987. In its early stages, the program was focused on diagnosis of cases that came to hospitals, but progressively began to shift toward a community focus. Its objectives are the prevention of HIV transmission, safe blood transfusions, reduction of STI transmission, establishment of surveillance, training of health staff, research and behavioral studies, and development of program management. The NACP has been included as part of the government's general health program, with support from various external donors.

As the government has indicated in the recent scaling up of its response to HIV/AIDS, more needs to be done. A special focus on reducing the exposure of high-risk groups is urgently required. Improving skills, building capacities, strengthening advocacy, and increasing participation is needed not only in the area of health, but in several sectors, including education, labor, law and order, etc. In early 2001, the Government of Pakistan, through a broad consultative process, developed a national HIV/AIDS strategic framework that sets out the strategies and priorities for effective control of the epidemic.

Non-Governmental Organizations (NGOs): at least 54 NGOs are involved in HIV/AIDS public awareness and in the care and support of persons living with HIV/AIDS. These NGOs also work on education and prevention interventions targeting sex workers, truck drivers, and other high-risk groups. NGOs serve as members of the Provincial HIV/AIDS Consortium, which has been set up in all the four provinces of Pakistan to coordinate HIV/AIDS prevention and control activities. Although NGOs are active in HIV/AIDS prevention activities, it is believed that they are reaching less than 5 percent of the vulnerable population.

4.6 Issues and Challenges: Priority Areas

Vulnerable and high-risk Groups:

- Expand knowledge, access, and coverage of vulnerable populations—particularly in large cities—to a package of high impact services, through combined efforts of the government and NGOs.
- Implement harm-reduction initiatives for IDUs and safe sex practices for CSWs.
- Make effective and affordable STD services available for high-risk groups and the general population.

General Awareness and Behavioral Change:

- Provide information and advice in order to stimulate behavioral change by encouraging (i) the use of condoms with sexual partners; (ii) the use of STI treatment services when symptoms are present; (iii) the use of sterile syringes for all injections; (iv) a reduction in the number of injections received; (v) voluntary blood donation (particularly among the age group 18 to 30); (vi) the use of blood for transfusion only if it has been screened for HIV; and (vii) tolerant and caring behavior towards people living with HIV/AIDS and members of vulnerable populations.
- Increase interventions among high-risk groups, in particular young people, police, soldiers, and migrant laborers.

Blood and Blood Product Safety:

- Ensure mandatory screening of blood and blood products in the public and private sectors for all major blood-borne infections.
- Conduct education campaigns to promote voluntary blood donation.
- Develop Quality Assurance Systems for public and private blood banks to ensure that all blood is properly screened for HIV and Hepatitis B.

Surveillance and Research:

- Strengthen and expand the surveillance and monitoring system.
- Implement a second-generation HIV surveillance that tracks zero-prevalence and changes in HIV-related behaviors, including the spread of STIs and HIV, sexual attitudes and behaviors, and healthcare-seeking behaviors related to STIs.

Building Management Capacity:

- Continue to build management capacity within provincial programs and local NGOs to ensure evidence-based program implementation.
- Identify gaps in existing programs and continue phased expansion of interventions.

Module 5: Effective Teaching of HIV/AIDS

5.1 Effective Teaching of HIV/AIDS Awareness in Schools

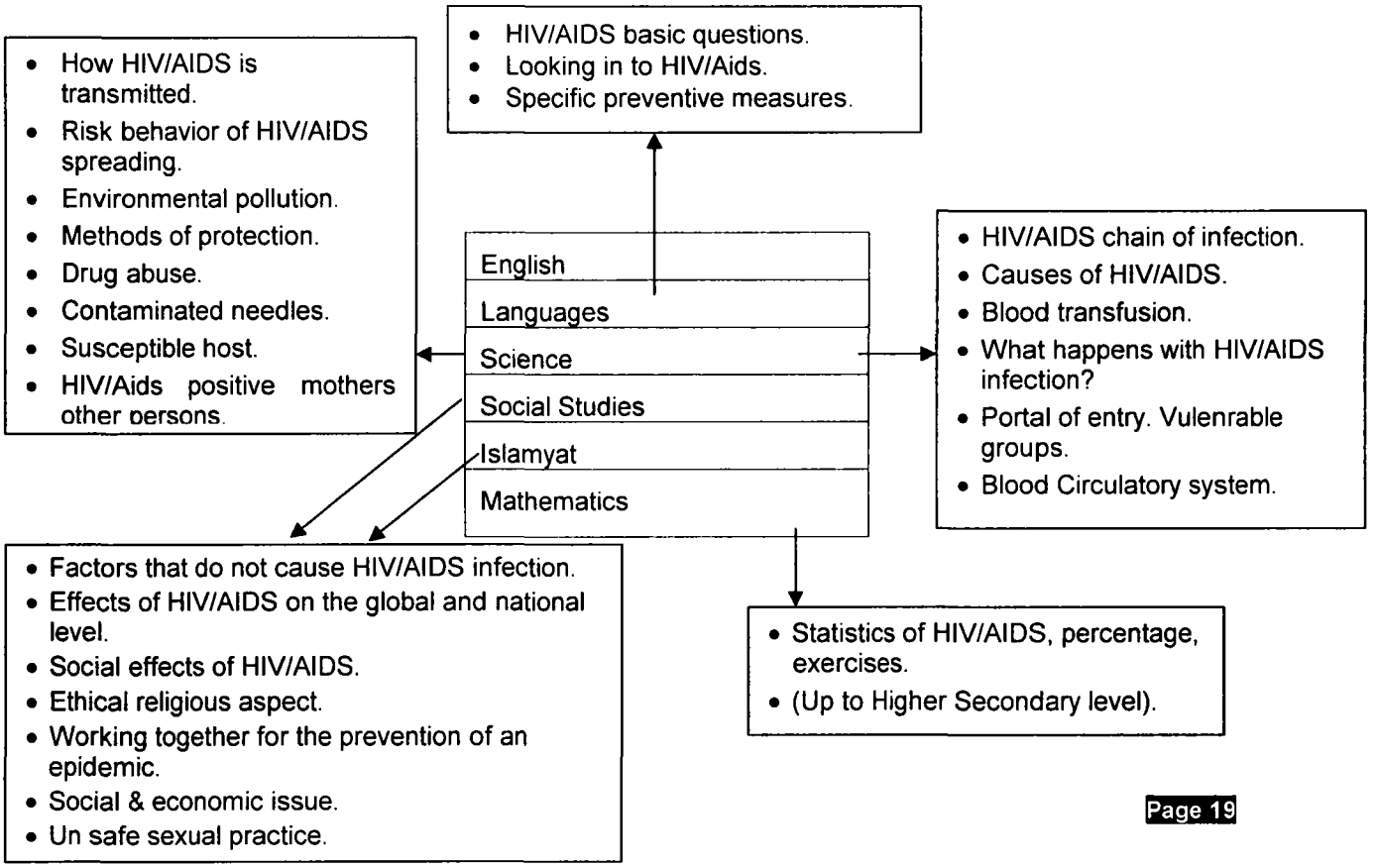
Effective teaching about HIV/AIDS involves being knowledgeable about what you are teaching but also looking for links of HIV/AIDS for the qualities that we wish to develop in our young people.

- The ability to establish and maintain the link between the core message and the content of the subject is central to effective teaching.
- Effective teaching involves talking regularly about one aspect or the other of the epidemic with learners encouraging their learning and listening to them.
- Teachers have both the right and the responsibility to develop a climate in the classroom, which supports effective sensitization about the epidemic.
- Teaching about HIV/AIDS should not be a lonely or isolated activity. Teachers need opportunities not only to talk to others about the epidemic, but also to work together in HIV/AIDS related activities, and use each other as a resource.
- Schools need to make the best use of all the resources at their disposal to support teachers "personal & professional" development about the integration and teaching about epidemic

At the school level, the curriculum for social sciences, Islamyat, General science, languages and others discipline that deals with human rights needs to be extended to include HIV/AIDS applications. This can also find expression in efforts to bring HIV/Aids out in to the open, to contribute to break the silence.

HIV/AIDS itself is a trauma for an individual, the family and the community. It does not need an inhuman response of aggravating it through stigma, silence and shame.

HIV/AIDS Concepts in Different Subjects as Carrier



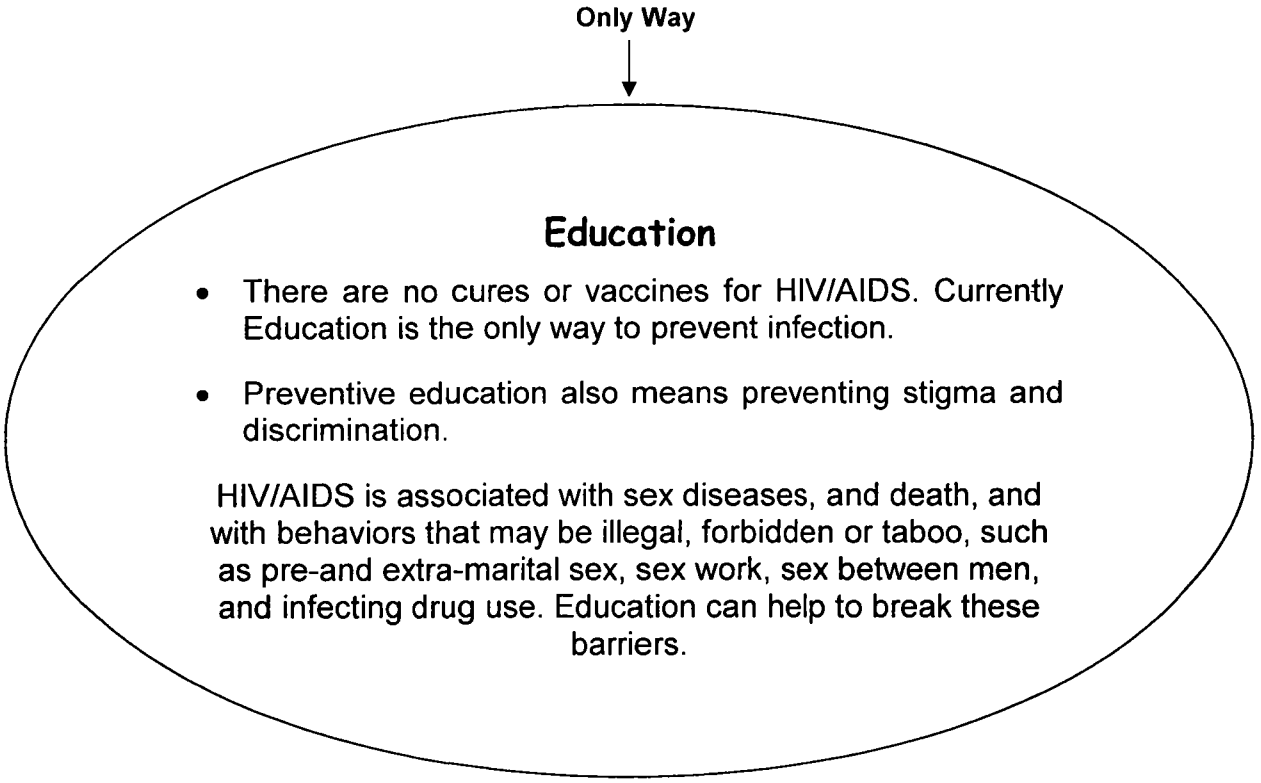
While addressing the key issues of HIV/AIDS, the teacher must approach related tasks with both academic & social purposes in mind. The following two techniques are closely interwoven.

Small group discussion

The principal feature of this strategy involves the division of a class into small groups, which work relatively independently to achieve a goal. In most cases this task is addressed through a HIV/AIDS related group discussion procedure. Here the role of the teacher changes from one of transmitter of knowledge to coordinator and guide to information and it's processing. In small groups, students usually set learning tasks within the classroom context. This may involve, e.g. students discussing "Institution of health" in social studies, resolving a problem in "spread of diseases & care" in science or raising questions about blood transfusion in hospitals. Through the interaction by group discussion students acquire the skills of planning and organizing work for HIV/AIDS control. Developing arguments, sharing knowledge, dividing tasks adopting comprise positions and so forth. Examples of small groups discussion, some tutorials, some seminars, buzz groups, brain storming groups on problems of HIV/AIDS in Pakistan.

Peer Leader Technique or Monitor Technique.

A Peer Leader or Monitor is a student who is selected for his/her leadership potential in helping in the education process. He/She is trained to help other students, learn through demonstrations, listening, role-playing, encouraging, giving feedback and supporting healthy decisions and behaviors. Curriculum planners and teachers should bear in mind that peer leaders may be used for almost any of the activities, whenever the teacher feels this would be useful and appropriate.



Class Exercise 1

Questions to be answered by Students

Questions	Answers
1. What is HIV?	
2. What is AIDS?	
3. Name 3 ways that HIV is transmitted?	
4. Name 3 ways that HIV is not transmitted?	
5. Name 3 ways to reduce the risk of transmission?	
6. How many people in Pakistan are infected with HIV?	
7. Suggest ways to make the public more aware of the issues around HIV/AIDS?	

Class Exercise 2

HIV/AIDS Myth or Fact Game

Note: You may not wish to use all of the questions. Select those that seem most appropriate to the age level and maturity of the group.

Please put ***T*** for True and ***F*** for False in front of the statement.

1. A person can get AIDS from sitting next to a person who has it.
2. HIV can infect a person by having sex with a prostitute.
3. An unborn child can develop AIDS if his/her mother is infected.
4. Household insects such as bedbugs and cockroaches can be HIV carriers and transmit the disease to people.
5. If a mosquito bites a person with AIDS and then bites somebody else, the second person it bites may get AIDS.
6. Women with AIDS may sexually transmit HIV to men.
7. You can get AIDS by using a phone, which has just been used by someone with AIDS.
8. You can get AIDS if a person with AIDS coughs or sneezes near you.
9. You can be infected with HIV from a toilet seat.
10. You can get AIDS from kissing an infected person on the cheek.
11. You can be infected with HIV by drinking from the same glass as a person who is HIV-positive.
12. You can get AIDS by having oral sex with a man who has it.
13. You can get AIDS if you come in contact with an infected person's tears.
14. Persons who have sex with many different people are at greater risk of exposure to HIV infection.
15. You can get AIDS by eating food cooked by someone who has AIDS.
16. You can be infected with HIV from hot tubs or swimming pools.
17. You are likely to get AIDS if you sleep in the same bed as someone with AIDS.
18. You can get AIDS by hugging a person who has it.

19. School children can be infected with HIV by sitting next to or by playing ball with another student who is HIV-positive.
20. A person can get AIDS by having sexual intercourse with an infected person.
21. Brothers and sisters of children with AIDS usually also get AIDS.
22. Doctors and nurses who treat AIDS patients often get AIDS as well.
23. A baby can get AIDS by breast-feeding from an HIV- positive mother.
24. You can get AIDS by shaking hands with an infected person.
25. You can be infected with HIV from needles used in IV injections or blood transfusion.
26. An HIV-positive person looking healthy is not likely to transmit the virus to others through sexual contact.
27. Persons with a negative blood test during the "window period" are not likely to transmit virus through blood transfusion.
28. An unborn child can develop AIDS if either parent is HIV-positive.
29. AIDS affects only the poor and uneducated.
30. Needle-sharing among injecting drug users contribute to the spread of HIV infection.

Class Exercise 3

Test your knowledge

Directions: Put an X on the letter of your answer after each number.

A = Agree	D = Disagree	N = Not sure

Example: AIDS means acquired immune deficiency syndrome.	A	D	N
1. HIV means human immune deficiency virus.	A	D	N
2. Sharing of needles and syringes among intravenous drug users is a risk factor in HIV/AIDS.	A	D	N
3. A person can be infected with HIV by donating blood.	A	D	N
4. Persons with AIDS should be avoided.	A	D	N
5. Sex with multiple partners is a risk factor in HIV/AIDS.	A	D	N
6. HIV weakens the body's natural defense against infections.	A	D	N
7. Persons with HIV/AIDS should remain anonymous for security reasons.	A	D	N
8. AIDS is a "gay disease" because it occurs ONLY among homosexuals.	A	D	N
9. HIV-positive individuals should be protected by law against discrimination at the workplace.	A	D	N
10. One can get infected with AIDS by sharing glasses, plates, spoons or other personal things with an HIV-positive person.	A	D	N
11. HIV/AIDS is not a problem among out-of-school youth.	A	D	N
13. False information about AIDS can cause unnecessary fears.	A	D	N
14. There is a self-instruction kit, which can determine if a person is infected with HIV.	A	D	N

15. HIV is spread by mosquito bites and other insect bites.	A	D	N
16. A person with full-blown AIDS obviously looks sick and weak.	A	D	N
17. At present there is no cure for AIDS.	A	D	N
18. AIDS is a fatal disease associated with a specific virus type.	A	D	N
19. AIDS is a preventable disease.	A	D	N
20. People in the provinces should NOT be concerned about HIV/AIDS.	A	D	N
21. Drug abuse contributes to vulnerability to HIV/AIDS.	A	D	N
22. AIDS is a disease of poverty and ignorance.	A	D	N
23. Responsible sexual behavior is a way to stop the spread of AIDS.	A	D	N
24. Immune deficiency syndrome means the virus has invaded the immune system and renders it unable to function normally.	A	D	N
25. The "Window" period is when the body shows no signs of the disease.	A	D	N
26. Persons who have multiple sexual partners are at greater risk of getting infected with HIV than monogamous ones.	A	D	N
27. Many doctors and nurses caring for the AIDS patients eventually get the disease.	A	D	N
28. One can get AIDS by hugging or shaking the hands of the infected person.	A	D	N
29. Retired people do not get AIDS.	A	D	N

Class Exercise 4

Your views

Directions: Using the scale of 1 to 5, indicate whether you agree or disagree with the statements below by circling your answer.

1 –	**Strongly disagree**
2 –	**Disagree**
3 –	**Undecided**
4 –	**Agree**
5 –	**Strongly agree**

Example:

We should discuss HIV/AIDS with secondary school students 1 2 3 4 5

Item	1	2	3	4	5
1. We should be afraid of getting infected with HIV/AIDS.	1	2	3	4	5
2. People have changed their feelings about AIDS in the past years.	1	2	3	4	5
3. We should be afraid to visit an AIDS patient.	1	2	3	4	5
4. We should NOT allow students with AIDS to go to our schools.	1	2	3	4	5
5. Media have created unnecessary fear for AIDS.	1	2	3	4	5
6. Families of AIDS patients should leave their care to the government.	1	2	3	4	5
7. We should support activities for the benefit of the AIDS patients.	1	2	3	4	5
8. We should discuss HIV/AIDS with our families and friends.	1	2	3	4	5
9. AIDS patients should be allowed to attend public gatherings.	1	2	3	4	5
10. Government should provide funds for the treatment and care of AIDS patients	1	2	3	4	5
11. Our communities are affected by problems related to HIV/AIDS.	1	2	3	4	5
12. We should be willing to take care of our family member if he/she is infected with HIV.	1	2	3	4	5
13. We can predict that the trends of HIV/AIDS epidemic will go up in the coming years.	1	2	3	4	5
14. We should be angry with people who look down on persons with AIDS.	1	2	3	4	5
15. Abuse of alcohol and other drugs can contribute to the spread of HIV/AIDS.	1	2	3	4	5

Class Exercise 1: Answers

Questions	Answers
1. What is HIV?	**HIV** stands for Human Immunodeficiency Virus (HIV)
2. What is AIDS?	**AIDS** stands for Acquired Immune Deficiency Syndrome (AIDS)
3. Name 3 ways that HIV is transmitted?	Any 3 of the following: Injection sharing; Sex without, or improper use of, a condom; Mother to child where the mother is infected; Infected blood.
4. Name 3 ways that HIV is not transmitted?	Any 3 of the following: Through everyday school and social activities; Through casual contact with persons; Through air or water; By being around an infected person; Using the same utensils. See manual for more options.
5. Name 3 ways to reduce the risk of transmission?	Any 3 of the following: Always use a condom when having sex; Avoid sharing needles; Avoid direct contact with someone else's blood; Screen blood before transfusion; Wash hands with soap and water after giving first aid; See manual for more options.
6. How many people in Pakistan are infected with HIV?	An estimated 70 – 80,000 people
7. Suggest ways to make the public more aware of the issues around HIV/AIDS?	Any of the following: Media campaigns, education classes, visits by people with HIV/AIDS, camp visits. See manual for more options.

Class Exercise 2: Answers

1. F	7. F	13. F	19. F	25. T
2. T	8. F	14. T	20. T	26. F
3. T	9. F	15. F	21. F	27. F
4. F	10. F	16. F	22. F	28. T
5. F	11. F	17. F	23. T	29. F
6. T	12. T	18. F	24. F	30. T

Class Exercise 3: Answers

Answers (In bold and underlined)

A = Agree	D = Disagree	N = Not sure

1. HIV means human immune deficiency virus.	**A**	D	N
2. Sharing of needles and syringes among intravenous drug users is a risk factor in HIV/AIDS.	**A**	D	N
3. A person can be infected with HIV by donating blood.	**A**	D	N
4. Persons with AIDS should be avoided.	A	D	**N**
5. Sex with multiple partners is a risk factor in HIV/AIDS.	**A**	D	N
6. HIV weakens the body's natural defense against infections.	**A**	D	N
7. Persons with HIV/AIDS should remain anonymous for security reasons.	A	D	**N**
8. AIDS is a "gay disease" because it occurs ONLY among homosexuals.	A	D	**N**
9. HIV positive individuals should be protected by law against discrimination at the workplace.	**A**	D	N
10. One can get infected with AIDS by sharing glasses, plates, spoons or other personal things with an HIV-positive person.	A	D	**N**
11. HIV/AIDS is not a problem among out-of-school youth.	A	D	**N**
13. False information about AIDS can cause unnecessary fears.	**A**	D	N
14. There is a self-instruction kit, which can determine if a person is infected with HIV.	**A**	D	N
15. HIV is spread by mosquito bites and other insect bites.	A	D	**N**
16. A person with full-blown AIDS obviously looks sick and weak.	A	D	**N**
17. At present there is no cure for AIDS.	**A**	D	N
18. AIDS is a fatal disease associated with a specific virus type.	**A**	D	N
19. AIDS is a preventable disease.	**A**	D	N
20. People in the provinces should NOT be concerned about HIV/AIDS.	A	D	**N**
21. Drug abuse contributes to vulnerability to HIV/AIDS.	**A**	D	N
22. AIDS is a disease of poverty and ignorance.	A	D	**N**
23. Responsible sexual behavior is a way to stop the spread of AIDS.	**A**	D	N
24. Immune deficiency syndrome means the virus has invaded the immune system and renders it unable to function normally.	**A**	D	N
25. The "Window" period is the time between infection and when the body shows no signs of the disease.	**A**	D	N
26. Persons who have multiple sexual partners are at greater risk of getting infected with HIV than monogamous ones.	**A**	D	N
27. Many doctors and nurses caring for the AIDS patients eventually get the disease.	A	D	**N**
28. One can get AIDS by hugging or shaking the hands of the infected person.	A	D	**N**
29. Retired people do not get AIDS.	A	D	**N**