We have seen, in Parts 1 and 2, that HIV/AIDS education with knowledge, attitudes and life skills, including interpersonal skills, leads to high quality results. In forming HIV/AIDS education, understanding the situation of teachers, as those in positions of responsibility, and communities is essential. This section first examines an example of a preliminary survey on school health by an NGO.

Preliminary surveys are essential for avoiding whimsical speculations and useful for understanding the starting point situation and evaluating programs later. Moreover, preliminary surveys are done with people in the community, so they can also play a role in the preparation and orientation of the program.

People have expectations regarding surveys. If a field survey is done broadly at an uncertain stage of project implementation and the project ends up unimplemented, people will feel betrayed. This results in that implementers lose trust from people in the community.

Therefore, surveys need to be carefully done, watching and talking with people in the community while implementing other projects. This part examines a feasibility study in Nuu Division, Mwingi District, Kenya by CanDo. The main researcher was Japanese and her assistant was Kenyan.
1. Literature Review and Data Collection
A review of literature, including governmental policies on education and health and data regarding the country and project sites (statistics by governments and the United Nations).

2. Completing Research Designs
First, clarify the goal of the survey. At the stage of the feasibility survey, this example first set two goals in considering school health broadly. HIV/AIDS was a part of them.

3. Determination of Methodologies for Survey
Surveys are classified into quantitative and qualitative surveys. Methodologies are two: interview and questionnaire. This example took (1) qualitative surveys by interviews, and (2) quantitative surveys by questionnaires with the presence of researchers.
Points

Survey methods depend on survey content and the situation of the field

- CanDo divided female and male parents for interview surveys in order for them to honestly answer questions about sexuality. When the number of female teachers is extremely small, interviews were done with female and male teachers together.
- CanDo determined whether or not to inform about the survey in advance depending on the survey content.
- Interviews with teachers and education officers were done in English (English is one of the official languages in Kenya). Interviews with parents were done in English and indigenous languages. The research assistant was from the targeted area.

Refer to “Questioning Route” pp. 40, 41 for survey components.
CanDo conducted questionnaire surveys with teachers in all primary schools (28 schools) in the Nuu Division.

The research team (composed of 2-3 people) visited primary schools, asked all teachers to fill in the questionnaire, and collected them. The questionnaire surveys were conducted under condition of anonymity in order for the respondents to answer honestly. When a teacher was absent or not able to leave class, the researcher left a questionnaire with the director to collect later. In this survey, researchers collected 167 answers from 202 teachers. The collection rate was 82.7%.

To understand the situation more precisely

The reason why the research team visits schools is because they are able to understand the teachers’ knowledge more precisely by watching how they answer the questionnaires. Also, researchers are able to make sure that teachers answer the questionnaires without consulting with their colleagues. This helps researchers understand the situation more precisely.

On the other hand, there is another way by which researchers send questionnaires to schools; teachers answer the questionnaires in their free time and return them to the researchers. One must choose the best way after considering research goal, cost (personnel, time, financial costs) and collection rates.

Refer research questions p.100 for the research contents
4. Determination of Questions

Qualitative Survey <Focus Groups Group Interviews for Teachers>

Questioning Route

Opening Question
“Please tell us about health problems in this area or school. Maybe you could begin by telling us what the biggest health problems are for each of you.”

Introductory Questions
“How do you deal with these health problems in this school?”
“Could you explain about health education in this school? Do you have school curriculum on health education in any means?”

Transition Questions
“In your opinion, what would you really say is of particular importance to you in health education?”

Key Questions
“What do you think of AIDS education in primary schools? Who should be involved in AIDS education planning?”
“Could you tell us anything you know about HIV/AIDS? (knowledge, situation in the community) How did you get that information?”
“What would you think is the biggest challenge for teachers to deal with AIDS issues? Do you think the community members feel confident or comfortable in talking about AIDS?”

Ending Questions
“Are there any other issues relating to AIDS in your school?”
“Would you say that a workshop on AIDS could help you to deal with AIDS in your class?”
“Feel free to tell us if there is anything you think we left out that we should talked about”

Other questions
Access to materials on HIV/AIDS education
Expected support from the community when conducting AIDS education
Teachers' knowledge on AIDS and other health related issues
Early marriages in the area
School-drop out in relation to early marriage

In-depth Interviews for Parents Questioning Route

General questions on health in the community
“Could you tell us about health problems in this area?”
“What are the challenges people that have in the area when they are sick?”
“How do people treat their diseases? (Going to the hospital, Wanganga, traditional medicine)”

HIV/AIDS related questions
“What are the recurring sicknesses?”
“What do people feel towards people who die of untreatable diseases?”
“Could you tell us anything you know about untreatable diseases (AIDS) (infection, cure, prevention, risky behavior)”?
“Do community members feel comfortable when talking about AIDS? What are the obstacles to this, if any?”

FGM related issues
“What is the average age of girls to get married in the community? Why? Are they forced or willing?”
“How are the girls prepared for marriage?”
“Is there any traditional ritual for a girl to get married? If any, what and why?”
Questionnaires allow you to collect many answers in a relatively short time and understand the community situation. The list of questions from the questionnaire by CanDo is below.

<Questions from Questionnaire for Feasibility Study of School Health Project in Nuu>

- **Respondent Attributes**
  - Gender, age, religion

- **Knowledge about HIV/AIDS**
  - Infection routes, difference between HIV and AIDS
  - Information sources about HIV/AIDS

- **Practice of Health Education Activities**
  - Subjects in moral education class, percentage of health education in school
  - Participation in workshops about health
  - Topics about health for workshops

- **Knowledge about HIV/AIDS**
  - Important traditions
  - Knowledge about people with HIV/AIDS
  - Vulnerability of children against sexually transmitted diseases and HIV infection
  - Vulnerability of adults against sexually transmitted diseases and HIV infection

5. Preparation of Surveys

6. Conducting Surveys
7. Analysis of results from the Survey

Results of the Qualitative Survey

Kenyan Government Policy for Health Education and Perception in Schools
- HIV/AIDS education by the Kenyan Government: Textbooks
- Mainstreaming HIV/AIDS education into academic subjects
- Challenges of HIV/AIDS education in classrooms: Lack of knowledge by teachers, Issues of condoms
- Involvement of health officers in health education in schools: Gaps between their public stance and reality. (Although the government encourages health and education officers to manage events on health education, they do not collaborate with each other.)

Health Problems
- Common health problems in the area: Malaria, Typhoid fever, skin infections, common colds, diarrhea
- Treatment: Health facilities and traditional herbs
- Challenges when people are sick: long distance from health facilities, lack of financial resources to pay fees, lack of information on diseases, and shortage or lack of medicine in health facilities,

HIV/AIDS
- Recognition and perception of HIV/AIDS in the community: a lack of sense of crises and accurate knowledge on HIV/AIDS
- Information sources on HIV/AIDS: Village meetings, churches, radios, newspapers, handouts from workshops
- Myths and misinformation on HIV/AIDS: Relation to witchcraft, social taboos, immoral life styles
- Situation of HIV/AIDS: Perception of HIV/AIDS as a real threat
- Customs and sexual behavior in the community: Polygamy, early marriages, FGM, Kwate (women-women marriage)
- Activities on HIV/AIDS in the community:
  - Village meetings: Messages without explanation. “We need to talk about HIV/AIDS.” “Use condoms.”
  - Workshops by a Community Based Organizations
  - Seminars for teachers by the Education Office: Emphasis on integration of HIV/AIDS Education into academic subjects
  - Challenges of seminars held in the Nuu Division: limited participants, accuracy of information, and acceptance of information
- Perception of HIV/AIDS in the community and preventive action: apathy and a sense of crisis, no preventive action by the community, environment in which condoms cannot be used, and doubts about effectiveness of condoms

Health Education and HIV/AIDS Education in Schools
- Understanding the necessity of this education, and desire for workshops by NGOs.
Four Challenges about the Community and HIV/AIDS Education

1. Access to education and resources for the community to educate themselves about HIV/AIDS
2. Encouraging community participation in HIV/AIDS education
3. Providing accurate information about HIV/AIDS to the community
4. Creating a supportive environment for individuals affected by HIV/AIDS

Results of the Quantitative Surveys

- Findings about Teachers related to HIV/AIDS
1. Outside of the school, the focus is on the children and their development.
2. In the school, the focus is on the teachers and their effectiveness.
3. Community involvement is crucial in supporting both the school and the children.

School

Outside of school

Children

Teachers

Community
Part 3-2  Life Skills for HIV/AIDS Education in Primary Schools

1. Practices for Appropriate and Effective HIV/AIDS Education

Practices of HIV/AIDS education in primary schools face various obstacles. Even if the structure is nationally formed, practices may be difficult due to social and cultural factors, as well as a lack of knowledge and the perceptions of teachers and directors. Moreover, even if HIV/AIDS education is conducted, children cannot gain appropriate knowledge, attitudes and actions without teachers’ appropriate knowledge and attitudes. The survey also revealed that community participation and cooperation are essential.

In this situation, life skills play an important role for practicing appropriate HIV/AIDS education. Part 3-2 suggests important points, including approaches of life skills, by using the example of the preliminary survey in Part 3-1.
The following four activities were implemented.

**Teacher Training**

Training for teachers was implemented in order for them to practice HIV/AIDS education in class.

After the training, teachers practiced HIV/AIDS education in their schools.

**Open Class**

Teachers presented what they learned from the training. At the same time, other teachers learned from them, and untrained teachers were also motivated to practice HIV/AIDS education.

**Child Presentation Day (CPD)**

Children presented what they learned in class.

This ensured the actual practice of the HIV/AIDS education in schools.

Their parents also participated in CPD and were also expected to gain knowledge about HIV/AIDS.

**Parent Meetings**

Teachers and parents discussed what they should do to protect children.

**AIDS Learning Workshop**

CanDo gave the community knowledge about HIV/AIDS in primary schools and discussed changes in adult sexual behavior with the community.
2. HIV/AIDS Education in Primary Schools, and Parent Participation and Involvement

What is the mainstreaming of HIV/AIDS Education?

To deal with HIV/AIDS education not within a certain academic year, subject, or unit, but in various academic years, subjects and units, depending on the understanding level of the children. In these lessons, children are able to learn holistically and repeatedly about HIV/AIDS issues.

Mainstreaming of HIV/AIDS Education

In Kenya, the syllabus was renewed and HIV/AIDS education mainstreamed into each subject. The rules for HIV/AIDS education in classes were officially set.

However, the preliminary survey revealed that many teachers do not have enough basic knowledge, perception and understanding about HIV/AIDS to teach students; they do not have any opportunity to gain teaching methods.

Therefore, teacher training aims not only to tell students about superficial knowledge, but to also improve the life skills of students in order for them to live with people affected by HIV/AIDS at different levels, including prevention.

Project coordinators and education and health consultants, who teach in the training session, shared goals and important points of the project based on situation analysis and experiences. Throughout the discussion, they planned details of the project. For instance, the following points were discussed

- Decide the Content of Trainings

Observations revealed that teachers were not able to do lessons with confidence since they did not have enough knowledge. Teachers were not able to answer students’ questions or told students the wrong information.

Teachers need to have not only partial knowledge, such as infection routes, but also knowledge based on scientific facts. This helps them answer various questions precisely. With broader knowledge, the anxiety of teachers can be decreased; their motivations are increased. Moreover, scientific knowledge helps teachers notice discrimination and prejudice.

Although teachers are more interested in the infection routes and AIDS symptoms, it is important to have knowledge of symptoms before the onset of AIDS.

In addition to scientific knowledge, understanding of children and human rights need to
be considered. Sexual abuse of children and discrimination against people with 
HIV/AIDS in the community also need to be analyzed. Practices of planning lessons 
based on syllabus, mock lessons in groups, and methods of open lessons are included in the 
content.

Related to the stages of HIV/AIDS, as well as care and support, preclinical people with 
HIV need to be considered. It is important for learning that infection does not equal to 
death. Also, it must be known that care and support for preclinical people with HIV are 
not only physical but psychological.

In training sessions, some people may say, “Care and support cannot be given to people 
without any symptoms,” or “It is important to know the infection status (HIV positive or 
negative).” At the stage of AIDS onset, people with HIV/AIDS are not always visible from 
the outside. Therefore, before knowing whether they are HIV positive or not, rumors 
spread; people with HIV/AIDS are discriminated.

One of the aims of dealing with knowledge is to discuss how participants think with the 
knowledge attained.

Think based on knowledge.

Training by which people know social facts as knowledge and discuss what to teach 
children is desirable. Consultants and coordinators also need to share this beforehand.

When training reflects opinions from participating teachers, teachers can learn more. 
Although consultants as facilitators listen to the participants, they sometimes proceed based 
on what they prepare. This is because consultants have problems of facilitating trainings 
(facilitation ability) or they are not able to consider what participants suggest enough.

Think of social factors of HIV/AIDS by making teaching plans.

Coordinators need to have explained to them about the content of facilitation by 
consultants beforehand in order to respond to participating teachers’ ideas, thoughts, and 
opinions.

Making the syllabus and searching for messages are good chances to have various 
opinions. Rather than simply making syllabus that include HIV/AIDS, it is important for 
training to allow participants to face actual HIV/AIDS issues and children’s environment 
and share social aspects of HIV/AIDS by making syllabus.
Avoid a situation where motivated participants cannot participate in discussions.

In the example project in this chapter, teacher trainings were conducted in only motivated schools which applied for CanDO in the second year of the project.

It was assumed that applications were dependent on the headteachers, and some motivated teachers were not able to participate in training. Therefore, apart from the selected schools, the same teacher training was conducted during the school holidays for teachers in the district.

### Points

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<tr>
<th>Time</th>
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<td>9:00-13:00</td>
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In this session, teachers understand the importance of gaining practical ability for HIV/AIDS education in order for children to live in a society with HIV/AIDS. Participating teachers are divided into groups and express their opinions.

### Examples of Opinions in the Group Work

< Importance of HIV/AIDS Education >

- Teachers give knowledge on HIV/AIDS to students.
  
  Teachers encourage students to be aware of HIV/AIDS
  
- Teachers let students learn the importance of health.
  
- Students learn methods of HIV/AIDS prevention
  
- Students learn about HIV infection routes
  
- Students become aware of symptoms of HIV/AIDS
  
- Students learn how to prevent HIV infection when treating people with HIV/AIDS
  
- Teachers change students’ attitudes towards HIV/AIDS
  
- Teachers illustrate misunderstandings about HIV/AIDS and culture.
  
- Students are able to learn information regarding HIV/AIDS and share it to the community.
  
- Students learn how victims of HIV/AIDS live and how to take care of them.
  
- Students are able to take care of people with HIV/AIDS.

(* These are from actual opinions in Group Work)

Facilitators (education consultants) give sum-up comments based on the group presentations.

In the presentation, the facilitator highly evaluated the fact that participating teachers did not regard the HIV/AIDS education as a factor in the improvement of the academic grades. She evaluated that participating teachers understand the importance of HIV/AIDS education itself.

However, this evaluation is not enough. This is because some teachers might think that HIV/AIDS education is not related to the improvement of academic abilities. If teachers think like this, they might not be motivated to practice HIV/AIDS education.

Therefore, the coordinator added that improvement of academic abilities as one of the goals of HIV/AIDS should not be denied and it is more important that children need to change their life.

For sum-up, the facilitator emphasized that children need to protect themselves or others from HIV infection and judge based on knowledge in order to live with people with HIV/AIDS.

The coordinator has to play a role to understand the aims of the training, and add and adjust discussions if necessary. This is very important for achieving the aims of the project.
Before the lesson, the facilitator told participating teachers about the importance of HIV/AIDS education in a society with HIV/AIDS. Also, she discussed with participating teachers what to teach children through the lesson, what teachers should consider. Then, she discussed the unique community situations children face every day with teachers. Moreover, the facilitator emphasized the importance of the lesson on the assumptions of attendance of children affected by HIV/AIDS like orphans.

Based on these, the facilitator (education consultant) started a model lesson.

In Kenya, HIV/AIDS is dealt with in natural science, education and Swahili classes. In natural science class, HIV infection routes are studied. After the lesson, participating teachers expressed their opinions and the facilitator reported the targets of this lesson and the process of the lesson planning.

### Importance of HIV/AIDS Education
- Students gain not only knowledge but also attitudes to protect themselves from HIV infection
- Students are aware of living with people with HIV/AIDS and not socially discriminating them

### Points of an HIV/AIDS lesson
- Understanding of the community situation that children face
- Practicing lesson on the assumptions of attendance of children affected by HIV/AIDS

In addition, the facilitator talked with teachers about various challenges in practicing HIV/AIDS education. The following conversation is one example.

**Teacher:** If children do not want to share things with a child with HIV/AIDS, what should I do as teacher?

**Facilitator:** Children have the right to share things. What will you do in order to avoid hurting the child with HIV/AIDS?

**Teacher:** I would gently tell the other children to play with the child with HIV/AIDS in.

**Facilitator:** If you give the child with HIV/AIDS a special thing, other children may prejudge the child.

**Other Teacher:** When brothers share things, although one of them is seriously sick, how should I advise them?

**Facilitator:** You have to take care of both children. I think you have to think about how you can take care of them in order for them to protect themselves from infection and avoid being rejected by prejudice and fear.

* * *

The facilitator summed up by saying, “These are not in the textbooks, but these things can happen. Therefore, teachers should consider them well and deal with different situations.”

When a facilitator understands teachers’ anxieties and fears and appropriately responds to them, teachers are able to practice HIV/AIDS education. Therefore, facilitators and coordinators need to prepare for possible fears and anxieties of teachers.
Divide participating teachers into groups, select units for each, and think about what children should learn and what kind of messages should be told to children in class.

For instance, the following messages are possible when a natural science unit is selected for training and when a health education unit is selected for teaching infection routes.

**When students understand HIV infection routes, they learn that they do not need to be afraid of people with HIV/AIDS.** By removing their fears, students can take care or people with HIV/AIDS properly.

People who look healthy might be HIV positive. Moreover, even if someone has symptoms known for HIV/AIDS, she is not necessarily HIV positive. Rather than guessing, students need to have attitudes for prevention from HIV infection.

When people talk about care and support, it is limited to physical support to people affected by HIV/AIDS. However, “care and support” have broader concepts; and they should not be regarded as support for “vulnerable people”. In the concept of “care and support,” people with HIV/AIDS should be treated equally with non-HIV infected people.
This session aims for teachers to obtain knowledge as a basis of judgment in order to judge and respond to children’s questions on HIV/AIDS. Facilitators are health consultants.

For instance, when teachers understand that excretory substances do not have HIV, teachers can judge that people are not infected with HIV by sweat, tears and urine.

Regarding infection routes, people are not infected with HIV just by sharing cutting tools. HIV infection is caused by the mixture of bloods when sharing cutting tools. There are possibilities of HIV infection when coming into contact with blood or body fluid. When teachers understand these infection routes, they can understand what kind of activities cause HIV infection.

The teachers’ attitudes and opinions revealed that teachers do not understand the needs of social care and support for the preclinical stage (time period from HIV infection until AIDS outset).

In training, the facilitator emphasized care at the preclinical stage for delaying AIDS outset and having a longer life. Moreover, she emphasized that appropriate care at the preclinical stage can prevent themselves and others from re-infection.
This session aims for teachers to think of (1) situations where people talk about HIV/AIDS, (2) words and expressions often used in schools, and (3) their impact on people with HIV/AIDS.

Textbooks often have explanations with pictures and photos. And there are often some pictures of thin people as people with HIV/AIDS. If a teacher shows these pictures by saying, “Let’s see what people with HIV/AIDS are like,” what would children understand? These issues are discussed; teachers realize their perceptions of discrimination and prejudices as well as discriminatory expressions.

The participating teachers were divided into three groups; they discussed the following two issues.

### Questions from Teachers and Perspectives of Life Skills Education

**Questions from Teachers**

Teachers often have explanations with pictures and photos. And there are often some pictures of thin people as people with HIV/AIDS. If a teacher shows these pictures by saying, “Let’s see what people with HIV/AIDS are like,” what would children understand? These issues are discussed; teachers realize their perceptions of discrimination and prejudices as well as discriminatory expressions.

**Perspectives of Life Skills Education**

Participating teachers were divided into three groups; they discussed the following two issues.
Coordinator: “How would you feel if someone close to you had HIV/AIDS symptoms and you are asked if you have seen people with HIV/AIDS?”

Facilitator (Health Consultant): “The question whether children have seen people with HIV/AIDS makes children imagine sick people and leads to misunderstanding.”

Teacher A: “How can we know if someone is HIV positive or not?”

Facilitator: “We would not know until the person tells us. Many people are not able to tell us in the current society. With this situation, what do you think we can do?”

Teacher A: “Give them time to tell us.”

Teacher B: “It takes time for them to tell us. The person needs to have examinations and she has to prepare herself gradually.”

Facilitator: “The person needs to change herself by taking counseling and accepting her situation (infection).”

Coordinator: “This is not about individuals but about the society. I think that how people in society think about HIV/AIDS is a serious concern. Therefore, I think there is no meaning in only people with HIV/AIDS trying to change themselves. Society needs to be ready to accept people with HIV/AIDS. What do you think about this?”

The participating teachers nodded deeply to opinions by the coordinator, and strengthened their perspectives of the social situations for people with HIV/AIDS.
The above-mentioned “Session Model Lesson (Natural Science)” is a subject which deal with HIV/AIDS directly. This Session selects subjects and units integrated with HIV/AIDS education, and expands knowledge and perception on HIV/AIDS. These lessons need high ability on the part of teachers. An example of a unit integrated with HIV/AIDS education is “Growing up in Christ” in religious education.

According to the syllabus, in the unit of “Growing up in Christ” for 5th grade, teachers have to mention pregnancy, sexual transmitted diseases, HIV/AIDS, child abuse and dropout by irresponsible relationships among teenagers. In the model lesson in the training session, the facilitator talked about children in poverty who were abused by adults to get something. By this lesson, the teachers understood the social aspects of HIV/AIDS issues in reality.
In the natural science class, students learn about the causal connection from infection routes to actual infection. On the other hand, in the religious education class, HIV/AIDS is the result of irresponsible behavior. This may give children a fixed idea that “HIV/AIDS equals to irresponsibility,” and encourage them to have discrimination and prejudice against people with HIV/AIDS and their families. These issues are pointed out in the training and facilitators explain the importance of understanding various infection routes.

Like Session Ⅲ, the facilitator checked what kind of messages the participating teachers received and told them the meanings and messages of the model lesson after the lesson.

One participating teacher said, “Parents promote these abuses to their children. What should we do in these situations?”

The facilitator suggested, “It is important to emphasize that child sexual abuse by adults is wrong even if they give things or money to children. I think these situations will be better through discussions with the parents.”

Teachers should be concerned about social aspects of HIV/AIDS issues for practicing HIV/AIDS education as the next step to teaching simply based on textbooks. Implementors of training need to prepare well beforehand in order to point out when necessary in training.

Refer to Appendix 4 (p.105) for an example of a lesson plan for “Growing up in Christ” integrated with HIV/AIDS education.
The participating teachers were divided, and the syllabus for religious education and social studies were distributed to the teachers. They selected units that may deal with HIV/AIDS and discussed what kinds of HIV/AIDS issues were included in these units. The followings are some examples.

<table>
<thead>
<tr>
<th>Units</th>
<th>HIV/AIDS Issues</th>
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<tbody>
<tr>
<td>HIV/AIDS infection</td>
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<td>HIV/AIDS transmission</td>
<td>HIV/AIDS transmission</td>
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<tr>
<td>HIV/AIDS prevention</td>
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<td>HIV/AIDS symptoms</td>
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A participating teacher said, “It is difficult to teach students in the lower grades. For instance, when I explain that a boy and a girl go on a trip and they are infected, I would only tell them that the girl touched the boy’s wounds or body fluid. What should I do?”

The facilitator said, “When you teach HIV/AID issues, you have to consider the children’s level of understanding; however, you should not avoid explaining about sexual intercourses. You have to teach them gradually.” She also said “Even little children face sexual intercourse in society. They know about it to some extent.”

Points when teachers actually conduct HIV/AIDS education, they often face these problems.
Each group makes a teaching plan and teaching notebook for the unit integrated with HIV/AIDS education, and representatives from each group present their model lesson. Other teachers play the role of students. They compare the messages that students receive with the actual planned messages of the lessons.

When the facilitator does not provide appropriate instructions, participating teachers cannot understand the meaning of making the teaching plan. Moreover, the integration of HIV/AIDS into a lesson would not work well. In these situations, when participants almost finish making the teaching plan and lesson notebook, the facilitator needs to encourage participants to rethink how the HIV/AIDS approach is integrated in structured lessons. Facilitators have to listen to discussions of each group and work with the situation.

One group used the expression “suffering from HIV/AIDS.”

The facilitator asked if people with HIV/AIDS were suffering or not. She said that the expression “suffering from HIV/AIDS” was coming from prejudice against people with HIV/AIDS (by feeling pity for people with HIV/AIDS). She added that many people with HIV/AIDS live positively. Before the actual model lesson, expressions leading to discrimination were discussed. However, this will not change teachers’ perceptions and remove all the discriminatory expressions completely. It is important for facilitators to listen to participants and repeatedly point it out, like in this example.

Discussion from a question on HIV/AIDS and sexual intercourse from a teacher who played the role of student.

Facilitator: When you teach children in the lower grades about HIV/AIDS, what kind of explanations and teaching ways should we use?

Teacher A: We can explain with easy words.

Teacher B: Do you think we can say, “Please cover wounds since there are diseases which are transmitted by blood?”

Facilitator: Even children in the lower grades have heard and know about HIV/AIDS in their daily lives.

Teacher A: What children in the lower grades understand through poems is that “HIV/AIDS is scary”.

Teacher A: Although children know the word “HIV/AIDS”, they do not know what HIV/AIDS is and its infection routes.

Facilitator: No, they don’t. We need to think about what we teach children by considering their situation and level of knowledge.
This group session is aimed at discussing the approach of giving fear of HIV/AIDS to children. This session helps students avoid unnecessary fear, prejudice and misunderstandings by HIV/AIDS education.

Students with unnecessary fear of HIV/AIDS may perceive that HIV/AIDS is uncontrolled. This causes relying on traditional medicine, losing perceptions of practical prevention and care, and avoiding HIV/AIDS issues. The participating teachers discussed these issues in this session.

- When children are scared of HIV/AIDS, they avoid listening to HIV/AIDS issues.
- When you explain that HIV/AIDS is an incurable disease, children believe that people with HIV/AIDS die soon.
- When children think that people with HIV/AIDS die soon, they do not dare take care of people with HIV/AIDS.
- Children will not ask people with HIV/AIDS why those people are infected with HIV.
- If children have a relative with HIV/AIDS, they might avoid the person.
- Misunderstandings about HIV/AIDS are left without being corrected.

Suggestions from the Facilitator

“Giving children fear covers the truth. Fear of HIV/AIDS may lead to misunderstanding of HIV/AIDS (e.g. HIV/AIDS is uncontrollable.) and resignation. And this will spread HIV infections and prejudice against people with HIV/AIDS.”
Teachers should not relate HIV/AIDS issues to death
Teachers should perceive that HIV/AIDS is a real disease, and emphasize that HIV/AIDS is dealt with like other diseases
Teachers should tell the truth of HIV/AIDS with careful words.
Teachers should tell students that HIV/AIDS, as well as other diseases, causes deaths. At the same time, they should explain that HIV/AIDS is not the only disease that causes deaths. Malaria and typhoid also cause deaths without proper care.
Teachers should explain about prevention and treatment methods for HIV/AIDS as they explain about other diseases and sanitation. This helps children prevent HIV/AIDS like other diseases.
Teachers should explain not only that HIV/AIDS causes deaths and does not have a medical cure, but also that HIV/AIDS is preventable and manageable.
Teachers should invite someone who knows about HIV/AIDS very well and ask him/her to explain how to deal with HIV/AIDS.

Teacher A: If we invite a person with HIV/AIDS and ask her to talk in class, children might have psychological prejudices.
Teacher B: However, children are able to understand real HIV/AIDS by listening to stories by a person with HIV/AIDS.
Facilitator: Inviting a person with HIV/AIDS for class is meaningful if we avoid the environment where children have prejudices and discriminations against people with HIV/AIDS.
Teacher B: I heard KENEPOTE (one group consisted of teachers with HIV/AIDS) will send a teacher who can talk in class.
Coordinator: If children are ready to understand a talk by a person with HIV/AIDS, having someone with HIV/AIDS in class may be meaningful. However, inviting a person with HIV/AIDS once does not change the mindset of children about the HIV/AIDS issues immediately. Teachers need to think what they can do for children.
Teacher A: It is important for us to teach about HIV/AIDS in our daily classes.
NGO that implemented the training suggested that the participating teachers hold “open classes” and “Child Presentation Day”.

School teachers who experienced Child Presentation Day, said, “Adults were able to learn through the presentation by children,” and “Children change their behavior by gaining knowledge about HIV/AIDS.” For instance, when a child played alone and was injured, other children took care of her by avoiding touching her wound directly and using paper.

Teachers should discuss, plan and make sure to hold future activities with NGOs. This guarantees that they will practice what they learn in the training in classes.

After Child Presentation Day, someone reported that everyone had agreed that all parents needed to talk to children with responsibility.

Teachers and Parents should discuss and agree on the importance of HIV/AIDS education. By understanding the content of HIV/AIDS education, what teachers learned in training will be practiced in class.

In general, teachers tend to avoid talking with parents. Therefore, it is important for facilitators to point out the necessity of their discussion with parents for promoting HIV/AIDS education.

The NGO told participating teachers that they were ready for AIDS learning workshops for parents if parents want to attain basic knowledge on HIV/AIDS.

Multiple work with schools and communities towards HIV/AIDS are necessary. Therefore, NGOS need to give communities information by planning activities with multiple perspectives.

Refer to “Parents Meeting”, p.79 for discussion with parents.

Refer to “AIDS Learning Workshops”, p.83.
The following is the evaluation of the teacher training.

For instance, there are some teachers positive about talking about sexuality. Some teachers were negative in explaining about sexuality to children in the lower grades. On the other hand, one teacher said that the problem is that teachers are embarrassed to explain about it. She added that teachers need to have caution and confidence. Although there are not many teachers who are positive about talking about sexuality, their impact on the participating teachers is big.

When children in the lower and higher grades are together and teachers cannot teach them equally, someone suggested that special lessons for children in the higher grades should be conducted. Sharing realistic measures and efforts motivate other teachers.

A mock teacher training session found out that teachers do not have the confidence to answer detailed questions. This is because of a lack of holistic knowledge. Moreover, in the evaluation session of the mock lessons, many people criticized certain individuals; some teachers lost their confidence.

Teachers learned the importance of teaching necessary knowledge and skills for children to live, as well as the importance of co-existence in a society with HIV/AIDS through the discussion. Moreover, they considered situations for children and understood the importance of telling them social messages. However, these ideas could not be connected with the actual messages in class. Some teaching ways had possibilities of leading to discrimination, prejudice and misunderstanding.

Another significance of HIV/AIDS education is that children will be able to think and judge by themselves in society based on the knowledge and skills they learned. However, the facilitator did not get into that point enough. Therefore, teachers were not able to plan lessons in order for children to think and judge their real situations.
1) **It is very important for the coordinator to understand training content and orientation, and modify training based on the situation. This leads to the success of the project. The coordinator needs to respect the facilitator, and listen to discussions in the group work. When necessary, the coordinator intervenes in the training.**

2) **The facilitator and coordinator have to notice and respond to questions and anxieties of teachers. This helps teachers learn how to practice HIV/AIDS education in class. If the facilitator is not able to respond to anxiety and questions often asked, he/she might lose the trust of the teachers. The facilitator and coordinator need to prepare for responding to possible anxieties and questions.**

3) **Since teachers have not thought of the social aspects of HIV/AIDS (e.g. discriminatory expressions) before, they cannot change their perceptions immediately. Implementers of the program listen to the participating teachers and point out these issues repeatedly.**

4) **Many people think that giving children fear about HIV/AIDS can protect children. By pointing out that this teaching way reproduces social discrimination against HIV/AIDS, the quality of HIV/AIDS education as life skills education will be higher.**

5) **Having discussion time after the research and making sure for future planning can guarantee that what they learned in the training will be practiced in class.**

6) **For dealing with HIV/AIDS issues, which need multiple approaches, thinking activities with multiple approaches, as well as giving information to the community, are important.**
Open class is aimed for teachers to understand the importance and meaning of what they learn in training, as well as motivate participating teachers to practice it.

The internal goals for NGOs as implementers are the followings:

- To give teachers high confidence and motivation for practicing HIV/AIDS education. (To encourage them to participate in the next training session during school holidays.)
- To realize HIV/AIDS education which does not produce discrimination, prejudice and misunderstandings. (Teachers understand the importance of thinking, judging and explaining. (Enforcement of knowledge and understanding will be done in the next training, session)
- To re-understand and share the significance of HIV/AIDS education with other teachers
- To plan lessons based on the significance of HIV/AIDS education, as well as share how to think. (To judge how much you can expect by examining the response from schools and teachers. The highest preference is to understand the significance of HIV/AIDS education.)
- To improve the quality of HIV/AIDS education through discussion of HIV/AIDS education among teachers.

Implementers plan details of open class based on evaluation of the teachers training, and coordinate it with the school.

The schedule of open class is the following:

If people evaluate the open class in discussion after the lesson, the representing teacher may shrink back (lessons learnt from evaluation of the teachers training in the previous section). Therefore, the discussion is aimed at talking about the significance and practice of HIV/AIDS education with teachers.

Through this, the implementers expect other teachers to learn effectively.
In order for the host school and representing teachers to have Child Presentation Day (CPD) based on the results of open class, discussion about planning of CPD at the end of the discussion session was internally scheduled beforehand.

Regarding the participation of an NGO in open class and the discussion session, roles and involvement methods for NGOs were decided as follows:

- To ensure that teachers are motivated and improving their confidence towards the practice of HIV/AIDS education
- To suggest discussion on the realization of HIV/AIDS education without discrimination, prejudice, misunderstandings, and planning lessons based on the significance of HIV/AIDS education and sharing ideas.

As much as possible, an education consultant, not coordinator, will facilitate it. Particularly when an NGO critically intervenes, the educational consultant, who has a good relationship with teachers, should facilitate the discussion; she has to be careful not to lose the teachers’ motivation and confidence.

The NGO should respect procedure orders for the meeting and initiative by the school. The NGO can expect that information will be shared within the school, and the school has an initiative of HIV/AIDS education, which results in continuous discussions on HIV/AIDS education.

The role of the education consultant, who play the role of facilitator, is the following:

When there is wrong information or information leading to misunderstandings in open class, the education consultant should not correct those points directly. Rather, she should encourage participants to discuss the misunderstanding, and to have questions and perceptions.

By emphasizing good points, the education consultant helps teachers have confidence.

In order for participants to perceive the important points, the consultant leads discussion on purpose.

The participating teachers gave various opinions for good and wrong points about the model lesson in the teacher training before open class. However, the facilitator did not talk about them. Therefore, the implementers decided to make sure the above-mentioned points were considered beforehand.
On the other hand, the implementers judged that it is difficult for the facilitator to point out the problems with opinions, and avoid being negative to the teachers for a short time. Therefore, the coordinator participated in the discussion between teachers and the facilitator and intervened in the discussion, in order for teachers not to miss points from the teacher training.

**[Open Class] Good Example with High Quality**

Firstly, the definition of HIV/AIDS was explained in the lesson.

The teacher explained that HIV is transmitted by contacting body fluids such as blood, saliva and seminal fluid. She asked students about HIV infection routes and explained details regarding sexual intercourse and blood transfusion, wounds, kissing, mother-child infection, and sharing cutting knives as HIV/AIDS infection routes. For instance, sexual intercourse transmits sperm through seminal fluid; kissing is dangerous for HIV infection by saliva, especially with a wound or sore in mouth; HIV is transmitted to the baby from her mother by blood and a wound of the mother during delivery and lactation.

Moreover, the teacher emphasized that HIV is transmitted when infected body fluid goes into the blood of someone else. She added sharing cutting knives and traditional circumcisions as examples.

The teacher stated that no one needs to be afraid of contacting others. She explained insect bites, playing together, sharing toilets, hand shaking, hugging, sitting down beside a person with HIV/AIDS, and living together are examples of safe routes for HIV.
The teacher did not just explain these examples, she also explained that there are some possibilities of HIV infection by contacting body fluid when playing or living together. She emphasized that students need to be careful about contacting body fluid and blood.

The teacher explained that HIV has stages, from infection to death, although HIV is incurable. She explained that when a blood test shows HIV positive, there are possibilities of transmitting HIV to others in the first stage. And she added that people with HIV in this stage look healthy.

She explained that the second stage is still a symptomless period for about 6 weeks to a maximum of about 12 years from infection. Although people in this stage are HIV positive in the test, they can live healthily.

The teacher explained that various symptoms are seen in the third stage, and symptoms become very serious in the AIDS stage as the fourth stage. Moreover, the teacher mentioned Voluntary Counseling and Testing (VCT) and how people with HIV/AIDS are treated at VCT centers. Also, she added that people are able to seek advice about HIV prevention methods there.
In this lesson, the teacher started from the definitions of “the infected” and “the affected.” She defined “the affected” as relatives of people who died by HIV/AIDS. Like the natural science class for 5th grade, the teacher emphasized that people are able to live with people with HIV/AIDS, since HIV is not infected by living together. She also explained how we can care for and support people with HIV/AIDS.

One student said, “We can share time with people with HIV/AIDS.” And the teacher responded, “We should not exclude them. We have to take care of them so they can feel they are part of the family and society. And these attitudes show love to them.”

The teacher also asked the children how they can care for people affected by HIV/AIDS other than by financial support.

Education consultant— “What do you think children learned from the lessons?”
Teacher (Presenter): “Children learned the importance of accepting people with HIV/AIDS and those affected with care and support. Also, they learned the importance of respecting life and living together with people affected by HIV/AIDS.”

Teacher (Presenter): “I was able to correct misunderstanding by pointing out that infection will be found only through examinations in the lesson.”
Coordinator: “When children understand the structure of the infection and importance of care and support, they can decide their actions depending on the situation.”

Teacher (Presenter): “I always emphasize that there is no infection without contacting body fluid.”

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The lesson started by asking children about the meaning of HIV/AIDS, its infection routes and prevention methods. The teacher clearly mentioned that HIV is infected by body fluid, including sexual discharge from reproductive organs.

Mainly children discussed the infection routes and prevention methods, and the teacher did not add explanations very much. This resulted in that the lesson had little substance.

The teacher showed pictures with symptoms of skin diseases, diarrhea and vomiting as examples of HIV/AIDS symptoms. She intended to show symptoms and explain what kind of care and support for people with HIV/AIDS is needed. However, the pictures of diarrhea and vomiting lead to laughter from children, as well as mockery from some teachers.

The teacher also showed another picture indicating the response of people with HIV/AIDS. This picture showed a person with HIV/AIDS first finding out about her infection with shock, experiencing anger, sorrow, confusion and loneliness, and finally accepting her infection and living positively.

The teacher started with a supplemental explanation on infection routes, which was not explained in the lesson for 5th grade.

Regarding the difference between “the infected” and “the affected,” most of the teachers in the teacher training misunderstood “the infected” as sick people. In this lesson, the teacher clearly explained “the infected” are people who have HIV. However, she was confused while she explained it. She was also confused by the meanings of HIV and AIDS.

The teacher asked the children what kind of support and care they can provide, and responded to their questions. She also explained that people with HIV/AIDS should not
be isolated and should be accepted as part of society. She showed pictures in which people are having meals and living together with people with HIV/AIDS.

Children asked the teacher some questions, such as the origin of HIV/AIDS, why HIV is transmitted only among humans, and drug treatments for people with HIV/AIDS. The teacher was not able to answer them and asked the health consultant for the answers.

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**Evaluations after the Lesson – Perceptions of Teachers**

The teacher who presented shared messages she wanted to deliver with other teachers. However, one teacher just read the lesson book made by the education consultant for the teacher training.

* * *

A teacher from a neighboring school pointed out, “The explanation of circumcision as an example of a transmission route was not enough. The teacher should have explained what causes the infection.” Although the chairperson of the evaluation meeting accepted this opinion, he was not able to elaborate on it in discussion.

Since some teachers asked for NGO opinions, the education consultant explained the significance of HIV/AIDS education and how to think of it. When teachers were asked their opinions after that, they just repeated what the education consultant explained.

* * *

Regarding using pictures, the coordinator asked teachers, “In the class where there might be children affected by HIV/AIDS, when children laugh about pictures of people with HIV/AIDS, how should teachers react?” The teachers responded, “We do not have children affected by HIV/AIDS.” and “There is no problem since we can control children.” The coordinator said, “As there are children in various family and social situations and there are some who know someone with HIV/AIDS symptoms, how do they feel? How should teachers respond to this?” Teachers answered, “I will explain clearly.” and “I will explain various infection routes.”

However, there was no discussion about consideration for people with HIV/AIDS and people affected by HIV/AIDS. The discussion was ended by talking about the importance of thinking about children’s situations.

* * *

A teacher said, “It is difficult to teach about sexuality to children in the lower grades. If we mention about sexuality, children will have curiosity.”

The education consultant indicated, “If we do not teach them properly, children might gain wrong information from other sources. Therefore, it is important for teachers to teach children by considering their age.”
Since the education consultant talked about the significance of HIV/AIDS education and how to plan lessons like in a lecture, teachers lost chances to think for themselves and share information from the teachers who participated in the teacher training. On the other hand, since the education consultant made good relationships with the teachers, her comments seem to be thought-provoking for many teachers. This shows that the participating teachers at least shared the important points for having HIV/AIDS education.

In the meeting, although one teacher pointed out that the explanation of infection routes was not enough, the issue was not elaborated in discussion. Therefore, teachers lost the chance to think about how and what they should explain.

Although there were many evaluative points in the presentation, they were not pointed out and the teachers did not discuss them. Therefore, teachers were not able to have concrete images and think of approaches for children’s needs. The teacher showed a picture indicating the response of people with HIV/AIDS. This picture showed a person with HIV/AIDS who first finds out her infection with shock, experiences anger, sorrow, confusion and loneliness, and finally accepts her infection and lives positively. These visual aids can be used as an effective way of teaching if teachers properly explain about them. However, the teachers did not have any chance to discuss it. Only the negative impacts of visual aids were pointed out, as they encourage people to have prejudice against people with HIV/AIDS.
For making sure that HIV/AIDS education is practiced in normal lessons, schools hold “Child Presentation Day” on which children present what they learn.

When we say “presentation” for children, plays, songs, and poems are often used. However, in presentation for HIV/AIDS education, children sometimes do presentations by using diagrams on large sheets of paper. In either case, teachers need to understand HIV/AIDS issues holistically and assist children in the preparation of presentations.

Internal purposes for the NGO, who organized the program, as well as external purposes for sharing with teachers and the community were set.

Teachers and parents think about how to protect children in a society with HIV/AIDS; they are motivated to deal with the HIV/AIDS issues as a community. It is important for the NGO to understand the significance of teaching about the roles of teacher and community.

Through the presentations by children, adults think about their behavior (perceptions of HIV infection risks, child sexual abuse, HIV prevention, and living with HIV/AIDS).

Teachers are motivated to learn the HIV/AIDS education, gain confidence, and understand the HIV/AIDS education deeply.

Through the presentation about HIV/AIDS education in primary schools, the community has a chance to think about HIV/AIDS issues and understand the significance of working on HIV/AIDS issues.

Teachers and parents think of important issues for children to live in society with.

Parents have information on HIV/AIDS and understand how to think about HIV/AIDS.
Teachers practice HIV/AIDS education with the aspect of how children can live in society. Through the presentations, children gain more knowledge on HIV/AIDS. They also attain aspects and ways of thinking about living with HIV/AIDS.

Those involved (e.g. education officers, teachers) understand and agree that Child Presentation Day (CPD) is aimed for children to present outcomes of HIV/AIDS education in the lessons. Teachers prepare for practicing HIV/AIDS education.

This program consists of: **Teacher Training → Open Class → Child Presentation Day → Parent meeting**. Teacher training is for teachers to practice HIV/AIDS education. In the future planning session of the training, teachers agree to have CPD in each school. Through discussion with teachers, the following points are agreed upon regarding Child Presentation Day.

- Presentations can be done either by using existing items or by making unique items by teachers or students. The NGO respects what each school plans and prepares; the NGO’s intervention should be minimum. This results in that schools regard Child Presentation Day as their own activity, and work towards HIV/AIDS education proactively. This also helps schools become motivated to continue their work, as well as creates a school structure for it.

- If only the schools are involved in preparations for Child Presentation Day, there are possibilities for presentations that are discriminatory regarding HIV/AIDS and people with HIV/AIDS.

It is essential for the presentations not to have misunderstanding and discrimination against HIV/AIDS. This is a minimum requirement for the presentations. In the actual project, teachers shared ideas about human rights and living with HIV/AIDS and talked about them in the teachers training. Moreover, open class encouraged teachers to understand the fear about and influence of their unconscious actions that can create misunderstandings or lead to discrimination.
The NGO reached an agreement with the Divisional Education Office regarding Child Presentation Day (CPD). Each school also coordinated with them when they decided guests for CPD.

Students and parents are invited for Child Presentation Day. In Kenya, primary school is for eight years, and many student presenters are older than 4th grade. What students learn about HIV/AIDS is presented through poems, songs, plays and conversations.

Play of doctor interviews on TV or radio program: It gives audiences knowledge about HIV/AIDS, its infection routes and safe actions against HIV/AIDS. Also, it includes what people with HIV/AIDS need and what are important points for caring for people with HIV/AIDS.

Explanation of opportunistic infections: Children, who play the role of immunity, make a circle and protect people inside of the circle from children who play the role of bacteria. However, through HIV infection, the immunity circle is broken and the children inside it are attacked by bacteria.

“Sugar Daddy and Sugar Mummy” shows child sexual abuse by adults in exchange for money and things. This has messages to adults for the protection of children who are still young.

Child Presentation Day helps playing children, as well as watching children, understand
HIV/AIDS well.

Moreover, inviting parents also impacts adults in the community. When the means of instruction in schools is different from their mother tongue, teachers need to explain the content of the presentations in their mother tongue.

Meeting with teachers, parents and adults in the community after CPD is useful in order for parents and adults to use this opportunity in facing HIV/AIDS issues. In meetings, they can discuss how to protect children from HIV/AIDS and teach HIV/AIDS to children.

**Points**

In order to not promote discrimination and prejudice, teachers need to improve their life skills.

Songs and poems may be repeated with the same slogan, such as “HIV/AIDS brings death” or “sexual intercourse causes the HIV infection and children need to listen to parents.” Plays may reflect only superficial understanding about HIV/AIDS issues, such as that HIV is transmitted by immoral acts such as extramarital sex, and that HIV causes death.

These activities not only prevent students and audiences from learning about HIV/AIDS issues, but also promote and strengthen discrimination and prejudice against HIV/AIDS. CPD reflects understanding and attitudes of teachers, who play a supervising role. Therefore, enough training to teachers and the improvement of life skills for teachers are necessary before CPD.

Refer to “Parents Meeting”, p.79.
Through this project, CanDo conducted CPD in each school cluster for all 28 schools in the division in 2005. Moreover, CanDo separately conducted CPD in six active schools in 2006 (some CPD included neighboring schools). The following are evaluations from these two years.

In the first year, all primary schools in the division participated in CPD and competed each other. The focus of CPD became acting, and some content of plays were discriminatory. The quality of CPD was lower than the minimum level.

Since CanDo criticized this situation, the number of participating schools drastically became small. However, the quality of plays became higher. Factors of competition became less and schools were able to focus on the content of their plays. Also, participation by six primary schools that understand the significance of HIV/AIDS education led to the improvement of quality.

Moreover, in the second year, human rights and social aspects of HIV/AIDS were promoted in the stage of teacher training. Therefore, the presentations required quality.

By expanding knowledge and attitudes on HIV/AIDS from active teachers to other teachers, it was expected that the practice of HIV/AIDS education is expanded in the whole division. However, its impacts were only in limited schools.

By conducting training for teachers repeatedly, implementers need to look for active teachers and continue cooperation among teachers who have a broad impact.

To have a high quality of presentation content

- Discuss social aspects of HIV/AIDS and living together with people with HIV/AIDS in the stages of teacher training and open class.
- Reduce competition and ceremony, and focus on the content.
After CPD, teachers and the community (audiences of CPD) discuss HIV/AIDS education. In the project by CanDo, meetings for people related to the school clusters (especially influential people in the area), including some parents, were held in 2005. In 2006, when CPD was held in individual schools, CanDO held meetings for all parents and concerned individuals in the community.

Implementers have to understand the significance of working with HIV/AIDS issues in the area (thinking about children’s living). The parent meeting is aimed at the actual practice of HIV/AIDS education, as well as behavioral change of adults in the community.

In order to think about how to hold parent meetings, the situation was analyzed beforehand.

This project consists of Teacher Training → Open Class → Child Presentation Day → Parent meeting for HIV/AIDS education in schools, and AIDS Learning Workshop for the community.

In the stage of teacher training, some teachers said, “It is difficult to practice HIV/AIDS education in schools when we think of the reaction of parents.” The implementation of AIDS learning workshops for teachers and parents were limited to a few schools.

In order to work with HIV/AIDS issues, the community as a whole needs to work together. However, parents do not coordinate with teachers in some schools. Therefore, parent meetings were not limited to influential people in the area, and were open to all parents. After watching CPD in schools, parents discussed how children live in a society with HIV/AIDS based on the children’s presentations. It is expected that the community has an agreement to practice HIV/AIDS education.

On the other hand, there was the possibility that meeting open to all parents might result in superficial discussions. However, professional consultation was possible through CanDo.
In a school, the coordinator repeatedly talked about having a parents meeting with its headteachers. However, on the day, the headteacher suddenly cancelled a parent meeting after CPD.

As seen in this example, headteachers in some schools are negative about HIV/AIDS education. The reason is because some headteachers are also religious leaders, who do not have enough knowledge about HIV/AIDS and condoms. These headteachers tend to avoid talking with the community about HIV/AIDS.

To have CPD and parent meetings, the coordinator needs to discuss it not only with headteachers, but also responsible teachers.

CPD was held in six primary schools that are positive about the HIV/AIDS education. However, parent meetings were held only in two schools. The following shows the discussion in the parent meetings.

Deputy headteacher: What did you learn through the poems, dances and plays today?
Female Parent A: I learned that people with HIV/AIDS should not be isolated.
Female Parent B: If a relative is infected, we should take care of her.
Male Parent: HIV/AIDS is not a disease from the gods. People have to accept HIV/AIDS. Children also need to learn about this. We need to protect children as well as tell children about this.
Parent: I learned that we should not share sharp objects.

Deputy headteacher: What did you learn about the prevention of HIV infection for children?
Deputy headteacher: The parent can go to barber shop with his/her child.
Female Parent: I learned that HIV can be anywhere around us. We need to advise children what to do for HIV prevention.

Teacher: How will you advise children to avoid HIV infection? What did you learn from the presentations by children?

Parents: Sharing blades, sexual intercourse.

Deputy headteacher: What about traditional customs? For example, what is done to girls every August?

Male Parent B: These customs can transmit HIV. (1)

Male Parent A: Parents need to advise and teach children.

(1) This implies female genital mutilation (FGM). With FGM, the wound takes time to heal and it makes people bleed unexpectedly. Although FGM is prohibited by law, it is practiced in every August, over the long holidays.

Teacher A: Sexual intercourse causes HIV infection. Parents should understand that children have sex. If your child is close to a person of the opposite sex, what would you do? They might have sex. Will you tell them not to have sex?

Parent A: I am not ready to tell them.

Teacher A: If you are not able to tell the children, they might become infected. What do children understand about the meaning of sexual intercourse? If they knew that HIV is infected through sexual intercourse, they would not do it.

Parent B: Why don’t they check if their partner is infected or not, when they have sexual intercourse?

Teacher A: I think they should check themselves when they have sexual intercourse.

Teacher B: What can parents do if they do not know about the sexual intercourse of their children?

What about talking with children openly at first? I think this is important to change behavior.

Teacher A: I think someone can teach them about condoms after the children finish school.

(2) Teachers have different opinions about teaching about condoms in schools. Some teachers think that they should teach about it based on the reality of sexual intercourse by children. On the other hand, some teachers think that teaching about condoms leads to acceptance of children’s sexual intercourse. In Kenya, teaching about condoms is not mentioned in the education policy. Also, it is not included in textbooks.
CanDo implemented parent meetings in the second year (in 2006) of the project after finishing CPD in each school. In the first year (in 2005) when CPD was held for each school cluster, the parent meeting was not implemented. Instead, meetings only for influential people in the area were held. The following are what CanDo learned from these experiences over two years.

- In order for teachers and parents to talk about the issues of each school and school area, an event for multiple schools was not appropriate. When multiple schools are together in the meeting, they think of competition and entertaining. This does not lead to practical discussions. In the second year, only one school invited teachers, parents and students from the neighboring schools. By inviting the neighboring schools, CPD ended up in like a ceremony, and it was difficult to have practical discussions among teachers and parents.

- Teachers tend to avoid discussions with parents, especially when teachers do not think they can gain the upper hand by discussing it with them.

When teachers have chances like CPD to show their outcomes and discuss their results, they tend to feel they have an upper hand over the parents and to have meetings with parents more easily.
Goal: The community attains knowledge and skills regarding confusing information, and discusses behavioral change.

In the targeted area, different information on HIV/AIDS was supplied from religious people, traditional medicine men, politicians, administrative officers, medical workers and others. The preliminary survey revealed that the community did not know which information is true.

Therefore, basic knowledge and skills for HIV/AIDS were supplied for parents and the community. CanDo also had held learning workshops with teachers in primary schools. This workshop was regarded as a good chance to teach HIV/AIDS to children and discuss sexual behavioral change for adults.

The health consultant made teaching materials in English based on reference materials, and translated them in the indigenous language. Since she played the role of facilitator, she also prepared facilitation notes and planned the content of the AIDS learning workshops with the coordinator.

The AIDS learning workshops were held in classrooms of the targeted primary schools. Educational activities for the community are often held under a big tree or in the market where many people gather. However, CanDo chose classrooms with desks and chairs in order to create an atmosphere for learning.

CanDo suggested the AIDS learning workshops at teachers’ meetings for headteachers and school management committees. When they are willing to have the workshops, they first discuss the needs of the AIDS learning workshops with parents. Then, the headteacher and school management committee submit an application form with signatures of the headteacher and school management committee. The application form has a part indicating what they discuss with parents (e.g. what they want to learn).

If only some people have information about holding a workshop, the workshop might be disturbed on purpose. CanDo has experienced that
people did not come to the workshops many times before. Therefore, when CanDo visited schools for other purposes, such as school construction projects, they had permission from the schools and tried to inform many parents about the AIDS learning workshops. CanDo made flyers and passed them out at the schools. If the flyers were not displayed, CanDo displayed them at places where people gather to collect water and markets in the community.

Even if people in the community have a high interest in HIV/AIDS and strongly hoped for the AIDS learning workshop, there is a possibility that the AIDS learning workshop was not held due to a power balance in the community. It is important for implementers to analyze what the obstacles are to holding an AIDS learning workshop and think about how they can remove these obstacles.

The AIDS learning workshop was planned as a half-day program. Classrooms were used after the lower grade students left. CanDo considered that the workshop did not disturb school lessons and that the burden of school was small.
The participants received teaching materials entitled “Basic Information on HIV/AIDS.” The facilitator taught about HIV/AIDS issues based on the facilitation notes prepared beforehand. The following shows the big picture of the content.
In order for condoms to be effectively used as a prevention method against HIV, it is important for condoms to be used properly. In the program, the facilitator showed how to use condoms properly and the participants practiced using it.

Points are the following:

- Check the expiration date of condoms
- Do not bite away the packaging of condoms
- Make sure the condom is the right side out.
- Gently press out air at the tip of the condom before putting it on.
- Unroll the condom over the entire length of the erect penis.
- After ejaculation, avoid touching the semen inside and tie the condom closed.

Depending on the participants, the coordinator decides whether the practice of using condoms is done in co-gender or single gender groups.

If the coordinator feels that men might make fun of the practice, groups are separated by gender to keep a good learning environment, even if someone says that it should be done by co-gender groups.

On the other hand, when male and female participants think that they should discuss HIV/AIDS issues and practice using condoms together, co-gender groups are applied. These decisions are made by the coordinator.
The discussion points are the following:

Discussion point 1 aims to ask about dangerous behaviors and customs with the possibility of infection. These behaviors and customs include traditional customs, such as polygamy and women of a certain status who have sexual intercourse with multiple men. CanDo gave lectures and facilitated discussions by not encouraging people to stop certain sexual customs. CanDo, as an outsider, provided holistic information on HIV/AIDS issues and showed options leading to prevention against HIV infection and about living with people with HIV/AIDS. Moreover, CanDo gave opportunities for the community to discuss and promoted self-sustained problem-solving by the community.
CanDo implemented the AIDS learning workshops from 2004 and evaluated them as follows.

Even if the community hoped to have the AIDS learning workshop, there are many cases whereby headteachers disturbed holding the workshops. CanDo used to talk with headteachers and asked them to talk with parents and people in the community. However, when CanDo relied on only the schools, people in the community did not know about the workshops. Without community understanding, it is difficult to have workshops.

The AIDS learning workshops are also aimed at having opportunities for teachers and parents to protect children. However, this did not happen in many cases. This is because many teachers were absent from the AIDS learning workshops, or workshops were not held. Implementers need to make sure that the AIDS learning workshops are held. And rather than opportunities for discussion, learning opportunities for the community should be prioritized.
Even if people in the community have a high interest in HIV/AIDS and strongly desire the AIDS learning workshop, there is a possibility that the workshop is not held due to various factors and the power balance in the community. Appropriate analysis of the current situation and principles for response are needed for examining what factors disturb having the workshop and how these factors are removed. For instance, when only some people have information on the AIDS learning workshop and its information is not shared with others, the workshop is disturbed on purpose. It is important for implementers to tell many parents directly on various opportunities, and communication methods need to be chosen depending on situation.

When participants are not ready to learn about HIV/AIDS, male participants might make fun of talking about sexuality. In these cases, the coordinator needs to judge and deal with it in order to keep a good learning environment, such as practicing using condoms in single-gender groups. The coordinator needs to judge whether a co-gender group is possible or not.

CanDo, as an outsider, provided holistic information on HIV/AIDS issues, gave opportunities for the community to discuss them, and promoted self-sustained problem-solving for dangerous customs that lead to HIV infection by the community.
We have seen that HIV/AIDS education in schools is strongly related to community engagement in HIV/AIDS in the previous chapters. Part 3-3 examines community engagements for HIV/AIDS.

World Vision implements Area Development Programs (ADP) in order to care for people with HIV/AIDS and organize “Community Care Coalition” for support for HIV/AIDS orphans. This chapter examines, through an example, how NGOs work with the community and create activities, as well as what kind of challenges they face.

### 1. Organization of Community Groups for Care

In order for the community to care for people with HIV/AIDS, resources in the community (e.g. human resources, social systems) need to be used effectively. NGOs need to make an organization and form activities based on characteristics of the community.

The community, which is the main body of the organization, and the NGO, which supports the community, understand the characteristics, current medical services, social rules, and situation of HIV/AIDS in the community.

To understand characteristics of the area, including population census, population distribution, industry, education/literacy levels, ethnicity, language, dietary pattern and religions.

- **When people in the community receive medical services, what kind of system is working and what kind of services do people receive?**
  - the number of public and private medical institutions in the community
  - transportation methods and distance to each medical institution
  - medical costs, necessary cost for medical services
  - the number of staff in each health center, the number of medical goods in stock
  - What kind of treatments and care HIV/AIDS people in the community are able to receive

- **How laws and social rules are formed**

Collect data from literature and listen to people in the community and public officials, who are responsible for the health sector, about the current situation.
In order to form a community organization, the NGO clarifies its goal and encourages people who can be responsible for activities.

**Steps for Forming a Community Organization**

- To understand the HIV/AIDS situation and proactively participate in activities for prevention.
- To care for people with HIV/AIDS and HIV/AIDS orphans who need support from someone.
- To consider long distance areas that the government cannot reach.
- To find and teach human resources for people in the community to work for activities proactively.
- To form an administrative structure for the sustainability of activities of the project.

Based on the collected information, make an activity plan which meets the needs of the community. Moreover, decide on the people who will be mainly responsible, who can lead the community. For example:

- People who socially play a leader role in the community.
  - Their opinions are easily accepted in the community.
- Opinion leaders who have a big impact on society.
  - Their opinions are easily accepted in the community.
- Targeted people who are impacted by HIV/AIDS
  - Their awareness of the HIV/AIDS issue is high.
- People who work for schools or health centers in the existing social system.
  - They know the characteristics of the area and can cover them.

Representatives, who were decided in stage Ⅲ, hold a workshop to share the current situation, awareness of HIV/AIDS issues and aims of activities with others.
By World Vision——

World Vision decided that representatives of the church/mosque, which strongly influence social/moral values in the area, should be the main responsible body for the community organization because of the trust of information and sustainability of activities. Each care team was also formed mainly by the church.

Moreover, local administrative bodies, politicians, and representatives from different areas (e.g. private sector) are involved in care teams. Through the usage of public resources and existing systems, effective advocacy education and care for people with HIV/AIDS and HIV/AIDS orphans are expected.

Understanding and mapping the situation of HIV/AIDS orphans and people with HIV/AIDS in the area.

- Statistical data
- Accumulation and management of data and results of survey by visiting house holds

Understand the needs in the area based on the above-mentioned results.

Decide activities based on the needs.

< Four Activities by Community Care Coalition >

The following are responsible for each activity:

- [Activity 1]
- [Activity 2]
- [Activity 3]
- [Activity 4]

*Numbers in the brackets show the number of people
Each care team forms responsible teams consisting of 4 to 5 people for each activity.

Each responsible team forms activity teams, including people in the community, and makes a structure that allows them to move more easily in a broader area.

Each team plans activities and implements its plan.

Care teams have a regular meeting every month and ensures the activity process and aims of activities. If necessary, activity aims and plans are modified for further activities that meet the needs in the community.
2. HIV/AIDS Activities by Community

Children, their parents and people in society

- Care Group members • teachers who do extracurricular activities (2) •
  children (4), youth (2) *Numbers in the bracket shows the number of people

- Care team members formed in each area
  - Activity teams consisted of people in the community (care team members
    mainly organize this.)
  - People in the community who attended workshops and training sessions about HIV/AIDS

- People in the community who attended workshops and training sessions about HIV/AIDS
  (including care members)
  - Specialists in the health centers and local administrative offices in the area
    Teachers and volunteers in the area, who received training about basic sanitation including
    the HIV prevention organized by the Areal Development Program or local government, teach
    children in the area.

- Some countries have their own textbooks for HIV/AIDS education and provide schools and
  health centers with them. There are many textbooks issued by the United Nations and local
  NGOs. Teaching materials with pictures are suitable for the area with low literacy rates.
Secure a public place (e.g. school, public hall) to have workshops with 30 to 50 people.

Sessions on preventive education should be organized as extracurricular activities by using lunch time and after school time. This is easier for children to gather.

When knowledge on basic sanitation (e.g. washing hands before meals, how to wash body, how to brush teeth) are included in the HIV/AIDS prevention, parents tend to accept it.

When presenting what students learn by playing, reading poems and singing in a school play, students can use learning topics in textbooks.

When children create the content of their presentation, staff or teachers have to teach preventive education. By leaving textbooks and including original material, the children's level of understanding is examined.

By opening a school play for the community, illiterate people can enjoy it and learn about health issues.

To families without students and people who live far from schools and health centers:

- Care teams visit and open workshops there
- With the coordination of local administrative bodies, facilitators or people who can be responsible for care team activities visit and form care teams.
- With the coordination of leaders of churches/mosques and community elders, implementers work for more people in the community by using time after plays in churches/mosques and through women’s associations in the area.

These activities cannot be done without coordination with religious bodies, opinion leaders, local governments, politicians, and the private sector. Care groups need to have representatives from each sector, exchange information in regular meetings, and build cooperative relationships.
People who need support to live, such as orphans, one-parent families and poor families. By survey through questionnaire, staff understand the targeted people.

Care team members in each area
Activity teams, consisting of people in the community, formed by care team members
People in the community who have attended workshops and training sessions about HIV/AIDS
Specialists who belong to health centers and local governments in the area

Activity teams regularly visit families, and make sure support provided meet each situation. Based on this, the teams think about and decide on the following points:

- Budget (cost for activities, financial resources)
- Number of people (number of people a member can care for)
- Necessary materials (e.g. disposable gloves, antiseptic solution)

By World Vision——

The care group checks the budget plan made by each care team and applies the budget for the Area Development Program. The care group has two social workers who know about price and care methods. In order for people in the community to manage activities and finance, World Vision holds workshops for program management, including budget planning and implementation, and forms the organization structure.
People in the community can receive examinations and treatments for HIV/AIDS at Voluntary Counseling and Testing (VCT) centers, public and private hospitals and health centers in the area.

At VCT centers, various services specifically for HIV/AIDS, including checking the infection and giving people prevention methods, are expected to be available. However, HIV infection routes are closely related to privacy and many people believe that visitors of VCT centers are people with HIV/AIDS or “sinners.” Therefore, it is difficult for people just to visit a VCT center; VCT centers are not utilized enough. The structure by which people can use VCT centers like other medical institutions is essential.

Facilitators (staff of VCT and health centers) give training and health education to nursing volunteers in the community. They provide knowledge about simple sterilization, treatment for bruises and bedsores, and how to hold patients, as well as new information about HIV/AIDS treatments, to improve information necessary for visiting care.

When representatives of VCT centers and health centers become members of care groups, they try to respond to various needs.

Through the regular care group meetings, information about people who need medical support is shared, and support which meets needs becomes possible.

By closely exchanging information among administrative bodies and health institutions in the community, administrative bodies are able to understand the current situation. And they may be encouraged to use public finances and resources in cooperation with other bodies, as well as to secure necessary stocks of medical goods and medical staff. Opinions and consultations from families during home visits are reflected in these meetings.

World Vision introduces institutions that meet the needs of the people who need examination for HIV infection. World Vision closely coordinates with VCT centers, public health centers, hospitals and health posts. Staff of the health centers and health volunteers also work as care group members.
VCT centers need to improve VCT functions and coordinate with other sectors in working on problems that need other sectors’ support. (e.g. preventive education, advocacy activities)

VCT staff members need to clearly explain the procedures, from concrete examination to results notification, to visitors and people who are interested in VCT. Follow-up after results notification in particular need to be explained well. VCT staff members give advice for their lives if they are HIV positive.

VCT centers have proper management structures not to reveal private information, including information about people who undertake examinations. Moreover, it is important for VCT centers to coordinate with churches and mosques that are influential in the area, and to gain trust of VCT staff from them, since VCT centers have highly private information.

HV/AIDS has a series of issues, including preventive education, advocacy activities, HIV blood testing, follow-up after results notification, and care for people with HIV/AIDS. Among these issues, VCT centers deal with a part of it. Therefore, only VCT centers and activities at VCT centers are focused, and there is a possibility that VCT centers are isolated in the community. For effective preventive activities, it is important for VCT centers to coordinate with other departments and institutions that do other activities.